

# **Lifespan Respite Care Northern Network**

## **Family Packet**

**2017-2018**



## Lifespan Respite Care Northern Network Regional Coordinator Contacts



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★ Northern Regional Administrative Office

Northern Region Counties of:

Ashland, Bayfield, Forest, Florence, Iron, Langlade, Lincoln, Marathon,  
Oneida, Portage, Price, Sawyer, Taylor, Vilas and Wood

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## **Table of Contents**

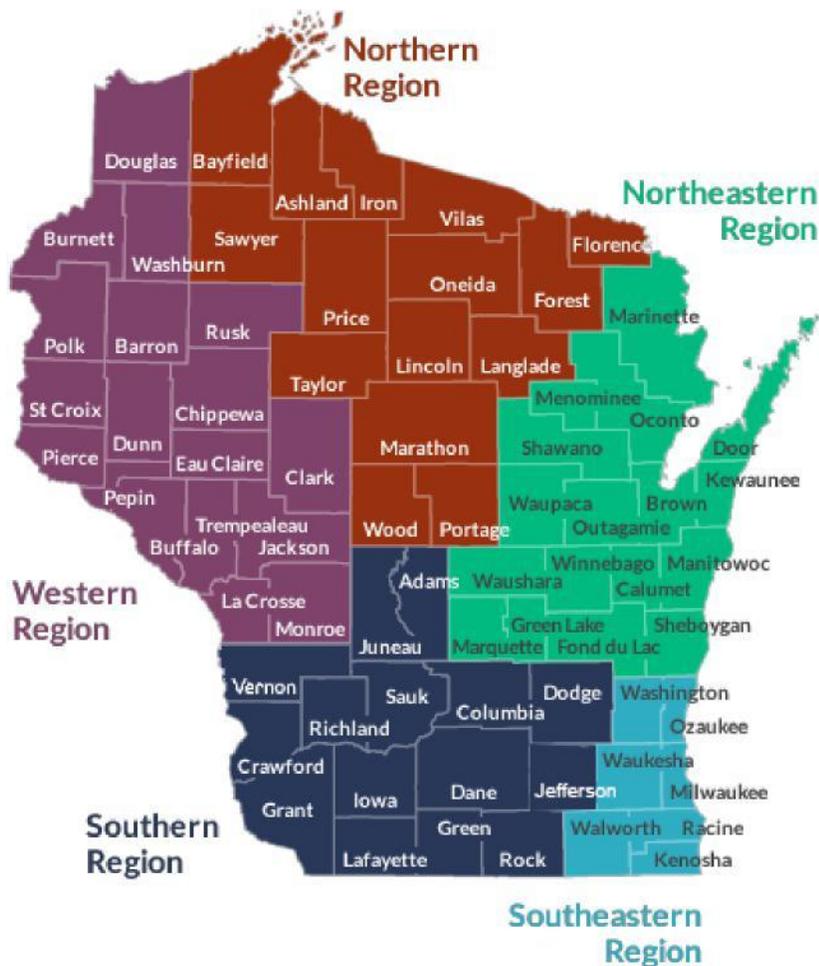
About the Lifespan Respite Care Northern Network	4
Our Family Centered Philosophy	5
How it Works	6
Types of Respite Care	7
Ways Families Arrange and Receive Respite Care	8
Risks and Responsibilities	9
How Providers Are Paid: Part 1	10
Voucher Form Template	11
How Provider Are Paid: Part 2	12
How Do I Train My Respite Provider	13
Is There Anything Else I Need To Know Before Respite Begins	14
Getting Started For Self-Directed Respite Care	15
Statement of Understanding	16
Background Checks	17
Respite Care Association of Wisconsin Provider Training Site	18

## About the Lifespan Respite Care Northern Network

The Lifespan Respite Care Program began in November, 2000 with a grant from the Respite Care Association of Wisconsin (RCAW). Funding for the implementation of WI Act 9: Lifespan Respite was contracted by the RCAW through the Department of Health and Family Services and sub-contracted to five pilot programs, including our program.

The service area of the Lifespan Respite Care Northern Network includes the following counties in the rust colored area:

**Ashland, Bayfield, Forest, Florence, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas, Wood.**



## Our Family Centered Philosophy

The Lifespan Respite concept was developed by families for families.

### Lifespan means...

...that services are based on a family's needs, not on categories such as age, income, disability, or need of the care recipient. We can serve families who may not qualify financially or through care recipient criteria for other programs. We will support caregivers as long as needed through information, service coordination, training, counseling and financial assistance. However, our financial support to families is temporary.

### We support...

...all caregivers who request information, assistance, or services. We also financially support caregivers who:

- Are not currently receiving county financial supports, or who **are on waiting lists**,
- Live in our service area (15 counties),
- Give care to someone with special needs in their home, i.e.; medical needs, disabilities, mental health.

### What is provided:

- Stipends to eligible families
- Assistance to find respite providers
- Information to an online Registry of providers through the Respite Care Association of Wisconsin (RCAW) [www.respitecarewi.org](http://www.respitecarewi.org)
- “Moral Support” for caregivers
- Referrals, if needed, to other services
- Service Coordination if necessary and requested

## How It Works

### The Family Interview:

You or a representative contacts our project or you are referred. We meet and talk about your family's goal for respite care and other services. We obtain information about your loved one and about you, since both of your support needs are considered.

Since there is no financial eligibility for respite care we can begin respite services as soon as the day we meet. In our region you can self-direct, which means if you request financial assistance **we set aside funding for you and enable you to find your own trusted provider.**

### Getting Started:

To self-direct:

- You find or identify a provider. This could be a relative or friend. (Our program does not provide funds for spouses or partners as we consider a spouse or partner part of the family caregiving team.)
- You choose when, where, and how often.
- You determine the wage and/or a rate with the provider.
- You arrange and oversee the care of your loved one.

### Finding a provider:

- We can assist you to locate a provider. Finding people-help is more challenging, and getting respite going for you may take longer if no providers are available.

### Using an agency:

- You can opt to use an area provider agency or other options. See page 12.

## Types of Respite Care

There are two typical types of respite, **in-family-home**, and **out-of-family - home** respite. Additionally, you may choose to be present while the respite provider is caring for your family member allowing you to rest, enjoy projects, or enjoy time with other family members. **We let families define their care needs and preferences.**

**In-Home Respite** is any care done in the home of the person who receives the care.

Options include:

- Agency Provider, such as a Supportive Home Care agency
- Family-Found Provider
- Volunteer Agency Employee, i.e. through a Timebank
- Individuals from online Respite “Registry”

**Out-of-Home Respite** occurs in the home of the person who is providing the care, or in any location that is determined by the provider and not by the family, such as a daycare, facility or other.

There are many forms of out-of-home respite:

- Home of the respite provider
- Child care centers
- Adult Day Centers
- Camps
- Adult Family Homes

**Families can use a combination of both household and agency providers.**

## Ways Families Arrange and Receive Respite Care

Below are the various ways families can arrange respite care:

1. **Self-pay**—*you pay out of pocket but need a provider*. This could be a person who is already employed by an agency, or a person that will become your household employee. We help you locate a provider or direct you to the Lifespan online Respite Registry.
2. **Self-direct**—you find a trusted individual and use a *Voucher Form* to release respite program funding set aside for you. Families are responsible for withholding and reporting if they exceed tax thresholds. Families may be responsible for other liabilities. See Risks and Responsibilities, next page.
3. **Provider network**—you use a *provider* for respite care, such as a Supportive Home Care *agency*. This also includes daycare, etc. The services are paid for through Lifespan Respite funding.
4. **Volunteer or exchange**—our program helps you find volunteer providers, i.e., through a Timebank, or assist them to arrange respite exchanges.

## Risks and Responsibilities

If you use your own funds, programs funds we set aside for you, or a combination of to pay any person for respite care, you enter into a monetary agreement. That individual becomes a **household employee**. **The Lifespan Respite Program is not the employer of record**. Therefore, we want to give you information about your risks and responsibilities. *Below are considerations for your employer relationship with your in-home respite providers:*

- When you use stipends to pay an individual you may have responsibilities for **tax liabilities if you exceed certain thresholds**. There are

Social Security and Medicare Withholdings: \$2,000 or more in one year to any one household employee (2016 amount)

Federal Withholdings: \$1,000 or more in one quarter to any one household employee

Unemployment: \$1,000 or more in one quarter to any one household employee

You are exempt from Worker's Comp.

Note—At this time due to our limited program stipends per family the thresholds will only occur if you are also contributing to the service cost. The withholdings are only applicable if they are paid to one individual. If you pay more individuals you reduce your tax liability risks.

**You are also responsible for injuries** that occur in the course of care to your respite care worker. While you are exempt from Worker's Comp, you may obtain it. **Homeowner's insurance does not cover injury** to household employees in the course of care duties.

## How Providers Are Paid

### Part 1: Household Employees

Individuals chosen, trained and supervised by the you are paid using stipends through our program if you use our funding. Families receive a **Voucher Form**. See next page.

#### Steps to Using the Voucher Form:

1. You and the individual providing respite care **fill out the form** indicating the hours of care x the wage. Family contributions are optional. If you opt to contribute to the cost of respite you should pay that contribution to the providers immediately. \*
2. Providers then **submit the Voucher** form to the address of the Lifespan Respite Network Regional Contact.
3. The **Regional Contact records and approves the form** and sends it to New Horizons North for processing.
4. **New Horizons North processes the form**. The providers are paid about 2 weeks after submission of the form. Please call if your provider has not received a check after this time period.

\*Families can also pay the entire cost of the respite service to the provider and receive reimbursement.

**Lifespan Respite. Care Northern .Network**  
**RESPITE CARE VOUCHER**

SECTION 1: To be completed by Family: (41.0 Helve Sign Below)

Name of Family Caregiver or Parent: \_\_\_\_\_

Respite care provided to \_\_\_\_\_  
(Name of family member(s))

Hours of care provided:      Wage or Rate      ihr = TOTAL DUE \$ \_\_\_\_\_  
(Use hours of care and wage or rate from Section 2)

Volunteer hours provided: \_\_\_\_\_ (hours if applicable)

**PAY TOTAL DUE TO:** \_\_\_\_\_ (Name of Prodder from Sec 2)

SECTION 2: To be completed by Respite Care Provider:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ state: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates you provided respite care: \_\_\_\_\_ (Ana iota dud ill)

Hours of care provided: \_\_\_\_\_ Your wage or rate: \$ \_\_\_\_\_ Volunteer hours \_\_\_\_\_

SECTION 3: Liability Agreement

**I vent/** that I have chosen a preferred provider or one that I have found on the Lifespan Respite Care Northern Network Project REGISTRY.

I understand that I have employer responsibilities and the Lifespan Respite Care Northern Network Counties is not the employer of my provider and is merely releasing the stipends an my behalf to pay forte respite services I receive from the provider I have chosen.

I also understand that any injury or occurrence is also my responsibility and I can manage those risks with additional insurance coverage, but that it is my options to do so.

Signatures and date:      \_\_\_\_\_      \_\_\_\_\_  
*Family Caregiver, Date*      *Respite Premier, Date*

Mail this completed fount to: **[Regional Consultant address]**

Office only. Amount \$ \_\_\_\_\_

## How Providers Are Paid

### Part 2: Agency Providers

1. The Lifespan Regional Coordinator acts as a **service broker** for you family if desired, coordinating the arrangement of services and providing information to an agency regarding the number of service hours available depending on the agency's rates. The Regional Coordinator also provides information on the needs of the individual who requires care.
2. **You meet** the agency provider(s) and determine whether the individual will be a good match with your family member. You provide the necessary information to ensure quality care. (See How Do I Train... next page.)
3. The **Agency bills** the Lifespan Respite program who pays the invoice from funds set aside for you.

## How Do I Train My Respite Provider

Training for individual care is best provided by you, not an outside service with no familiarity of your loved one. However, there are online trainings for specific populations and/or needs. The Respite Care Association of Wisconsin also has a general caregiver training available online.

See [www.respitecarewi.org](http://www.respitecarewi.org), or see the webpage print out on page 18.

### Tips for training:

*Information about your loved one is best if given three ways, verbal, written and then shown.* This may include the following:

- Emergency Contact Information
  - Medical Condition Information
  - Medication Information and Administration Methods
  - Mobility Instruction
  - Activities and Interests
  - Routines
  - Cognitive Abilities
  - Eating and Diet, i.e., allergies
  - Daily Living Skill Level
  - Behavior Information and Management Techniques
  - Household Security Information, example: location of fuse box, location of extra house key
  - House rules regarding smoking, pet care if necessary, etc.
- Your provider should let you know if they are ready and comfortable to be left alone with your loved one.
  - Remember each family has their unique preferences and history of successful ways to support the individual who requires care. You well know that general information on a disability type, for instance Down's Syndrome or Alzheimer's is simply general. Each person is different. Each family is different. *Your provider needs to know about your loved one and his or her unique approaches for care and supports*, not just the disability.

## Is There Anything Else I Need To Know Before Respite Begins?

Yes. We want to ensure that responsibilities are clear.

- As we stated on the prior page, when you “employ” the provider you are also responsible for liability issues (tax liabilities and injury liabilities). Our program is not the employer of record. See page 16 for the **Statement of Understanding Form**. We will have you sign this form before respite begins.
- Sometimes families have **no homeowner’s insurance**. If you are concerned about this issue we suggest that you opt for out-of-home respite, or use an agency provider.
- Providers through our project may use their homes for respite without becoming certified or becoming Adult Family Homes, but **you should check out all you need for safety and other concerns, such as other adults living in the home**.
- While you may have no tax withholding or reporting the income received by the individual providing care is **taxable countable income that should be reported at \$400 or more**.
- If you have an Independent Contractor and he or she **receives at least \$600**, the provider will receive a 1040 from our program at the end of the year indicating how much they were paid.
- If you are on a County Waiting List and then begin to have access to waiver funding, you will need to **alert your provider that the funding sources may change**. The provider’s status may change depending on the policies of that funding sources. For example, the county may require that the provider become a leased employee through a leasing agency. Our program funding ends once other funds are available.

## Getting Started for Self-Directed Respite Care

### First Steps—Establishing a Relationship

1. You contact a **trusted person** regarding in-home respite.
2. You may request an **interview**.
3. You have supplied **written and verbal information**.
4. You have **trained** regarding the special needs of the family member, i.e., lifting techniques, feeding, transfers, etc.

### Second Steps—Becoming a Household Employer

1. You have **negotiated a wage** with your provider.
2. You have discussed your **respite needs**, and details such as your preferred schedule (or agree to “as needed” respite care).
3. You understand the **Voucher form** and will sign it before funds we set aside for you are released to your chosen respite care provider..
4. You understand your **Risks and Responsibilities**. Any income your provider receives is **taxable income**, however there are thresholds before tax withheld. The thresholds are \$2000 to one person per year. You do not need to file employer reports unless the thresholds are reached.
5. You may conduct a **criminal background check**. See page 17.

### Third step--Considering Other Options for Respite Care

1. You understand **liability risks** for household employees and if not comfortable will contact the Lifespan Program to try another option for meeting your respite care needs.
2. You can **co-direct with an agency** or use employees of your choice who become hired by an agency. The agency takes care of all tax withholding, reporting and also, they must cover this individual with worker’s compensation. This is an option to direct your respite care with lower risks than that of a household employee. You will have some limitations regarding wage an hour.

## Statement of Understanding

I understand that the Lifespan Respite Care Northern Network is not the employer of my respite care provider. Funds set aside for me to financially assist with the cost of respite care are released on my behalf through the *Voucher Form* that I fill out and sign with my respite care provider.

I understand my employer risks and responsibilities as explained to me—that if payment to any one individual exceeds current tax thresholds I may be responsible for withholding and reporting.

I also understand that any injury in the course of care is my responsibility.

Finally, I understand that I have options for hiring respite care providers through agencies. This will lower risks and responsibilities but may limit choice and control over the wage I am able to offer my respite care provider.

Family Caregiver \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

## Background Checks

In regards to checking the background of your respite provider, it is highly recommended to obtain at the least a “Criminal” background check.

To check for a criminal background in Wisconsin go to:

[www.wcca.wicourts.gov](http://www.wcca.wicourts.gov).

Use a last name, first name, middle initial and birthdate.

Caregiver background checks (in-depth reports based on professional health care history) cannot be performed in this manner and there is a \$10 cost to access the information. **If desired the Lifespan Respite Network can provide caregiver checks as a service to families.** We perform the service with the agreement of the provider for whom we are checking, and request that they fill out an agreement form for our network to conduct a background check.

# Respite Care Association of Wisconsin Provider Training Site

respitecarewi.org/content/provider-training



Home About Us Become a Provider Our Programs Provider Training

## Provider Training

### Lifespan Caring Network Training

Easter Seals Wisconsin and Respite Care Association of Wisconsin are creating a statewide "Caring Network" of highly trained respite care providers who will have the required skills to provide in-home respite care for individuals with a variety of disabilities, including highly challenging behaviors, and basic medical and personal care needs. The ultimate goal of the training is to address the shortage of qualified in-home respite care providers in Wisconsin and expand an online referral source for families and caregivers to access these trained providers in their communities.

Lifespan Caring Network Training is an online course, and is designed for people providing care to individuals of varying disabilities and ages. The course covers:

- Disability Basics, Lifts & Transfers,
- Personal Care/ Daily Living Skills,
- Medication Administration,
- Communication Techniques, Abuse and Neglect, Caring for Challenging Behaviors, Free Time Activities, and Making Connections (meeting/ training with the family)

This will allow participants to work at their own pace, with the ability to start and stop the modules as they go. The online training course will make use of videos, worksheets and quizzes to test the knowledge of participants. Upon successful completion of the online course, the participants will receive a certificate and be offered the opportunity to be added to our respite care provider registry.

[To sign up for the online training course please follow this link](#)



**Lifespan Caring Network**  
**Respite Care Training Program**

Topics Covered

- Disability Basics
- Client Care
- Medication Administration
- Abuse and Neglect
- Communication Techniques
- Coping with Challenging Moments
- Free Time Activities
- Meeting with Clients and Caregivers
- Meeting with Clients and Caregivers

### Wisconsin Respite Care Registry

Upon completion of the trainings, you will have an option of having your name and contact information listed on the Wisconsin Respite Care Registry, a resource for families and caregivers to search for trained respite care providers in their communities.

These programs are supported by the U.S. Administration on Aging's Lifespan Respite Care Program, Project #90LR0022/01. [Click here for information about the Lifespan grant](#)

Respite Care Association of Wisconsin, 6320 Monona Drive, Suite 407, Madison, WI 53716  
Phone (608) 222-2033, Email: [info@respitecarewi.org](mailto:info@respitecarewi.org)





*This Handbook is dedicated to  
Nancy Olson,  
whose family-centered vision  
and perseverance made  
WI Act 9: Lifespan Respite a reality,  
and to  
Betty Ferris,  
whose front porch conversations helped guide us  
towards best practices.*

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514 West Main Street Ashland, WI 54806  
715-682-7171 [www.newhorizonsnorth.org](http://www.newhorizonsnorth.org)



