



MEMORANDUM

DATE: October 7, 2021

TO: Providers of Medicaid Home and Community Based Waiver services

FROM: John Lee, Director, Division of Senior and Disabilities Services *John Lee*

CC: Doug Jones, Director of Medicaid Program Integrity *Douglas Jones*

RE: Clarification on billing Respite services during medical or therapeutic appointments
(S5150, S5150 U2, S5151, S5151 U2)

Senior and Disabilities Services (SDS) would like to offer the following clarification regarding the utilization of hourly and daily respite services during medical and therapeutic appointments.

Respite is intended to relieve the primary caregiver of a recipient of Medicaid Waiver Services. Regulations do not prohibit a respite worker from accompanying a recipient to a medical or other therapeutic appointment when necessary if the primary caregiver is unable to do so.

Best practice would be that the guardian or primary caregiver attends these appointments to ensure continuity of care. This individual would have the best available knowledge regarding the recipient's medical or diagnostic history, therapeutic needs, and would then be best poised to follow up on recommendations or treatment. Additionally, the guardian or Power of Attorney (POA) if one is appointed, has a responsibility to ensure that the recipient has access to medical care and that their care needs are met.

SDS also notes that the medical or therapeutic provider also has a responsibility to make their service accessible to the person and should comply with all ADA requirements. Additionally, any patient education needs to be accessible to all patients, including those that experience a disability.

A direct support professional (DSP) providing hourly or daily respite may attend these appointments in certain circumstances for example in the absence of a guardian or POA, however there should be no instance where the DSP is making medical or therapeutic decisions on behalf of the recipient or the guardian. When a respite service is billed during medical or therapeutic care, the need should be supported by the service notes. The service notes should clearly reflect exactly how the DSP provided the service billed to the individual during the appointment.