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## Respite Services Webinar

### Question & Answers

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**Q: Is the income requirement below 200% FPL for financial eligibility?**

*A: It is 210%. To access diagnostic and treatment (DXTX) funds, child must be on Medicaid without premiums. If you are not sure, please contact Ellen or Christy to assist you. Refer to Section 5332 for Federal Poverty Level Guidelines in the CSHCN Program Manual.*  
<http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-209-CSHCN-Manual.pdf>

**Q: Does respite cover skilled nursing services in the home?**

*A: Yes, however there are limited home health agencies that are contracted with Lifespan Respite Washington (LRW). If you know of a skilled home health care provider, please refer them to Linda Porter at LRW to be added to their approved provider list. Please understand that skilled nursing services are more costly than traditional respite. It might be useful to see a child who has skilled nursing services needs might qualify for the Medically Intensive Children's Program through Medicaid*  
[http://www.hca.wa.gov/medicaid/billing/pages/private\\_duty\\_nursing.aspx](http://www.hca.wa.gov/medicaid/billing/pages/private_duty_nursing.aspx). LRW allows up to \$1000 per family per year; CSHCN DXTX funds are \$1000 per child per year.

**Q: Do we only pay camps 80%? If yes, do they all accept it?**

*A: The methodology by which DXTX pays for camps/respite is different than other medical services. The total allowable amount per child per year is a \$1000 -- it depends on the cost of the camp. Refer to Section 6232 for CSHCN Supplemental Fee Schedule in the CSHCN Program Manual. It is expected that the CSHCN Coordinator will negotiate cost and payment mechanism with the camp. However, please work with Christy to ensure that the camp is in the Statewide Vendor Database so payment can be made upon completion of camp.*

**Q: So, will Lifespan respite need to get a medical necessity letter from doctor?**

*A: No, Lifespan Respite doesn't require medical necessity for their camps, only we do. Refer to the CSHCN Program Manual (<http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-209-CSHCN-Manual.pdf>) Section 6112 for a tool to use in determining medical necessity.*

**Q: Will we need to use ICD10 codes in Section 15/16?**

*A: The ICD 10 code would go in #5 for diagnosis. If you need help with the diagnosis code, please contact Ellen or Christy for assistance. As for #15, this will be a DOH identified code that DOH will add to the Health Services Authorization (HSA) form and #16 is the Description/Dates of Services that the LHW will add.*

**Q: Approximately how many respite hours will \$1,000 pay for?**

*A: According to LRW, \$1000 will cover approximately 40 hours depending on the agency's rate.*

**Q: In any of these scenarios, are we also requiring CSHCN application completion or only the HSA for qualified kiddos?**

*A: It depends on the scenario. A HSA form AND a LRW application are both needed IF Diagnostic and Treatment Fund money is being used to cover the cost of respite. If the family is ineligible for Diagnostic and Treatment fund coverage, only a Lifespan Respite of WA application needs to be filled out.*

**Q: For K01 recipients who are eligible for Medicaid for a year, if they don't use any respite within that year, will they be eligible at end of K01 period?**

*A: They need to be on Medicaid without premiums when using DOH DX/TX funds for respite.*

**Q: Can you speak more about medical necessity? Give some examples?**

*A: The camps need to meet medical necessity for the child (i.e., enhance social skills/engagement, life skills for managing chronic illness). Diabetes camp for kids with diabetes, asthma camp for kids with asthma, and sensory integration camp for autism as examples. Refer to the CSHCN Program Manual (<http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-209-CSHCN-Manual.pdf>) Section 6112 for a tool to use in determining medical necessity.*

**Q: How likely is it that over income families will receive LRW services? It would be helpful to know when we talk with families about application.**

*A: Depends on how many vouchers LRW has available.*

**Q: What if a person had personal care hours through a DDA waiver, but the hours have been used up?**

*A: No, only for kids who do not have access to any other respite services would qualify through LRW.*

**Q: If a child has used up their personal care hours, meets income eligibility for DXTX funds, and needs respite, can DXTX funds be used to pay a family member to care for the child?**

*A: Respite services can be covered by DXTX -- not personal care hours. We encourage any qualified individual to contact LRW to see if they can be an approved respite provider.*

<http://www.lifespanrespitewa.org/>

**Q: Can the LHJ determine income eligibility if the LHJ coordinator looks on the Provider One website and can see that a child is on Medicaid without a premium?**

*A: Yes. You should be able to look this information up when looking up a child's eligibility in ProviderOne. If you need assistance in looking up the information in ProviderOne, contact Ellen or Christy. For additional information about information contained in ProviderOne, refer to the ProviderOne Resource Guide [http://www.hca.wa.gov/medicaid/provider/Pages/providerone\\_billing\\_and\\_resource\\_guide.aspx](http://www.hca.wa.gov/medicaid/provider/Pages/providerone_billing_and_resource_guide.aspx).*

**Apple Health for Kids (N11, N31):**

This program provides CN coverage to children under age 19 whose families have income at or below 210 percent of the FPL. Children who would have been eligible for Apple Health for Kids had they met immigration status requirements receive CN coverage under state-funded Apple Health for Kids.

**Apple Health for Kids with Premiums (N13, N33):**

This program provides CN coverage to children under age 19 whose families have income above 210 percent and at or below 312 percent of the FPL. Participants pay a low-cost monthly premium.

**Q. \$1000 per family per year?**

*A. The answer is \$1,000 per child per year for DOH funds. LRW funds are \$1000 per household.*

**Q. Respite providers don't need to be contracted with the state?**

*A. For this pilot program, respite providers will be procured through LRW.*

**Q. Can families choose their caregiver, or is one assigned?**

*A. They can choose a respite agency that is contracted from LRW.*

**Q. Can you give a general idea of timelines for this process to be completed? I understand there are multiple factors.**

*A. The turnaround time is dependent on how quickly respite care can be provided; appropriate paperwork submitted and signed by both LHJ and LRW; and completed HSA submitted to the state for their processing. Once DOH has the final paperwork, it takes 10 working days to submit to DOH Accounting and for the Accounting office to process for payment. We estimate total process time should not take no more than one month to initiate respite services and complete payment process.*

**Q. Would a school trip, to Washington DC for example, count as a 'camp' for a child with autism, this would enhance social skills/engagement?**

*A. Not likely. Too many variables involved (i.e., school trip, mode of transportation, caregivers during travel, etc.). Many of our program requirements are based on WA State Medicaid Program rules and out of state care is generally not covered if there are equally effective services in WA State.*

**Q. Is there a respite benefit through DSHS-Division of Behavioral Health (DBHR)? What about for children receiving WISE services?**

*A. No, there is no respite benefit through DBHR including children enrolled in WISE services.*

**Q. On the Caregiver Application, there is a section labeled "CAREGIVER ANNUAL INCOME". Let's pretend a family of 4 has an income of \$2,500/yr, but the person filling out the form (mother rather than father that also does caregiving) is not currently working. How should that section be filled out?**

*A. The family should decide who of the caregivers meets the eligibility requirements; e.g., 40 or more hours per week of direct care, monitoring, and/or supervision, etc. If not able to fill it out, leave it blank. Linda can always call to better understand this. This section pertains to collecting data, not qualifications. The difference for DOH, though, is that the Medicaid eligibility piece on page one is of significance. If the family and/or care recipient is not Medicaid eligible, then the family could be considered for a Lifespan Respite Grant from another pot of funding.*