ARCH Respite Voucher Learning Collaborative
Using Vouchers for Emergency Respite

July 14, 2022
Emergency Respite Care Program
ERC

Illinois Respite Coalition
What is the Illinois Respite Coalition?

Our Mission:

● The IRC is dedicated to increasing awareness of the importance of “Lifespan Respite” and promoting education and training for families and providers of respite services.

● The Illinois Respite Coalition was founded in 1998 as part of a grassroots organization led by caregivers and providers.

● We are dedicated to providing support and advocacy to individuals across the age and disability spectrum in Illinois.

Phone: 866-455-7377   Email: ilrespitecoalition@gmail.com
What is the Illinois Respite Coalition?

What We Do:

- The Illinois Respite Coalition (IRC) is a non profit organization that provides respite care, information and referral services, and advocacy in Illinois
  - Through the Illinois Department of Human Services, Division of Developmental Disability we provide in-home support statewide except for Cook county and a voucher respite program in 69 counties in central and southern Illinois
  - Through the Administration for Community Living, with IDHS, DDD as our lead agency, the IRC provides Emergency Respite Care funding across the state and lifespan for eligible caregivers of a loved one of any age or disability in an emergency situation*

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Emergency Respite Care Program (ERC)

What is it?

- The ERC Program is a one-time-only voucher program intended to help caregivers of individuals across the lifespan with any disability
- Through funding from the Administration for Community Living through their lifespan respite care program state enhancement grant, the IRC is able to offer funding to support caregivers in a planned or unplanned emergency.
- In a crisis or emergency situation (ex. Caregiver illness or hospitalization, other family emergency or need, extreme stress)
- The ERC Program reimburses the cost of supervision for the caregiver's loved one
  - After services have been used, the IRC provides information and referral to other services, if available
  - The goal of the program is to be there during a caregivers time of need and connect them to more sustainable support after ERC has ended

Eligibility?

- Caregivers receiving no other respite services (state or waiver funding), any age or disability is accepted (cancer, mental illness, physical disability, etc)
ERC → How to Apply

- **Contact Us!**
  - Phone: 866-455-7377 ext. 101 for Spanish speaking families ext 103
  - Email: irc.statecoordinator@gmail.com

- **Referrals**
  - You can contact us directly, or you can be referred to us by other providers/agencies

- **Eligibility Screening**
  - Staff conducts a 5-minute call to verify information essential for program eligibility
    - Ex: you are not receiving other state respite services, monthly respite stipends, or waiver services
    - Ex: The person providing respite is over 18 years old
    - Ex: Care recipient was diagnosed with a disability (intellectual, developmental, chronic illness, cancer, dementia, alzheimer's, parkinsons, MS, etc)
    - Ex: The hours will be utilized within one month after official approval
Application + Contract
- Once the screening process has been completed, a fillable PDF application and contract is sent to the caregiver
- The application is ~5 pages, it will request caregiver and recipient information
  - Tax ID if the respite provider is an agency
- The contract is an agreement between you and your respite provider (whether it is a person or a program)
  - This sets the rate, the number of hours and the total amount requested
    - The amount CANNOT exceed $500

Post-Approval Process
- If approved, the Statewide Coordinator will send an email confirming the rate and number of hours, typically within 24-48 business hours
- In the email a timesheet, reimbursement check request form, and survey will be attached
  - All need to be filled out and submitted as soon as respite hours have been used
Respite Contract Services Agreement & Responsibilities

Terms of Agreement

• The agreement for providing emergency respite care will begin on ___________ and will be finished on ___________ for a total of _____ hours.
• The respite worker will be paid at a rate of $_______ per hour, for a total of $_______ upon the completion of services.
• The Emergency Reimbursement paperwork, including the reimbursement request, timesheet, and participation survey, will be submitted to the Statewide Coordinator within two weeks of the final date of service, prior to receiving payment.
  o If paperwork is not completed within the two-week deadline and the family caregiver has not requested an extension with the Illinois Respite Coalition, all payment responsibility for the emergency respite funding falls onto the family caregiver.
• I acknowledge that I have been provided by the Illinois Respite Coalition with information on how to conduct a background check for the respite worker through the Illinois Department of Public Health Healthcare Worker Registry, the Child Abuse and Neglect Tracking System (CANTS), and the Illinois and National Sex Offender Registry.
• The family caregiver is responsible for the selection of the Respite Worker and for verifying that their Respite Worker is trained and has not been convicted of abuse or neglect.

I, __________________________(family caregiver), agree to the terms of this document and enter into agreement to receive emergency respite care from __________________________(respite provider), with funding provided by the Illinois Respite Coalition’s Emergency Respite Care Program. I acknowledge that I am participation in this program voluntarily, and I hereby release, indemnify and hold forever harmless the Illinois Respite Coalition and the Illinois Department of Human Services for any liability or responsibility whatsoever in connection with said services.

Respite Provider __________________________ Date __________

Family Caregiver __________________________ Date __________
Request for Emergency Respite Reimbursement
Emergency Respite Care Program Caregiver Evaluation Survey
Illinois Respite Coalition Lifespan Respite Training

- Free virtual training opportunity for any individual in Illinois
- Certificate of Completion when the training is finished
- Modules can be completed on your own time
- Opportunity to opt in to be included in the respite care worker registry
- If you are looking for a worker and want to make sure they are trained, this training is a great way to get foundational knowledge on respite

https://illinois-respitecarewi.talentlms.com/
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State of Nevada
Department of Health and Human Services
Aging and Disability Services Division
Emergency Funds Assistance for Caregivers
Yazmin Orozco and Jamie Ahumada

7/14/2022
Helping people. It’s who we are and what we do.
Nevada’s Caregiver Emergency Funds

• The Emergency Respite Funding Assistance launched November 2021.

• In an event of an unplanned circumstance that results in an unavoidable absence of the primary caregiver, the emergency funds will provide caregivers the ability to quickly find their care recipient care during this short term.

• The caregiver will have the ability to select a provider of choice, not only from professional providers, but from their own identified support system like: friends/family/neighbors/community members etc.
What is our process to determine eligibility

• Who is eligible:
  • Must be a caregiver for a care recipient who is providing care to an individual with a chronic or health condition, disability, or functional limitation.

• Process of eligibility
  • Submit a referral from
  • Reviewed by Coordinator for needs assessment

• Emergent need:
  • Each caregiver is experiencing an emergent need for respite support services such as eviction, utility disconnection, medical expense, surgery procedure, and unemployment due to illness.

• Ensuring sustainability:
  • Caregiver support has a long-term plan to continue their caregiving journey through family, friends, and other community supports.
Eligibility process workflow

Referral form is received

- Coordinator contacts caregiver
- Provide referrals and connection to service supports
- Assess for emergent need
Referral Request Form

Respite Emergency Funds Request

I first heard about the Emergency Funds from:

Caregiver Intake

Name: ____________
Date of Birth: ____________ Phone: ____________
Mailing Address: ____________ Email: ____________

Physical Address: ____________

SAMS: ____________ Date Received: ____________

Caregiver Demographics

Are you providing care to more than one person? (i.e. children, grandchildren, and/or other adults)? □ Yes □ No
If yes, give the ages of all the people you provide care to:
□ 0-3 □ 4-17 □ 18-24 □ 25-39 □ 40-64 □ 65+

Care Recipient

Person in your Care

Enrolled w/NVCC: □ Yes □ No

Name: ____________
Age: ____________
Gender: □ Female □ Male □ Other

Relationship to person in your care:

Does the person have a diagnosed dementia (i.e. Alzheimer’s, dementia, Vascular dementia, etc.)? □ Yes □ No

Specify diagnosis:

If yes, what stage of dementia? □ Early □ Mild/Middle □ Severe □ Unknown

If no, are you concerned about dementia or a memory impairment? □ Yes □ No

Household Status: □ Lives alone □ Lives with Others

Ethnicity:
□ Hispanic or Latino □ Non Hispanic or Latino

Race:
□ American Indian □ Asian
□ Black or African American □ Native Hawaiian or Pacific Islander □ White
□ Other □

Assistance/Supervision Needed (Check all that apply):

□ Bathing & Hygiene □ Toileting/Bladder Care
□ Eating or feeding □ Transfers In/Out
□ Standing or Walking □ Give/Arrange Transportation
□ Medication reminders □ Decisional Advocacy
□ Communication Coordination □ Light Housekeeping/Chores
□ Manage Finances/Pay Bills □ General supervision
□ Meal Preparation □ Social/Recreation
□ Behavioral Support □ Medical care (administration)
□ Shopping □ Other (Please specify):

□ Below Poverty □ Above Poverty
Caregiver Data

Total number (76) caregivers applied for the emergency respite funding assistance

1. 38 caregivers were approved
2. 22 caregivers were denied
3. 16 caregivers withdrew their application
Caregiver’s age group

Ages of Caregivers

- 49% 22-59 Years old
- 15% 60-64 years old
- 12% 65+ Years old
- 18-21
- 22-59
- 60-64
- 65+
Compound Caregivers

Number of Caregivers Providing Care

- 1 person: 36%
- 2+ people: 64%

Legend:
- Blue: 1 person
- Orange: 2 people or more
- Gray: None
Caregivers connected to service supports with organizations/service supports

- Each caregiver has been provided with guidance on referrals and information to organizations within their service area.
- Encouraged to register with Nevada Care Connection.
- Caregivers need a warm handoff to other service supports.
Total Number of Caregivers Received Funds and Amounts

38 Caregivers were awarded emergency respite funding

- $500-Under funding award helped 6 caregivers
- $500-$1,000 funding award helped 12 caregivers
- $1200-$1500 funding award helped 14 caregivers
- $1500-$2000 funding award helped 6 caregivers
Outreach and how we promote these funds

Helping Caregivers in Need

- Promote with flyers to ADSD Partner Agencies, Family Resource Centers, Schools, Senior Centers, and Faith-Based Communities.
- Connecting caregivers to learn about the resources in their area.
- Contacting a case manager, agency provider, or a professional who works with you and your loved for assistance in applying for the respite care funding.
Presenter Contact Information

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Questions?