

**Instructions for Completing  
Respite Documentation Record - Individual Summary**

**Items 1-14 to be completed by Respite Service Staff**

**Agency and Consumer Identifying Information**

1. **Respite Service** = Indicate whether services recorded are “Hourly Respite” or “Free Standing Respite”. “Free Standing Respite” is a program which provides respite services outside the individual’s home. The program is “free standing” since it is operated in its own space which is separate and distinct from any certified facility. “Hourly Respite” is respite provided in all other settings, including a consumer’s home.
2. **Agency Name** = Enter the name of your Agency, that is, the agency providing the Respite service.
3. **Consumer Name** = Enter the name of the consumer receiving the Respite service.
4. **Medicaid ID Number** = For a consumer enrolled in the HCBS Waiver, enter the Medicaid Client Identification Number (the “CIN”).
5. **TABS ID** = For all consumers, enter the consumer’s TABS ID number.
6. **Program Location** = Enter the address where the Respite service is provided.
7. **TABS Program Code** = Enter the code assigned to your Respite service in OMRDD’s TABS system.
8. **Is Consumer HCBS Waiver Enrolled?** = Check **Yes** if the consumer is enrolled in the HCBS Waiver. Check **No** if the consumer is not enrolled in the HCBS Waiver. For a consumer enrolled in the HCBS Waiver, your agency will bill eMedNY (i.e. the Medicaid billing system) for Respite services. For a consumer not enrolled in the HCBS Waiver, your agency will report services using the internet web-based application.

**Exception: Respite provided to any consumer enrolled in Family Care cannot be billed to Medicaid. Please contact your DDSO Family Care Coordinator for instructions on how to arrange for payment.**

**Documenting Respite Service Delivery**

9. **Service Delivery Date** = Enter the date on which Respite services are provided. When the Respite stay continues over several days, services delivered on different days must be entered on separate lines. For example, if a consumer arrives at the respite program at 4:00 p.m. on March 2, 2006 and leaves on March 3, 2006, the March 2 and March 3 Service Delivery Dates are entered on separate lines.
10. **Start time** = Enter the time Respite services start.
11. **End Time** = Enter the time Respite services end.

**For overnight Respite stays**, the end time for the “Service Delivery Date” is always midnight. The hours after midnight are shown on the next service delivery date. For example: if a consumer arrives for an overnight Respite stay on 12/7/06 at 4:00 p.m. and leaves the next morning on 12/8/06 at 10:00 a.m., the “Start Time” for the 12/7/06 service delivery date is 4:00 p.m. and the “End Time” is 12:00 midnight. The “Start Time” for the 12/8/06 service delivery date is 12:00 midnight and the “End Time” is 10:00 a.m.

**When a consumer has breaks in Respite service on a given day**, each continuous period of service delivery (or session) is entered on a separate line on the Respite Documentation Record- Individual Summary document. For example, on 1/3/06, a consumer receives Respite services for a one hour session in the morning (from 9:00 a.m. to 10:00 a.m.), and then leaves to attend a Day Habilitation program. After the Day Habilitation service, the consumer again receives Respite services for a two hour session in the afternoon (from 3:00 p.m. to 5:00 p.m.). Two lines on the Respite Documentation Record-Individual Summary must be completed to document the Respite services delivered on 1/3/06. On one line, Respite staff document a “Start Time” of 9:00 a.m. and a “Stop Time” of 10:00 a.m. for the 1/3/06 “Service Delivery Date.” On the next line on the Individual Summary Sheet, Respite staff again enter 1/3/06 under the “Service Delivery Date” column and document the afternoon session by entering the “Start Time” as 3:00 p.m. and the “Stop Time” as 5:00 p.m.

12. **Staff Signature** = A Respite staff person must sign on each “Service Delivery Date” line. **By signing the staff person is verifying that Respite was provided for the hours shown.**
13. **Staff Title** = The staff person must enter their work title.
14. **Date of Signature** = The staff person must enter the date (in month, day, year format) he/she signed.

**Items 15 and 16 to be completed by the Respite Provider’s Billing Department**

15. **Service Delivery Time** = Based on the “Start Time and End Time” of service delivery on each line of the Respite Documentation Record-Individual Summary, enter the duration of Respite services the consumer received. For example, if on 1/7/06 the consumer arrived at 6:00 p.m. and left at 10:00 p.m., enter four hours for the Service Delivery Time.
16. **Billing Units** = The billing unit for this service is 15 minutes. For each line of the Respite Documentation Record-Individual Summary convert the “Service Delivery Time” into the appropriate number of 15 minute billing units and enter the number in this column.

**Examples: “Service Delivery Time,” and “Billing Units”**

If on 9/1/06 a consumer’s “Service Delivery Time” is 5 hours and 15 minutes, enter 21 billing units.

**NOTE TO BILLING STAFF**

All billing units provided on a single date of service are to be added together for billing purposes. “Rounding up” is not allowed. For example, if the consumer receives Respite service for ten hours and ten minutes, only 40 15-minute billing units are entered and billed.

**Special Rules for Calculating Billing Units**

- **Consumer travel time to and from a Respite program is excluded.** Staff should be instructed to use the consumer’s time of arrival at the program as the “Start Time” of the service. The “End Time” of the service is the time the consumer leaves the program.
- **Consumer travel time can be billed when a Respite staff member accompanies the consumer into the community as part of the Respite program.** For example: The consumer arrives at the Respite program at 10:00 a.m. on 12/5/2006. At 11:00 a.m., respite staff takes the consumer to a holiday show, returning at 1:00 p.m. The consumer leaves the respite program at 4:00 p.m. Since the travel time to and from the holiday show occurred as part of the Respite program and involved respite staff service provision, it is billable time. The Respite agency documents that service was delivered from 10:00 a.m. to 4:00 p.m. on 12/5/2006 and 24 15-minute billing units are billed.
- **Time the consumer spends at his/her day program or any other activity that is not part of the Respite service is excluded.** Staff should be instructed to record start and end times accordingly.

For additional information regarding the completion of the **Respite Documentation Record - Individual Summary**, please contact Mr. Chad Colarusso Training and Medicaid Standards Bureau, OMRDD at (518) 408-2096.

For assistance with MMIS billing, please contact Mr. Earl Jefferson, Central Operations, OMRDD at (518) 402-4333. For assistance with billing “non-waiver” Respite through the internet web-based application, please contact Ms. Linda Reinhardt, Central Operations, OMRDD at (518) 402-4333.