

## FISCAL INTERMEDIARY RESPITE PROGRAM BASIC FACT SHEET

### Purpose:

Respite providers shall be used on a short-term basis for relief of the unpaid primary care giver. Respite care can be provided in the consumer's residence, a friend's or relative's home, in the community, a licensed foster home or a licensed group home. Respite cannot be used for day care while the primary care giver works. Respite funds are to pay the family friend for Respite Services provided, and also must pay staff for trainings that are REQUIRED by Medicaid. This is discussed further on page 2.

| RESPITE SIX (6) MONTH ELIGIBILITY RATES  |  |
|--|--|
| January 1 through June 30  | July 1 through December 31   |
| \$600/Family <b>ONE</b> Eligible Person<br>\$1,200/Family <b>TWO</b> Eligible Persons<br>\$1,800/Family <b>THREE</b> or More Persons | \$600/Family <b>ONE</b> Eligible Person<br>\$1,200/Family <b>TWO</b> Eligible Persons<br>\$1,800/Family <b>THREE</b> or More Persons |
| <b>ANY MONEY <u>NOT</u> USED IN THE FIRST SIX MONTHS<br/>MAY NOT BE TRANSFERRED TO THE SECOND SIX MONTHS.</b>                        |  |

### Required Documentation:

The parent/guardian/relative for each respite consumer must complete the following forms in order to enroll your child/adult and your family friend(s) as a respite provider(s) under the Fiscal Intermediary Respite Program:

- 1.) **RESPITE REFERRAL SHEET (Completed by Parent/Guardian):** Complete for each child or adult receiving respite.
- 2.) **EMPLOYMENT AGREEMENT (Completed by both Parent/Guardian and Respite Provider):** Complete for each family friend who provides respite.
- 3.) **CRIMINAL RECORD CHECK (Completed by Respite Provider, Signed by Parent/Guardian):** Complete for each family friend who provides respite. All new respite providers are now required to have a completed criminal background check prior to providing respite services.
- 4.) **I-9 FORM, EMPLOYMENT ELIGIBILITY VERIFICATION (Completed by Respite Provider):** Must complete Section 1 and Section 2 and submit copies of documentation listed in Section 2.
- 5.) **W-9 FORM, REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (Completed by Respite Provider):** 2 pieces of ID must be submitted. Please be aware that providers who receive over \$650.00 in Respite payments will receive a Federal Form 1099 reporting the income.
- 6.) **MEDICAID PROVIDER AGREEMENT (Respite Provider's Name on first line, person receiving respite on second line, Respite Provider to sign and date at bottom).**
- 7.) **DOCUMENTATION OF COMPLETED REQUIRED TRAINING (Respite Provider to read and complete quizzes at end)** (from CMH Website).

All of the forms listed above must be submitted and approved prior to beginning respite services. *Training requirements must also be met before any staff can provide respite.*

- 8.) Completion of the Annual Family Friend Respite Plan of Service on a yearly basis is required. By signing you agree to all the requirements of the program.
- 9.) Completion of an annual fee statement is also required for respite services to continue.

### Requirements for Fiscal Intermediary Respite Care Providers:

- Able to follow the consumer's plan of care from the training given by parent/guardian or responsible relative of the adult/child receiving respite as well as emergency procedures;
- Able to prevent transmission of any communicable disease from self to others;
- Able to communicate effectively;
- Able to perform basic first aid; **CPR is required for providers through the Children's Waiver and available through the CMH training unit. The training is free, but staff must be paid for their time.**



## SEE BACK FOR FURTHER INFORMATION

- Must be 18 years or older;
- Not reimburse parent of anyone under 18, spouse of the person being served, the guardian, or the unpaid primary caregiver;
- Not reimburse anyone with a substantiated finding of abuse or neglect by a state or federal agency;
- Pass criminal background check;
- Recommended to have an annual TB test;
- Submit vouchers signed off by the parent/responsible party and signed by the care provider for each day, verifying the date, hours and payment amount for the services provided.
- Provide the family friend/care provider with the provisions necessary to provide care including; emergency information, medical treatments, contact information and general or special care guidelines.

### Training

**Respite Providers Must complete the training packet, or attend comparable trainings prior to providing any Respite Service, and complete annual and semi-annual refresher trainings. Any Respite performed before these trainings are completed will not be paid. The training packet includes:**

- Blood Borne Pathogens (BBP)
- CPR & First Aid (FA) (In Person)
- Recipient Rights (RR) (In Person)
- HIPAA Privacy and Security
- Person-Centered Planning
- Corporate Compliance
- Cultural Competency & Diversity
- Limited English Proficiency
- De-Escalation Skills (initial only)
- Environmental Safety (initial only)
- Trauma Informed Care (initial only)
- Individual's Specific Care Needs, Emergency Care Information and Signature attesting to Qualifications

*Please note: Respite Provider must be paid for completing the **REQUIRED** trainings, and this comes out of your respite allotment. This can be paid through a stipend, or an hourly rate. An example would be a stipend of \$25 for the successful completion of the training packet (BBP, FA, RR), and an hourly rate of \$9 for training in the individual's care needs and any specific emergency procedures (with a maximum stipend of \$30/staff for the training packet and maximum of \$30 for training in the individual's specific care, based on level of need. If CPR is taken, it should be reimbursed per hour at a negotiated rate, max of \$10/hour.*

### Provider Payments:

Payments will be made directly to the Family Friend Respite Providers.

Each family/respite provider completes the Family Friend Respite Reimbursement Voucher and mails directly to Respite Unit at 812 E. Jolly Suite 216, Lansing, MI 48910. These forms must be submitted before the 9<sup>th</sup> of the month, any late payments will not be processed until the following month. CLN will process on time vouchers around the 25<sup>th</sup> of each month.

- For Questions Regarding Enrollment Forms, Respite Vouchers or Fund Balances, please contact The Respite Unit 517-346-8113

Respite Forms are also available on our Website at: [www.ceicmh.org](http://www.ceicmh.org)

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## COMMUNITY SERVICES FOR THE DEVELOPMENTALLY DISABLED

812 East Jolly Road, Suite 216, Lansing, MI 48910 • PHONE: 517/346-8200 • FAX: 517/346-8172

Accredited by: Commission on Accreditation of Rehabilitation Facilities. An equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities. Michigan Relay Center (800)649-3777.