



MEMORANDUM

DATE: June 2, 2023

TO: Providers of Medicaid Home and Community Based Waiver services

FROM: Anthony Newman, Director, Division of Senior and Disabilities Services ^{AJN}

CC: Doug Jones, Director of Medicaid Program Integrity

RE: Clarification on Billing Daily Respite Services (S5151)

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

Respite is intended to provide occasional breaks for unpaid caregivers of Medicaid Waiver Services recipients and is provided through either 15-minute or 24-hour (daily) service units. The daily respite regulations (7 AAC 130.280) prohibit personal care and other Medicaid services that provide “care and supervision” from being delivered at the same time as daily respite. This was intended to prevent a duplication of another service where the main intent is to provide care and supervision.

Daily respite is not intended to prohibit a recipient from receiving habilitative services during the 24-hour period that their primary caregiver is getting a break, and regulations do not prohibit a recipient of Home and Community Based Services from receiving other types of Medicaid services at the same time as daily respite when their primary intent is not to offer care and supervision.

These services may occur at the same time as daily respite: day habilitation (T2021), employment services (T2019), and intensive active treatment (H2011).

Family habilitation is the only 24-hour daily unit setting allowed to be approved for daily respite. This is because the family habilitation provider should be similar to a family, is typically not staffed, and needs relief as a primary caregiver would. However, family habilitation cannot be billed on the same date of service as daily respite.