IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Respite Services	**Guideline #**	UM_CSS 14
		Original Effective Date	7/1/2023
Section	Community Supports Services	**Revision Date**	7/10/2026
		Committee Approval Date	7/20/2026
		Effective Date	8/1/2026

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 proving 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. 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, in accordance with applicable federal waiver authorities, MCP Contract, APLs, and DHCS guidance.
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 and/or receiving Hospice services are excluded from this program

CPT Codes/HCPCS Codes/ICD-10 Codes

Code	Modifier	Code Description
H0045	U6	Respite care services, not in the home; per diem. Modifier used with HCPCS code H0045 to indicate Community Supports Caregiver Respite.
S5151	U6	Unskilled respite care, not hospice; per diem. Modifier used with HCPCS code S5151 to indicate Community Supports Caregiver Respite.
S9125	U6	Respite Care, in the home; per diem. Modifier used with HCPCS code S9125 to indicate Community Supports Caregiver Respite.

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, April 2025. Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide. Community Supports - Volume 1

DISCLAIMER

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.