

HEALTH CARE BENEFITS FOR CHILDREN OF VIETNAM VETERANS

CHAPTER: 2
SECTION: 11
TITLE: RESPIRE CARE

AUTHORITY: 38 CFR 17.900 and 17.901

RELATED REFERENCES: M-1, Part 1, Chapter 12, September 11, 1991

I. PROCEDURE CODE(S)

HCPCS Level II Codes: S9125, T1005

II. DESCRIPTION

Respite care is care furnished to an individual in a hospital, skilled nursing facility, intermediate care facility, nursing home or private residence and is for the purpose of relieving the patient's caregiver (a person related to or associated with the patient who performs, assists and/or lends support in the care of the patient) from the day-to-day patient care tasks. Respite care is of limited duration.

III. POLICY

A. Respite care may be approved for up to 30 days in a calendar year. Care in excess of 30 days per calendar year because of unforeseen difficulties (i.e., death of the caregiver) may be approved on a case-by-case basis.

B. Care must be provided in a hospital, a skilled nursing facility, intermediate care facility, nursing home, or private residence.

C. Care must be provided by an approved health care provider.

D. Termination of respite care will occur when the patient is:

1. released to the caregiver (home), or
2. transferred to another level of care because the:
 - (a) caregiver will no longer be able to provide care to the patient,
 - (b) patient becomes acutely ill, or
 - (c) patient is terminally ill and the anticipation of death prevents discharge from the medical facility.

IV. POLICY CONSIDERATIONS

A. To ensure appropriate quality health standards, reimbursement will only be made for services rendered by approved health care providers. Individuals who do not qualify as approved health care providers may also provide services to the beneficiary; however, those services do not meet the standard for approved health care providers and will not be reimbursed.

B. A duration of any one respite care admission usually would not exceed 14 calendar days. A respite admission in excess of 14 days because of unforeseen difficulties may be approved on a case-by-case basis.

C. The frequency of the respite care is usually every three months, but more frequent respite care will be reviewed on a case-by-case basis.

END OF POLICY