



DELAWARE HEALTH AND SOCIAL SERVICES
 Delaware Division of Medicaid & Medical Assistance

Q&As from October Family Stakeholder Sessions

	Question	Response
Transition		
1	What will be different about respite for us come January?	Respite services will no longer be provided through schools. Children on Medicaid will get respite services through a Medicaid MCO.
2	DDDS and DAP require two weeks' notice for respite. Is there a minimum for the new Medicaid pediatric respite service?	This has not been established. Additional guidance will be provided at a later date.
3	If I applied for respite before COVID and never used it, did I lose it? Do I have to re-apply?	You should contact whomever you applied to previously for respite.
Service authorization		
4	What does the prior approval process look like, and how far in advance does a family need to request this?	DMMA will follow up on this. Additional guidance will be provided at a later date.
5	Who decides whether your child can receive respite services?	Receipt of respite services is driven by medical necessity.
6	Who gets to determine the level of care? If 'skilled care' is needed, does that mean a family member can be trained to provide that care and get the same rate? If not, then isn't this a double-standard for the families when prescribed Private Duty Nursing (PDN) isn't staffed, and we are forced to use untrained persons?	Level of care will be determined by the MCO, with input from the child's physician, based on criteria provided by DMMA. For the new Medicaid pediatric respite services, skilled care must be provided by individuals who are either certified or licensed. PDN and respite services are two very different types of services. PDN is provided to support the ongoing care of an individual, while respite is provided for a short, defined period of time.
7	Is prior authorization necessary to be eligible for the services, or instead, for each request to utilize the service? Does the financial management services (FMS) option also require prior authorization? Is there criteria for approval or denial?	Prior authorization is not required to be eligible for the service, but it is required to utilize the service, with the exception of emergency respite. Prior authorization is also required if a member chooses self-direction. Criteria for approval will be made by the MCOs in conjunction with the child's pediatrician and based on guidance provided by DMMA.

	Question	Response
Service limits		
8	Are the 15 days for out-of-home respite on top of the 285 individual hours of in-home care?	The 15 days are included in the 285 hours.
9	For emergency respite, is there a limit to the number of emergency episodes per year, and would those 72 hours be deducted from the 285 hours?	Individuals are limited to six emergency respite episodes per calendar year. Emergency respite is not included in the 285 hours limit.
Provider requirements		
10	If families choose their own provider (grandmother, for instance), does that person need to be trained and background checked?	Yes, the grandmother would need to have a background check. She would work with the FMS organization to accomplish this.
11	What will be considered appropriate or acceptable training (e.g., child with autism, child with intellectual disabilities, or child with orthopedic disabilities)? What are the amount of hours for training that are required?	Training is based on the needs of the child. Agencies and FMS organizations will provide training. For self-directed services, families will also provide training.
12	Does out-of-home respite include overnight camps like Easter Seals' Fairlee?	We will need to discuss whether camp is included. Additional guidance will be provided at a later date.
13	If we are having unskilled respite providers, then they do NOT need to be 18 years old, be CPR certified, and/or have a criminal background check, correct?	Unskilled respite providers must be a minimum of 18 years of age, be CPR certified, and have a criminal background check.
14	How does one initiate having a family member become an unskilled respite provider? Is there a form or process?	A family member interested in becoming a respite provider will need to work with an FMS organization or agency. The individual should investigate the FMS or agency and determine the one that best meets their needs. The member can also reach out to their MCO care coordinator for support.
15	For those who have family members/family friends who can be trained to be certified providers, will there be trainings available?	Agencies and FMS organizations will provide training and can provide additional training resources. A member's MCO care coordinator may also be an additional resource. For self-directed services, families will also provide training.
Paying providers		
16	Respite right now gets paid to the family directly to pay the provider.	Families will not pay providers directly. The MCO will pay the agency or the FMS organization who, in turn,

	Question	Response
	Will this change and, thus, be taxable to the provider (which it isn't now)?	will pay the provider. The FMS organization or agency the provider works with can help with tax issues.
17	Who determines the rate if I use my mother? Right now, families determine the rate to pay if they don't use an agency.	The rate for providers is determined by the FMS organization or the agency the provider works with. Families do not establish this.
18	Will providers be making the same amount of money as they do through DAP?	The agency or FMS organization the provider works with determines the rate of pay.
19	Who pays for the first aid and background check for our providers?	DMMA will follow up on this. Additional guidance will be provided at a later date.
20	Is the pay different for skilled versus unskilled?	DMMA is not setting the rates for payment. Payment is determined based on the agreement between the provider and the FMS organization or agency they work with.
21	How will my provider get paid and how much?	Providers will get paid through either the FMS organization or agency that they work with at an agreed-upon amount.
22	What is the rate that families will be reimbursed per hour of respite care?	Families will not be reimbursed for respite services.
23	Will providers have to pay taxes on that amount?	The agency and FMS organization the provider works for will provide guidance on paying taxes.
24	Who would pay for trainings/background/etc.?	DMMA will follow up on this. Additional guidance will be provided at a later date.
25	Can we please get transparency on approximate amounts per child that the MCOs get toward this program?	MCOs are not paid a specific rate or amount for a single service. Instead, they are paid a global amount for delivery of the comprehensive services a member needs.
<i>DDDS respite service and collaboration with Medicaid new pediatric respite service</i>		
26	Does this new respite service replace DDDS respite, or is it in addition to the DDDS service?	Families cannot receive both DDDS respite services and the new Medicaid pediatric respite services. Families will be able to choose which benefit best fits their needs. The new Medicaid respite service will not replace the DDDS respite service. DMMA will work with DDDS to ensure a coordinated approach to supporting families and, as needed, a smooth transition between programs.
27	If we currently have respite through DDDS, do we need to do anything? Will the DDDS respite program be switching over to an MCO as well?	DDDS respite services will continue to be an option available to families and will not switch over to an MCO.
28	Should families that may have been "saving" their DDDS funds to use in winter/spring use the hours prior to 1/1/23 if they need to and still be	We do not advise families to rush and use their DDDS funds prior to 1/1/23. DDDS respite services will continue to be an option available to families.

	Question	Response
	eligible for DMMA respite services as of the new year?	
Resources for additional information		
29	Do we call member services at our MCO for our caseworker? I currently do not know who my case worker/manager is.	Yes, you can call member services at your MCO.
Other		
30	Are providers allowed to watch siblings at the same time if families work out an agreement on their own to pay for the other child/children?	DMMA will look into this. Additional guidance will be provided at a later date.
31	Can this be used for aftercare programs? For example, Embrace Delaware runs afterschool programs at KCCS and Charlton. Could parents use this to pay for that?	The new Medicaid pediatric respite service is not for afterschool care.
32	Does Medicaid help with aides? For example, someone to help put my son on the bus to go to school and to receive him off the bus until I get home from work?	Yes, a respite provider could help with these tasks.
33	Do we still get vacation hours?	The new Medicaid pediatric respite services do not include vacation hours.
34	If the paid caregiver attendant program in Delaware gets approved, will this interfere with accessing these respite hours?	No. The new Medicaid pediatric respite services and the paid caregiver attendant program are two different programs.
35	What about students under the age of three years; can they apply for Medicaid when they have Early Intervention?	Yes, families with children under the age of three years can apply for Medicaid.