**Purpose:**

* To give the unpaid caregiver an intermittent break from providing care to the consumer.
* It’s not to improve social skills for the consumer, community integration, or assist the client in developing living skills.
  + - * Some of this may happen as a result of respite, but the main purpose is to give the unpaid caregiver a break.
      * If the client needs to develop, improve, or maintain skills for social skills, live independently, increase community integration, or development of other skills, then the request should be for community living supports (CLS), not respite.

**Requesting Respite:**

* Complete the Respite Assessment Form in CHIP prior to making the authorization request (Respite Assessment is valid for 30 days).
  + Please select answers that best matches the client’s current conditions. If needed, there are many spaces for narratives to be added to provide additional information.
  + There are several providers that the caregiver and consumer can choose from; please indicate which provider the caregiver and consumer prefers along with the type of provider (Aide, LPN, RN).
* Maximum hours per month is 96 hours; no exceptions.
* Respite services are only for Medicaid consumers
* Respite hours are converted to units for the authorization in CHIP. One unit=15 minutes; 4 units/hour.
  + Ex: If you were to request 40 hours of respite per month:  
    - 40 hours x 4 units= 160units. You would entered the authorization request for 160 units per month (change the frequency drop down menu from ‘per auth’ to ‘per month’).

**Utilization Management Review**:

* UM uses the assessment to determine the number of medically necessary hours.
* UM has a scoring method based on the answers provided.
* The assessment is just a tool; we do take into consideration additional information that is provided in the narratives.
* There are many opportunities throughout the assessment to add narrative information to present a more accurate picture of client’s current condition and is always helpful to UM in determining medical necessity.
* CHIP will automatically notify the primary clinician of UM decision to approve or deny. If approved, the primary clinician would need to review the authorization to see how many hours/month are approved.
* Case manager/supports coordinator is responsible of informing the parent/guardian/client of approval.
* If denied, or requested hours are limited, UM will mail a Notice & Hearing Rights letter to the guardian/parent/client (please make sure the guardian is flagged in CHIP). The primary clinician can view the notice in the consumer record in CHIP.

**Program Assignment**

* Even if client has a current authorization for respite services, the provider will not get paid unless the client is also opened to the respite provider in CHIP.
* Most providers, if not all, check for both a current authorization and current admission and will not start services until both are in place.
* When the authorization is approved, a program assignment will be auto generated for 30 days, the primary clinician would need to delete the expiration date once respite services begin.

**Changes During Mid-Year:**

* Often a consumer’s needs change and those changes can increase demands on the caregiver, causing increased stress for the caregiver.
* If a caregiver requires an increase in respite hours due to changing needs of the consumer you will need to complete a new Respite Assessment form and document the consumer’s current status and any changes prior to making an authorization request for increased hours. On the authorization request, you would clear document that you are requesting an increase in hours.
* Case manager/supports coordinator will need to notify parent/guardian/consumer of approval.
* If denied, or limited, UM will mail out a denial letter to the guardian/consumer.
* The increase of hours will not change the end-date of the authorization, the expiration date will remain the same until the next IPOS.
  + - If approved, the current authorization will be early terminated and replaced by the new authorization.

**Change in Respite Providers:**

* If the caregiver/consumer wants to change providers, please submit an authorization request to the new respite provider, documenting in the “Provider Notes” that the caregiver/consumer is requesting a change in providers.
* UM will early terminate the previous providers authorization; there will be no change in the amount of hours approved in the new authorization.
* The end-date of the new authorization will be the same as the original authorization.