



Ohio

**Department of
Medicaid**

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Ohio Respite Services for Children with Disabilities

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Background – How did we get here?

- Concerns of families heard by Director McCarthy & ODM leadership
- Children with Disabilities enrolled in managed care plans, effective July 1, 2013
- 2% of the estimated enrolled population are using Home Health Aide (HHA) services
- Meetings with stakeholders: Respite Coalition, Voices for Ohio's Children, Managed Care Organizations, Ohio Council for HH, Midwest Care Alliance, The Arc of Ohio, Ohio Association of County Boards, etc.

Goals of the New Respite Benefit

- Reduce stress for families caring for children with disabilities
- Improve the quality of life for families caring for children with disabilities
- Reduce unnecessary utilization of other health care services for respite purposes
- Anticipated effective date: January 1, 2014

Who is Eligible For the Benefit?

- Children under the age of 21 and determined eligible for SSI
- Enrolled in a Medicaid Managed Care Organization and the MCO's care management program
- Reside with an informal, unpaid primary caregiver
- Determined by MCO to meet an institutional level of care
- Determined by the MCO to require skilled nursing or skilled rehab services at least once per week
- Have received at least 14 hours per week of home health aide services for at least 6 consecutive months immediately preceding the date respite services are requested
- MCO must have determined that the primary caregiver has a need for temporary relief from the care of the child as a result of the long term service and support needs or in order to prevent the provision of institutional or out-of-home placement.

Respite Benefit Policies - Scope

- Available statewide
- Short-term, temporary relief to the primary caregiver of an individual under the age of 21
- Helps with meal preparation and hands-on assistance provided during the respite/supervision of the child
- Can be provided on a planned or emergency basis
- Services can only be provided in the child's home

Respite Benefit Policies - Limits

- Provider must be awake during the provision of respite services
- Services cannot be provided overnight
- No more than 24 hours of respite per month
- Not to exceed 250 hours per calendar year

Respite Benefit Policies - Providers

- Individuals employed by enrolled Medicaid providers that are either Medicare-certified home health agencies or otherwise accredited agencies.
- Respite services cannot be delivered by the child's legally responsible family member or foster caregiver.

Next Steps

- CMS and JCARR approval
- Continue education and outreach
- Implementation work
- Evaluation of policy impact measured against stated goals

QUESTIONS?