

POLICY AND PROCEDURE

POLICY NAME: CES Waiver Respite	POLICY ID: ARTC.CC.22
BUSINESS UNIT: Arkansas Total Care	FUNCTIONAL AREA: Care Coordination and Waiver Provider Support Utilization Management
EFFECTIVE DATE: 12/15/2026	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE:	
REGULATOR MOST RECENT APPROVAL DATE(S):	

POLICY STATEMENT:

Arkansas Total Care (ARTC) authorizes Community and Employment Supports (CES) Waiver respite services in accordance with the current approved CES Waiver, applicable Arkansas Medicaid requirements, CES Agency Standards, and the member's person-centered service plan (PCSP).

PURPOSE:

To establish consistent criteria for review, authorization, delivery, documentation, and oversight of CES Waiver respite services. Respite provides temporary, short-term relief to an unpaid primary caregiver or temporary care during the caregiver's emergency absence while supporting the member's health, welfare, safety, and continued community living.

SCOPE:

This policy applies to ARTC Care Coordination, Waiver Provider Support, Utilization Management, and contracted CES Waiver providers involved in requesting, authorizing, coordinating, delivering, documenting, or monitoring respite

DEFINITIONS:

Respite Services: Temporary, short-term direct care, supervision, and support provided because of the absence of, or need for relief of, the member's unpaid primary caregiver.

Unpaid Primary Caregiver: The individual who routinely provides the member's primary unpaid care, supervision, or support.

PCSP: The person-centered service plan developed through the PASSE care coordination process that identifies the member's assessed needs and authorized home- and community-based services.

POLICY:

Respite is a caregiver-support service. It is not subject to the active skill-building, habilitation, or measurable-progress standards applicable to Supportive Living. During respite, staff must provide the supervision, direct care, and other supports necessary to meet the member's individualized health, behavioral, functional, and safety needs.

Receipt of respite does not preclude receipt of other CES Waiver services on the same day; however, services may not be duplicative or billed for the same member during the same time period. Respite may not be used to compensate relief or substitute staff for Supportive Living or another paid service.

Respite supplements, but does not supplant, the responsibility of a parent or legal guardian. For minors, respite may include the basic childcare and support necessary to meet the child's disability-related needs during a temporary period of caregiver relief or absence.

COVERED SERVICE AND SETTINGS

Respite may include supervision, assistance with activities of daily living, routine personal care, behavioral support consistent with the member's plans, transportation incidental to the respite period, community participation, and other support necessary to maintain the member safely during the caregiver's temporary absence or relief period.

Respite may be provided in settings permitted by the current approved CES Waiver, including:

- The member's home or private residence;
- The private residence of an approved respite provider;
- A foster home;
- A licensed respite facility;
- Another community residential facility approved by ARTC or the responsible state authority, when permitted by the waiver; or
- A licensed or accredited residential mental health facility, when permitted by the waiver.

The service setting must be appropriate to the member's needs and comply with applicable provider certification, HCBS setting, health and safety, and licensing requirements.

ELIGIBILITY AND AUTHORIZATION CRITERIA

Respite may be authorized when all of the following are met:

- The member meets applicable CES Waiver eligibility and level-of-care requirements and is eligible to receive the service under the current waiver;
- An unpaid primary caregiver has been identified;
- Temporary caregiver relief or coverage during the caregiver's temporary or emergency absence is needed;
- The member requires supervision, direct care, or support during the requested respite period;
- The requested amount, duration, setting, and schedule are consistent with the caregiver-relief purpose of respite;
- The service does not duplicate another paid service during the same time period; and
- The request remains within the annual respite limit established by the current approved CES Waiver.

Previous authorization levels do not establish entitlement to future authorization levels. Each request will be reviewed using the member's current needs, caregiver circumstances, requested schedule, prior utilization, remaining annual benefit, and applicable waiver requirements.

BENEFIT LIMITATIONS

Respite is limited to the annual amount established in the current approved CES Waiver. The waiver limit will apply without expansion under this policy. Services must be authorized before delivery and are limited to the approved amount, duration, scope, provider, setting, and authorization period.

Respite services are intended to be a short-term, intermittent caregiver-support service and are not intended to function as an ongoing staffing arrangement or permanent replacement of the unpaid primary caregiver. Utilization patterns suggesting continuous or routine replacement of the unpaid primary caregiver may be subject to additional review. While all respite services remain subject to the annual benefit limitation established by the approved CES Waiver, utilization will be evaluated to ensure services are used consistently with the caregiver-relief purpose of the respite benefit.

Requests that represent a substantial portion of the member's annual respite benefit, involve extended periods of consecutive utilization, or otherwise suggest ongoing replacement of the unpaid primary caregiver may require

enhanced clinical review and additional documentation supporting the need for caregiver relief. Authorization remains subject to the member's individual circumstances, caregiver needs, available benefit balance, and applicable CES Waiver requirements.

Standard respite may be scheduled in authorized increments. Twenty-four-hour or facility-based respite must be billed in the unit required by applicable Arkansas Medicaid and ARTC billing guidance. Unused respite units do not carry over beyond the applicable benefit year unless expressly permitted by the current waiver or state guidance.

EXCLUSIONS

Respite shall not be authorized or reimbursed for:

- Room and board charges;
- Permanent or ongoing replacement of the unpaid primary caregiver;
- Relief or substitute staffing for Supportive Living, foster care, or another paid service;
- Periods that duplicate another paid service or overlap with another billed service;
- Services provided when no unpaid primary caregiver has been identified;
- Educational or instructional services;
- General transportation provided as a stand-alone service;
- Settings prohibited by the current approved CES Waiver or applicable law; or
- Amounts exceeding the current CES Waiver respite limit.

PRIOR AUTHORIZATION PROCEDURE

Prior authorization is required before respite services are delivered. The request must include sufficient information to establish the caregiver-relief need, the member's support needs during the respite period, the requested amount and schedule, and compliance with the annual benefit limit.

At a minimum, initial, revision, and renewal requests must include:

- Member and provider identification;
- Identification of the unpaid primary caregiver;
- Reason respite is requested, including planned relief or emergency absence;
- Requested dates, times, setting, and total units;
- Description of the member's supervision, functional, medical, behavioral, medication, and safety needs during respite;
- Current PCSP and other applicable plans needed for safe service delivery;
- The member's remaining annual respite benefit;
- Confirmation that the requested schedule does not overlap with another paid service; and
- Any additional information reasonably necessary to complete the review.

CONTINUED AUTHORIZATION

Continued or revised authorization requires documentation that the member remains eligible, an unpaid primary caregiver continues to require temporary relief or coverage during an absence, the service remains consistent with the caregiver-relief purpose of respite, and the request is within the remaining annual benefit. ARTC may consider prior utilization and changes in caregiver circumstances when establishing the amount, duration, and schedule for the next authorization period.

PROVIDER REQUIREMENTS AND SERVICE DOCUMENTATION

Respite must be delivered by a qualified, certified, credentialed, and authorized provider in accordance with CES Agency Standards and the member's individualized needs. Staff must receive member-specific training necessary

to safely provide care, including applicable medical, medication, behavioral, emergency, and evacuation requirements.

For each day respite is provided, the provider must maintain:

- The name and sign-in and sign-out times of each direct care staff member;
- The specific respite activities and supports performed;
- The date and beginning and ending time of each respite activity; and
- The name of the direct care staff member performing each activity.

The service record must also contain the applicable PCSP or documentation that it was requested, the prior authorization, applicable treatment or safety plans, daily activity documentation, and other records required by CES Agency Standards. Documentation must support the dates, times, setting, staff, and services billed.

COORDINATION AND MONITORING

The Care Coordinator will support identification of an appropriate provider, monitor authorized and utilized respite units, coordinate changes in caregiver circumstances, and ensure that respite remains aligned with the member's PCSP and annual benefit. Providers must promptly inform the Care Coordinator of material changes in the caregiver arrangement, service schedule, setting, or member needs that may affect the authorization or safe service delivery.

DISCONTINUATION CRITERIA

Respite authorization may end or may not be renewed when:

- The member no longer meets applicable CES Waiver eligibility requirements;
- There is no longer an identified unpaid primary caregiver requiring temporary relief;
- The service is being used as ongoing staffing or as a substitute for another service;
- The authorized annual benefit has been exhausted;
- The service is no longer needed or appropriate for the member's current circumstances; or
- Required documentation is unavailable or does not support the service delivered.

REFERENCES:

ARTC Waiver Provider Services Manual
CES-Waiver
CES Agency Standards

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS: None

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy Created	10/2026

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.