RESPITE CARE OVERVIEW

MARINE CORPS AIR GROUND COMBAT CENTER TWENTYNINE PALMS
LEARNING OBJECTIVES

- Understand Respite Care background
- Review Respite Care eligibility
- Recognize Level of Need (LoN) determination
- Identify appropriate providers
- Categorize intended use
- Know requirements for reimbursement
- Learn rates of care
- Review reimbursement log and other forms
The Exceptional Family Member Program (EFMP) initiated the Respite Care Reimbursement Program in 2008 to support the impact of a high operational tempo and the particular impact to families who support a family member with exceptional needs.

The respite care reimbursement program is intended to reduce stress on sponsor families by providing temporary rest periods for family members who care for those with special needs.
ELIGIBILITY

EFMP respite care reimbursement is available for EFMs identified as Level of Need 3 or 4.

Level three includes EFMP families with children 18 years old or younger, with severe special needs that require trained support from qualified providers to maintain the health and safety of the EFM.

Level four includes EFMP family members of all ages (including adults), with profound special needs who require skilled care services as documented by qualified providers, to maintain the health and safety of the EFM.

Families are eligible for up to 20 hours of respite care, per month, per family.
LEVEL OF NEED (LON) DETERMINATION

- Respite Care Reimbursement is based upon the Exceptional Family Member’s Level of Need (LoN).
- LoN is determined by HQMC EFMP Medical Screeners during the enrollment or update eligibility review.
- Using an evidence-based determination process, Medical Screeners review submitted documents to determine the LoN.
- As EFM requirements change, the LoN may also change to reflect the current functioning and status.
RESPITE CARE – SELECTING APPROPRIATE PROVIDERS

EFMP enrolled families select a provider for local respite care.

Sponsor must provide appropriate documentation of respite care provider skill for Level 3 and 4 EFMs.

Level of need 3 respite providers will have valid certification through a state or national agency. Appropriate certified provider will vary depending upon the needs of the EFM. (Examples include: CNA, mental health technician, BCaBA)

Level of Need 4 respite provider will hold a valid professional license. The appropriate licensed provider will vary depending upon the needs of the EFM. (Examples include: RN, LCSW, BCBA, LMFT, special education teacher)
RESPITE CARE – INTENDED USE

- Respite care is intended to be used as a short break or rest period for the primary care provider.

**Respite Care MAY NOT be used to:**

- Supplement day care or babysitting to allow sponsor or spouse to work or attend school
- Pay for pre-school
- Pay for therapy sessions or therapeutic recreation for the EFM
REQUIREMENTS FOR REIMBURSEMENT

- The EFM must legally reside full time with sponsor
- All EFM updates must be current
- Sponsor must provide appropriate documentation of respite care provider skill for Level 3 and 4 EFMs.
- Sponsor must sign all reimbursement logs verifying the accuracy of the information. A POA is authorized only when meeting the exception criteria above
- Any funds expended by the family while ineligible, will not be reimbursed
- Sponsors are responsible to ensure that their reimbursement logs are completed, signed and received by the installation EFMP office by the specific due date

Exceptions Include:
- TAD, Official schools, Deployment, Approved Continuation on Location (CoL) or OCONUS tour where dependent travel has been declined by HQMC EFMP or Overseas Screening, due to a lack of care for the EFM.
# Reimbursement Rate of Care

<table>
<thead>
<tr>
<th>Level</th>
<th>1 EFMP</th>
<th>2 or more EFMs</th>
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<tbody>
<tr>
<td>Level 3 EFM</td>
<td>Not to exceed hourly base CDC rate x 3</td>
<td>Not to exceed hourly base CDC rate x 5</td>
</tr>
<tr>
<td>Level 4 EFM</td>
<td>Under no circumstances will care exceed $45 per hour</td>
<td>Under no circumstances will care exceed $60 per hour</td>
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REIMBURSEMENT LOG

Respite care reimbursement will be requested using **NAVMC 1750/3**

complete one log per care provider per month and submit the log(s) for reimbursement after care is provided

Complete the entire Reimbursement Log

- Record the date, hours of care (in military time), who the service was provided to, and include the provider’s signature and contact information

The sponsor must sign the reimbursement log

- A power of attorney may be used to sign the form when the service member is deployed, TAD, attending an official school, or approved Continuation on Location (CoL), or serving an unaccompanied overseas tour where HQMC EFMP, or the overseas screening process, determines services are not available.
REIMBURSEMENT LOG

Family Case Worker will provide the Case I.D. number and level of need for these blocks.

Record hours of care using military time e.g. 9:45AM - 1:00PM.

Sponsor must sign the reimbursement log.
The ACH/direct deposit form, Statement of Understanding and Respite Care Reimbursement Log are all available online (website forms can be located)
QUESTIONS?

EXCEPTIONAL FAMILY MEMBER PROGRAM, MCAGCC
VILLAGE CENTER, BLDG. 1551
PHONE: (760) 830-7740
FAX: (760) 830-8997
MCCS29PALMS.COM
QUESTIONS?

EFMP INSTALLATION
ADDRESS
PHONE AND/OR EMAIL
WEBSITE
SOCIAL MEDIA

YOUR MCCS LOGO HERE
(optional)