

Respite Care Services Policy

Stakeholder Input Summary

Respite Care Services is one of the DDA-operated Waiver Program support services. This service is short-term care intended to give families or other caregivers and the person receiving services a break from their daily routines and their daily caregiver responsibilities.

The Developmental Disability Administration (DDA) issued its proposed policy for Respite Care Services on April 14, 2023, requesting input from participants, families, Coordination of Community Service agencies, community providers, and advocacy organizations. The Stakeholder input period ended on April 28, 2023. In total, 4 unduplicated stakeholders submitted input. Below is a summary of the specific recommendations from the public and the DDA’s responses.

	Comment	DDA Response
1.	<p>Comment: Eliminate safeguard requirements when a relative provides respite care.</p> <p><i>(Reference; Page 14, item 3, a-g)</i></p>	<p>These safeguards are put in place to ensure the person’s services are being delivered as outlined in the PCP, as well as to expand their circle of support and decrease the need for respite in the future.</p> <p>They include:</p> <ul style="list-style-type: none"> ● Choice truly reflects the person's wishes and desires; ● The provision of services by the relative, legally responsible person or legal guardian is in the best interests of the person and their family; ● The provision of services by the relative, legally responsible person or legal guardian is appropriate and based on the person’s identified support needs;

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		<ul style="list-style-type: none"> ● The services provided by the relative, legally responsible person or legal guardian will increase the person's independence and community integration; ● Steps that will be taken to expand the person's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis if the relative, legally responsible person or legal guardian is no longer be available; ● A written agreement that identifies people, beyond family members, who will support the person in making their own decision; and ● The relative, legally responsible person, or legal guardian must sign a service agreement to provide assurances to DDA that they will implement the PCP and provide the services in accordance with applicable federal and State laws and regulations governing the program.
2.	<p>Comment: Please clarify required training for Respite Care providers and staff hired by Respite Care providers.</p>	<p>Respite Care Supports Professionals must:</p> <ol style="list-style-type: none"> 1. Possess current first aid and CPR certification; 2. Certified by the Maryland Board of Nursing (MBON) as Medication Technicians if they are an unlicensed staff who

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		<p>administers medication or performs delegatable nursing tasks Note: there is an exception if the participant and their medication administration or nursing tasks qualifies for exemption from nursing delegation under COMAR 10.27.11; and</p> <p>3. Complete person specific training:</p> <ul style="list-style-type: none"> a. Training by the person/family on participant-specific information, as applicable (including preferences, positive behavior supports, when needed, Person-Centered Plan, and disability-specific information); b. Any additional requirements based on the participant’s preferences and level of needs;
3.	<p>Comment: Please clarify if people lose their habilitative supports when receiving respite.</p>	<p>Respite Care is short-term care intended to provide both the family or other primary caregiver and the participant with a break from their daily routines and relieves families or other primary caregivers from their daily caregiving responsibilities. This can include habilitative supports.</p>

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4.	<p>Comment: Please clarify whether respite is always 1:1 or can it be provided in small groups?</p>	<p>Respite Care Services 15-minute and daily services are a 1:1 service. Respite camp may be provided in camp group settings with more than one person.</p>
5.	<p>Comment: Please clarify if Meaningful Day Staff (not certified to provide respite) volunteer to provide the respite service after the meaningful day service ends? Is that staff able to provide respite as a friend? We recommend that this be allowed because it can be effective in meeting someone’s respite needs.</p>	<p>A friend or natural support can provide respite supports without being paid under the Waiver programs. There is no requirement for a friend volunteering to provide Respite Care to be certified by the DDA.</p>
6.	<p>Comment: Add, “unless the family has chosen family or friends to provide the respite care.” to the following sentence:</p> <p>Under the Traditional Services Service Delivery Model, the Respite care Services provider must:</p> <p>a. Ensure that staff meet all qualifications as outlined in the approved DDA Medicaid Waiver Program application at the time of service delivery <u>unless the family has chosen family or friends to provide the respite care;</u></p>	<p>If a family or friend is working as paid staff member for a residential provider under the traditional model, the provider must ensure that they meet all qualifications as outlined in the approved DDA Medicaid Waiver Program application at the time of service delivery.</p>

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	Comment: Consider rates for Respite Care Services be equal to Personal Support Services, as they provide similar supports.	This recommendation is being analyzed for cost impact for future consideration.
7.	Comment: Recommend respite care services have both an enhanced and a regular rate similar to personal support. Individuals with a Nursing Care Plan or Behavior Support Plan, and who require medication technician for medication administration, often have difficulty finding respite providers, as delivering this level of support is more costly for the provider.	This recommendation is being analyzed for cost impact for future consideration.
8.	Comment: Please clarify how many hours are required to bill for a respite daily rate in a licensed home or licensed residential site.	Respite Care Services must be provided for at least 6 hours a day to a participant or overnight when the person spends the night in the residential home.
9.	Comment: Please clarify if a provider is required to do daily billing, how many hours count against the person's 720 hour maximum?	Daily billing accounts for 24 hours.

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10.	Comment: Recommend removing the rule that states, “respite may include overnight supports, but overnight supports may not comprise the entirety of the service provided.”	The DDA agrees and will delete this language from the policy.
11.	Comment: Remove the requirement for non-camp settings to have service notes.	Service delivery documentation is required for all services that provide direct support to a person. Reference: Guidelines for Service Authorization and Provider Billing Documentation
12.	Comment: Please provide more information about the requirement for a relative to sign a service agreement.	The service agreement is a required document that provides assurances that the relative, who is an employee of the person, will provide the services to them as they are written in the person’s PCP.
13.	<p>Comment: Add “unless the family has chosen family or friends to provide the respite care.” to the following sentence:</p> <p>Under the Traditional Services Service Delivery Model, the Respite care Services provider must:</p> <p>a. Ensure that staff meet all qualifications as outlined in the approved DDA Medicaid Waiver Program application at the time of service delivery <u>unless the family has chosen family or friends to provide the respite care;</u></p>	If a family or friend is working as paid staff member for a residential provider under the traditional model, the provider must ensure that they meet all qualifications as outlined in the approved DDA Medicaid Waiver Program application at the time of service delivery.

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14.	Comment: Please clarify if respite billed using EVV.	Electronic Visit Verification (EVV) is required for Respite Care. Respite providers must meet the Maryland Department of Health’s EVV requirements.
15.	Comment: Please clarify and add a definition of “Support Broker.”	<p>“Support Broker” is an individual who provides Support Broker services to a person enrolled in the Self-Directed Services Delivery Model in accordance with applicable requirements.</p> <p>The DDA will add “Support Broker” to the definitions section of this policy.</p>
16.	<p>Comment: Under Special Service Limitations, please correct language:</p> <ol style="list-style-type: none"> 1. Someone who lives with the person may be the respite provider, as long as they are: <ol style="list-style-type: none"> a. Not contracted or paid to provide any other DDA “founded” services to the person. 	The DDA will correct this language to state: <i>“Not contracted or paid to provide any other DDA funded services to the person.”</i>
17.	<p>Recommendations related to changes to the federally approved waiver services included:</p> <ul style="list-style-type: none"> - Supervised travel opportunities; - Travel vacations; 	The DDA will consider these for future waiver amendment.

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	<ul style="list-style-type: none">- Respite being provided in non-residential community; settings and other camps; and- Removing service delivery documentation requirement	