



# COMMUNITY MENTAL HEALTH

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DATE: March 30, 2006  
TO: Executive Staff  
Managers  
Program Supervisors  
FROM: Donald I. Habkirk, Jr.,  
Executive Director  
RE: **EXECUTIVE DIRECTIVE 1 / 2006**  
**RESPITE SERVICES**

Donald I. Habkirk, Jr.  
Executive Director

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Effective May 1, 2006, for any new respite services authorizations, the following guidelines shall apply to respite services authorization/provision:

Respite must only be provided:

- on a short-term basis
- because of the absence or need for relief of those persons (caregivers)
- normally providing the care of a consumer
- during times when those persons (caregivers) are not being paid to provide care

“Short-term” means the respite service is provided during a limited period of time, for example, a few hours, a few days, weekends, or for vacations.

Respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work full-time. Decisions about the methods and amounts of respite are decided during the person-centered planning process.

Respite care may not be provided by a parent of a minor beneficiary receiving the service, the spouse of the beneficiary, the beneficiary’s legal guardian, or the primary unpaid caregiver.

Additionally, case manager/supports coordinators can approve up to 25 hours per month of respite care. Between 25 - 50 hours per month requires Supervisory concurrence. Amounts of respite care above 50 hours per month must have Access Center approval. All approvals of respite care services provision still need to go through the Access Center for payment authorization through the MCO claims system.

NOTE: Respite services through the Shared Parenting program are excluded from the above provisions.

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