



Guidance for 1915(c) Children's Waiver Home and Community Based Services Regarding Respite Services

April 8, 2020

As outlined in the [Guidance for Home and Community-Based Services \(HCBS\) Providers Serving Children/Youth Under the 1915\(c\) Children's Waiver Related to COVID-19](#), if a waiver participant chooses not to have a face-to-face meeting or a determination is made that a face-to-face meeting is not appropriate during the COVID-19 public health emergency, the Respite provider may deliver the service remotely following telehealth guidance.

The activities must meet the definition of Respite per the [Children's HCBS Provider Manual](#) and be clinically appropriate to meet the need of the child/youth. Respite services are permitted to be delivered via telehealth when a provider, exercising good clinical judgment, determines a telehealth encounter is appropriate for the delivery of services to an individual and the health and safety of the individual continues to be met via this service modality. Telehealth services may only be used when the delivery of services can be effectuated via verbal prompting/cueing.

Examples of approved technology methods include two-way, audio-visual technology such as FaceTime, Facebook Messenger, Google Hangout, Zoom, Loom, WebEx, or Skype. However, Facebook live, Twitch, TikTok, and similar video communication applications that are public facing should **not** be used. Telephonic-only capabilities may not be used for Respite care.

Examples of allowable telehealth Respite activities include online educational or recreational activities, such as tutorials, educational classes, exercise classes, live performances, interactive games and activities.

Providers should only bill for time spent actively delivering the service and time spent with the child/youth remotely or online. Providers may bill for time spent assisting the child/youth/family with set-up of equipment and/or activity, demonstrating the equipment and/or activity and for time spent actively engaging in the activity with the child/youth. Providers may not bill for any unsupervised time the child/youth spends in the activity.

For example: a provider spends 30 minutes engaging with the child/youth to set-up a recreational/educational activity and actively engaging in that activity with the child/youth. The provider then lets the child/youth continue the activity on their own for an hour, while the provider performs other activities. After an hour, the provider checks-in with the child for 15 minutes. The provider would be able to bill for the 45 minutes spent actively delivering the service.

Please utilize and reference all COVID-19 and Telehealth (telephonic) guidance available at https://health.ny.gov/health_care/medicaid/covid19/index.htm. Please send questions to BH.Transition@health.ny.gov.