UNIVERSITY OF ILLINOIS CHICAGO

Division of Specialized Care for Children

PROVIDER NOTICE

Date: Aug. 12, 2025

Dear Home Nursing Agencies,

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. The DSCC Care Coordinator notifies the nursing agency of the approved respite hours and the start and end dates of the respite period by providing the Nursing Hours Prior Approval, also known as the 2352. Respite services are available only at the request of the legally responsible adult (LRA), not at the discretion of the agency. Unused respite hours do not carry over from one year to the next, and respite cannot be billed as overtime. Non-waiver participants are not eligible for respite services. Since respite is intended to relieve the caregiver, paid LRA caregivers cannot provide respite.

Respite Prior Approval Process

1. The LRA requests respite hours from the nursing agency. Agencies should never initiate or use respite hours without clear and explicit permission from the family.
2. If the agency cannot fulfill the request, the agency must inform the family. If the agency 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. Agencies 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 agencies submit them less than two business days before the requested provision of respite.
4. Urgent needs for respite are not expected. The standard monthly allocation should suffice for any staffing needs after hours or weekends/holidays. If usage of the standard monthly allocation causes the participant to be without available staffing

coverage at the end of the month, the nursing agency and family should discuss and explore the use of respite and can submit a prior approval request at that time.

5. Agencies should bill respite hours separately and promptly to minimize billing delays and miscommunication about balances. If the agency 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 one agency or be split between agencies or a facility, obtaining prior approval for respite is critical to ensure respite billed does not exceed the participant's annual 336 hours. Each agency is responsible for tracking the hours they have provided and ensuring they do not exceed what was approved.

Agencies that provide respite services without obtaining both family consent and DSCC prior approval will not be reimbursed. All MFTD participants are Medicaid recipients, and agencies 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 agency, 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 DSCC Nursing Agency 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)