

B3 Respite Services (Non-Waiver) Clinical Guidelines

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Respite services consist of both community and home-based services that can be provided in a variety of settings. Respite care is a brief period of rest and support for individuals and/or families. This service is intended to provide a safe environment with staff assistance for people who lack an adequate support system to address current issues related to a mental health diagnosis.

The goal of respite services is to offer additional support to people and their families by providing 24-hour supervision to a person in a safe, secure environment, outside of a hospital setting. Respite may be provided for up to 72 hours and can be planned or a response to a crisis.

Service provision is through a contracted mental health or substance use care provider. Respite service care providers receive accreditation per Iowa Administrative Code (IAC) 441 Chapter 24. They must also ensure linkage to a variety of residential alternatives to stabilize and maintain members safely.

Clinical indications

Medically necessary respite services

Respite services are clinically appropriate when the member has all of the following:

1. A documented mental health diagnosis and:
 - a. A lack of an adequate support system that could otherwise support the member and/or their family.
 - b. The need for 24-hour supervision to ensure safety in a secure environment that is not a hospital level of care.
2. A need for short-term respite services to occur for up to 72 hours or less, as planned or in response to a crisis.
3. Medical and psychiatric symptoms can be monitored and managed safely in the respite environment.

Coding

Specific limits for minimum and maximum amounts of services per quarter are determined by each member's case.

Codes used for respite services include (but are not limited to) the following:

Procedure/HCPCS code	Modifier	Service definition
H0045	-	Respite, per diem
H0045	U4	Therapeutic Foster Care Respite, Ages 6 through 11
H0045	U5	Therapeutic Foster Care Respite, Ages 12 through 17

Discussion/general information

Utilization Management Guidelines are created to be in compliance with IAC for non-waiver respite services.

Definitions

Appropriate: the degree to which the services, supports, or activities provided or undertaken by the organization are suitable and desirable for the needs, situation, or problems of the individual using the service. IAC 441.24.1(225C)

References:

1. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision
Arlington, VA. 2022. Available at [Psychiatry Online | DSM Library](#), Accessed May 29, 2024.
2. International Classification of Diseases, Tenth Revision, Clinical Modifications, [ICD-10-CM \(cdc.gov\)](#), Accessed May 29, 2024.
3. Iowa Administrative Code, Chapter 24 on Accreditation of care providers of Services to Persons with Mental Illness, Intellectual Disabilities or Developmental Disabilities: [12-23-2015.441.24.pdf \(iowa.gov\)](#)
4. Iowa Administrative Code, Chapter 73 on Managed Care: [441.73.pdf \(iowa.gov\)](#)
5. Iowa Administrative Code, Chapter 78 on Amount, Duration and Scope: [441.78.pdf \(iowa.gov\)](#)
6. Iowa Administrative Code, Chapter 25 on Disability Services Management: [441.25.pdf \(iowa.gov\)](#)
7. Iowa Administrative Code, Chapter 230A on Community Mental Health Centers: [230A.pdf \(iowa.gov\)](#)
8. Iowa Administrative Code, Chapter 225C, (Subchapter II) on Mental Health and Disability Services: [225C.pdf \(iowa.gov\)](#)

Revision history		
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New	5/28/24	Created
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