

TO: All Local District Commissioners, Medicaid Directors

FROM: Brian Wing, Deputy Commissioner
Office of Medicaid Management

SUBJECT: Respite/Personal Care Clarification

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Support Liaison
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The purpose of this GIS is to clarify for social services districts that respite services offered by a Home and Community-Based Services (HCBS) waiver under section 1915(c) of the Social Security Act cannot be provided through State Plan services such as the Personal Care Services Program (PCSP) or the Consumer Directed Personal Assistance Program (CDPAP). Language regarding respite and personal care on page 18 of 86 ADM-04, the Administrative Directive on the model waivers which subsequently became the Care at Home waiver, has been incorrectly interpreted to allow PCSP and therefore CDPAP to be used as respite; this is incorrect.

The State's Medicaid Plan does not include use of the PCSP or the CDPAP for the provision of respite services. When State Plan services are provided to an individual also participating in a HCBS waiver, the State Plan service must continue to meet all the programmatic guidelines for that service including, but not limited to, the prior authorization/reauthorization of the service by the local social services district in accordance with 18 NYCRR 505.14(b). Local social services districts remain responsible for the case management of services provided through the PCSP as directed in 18 NYCRR 505.14(g).

Districts must not approve PCSP or CDPAP services for waiver participants on the basis of a case manager's recommendation, without conducting the necessary reviews and receiving a physician's order as described in the regulation cited above. There can be no change made in the services authorized without approval of the local social services district.