



RESPITE CARE IN COLORADO

By Amanda King

Respite care provides temporary relief to a caregiver from the physical and emotional impacts of caring for a person with special needs who is unable or needs assistance to care for himself or herself. It can be provided for a few hours, overnight, or on an extended basis by a friend, family member, volunteer, paid service provider, or in a community-based care setting. This *issue brief* provides a brief overview of state-funded respite care services and information about the Respite Care Task Force, which met during the 2015 interim.

Medicaid-Funded Respite Services

Respite care services are provided to eligible Medicaid clients on a short-term basis due to the absence or need for relief of the primary caregiver. Services may be provided in a Class I nursing facility, an alternative care facility, or by an employee of a certified personal care agency in the client's home. There are several Medicaid waivers that provide a respite benefit. Additionally, respite care can be provided to eligible clients with hospice or private duty nursing benefits.

Respite benefit under various Medicaid waivers. Respite care services are provided as a home- and community-based (HCBS) support under the following Medicaid waivers:

- Children's Extensive Support waiver;
- HCBS waiver for children with life limiting illness;
- HCBS waiver for community mental health supports;
- HCBS waiver for persons who are elderly, blind, and disabled;

- HCBS waiver for persons with brain injury;
- HCBS waiver for persons with spinal cord injury pilot; and
- Supported Living Services waiver.

Hospice benefit. To be eligible for the hospice benefit, a Medicaid client must:

- be certified as terminally ill with a life expectancy of nine months or less; and
- have agreed to cease any and all curative treatment, unless the client is 20 years or younger.

If a client does not meet these eligibility requirements, he or she may still be eligible for hospice care through Medicaid long-term care benefits on a case-by-case basis.

Private duty nursing benefit. The private duty nursing benefit allows 24-hour care to be provided during periods when the family caregiver is unavailable due to illness, injury, or absence, periodically, for up to 21 days in a calendar year. To be eligible for the private duty nursing benefit, a Medicaid client must:

- be dependent at least part of each day on a mechanical ventilator;
- require prolonged intravenous administration of nutritional substances or drugs; or
- be dependent daily on other respiratory or nutritional support, including tracheostomy tube care, suctioning, oxygen support, or tube feedings when they are not intermittent.

Medicaid respite services expenditures.

In FY 2015-16, 2,888 Coloradans on HCBS waivers received respite care, with a total expenditure of \$12,980,896. The Department of Health Care Policy and Financing (HCPF) also allocated \$736,543 for 2,876 days of respite care for clients with behavioral health issues and \$31,787 for 169 days of respite services under the hospice benefit in FY 2015-16.

Department of Human Services Respite Services

The Department of Human Services (DHS) provides funding for respite care for adult caregivers, including caregivers of older adults and individuals with dementia; grandparents raising grandchildren; and older adult parents providing care for adult children with disabilities. Respite programs for adult caregivers are administered through the Area Agencies on Aging. In FY 2015-16, DHS distributed 13 grants totaling \$264,810 and 18,323 hours to provide respite care to 653 families statewide. Additionally, in November 2015, the Colorado Respite Care Program, with which DHS partners, implemented a family respite voucher pilot program that distributed \$33,050 in state funds to 53 families for 2,171 hours of respite care.

Respite Care Task Force

House Bill 15-1233 created the Respite Care Task Force to study the following:

- access to respite care services;
- the types of services that are most in demand and the services that are currently available;
- the availability and level of culturally competent and patient-centered care;
- the number of respite caregivers in the state and their locations;
- solutions to increase the number of respite caregivers;
- the funding of respite care services, including access to that funding; and
- other respite care issues as determined appropriate by the task force.

DHS contracted with Health Management Associates Community Strategies (HMACS) to support the efforts of the Respite Care Task Force and to develop recommendations for the General Assembly to improve access to and the quality of respite services throughout Colorado. The HMACS Respite Care Study Final Report can be accessed at: <http://bit.ly/2a09Zix>. The Respite Care Task Force 2016 Report can be accessed at: <http://bit.ly/29QKQqV>.

House Bill 16-1398 required DHS to use a competitive request-for-proposal process to select a contractor that meets certain requirements to implement the recommendations of the task force. The selected contractor must:

- ensure that a study is conducted to demonstrate the economic impact of respite care and the benefits for those served;
- create an up-to-date online inventory that lists existing training opportunities and providers along with information on how to become a respite care provider;
- develop a statewide training system for individuals who want to provide respite care services;
- ensure that a website is created to provide comprehensive information about respite care in Colorado and to serve as an access point for services throughout the state;
- develop a centralized community outreach and education program about respite care services in Colorado;
- work with HCPF to standardize the full continuum of respite care options across all Medicaid waivers; and
- work with DHS, HCPF, and the Department of Public Health and Environment to streamline the regulatory requirements for facility-based, short-term, overnight respite care.

In FY 2016-17, DHS received \$900,000 to implement HB 16-1398. DHS must provide an update on the process of implementing the Respite Care Task Force recommendations during its SMART Government Act hearing presentations starting one year after the contract is awarded. It is anticipated that this update will begin in 2018.