



## Memorandum

**To:** Coordinated care organization (CCO) directors  
CCO Behavioral Health directors

**From:** Chelsea Holcomb, Child and Family Behavioral Health director  
David Inbody, CCO Operations director  
Donny Jardine, Medicaid Behavioral Health Policy manager

**Date:** May 1, 2024

**Subject:** Guidance to CCOs on how to fund respite services

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Respite care of all types is greatly needed in Oregon. Respite services provide a break for primary caregivers of children and youth with complex needs, as well as a break for youth themselves. Effective respite services are culturally and linguistically responsive, developmentally appropriate, flexible, and provide a range of options, from drop-in childcare to preplanned or overnight crisis services.

Oregon Health Authority (OHA) encourages CCOs to:

- Strongly consider developing or enhancing respite<sup>1</sup> service coverage to better serve children and families with complex needs.
- Co-create messaging and information about respite with family, youth, and respite providers.
- Work with community-based organizations to find ways to use Health-Related Services and Supporting Health for All through Reinvestment (see below) funding streams to support youth respite in the community. Informal respite is well suited to these funding streams.

Respite can be billed for under existing codes. Existing Medicaid codes that can be used for respite include:

- H0045: Respite care services, not in the home, per diem. H0045 is used to provide short-term intervention to adults, for up to 30 days in a residential treatment home or residential treatment facility.
- T1005: Respite care services, up to 15 minutes.
- S5150: Unskilled respite care, not hospice; per 15 minutes.
- S9125: Respite care, in the home, per diem.

CCOs can cover respite services through available funding mechanisms such as:

1. Health Related Services (HRS). HRS coverage beyond CCO-covered benefits could be services to improve care delivery and support overall member and community health and well-being; as flexible services to help members supplement covered benefits; or as community

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<sup>1</sup> Respite can be formal, informal or for specific purposes such as behavioral health, crisis, or other purposes.

benefit initiatives (community-level interventions to improve population health and health care quality). Currently PacificSource Community Solutions – Marion Polk has helped fund the Family Building Blocks relief nursery through this mechanism, and Umpqua Health Alliance helped fund the Douglas Education Service District's PartnerSports Camp.

2. The Supporting Health for All through Reinvestment (SHARE) initiative for CCOs to invest net income or revenue into their communities to address health inequities and the social determinants of health and equity. Using this initiative, both Yamhill Community Care and InterCommunity Health Network have provided housing supports for housing insecure individuals in their service areas, including transitional youth housing and emergency hotel funding for families. Respite programs could be covered by SHARE initiative projects.

Medicaid offers options for states to fund youth respite, which are not currently available in Oregon, with application for some of the additional waivers listed below being planned over the next several years. The Centers for Medicare & Medicaid Services (CMS) allows states to fund youth respite through a variety of mechanisms as part of Health-Related Social Needs (HRSN) services:

- Home and Community-Based Services authorities: Sections 1915(b), 1915(c), 1915(i), 1915(j),
- In Lieu of Services (ILOS) provisions. Oregon is currently pursuing In Lieu of Services option for behavioral health respite, which if approved would be effective in 2026.

CMS allows states to cover up to 90 days<sup>2</sup> of HRSN respite services rendered in a facility or in the youth's home. OHA continues to work toward provision of respite services through all available mechanisms. This includes pursuing waivers, applying for ILOS provision, and through potential legislative mechanisms such as a policy option package.

### **Why is this happening?**

In March 2024, the System of Care Advisory Council issued a summary [report](#) on Youth Respite Policy in Oregon. The report offers an assessment of current policy and recommends ways to develop respite services and supports. These greatly needed services:

- Provide preventive support for primary caregivers of children and youth with complex needs, as well as the youth themselves.
- To be effective, must provide a range of options, and be developmentally appropriate, flexible and culturally and linguistically responsive.
- Have been frequently requested by families in Oregon for many years, yet sporadically available.

### **Questions?**

If you have any questions, please contact Donald Jardine at 503-422-5102 or [Donald.Jardine@oha.oregon.gov](mailto:Donald.Jardine@oha.oregon.gov) or Luke Todd at 503-689-7378 or [Luke.Todd@oha.oregon.gov](mailto:Luke.Todd@oha.oregon.gov) .

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

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<sup>2</sup> Annually