**SERVICE DESCRIPTION RESPITE CARE**

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| **Employee Name:** Click here to enter text. | **Consumer Name:** Click here to enter text. |
| **Date of Hire:** Click here to enter a date. | **Schedule:** Click here to enter text. |

**RESPITE CARE**

**Description:** This service is generally used due to a brief planned or emergency absence, or when the primary caregiver is available, but temporarily physically unable to care for or supervise the recipient for a brief period of time.

**Limitations:** Recipients living in licensed group homes or who are in supported or independent living are not eligible to receive respite care services.

Respite care services are limited to the amount, duration, intensity, frequency, and scope of the service described on the recipient’s support plan and approved cost plan.

Respite services are only available to recipients under the age of 21 years and who live in the family home.

Billing is at the quarter-hour with a maximum of 96 units per day, or by the day, whichever is most cost effective. The day rate is billed for ten hours of service or more.

Providers of respite care must use a stepped quarter-hour rate for the service or the daily rate if respite services are provided for ten or more hours a day or 40 quarter-hours. The provider must bill for only those hours of direct contact with the recipient(s).

**Documentation:**

* Monitoring/Reimbursement- Copy of the claim and the service log.
* WSC-Service Log submitted monthly.

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| Employee Signature: Click here to enter text. | Date: Click here to enter a date. |
| Supervisor: Click here to enter text. | Date: Click here to enter a date. |