



FAMILY FRIEND/RESPITE SERVICES PROGRAM BASIC FACT SHEET
(Non-Medicaid)

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 SIX (6) MONTH ELIGIBILITY RATES	
<u>January 1, 2012 through June 30, 2012</u>	<u>July 1, 2012 through December 31, 2012</u>
\$600/Family ONE Eligible Person	\$600/Family ONE Eligible Person
\$1,200/Family TWO Eligible Persons	\$1,200/Family TWO Eligible Persons
\$1,800/Family THREE or More Persons	\$1,800/Family THREE or More Persons
ANY MONEY <u>NOT</u> USED IN THE FIRST SIX MONTH MAY <u>NOT</u> BE TRANSFERRED TO THE SECOND SIX MONTHS.	

The ability to pay (co-pay) means the ability of the responsible party to pay for services. “Responsible party” includes the individual and as applicable the individual’s spouse and parent(s) of a minor (under 18 years old). This co-pay for responsible parties is based on their Michigan taxable income as determined by the State of Michigan, Mental Health Code, Public Act 258. This co-pay is calculated on a daily basis and is assessed on an annual basis. A current fee statement must be on file in order to receive respite services.

Required Documentation:

The Initial Family Friend Respite Plan of Service must be completed by the parent/guardian before you begin to use this program. On a yearly basis the Annual Family Friend Respite Plan of Service needs to be completed. By signing you agree to all requirements of the program. Respite services cannot continue without annual paperwork.

Requirements for Family Friend Respite Care Providers:

- Able to follow the consumer’s plan of care and the training given by parent/guardian or responsible relative of the adult/child receiving respite;
- Able to prevent transmission of any communicable disease from self to others;
- Able to communicate effectively;
- Must be 18 years and older;
- Not reimburse immediate family including; father, mother, sibling, aunt, uncle, or grandparent of the adult/child and living in the same household, under no circumstances can biological or adoptive parents be eligible for reimbursement;
- Recommended to have an annual TB test;

SEE BACK FOR FURTHER INFORMATION

Requirements for Family Friend Respite Providers (continued):

- 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. The voucher must also be signed by the care provider with their address and phone number listed;
- 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.

Provider Payments:

Each family completes the Family Friend/Respite Reimbursement Voucher and mail directly to:

CEI/CMH, ATTN: Carisa Visser, 812 E. Jolly, Suite 114, Lansing, MI 48910

These forms may be mailed on a weekly basis (**not daily**), checks will be processed by our finance department every two weeks and mailed on Friday. Please allow up to two weeks for processing when dropping off and three weeks for processing when mailed. Payments may not exceed \$100.00 per day and no more than \$10.00 per hour.

Tax Requirements for Enhanced Respite per Medicaid medical necessity criteria*

This program is designed to minimize all tax reporting requirements. If these guidelines are followed, there will be no tax reporting required for a family hiring a respite care provider. Specifically, the respite care provider (employee) can earn up to \$1699.99 per calendar year. If multiple providers (employees) are hired, an employer (you) can pay up to \$999.99 per calendar quarter for all employees in total as long as no single employee makes over the \$1699.99 cap per year. Amounts earned above these limits, trigger tax reporting requirements which the fiscal intermediary will assist you with. You must comply with these requirements to receive respite services.

- For Questions Regarding your Annual Plan of Service Form or Provider Information contact Kathy Vogel, Respite Case Manager @517-346-9539
- For Questions Regarding Enrollment Forms, Respite Vouchers or Fund Balances, please contact Carisa Visser, Reimbursement @517-346-9510 or visser@ceicmh.org

Respite Forms are now available on our Website at:

www.ceicmh.org

Click On:



Look Under "For Persons with Developmental Disabilities"

 CMH Services Developmental Disabilities

 [CSDD Respite Services Forms](#)

*For more information consult with your case manager

Revised 01/18/2012