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**CABINET FOR HEALTH AND FAMILY SERVICES**  
**DEPARTMENT FOR MEDICAID SERVICES**

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To: Home and Community Based Waiver Case Managers  
Michelle P. Waiver Case Managers

From: Leslie Hoffmann, Acting Director   
Division of Long-Term Services and Supports

Date: January 16, 2025

Re: Respite Guidance – Home and Community Based Waiver and Michelle P. Waiver

Respite in two of Kentucky's 1915(c) Home and Community Based Services (HCBS) waivers changed when the amended waiver applications took effect on January 1, 2025. The guidance below is intended to assist case managers with the changes.

### Michelle P. Waiver (MPW) Respite

The Department for Medicaid Services (DMS) shifted Respite in MPW from a cost-based service to a unit-based service to align the way Respite is requested, billed, and paid with all other 1915(c) HCBS waivers.

- The rate for MPW Respite is up to \$5.92 per 15-minute unit, with a limit of 1,312 units per plan of care year.
- Person-centered service plans (PCSP) for MPW participants who receive **Respite must be modified for the service to be billed and paid correctly**. PCSP modifications should be completed **before** the participant uses Respite for the first time in 2025 or at their next monthly meeting, whichever occurs first. Please refer to the [provider memo released on December 23, 2024](#), for additional details on billing Respite.
- When updating the PCSP, the case manager may enter the maximum service limit (1,312 units per plan of care year) for the participant's current plan year. This will be temporarily allowable to reduce the burden on case managers as they update these PCSPs.
  - For the remainder of their 2024-2025 plan of care year, MPW participants may receive up to \$7,767.04 of Respite minus the dollar amount used between the start date of their 2024-2025 plan of care year and January 1, 2025. Case managers must track this outside of the system.

- Beginning with their 2025-2026 plan of care year and going forward, the participant is limited to 1,312 units of Respite per plan of care year.
- All requests for Respite must be person-centered and based on the participant's assessed needs, goals, and desired outcomes.

For questions about **traditional** MPW Respite, please contact the Department for Behavioral Health, Developmental, and Intellectual Disabilities at (502) 564-7700 or [DDID.Info@ky.gov](mailto:DDID.Info@ky.gov).

For questions about **Participant Directed** MPW Respite, please contact the Department for Aging and Independent Living (DAIL) at (877) 315-0589 or [HCBInquiries@ky.gov](mailto:HCBInquiries@ky.gov).

### **Home and Community Based Waiver Respite**

As referenced in [the memo sent on December 23, 2024](#), the limit for Respite in the Home and Community Based (HCB) waiver is 42 units per day of Specialized Respite or Non-Specialized Respite, or 42 units per day of the two services combined.

**Please note, per the HCB waiver application, the participant cannot exceed 1,000 units per plan of care year for each service or the services combined.** If a participant has already used 1,000 units of Specialized Respite, Non-Specialized Respite, or a combination of the two services in their 2024-2025 plan of care year, additional units will not be approved.

PCSP updates are only needed if the participant requires a change in the amount of Specialized or Non-Specialized Respite they currently receive. All requests for Specialized or Non-Specialized Respite must be person-centered and based on the participant's assessed needs, goals, and desired outcomes.

If you have questions about Specialized Respite or Non-Specialized Respite (traditional or Participant Directed) in HCB, please contact DAIL at (877) 315-0589 or [HCBInquiries@ky.gov](mailto:HCBInquiries@ky.gov).

If you have technical questions or issues with the Medicaid Waiver Management Application (MWMA), call the MWMA Technical Contact Center at (844) 784-5614, option 1.