

Criteria for Admission to Respite Level of Care

Drafted: March 18, 2015

General Considerations

Respite care is short-term inpatient care provided only when necessary to relieve the family members or other persons caring for the patient at home. Respite care is reimbursed for up to five consecutive days at a time, including the date of admission but not including the date of discharge. More than one respite period (of no more than 5 days each) is allowable in a single billing period.

Respite care can only be provided in a Medicare designated inpatient facility (Hospice House, hospital or SNF). It cannot be provided in an ALF or at home.

Respite care cannot be provided when there is no identified caregiver or there is no clear reason for caregiver relief.

The patient's plan of care during the inpatient respite stay is the same as if the patient were receiving care in their home. The established visit frequency is followed by the hospice interdisciplinary group and the facility staff would give care that the caregiver would provide in the home setting.

Admission Documentation to Include

1. Reason for respite care Precipitating event (onset and progression of-symptoms)
2. Dates of respite care Previous Interventions tried in the home/location
3. Visits by any hospice discipline during the respite stay
4. Orientation of facility staff to:
 - a. patient's plan of care and advance directives
 - b. when and how to contact the hospice provider
 - c. hospice visit schedule
 - d. how to contact patient's caregiver

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Date: _____

Check All That Apply			
Criterion	Present	Absent	Comments
Patient has a caregiver			
Caregiver is physically and emotionally exhausted from patient care and requires a break			
Caregiver is ill and needs a break from patient care to recover			
Caregiver needs to attend a family event, e.g. wedding or graduation			