UNIVERSITY OF ILLINOIS CHICAGO

Division of Specialized Care for Children

PROVIDER NOTICE

Date: Aug. 12, 2025

Dear Children's Community-Based Healthcare Centers,

Effective Sept. 1, 2025, the Division of Specialized Care for Children (DSCC) will implement a new prior approval process for respite services for our participants enrolled in the Medicaid Home and Community-Based Services Waiver for Those Who Are Medically Fragile, Technology Dependent (MFTD waiver). This change addresses ongoing respite claim issues and responds to family concerns about the use of respite without their consent. By requiring prior approval, we aim to ensure that respite services comply with Medicaid and waiver guidelines and that families are aware and have provided consent before their respite hours are used.

Respite Background and Reminders

MFTD waiver participants receive 336 hours of respite annually, in addition to their regular resource allocation. Respite hours do not carry over from one respite year to another and can only be used at the legally responsible adult's (LRA) request. Respite may not be billed as overtime. Upon respite facility request, the DSCC Care Coordinator provides the approved respite hours and the start and end dates of the respite period listed on the Nursing Hours Prior Approval, also known as the 2352. Please note, only MFTD participants 21 and under can receive respite services at a Children's Community-Based Healthcare Center (CCBHC). Non-waiver participants are not eligible for respite services.

Respite Prior Approval Process

1. The LRA requests respite hours from the CCBHC. CCBHCs should never use respite hours without explicit permission from the family.
2. If the CCBHC cannot fulfill the request, the CCBHC must inform the family. If the CCBHC can provide the hours, they must contact the DSCC Care Coordinator and complete the Respite Prior Approval Request Form (posted in the Provider Forms section of our website and attached at the end of this Provider Notice) and receive written notice of approval from DSCC prior to providing respite.
3. Centers should submit the request with as much notice as possible, at least 48 business hours in advance. DSCC cannot guarantee review and decision of requests if centers submit them less than two business days before the requested provision of respite.
4. CCBHCs may accept after-hours or weekend admissions at their own discretion. However, admission of a participant without confirmation or approval of available respite hours may result in denied respite claims.

5. CCBHC should bill respite hours separately and promptly to minimize billing delays and miscommunication about balances. If the CCBHC cancels approved respite or provides less than approved, they should also notify DSCC.

Home Care Program Medicaid Provider Responsibilities

Since respite hours can come from CCBHCs and/or nursing agencies, obtaining prior approval for respite is critical to ensure respite billed does not exceed the participant's annual 336 hours. CCBHCs are responsible for tracking their facility's approved and provided hours.

CCBHCs that provide respite services without obtaining both family consent and DSCC prior approval will not be reimbursed. All MFTD participants are Medicaid recipients, and CCBHCs must follow state and federal Medicaid rules and regulations. A failure to complete the requirements despite providing respite hours is the financial responsibility of the CCBHC, not the family or DSCC, in accordance with Section 101.3 of Chapter 100 of the Medicaid Provider Handbook.

We are happy to help you with any questions you may have. Please contact your assigned DSCC CCBHC or Hospital Liaison.

Thank you for your continued service to the Home Care Program's participants and their families.

DIVISION OF SPECIALIZED CARE FOR CHILDREN

RESPITE PRIOR APPROVAL REQUEST

ALL FIELDS ARE REQUIRED

Date of Request: **DSCC #:** _____

Participant First Name: _____ **Last Name:** _____

Agency/Facility Name: _____

Name of Agency or Facility Representative submitting the request: _____

_____

Email: _____

Date(s) of respite usage being requested: _____

Total number of respite hours being requested: _____

Reason respite is being requested: _____

_____

_____

Has the family consented to the requested respite usage? ☐ Yes ☐ No

- If no, please contact the family to discuss and verify consent and resubmit the request.

Does your agency or facility have any OUTSTANDING respite claims that have not been submitted to the DSCC Claims Unit for payment? ☐ Yes ☐ No

- If yes, what is the total number of hours that have NOT been submitted? _____

REMINDER FOR REQUESTS

- Legally responsible adults (LRAs) who are paid to provide care for their own child CANNOT use respite hours.
- Non-waiver participants are not eligible for respite services.
- Per Section 101.3 of the Medicaid Provider Handbook, **providers are required to verify a patient's eligibility** prior to rendering each service. **Please note** that failure to obtain prior approval for respite hours will result in claim denials.

FOR DSCC OFFICE USE ONLY

Respite year range: _____

☐ Request approved; number of hours approved for usage: _____

This request has been APPROVED based on the information that DSCC has available at the time of the request. **Please note** – unbilled claims from other agencies and/or facilities could potentially impact the number of hours available.

☐ Request returned

DSCC has internally reviewed this request to ensure there are enough respite hours available for this request. This request has been RETURNED for the following reason:

- ☐ The request indicates the family has NOT consented to usage of respite.
- ☐ The participant does not have any available respite hours for usage.
- ☐ Your total hours of respite usage requested exceeded the available amount.

Date of decision sent to requester: _____

Signed by: _____

(DSCC representative name)