

# RESPITE CARE OVERVIEW



**MARINE** & *Family* | Exceptional  
Family Member  
Program

**MCAS YUMA 928.269.2949**

# 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



# RESPITE CARE BACKGROUND

- ▶ **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**
- ▶ **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, BCBA)**
- ▶ **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.

Date  
Night

Lunch  
with a  
Friend

Hair  
Cut

Take a  
Nap

Go to  
the  
Gym

## 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 Exceptional Family Member (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

Reimbursement Rate of Care		
	1 EFMP	2 or more EFMs
Level 3 EFM	Not to exceed hourly base CDC rate x 3	Not to exceed hourly base CDC rate x 5
Level 4 EFM	Under no circumstances will care exceed \$45 per hour	Under no circumstances will care exceed \$60 per hour



# REIMBURSEMENT LOG

**Respite care reimbursement will be requested using NAVMC 1750/3 (6-21) (EF)**

**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.

[illegible]

# REIMBURSEMENT LOG

Sponsor is required to complete blocks 1 through 7 prior to provider certification.									
1. Sponsor Name:				2. Rank:		3. Preferred Telephone:			
4. EFM Name:				5. Case ID#:			6. LoN:		
7. INSTRUCTIONS:									
a. Always record hours in MILITARY TIME.      b. Enter times in 15 minute increments (e.g. 1300-1415).      c. Use one form per provider									
DATE(S) of Care	Location of Care (F) Family Home (P) Provider's Home (O) Other (Approved)	HOURS of Care		Children Present During Care (Eligible EFM(s) Only)	AGE	*Number of Hours Used (do not exceed 15)	Hourly Rate	Total	
		From	To						

[illegible]

Record hours of care  
using military time e.g.  
0945-1300

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

sponsor must sign the reimbursement log

# RESPIRE REIMBURSEMENT FORMS

US Marine Corps, Personal and Family Readiness Division																																																																															
<b>ACH Application Form</b>																																																																															
<p>I hereby authorize the U.S. Marine Corps Personal and Family Readiness Division, Marine Corps Exchange Centralized Accounts Payable, hereinafter called MCCS-MRF, to initiate credit and debit entries to the account indicated below, with the financial institution named below, hereinafter called DEPOSITORY, to credit or debit the same to such account. All fees and charges that may be applied by the DEPOSITORY for the receipt and processing of transfers will be my sole responsibility. This authority is to remain in full force and effect until such time as MCCS-MRF has received written notification from me of its termination/change. Written notification shall be provided to MCCS-MRF at least thirty (30) working days prior to the effective date of termination/change.</p>																																																																															
Check One:	<input type="checkbox"/> I am not currently participating in the MCCS-MRF ACH Program. <input type="checkbox"/> ADD – Credit/Debit my payment to the account shown.  <input type="checkbox"/> I am currently participating in the MCCS-MRF ACH Program. <input type="checkbox"/> CHANGE – Change financial institutions and/or account number. <input type="checkbox"/> CANCEL – Stop my participation in the program.																																																																														
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<small>PRIVACY ACT STATEMENT – This forwarding information is provided to comply with the Privacy Act of 1974. All information collected on this form is required under the provisions of the Federal Financial Management Act of 1996, Section 5332 of title 31 of U.S.C. This information will be released by the MCCS Financial Management Office to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the ACH Program.</small>																																																																															

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<b>UNITED STATES MARINE CORPS EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) RESPITE CARE REIMBURSEMENT PROGRAM STATEMENT OF UNDERSTANDING</b>			
<b>PRIVACY ACT STATEMENT</b>			
In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read this document carefully before providing information.			
AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy, 10 U.S.C. 501, Headquarters, U.S. Marine Corps, MCO 1754.4, Exceptional Family Member Program, E.O. 9397 (2003), as amended, and SECDEF M246.6.			
PURPOSE: To manage the EFMP Respite Care Reimbursement Program and obtain sponsor statement of understanding.			
ROUTINE USES: Information will be accessed by EFMP personnel with a need to know in order to meet the purpose. Information may be disclosed to individuals or organizations authorized to provide services to the individual patient. A complete list and explanation of the available routine uses is published in the authorizing SPOC available at: <a href="https://www.dhs.gov/eo-doctrine/doctrine-view.aspx?category=1&amp;id=175454">https://www.dhs.gov/eo-doctrine/doctrine-view.aspx?category=1&amp;id=175454</a> .			
DISCLOSURE: Providing information on this form is mandatory, but failure to provide the information may limit respite care services.			
RECORD MANAGEMENT: This form shall be managed in accordance with record schedule: 100M-30, "Family Support Programs (Temporary)" of SECNAV MSG-10.1.			
I understand the Marine Corps EFMP Respite Care Reimbursement Program is intended to reduce the stress on sponsor families by providing temporary respite periods for family members who are not authorized for medical, long term care (services for more than 6 hours consecutively) or custodial care of adults, to supplement, augment or substitute traditional childcare for work or, to allow a family member to attend school, or preschool programs. Respite care does not include the provider performing household chores or transportation.			
I understand each family member enrolled in the EFMP will be assigned a Level of Need between 1 and 4, and that the Respite Care Reimbursement Program will only reimburse for Level of Need 3 or 4. The EFMP Level of Need is determined by Headquarters, Marine Corps EFMP, based upon the documentation received during the initial or updated enrollment review. It will be notified by the installation EFMP office or the date of Respite Care Request approval. Level of Need 3 or 4 means that the participant has been determined by the family's reimbursement rate of care. I am responsible for interviewing, hiring, and making payments to the respite care provider. If my family member is eligible (Level of Need 3 or 4) and chooses to participate in the Respite Care Reimbursement Program, membership is provided until he is 18+ years of age with the appropriate level of skill. If the EFMP requires medication administration, I must fire a provider that possesses the appropriate level of skill and/or choose qualifications as determined by the requirements of physical status of residential life adequate to provide current documentation of caregiver qualifications for Level of Need 3 and 4 to the installation EFMP office prior to administration of care for reimbursement.			
I understand that the Respite Care Reimbursement Program established reimbursed rate will not cover all costs expended by the family and therefore should be considered a partial reimbursement for respite care and not an entitlement. I understand that I am eligible for a maximum of 20 cddt respite hours per calendar month, per family. Other respite care programs funded by non-DoD agencies which are not controlled against the EFMP Respite Care Reimbursement hours. Respite care reimbursement does not impact Leave & Earned Statement or Basic Allowance for Housing.			
I understand that respite care reimbursement funds are not considered taxable income to me, however by hiring respite care providers I may be liable for Federal or State taxes as a Household Employer and should consult with a tax professional or review IRS Publication 926 for more information about tax liability.			
I understand I must utilize the Respite Care Reimbursement Log from the EFMP office. I will maintain the Respite Care Reimbursement Log each time care is provided. I will complete one log per care provider per day and submit the log(s) for reimbursement after the end of the month and in accordance with the installation EFMP staff dates. I understand that the Respite Care Reimbursement Log must be filed out in its entirety. I understand that I am responsible for submitting and verifying that Respite Care Reimbursement Logs are submitted and received by the EFMP office within 60 days from last day of the month in which care was used. Logs submitted after 60 calendar days will not be reimbursed.			
I understand that the EFMP must physically reside with me in order to be eligible for the Respite Care Reimbursement Program. Exceptions exist. If I am deployed overseas, on assignment (CDR), or assigned to a duty station outside the United States, I am not eligible for reimbursement overseas four where HCOMC EPFR, or the overseas screening process, determines services are not available. These are the only cases in which an agent authorized to act pursuant of Power of Attorney may be used. The Sponsor's EFMP enrollment must be current FOR ALL EFMPs in order to receive respite care reimbursement. In all other instances, the Sponsor must sign the Respite Care Reimbursement Log.			
I understand that USCME EFMP has the right to verify the provision of Respite Care.			
By signing this Statement of Understanding, I acknowledge my understanding of the terms listed above, and agree to the same. Suspected fraudulent activity will be reported to the appropriate authority for investigation.			
Signature Name (print)		Date Received	
Signature of Sponsor/Agent authorized to act pursuant to Powers of Attorney		Agent Name (print)	
PMA Expiration Date (if PMA used)		EFMP Staff Signature	
NAVMC 17502 (06-21) (EF)			
Previous versions are obsolete		CU# (when filled in)	
Print Form		Reset Form	

Page 1 of 1

AEM Form Designer v. 6.5

The ACH/direct deposit form, Statement of Understanding and Respite Care Reimbursement Log are all available online

# Resources

Respite Care program is intended to reduce stress on sponsor families by providing temporary rest periods for family members who care for those who have special needs. The maximum number of respite hours per month to be reimbursed at authorized rate (\$5 per hour) is 20 hours. Please note that any amount exceeding maximum amount for EFMP Respite Care, is the responsibility of the EFM family. **Families must meet respite care criteria. For more information, please call us at 928.269.2949.**

MCCS Yuma/Child Youth Program (CYP) - Child Development Center (CDC) – 928.269.2350

Drop-in child care, full/part-time, Friday Night Care-1<sup>st</sup> Friday of every month “Please note that drop-in child care and Friday Night Care are not currently being offered.

TRICARE - <https://tricare.mil/respite>

TRICARE - The Extended Care Health Option (ECHO) - <https://tricare.mil/Plans/SpecialPrograms/ECHO>

Provides financial assistance to beneficiaries with special needs for an integrated set of services and supplies.

To use ECHO, qualified beneficiaries must:

Be enrolled in the [Exceptional Family Member Program \(EFMP\)](#) through the sponsor's branch of service.

Sometimes, enrollment in the EFMP may be waived, for example when the sponsor's branch of service doesn't provide the EFMP, or when the beneficiary resides with the custodial parent who isn't the active duty sponsor.

Contact your regional contractor for more information.

Register for ECHO with case managers in each TRICARE region

# Resources

MCAS Yuma EFMP office is providing the following information on Non-DoD agencies as a courtesy to the EFM family. The appearance of these agencies, products, services does not constitute endorsement by the DoD, MCAS Yuma and MCAS Yuma EFMP.

Drop-In basis only Child Care

(Child may not be enrolled full-time in Child Care and must not exceed 6 hours of Drop-in care per day)

The Treehouse Kids Club (ages 2-11) – 928.783.8733

Bright Beginnings (infant-school age) – 928.341.1230

Happy Trail Foothills Day Care East (4 weeks-10 years of age) – 928.345.9199

Little Einstein's/Busy Bee's (infant-12 years of age)



# Resources

Arizona Department of Economic Security – 602.542.0419 or toll free at 866.229-5553  
<https://des.az.gov/>

Elite Community Services (all ages) – 928.783.4069  
<https://ecsaz.org/>

Maxim Healthcare Services – 520.790.8200 [maximhealthcare.com](http://maximhealthcare.com)

Nursing Solutions Home Health Agency (Respite Care/Skilled Nursing) – 602.331.1100

Prileo Home Care (all ages) – 928.317.9220

RISE (all ages) – 928.783.8771

Saguaro Foundation (all ages) – 928.783.6069

United Cerebral Palsy (UCP) of Southern Arizona (all ages) – 928.317.8800  
<http://ucpsa.org/>

Operation We Are Here - <http://www.operationwearehere.com/Childcare.html>

# Questions?

MCAS YUMA

Building 1085-Martini Avenue

928.269.2949

<http://www.mccsyuma.org/index.cfm/military-family/efmp/>

MCCS Yuma EFMP Facebook Group @ <https://www.facebook.com/groups/efmpyuma>



**EFMP** Exceptional  
Family Member  
Program