



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Respite Services	<b>Guideline #</b>	UM_CSS 14
		<b>Original Effective Date</b>	7/1/2023
<b>Section</b>	Community Supports Services	<b>Revision Date</b>	7/14/2025
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		<b>Effective Date</b>	8/1/2025

## COVERAGE POLICY

- A. Respite Services are provided to caregivers of Members who require intermittent temporary supervision. These services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. Respite care is rest for the caregiver only.
- B. Respite care should be made available when it is useful and necessary to maintain a person in their own home and to pre-empt caregiver burnout to avoid institutionalization of the Member.
- C. Respite Services can include any of the following:
  1. Services provided by the hour on an episodic basis because of the absence of or need for relief for those persons normally providing the care to individuals.
  2. Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals.
  3. Services that attend to the Member's basic self-help needs and other activities of daily living, including interaction, socialization and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them.
- D. Home Respite Services are provided to the Member in his or her own home, a location being used as the home or in an approved out-of-home facility location.
- E. Facility Respite Services are provided in an approved out-of-home location.
- F. Individuals who live in the community and are compromised in their Activities of Daily Living (ADLs) and there are dependent on a qualified caregiver who provides most of their support and who require caregiver relief to avoid institutional placement.
- G. Other subsets may include children who previously were covered for Respite Services under the Pediatrics Palliative Care Waiver, for care program beneficiaries Members enrolled in either California Children's Services or the Genetically Handicapped Persons Program (FHPP) and Members with Complex Care needs Respite should be made available when it is useful and necessary to maintain a person in their own home and to preempt caregiver burnout to avoid institutional services for which the Medi-Cal managed care plan is responsible.
- H. Members are eligible for Respite Services when ALL the following are met:
  1. Lives in the community; and
  2. Compromised in their ADLs; and
    - a. Documentation from a healthcare professional outlining the ADLs and/or ADLs Member needs assistance with is required.
    - b. For children 17 and under, documentation from a healthcare professional

outlining why respite services are needed based on a specific medical and/or behavioral diagnosis is required

3. Dependent on a qualified caregiver who provides most of their support;
4. Requires caregiver relief to avoid institutional placement; OR
5. Children who were previously covered for Respite Services under the Pediatrics Palliative Care Waiver, foster care program beneficiaries, Members enrolled in California Children's Services or the Genetically Handicapped Persons Program, and Members with Complex Care Needs that meet Complex Care Management criteria.

## **COVERAGE LIMITATIONS AND EXCLUSIONS**

- A. Respite Services are provided to caregivers of Members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature.
- B. These services may not exceed 24 hours per day of care in the home setting. Service limit is up to 336 hours per calendar year. Exceptions to the 336 hour per calendar year limit can be made when authorized, only when the caregiver experiences an episode, including medical treatment and hospitalization that leaves the Member without their caregiver. Respite care provided during these episodes can be excluded from the 336 hour limit.
- C. Respite services are only used to avoid placements for which IEHP would be responsible for.
- D. Respite services cannot be provided virtually, or via telehealth.
- E. Community supports shall supplement and not supplant services by the Member through other state, local or federally funded programs.
- F. Providers/facilities approved to provide Respite services must have experience and expertise with providing these unique services.
- G. Members linked to Inland Regional Center, In Home Support Services (IHSS) and/or receiving Hospice services are excluded from this program

## **DEFINITION OF TERMS**

Institutionalization – the state of being placed or kept in a residential institution.

## **REFERENCES**

State of California-Health and Human Services Agency, Department of Health Care Services, July 2023. Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide. Community Supports -Service Definitions

## **DISCLAIMER**

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