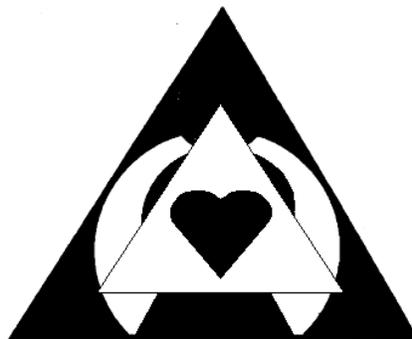


# **Lifespan Respite Care Northern Network**

## **Provider Packet**

**2016-2017**



*Lifespan Respite Care  
Northern Network*

## Lifespan Respite Care Northern Network Regional Coordinator Contacts



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## **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 5 pilot programs, including our program.

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

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

### **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. Our financial support to families, however, 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, however **we do fund families on waiting lists**,
- live in our service area (16 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)
- "Moral Support" for caregivers
- Referrals, if needed, to other services
- Service Coordination if necessary and requested

## **How it works**

### **The Family Interview:**

Families contact our project or they are referred. We meet and talk about their family's goal for respite care and other services. Families self-direct, which means if they request financial assistance we set aside funding for them and they can find their own trusted provider or we can assist them to locate a provider. They choose when, where, and how often. They determine the wage and/or a rate with the provider. Having a ready list of providers is helpful to families, and providers are often needed for every age level.

### **Types of Respite Care:**

There are two types of respite, in-family-home, and out-of-family-home respite. While many parents or caregivers are not present while the respite provider is caring for their family member, respite care may occur while they are home doing other projects, or resting. We let families define their care needs.

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 provider
- Child care centers
- Adult Day Centers
- Camps
- Adult Family Homes/Group Home

Some provider arrangements may meet the conditions as an independent contractor, see page 11.

## **Ways Families Arrange and Receive Respite Care**

Below are the various ways families can arrange respite care:

1. Self-pay—families can pay out of pocket but need a provider. This could be one who is already employed by an agency, or one that will become a household employee of the family. We help them locate that provider or direct them to the Lifespan online Respite Registry.
2. Self-direct—families find a trusted individual and use a Voucher Form to release respite funding set aside for them from our program (if eligible to use). Families are responsible for withholding and reporting if they exceed tax thresholds. Families may be responsible for other liabilities.\*
3. Provider network—families 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 (if eligible.)
4. Volunteer or exchange—our program helps families find volunteer providers, i.e., through a Timebank, or assist them to arrange respite exchanges.

\*Lifespan Respite is not the employer of record. When families use an individual or find a friend, relative, or neighbor in their home, and that individual is not an independent business respite provider you and the family enter into a monetary arrangement and the family becomes the employer of the respite provider. If you use your home for respite you will “contract” with families as an Independent Contractor for Respite Services.

## **Who Can Be A Household Employee For Respite Care**

Anyone who wishes to support families caring for family members with special needs in their home and who:

- passes a background check (can be waived if the family finds their own provider)
- is at least 18 years old
- is chosen by the family. In the self-direct option the family takes over responsibility after contacting you, including interviewing, wage negotiation, scheduling and supervision. They may do a face to face interview or simply ask questions. If requested, the Regional Coordinator may suggest good matches for the family.

## **How Household Employees/Providers Are Paid**

### **Household Employees**

Individuals chosen, trained and supervised by the family are paid using stipends through our program. Families receive a **Voucher Form**. See Appendix A.

### **Steps to Using the Voucher Form:**

1. The family and the individual providing respite care fill out the form indicating the hours of care x the wage. Family contributions are optional. If the family opts to contribute to the cost of respite they 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.
4. New Horizons North processes the form. The providers are paid about 2 weeks after submission of the form. Please call if you have 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 if using respite in the family' home.

## **How Agency Providers Are Paid**

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

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

## **How Do I Become Trained In My Support Role**

Training for individual care is best provided by the family. 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).

### **Tips for respite care providers:**

- Request information regarding their family member to be clear and available, that is, written down. 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.
- Begin supporting the individual(s) when you are comfortable being left alone with him or her.
- Remember each family has their unique preferences and history of successful ways to support the individual who requires care. Listen to them even though you may have supported “a person with Down’s Syndrome” before, “a person with Dementia” before, “a person with emotional behavioral disorders” before . Each person is different. Each family is different.

## **What I Need To Know Before Supporting Families**

We want to ensure that responsibilities are clear.

- When families “employ” you as their provider they are also responsible for liability issues (tax liabilities and injury liabilities). Our program is not the employer of record.
- Sometimes families have no homeowner’s insurance. If they are concerned about this issue we suggest that they opt for out-of-home respite.
- Providers through our project may use their homes for respite without becoming certified or becoming Adult Family Homes, but you do need to become an Independent Contractor.
- When families decide that they will use, or if they need out-of-home respite, we advise them to check out your homes. Sometimes stairs, bathrooms, street proximity or other conditions of your home will not work for them. We ask them to communicate with you exactly what the issue is-sometimes things can be modified or fixed.
- Income received through the voucher form is taxable countable income to you. However there are different wage thresholds for household employees. In 2016 the wage threshold to one person was \$2000. This means if you’ve earned this amount the family, as your employer, will apply have tax withholdings applied and issue a W2. (Most families do not reach this threshold.)
- If you are an Independent Contractor and you receive at least \$600, you will receive a 1040 from our program at the end of the year indicating how much you were paid by the families.
- If you provide services to families on a County Waiting List and then that family begins to receive county services or funds for respite they are no longer eligible for stipends to pay for respite through our project.

Continued next page.

- If you have established a rapport with the family and the family member we encourage you to continue on with the family in this service. Since the county only uses leased employees, agency employees, or Adult Family Homes you will need to do the necessary paperwork to make the transition. If you'd like us to we can and will facilitate that process by providing the agency with your background check information. We will direct you to contact persons if you need help and we will assist you with paperwork if needed.

It is reassuring to know that are people like you who truly just want to help others and keep the circle of trust in our communities with families who are committed to caring for persons with special needs in their homes.

## Getting Started for Self-Directed Respite Care

### First Steps- Establishing a Relationship

1. Family has contacted me regarding in-home respite
2. Family may request an interview
3. I have met with the family and they have supplied written and verbal information
4. I have received training regarding the special needs of the family member, i.e., lifting techniques, feeding, transfers, etc.

### Second Steps-Becoming a Household Employee

1. I have negotiated a wage with the family
2. I have received a schedule from the family (we may agree to “as needed” respite care)
3. I understand the Voucher form (next page) and will sign it before submission
4. I understand the tax thresholds listed below\*. Any income I receive is taxable income to me, the provider. The family does not need to file employer reports unless the thresholds, below, are reached.

### Third steps: Optional

1. I have checked to see if the family understands liability risks for household employees.

Below is the information regarding tax consequences. At this time reaching these benchmarks will only occur if the family is contributing to the service cost, as the stipend amount is less than these amounts. The withholdings are only applicable if they are paid to one individual. So the benchmarks below are *per individual*:

- 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 and/or weekly employment

**Lifespan Respite Care Northern Network  
RESPIRE CARE VOUCHER**

**SECTION 1: To be completed by Family: (Also Please Sign Below)**

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

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

Hours of care provided: \_\_\_\_\_ x Wage or Rate \$ \_\_\_\_\_ /hr = 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 Provider from Section 2)

**SECTION 2: To be completed by Respite Care Provider:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates you provided respite care: \_\_\_\_\_ (Attach extra sheet if necessary)

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

**SECTION 3: Liability Agreement**

I verify 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 on my behalf to pay for the 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 Provider, Date*

Mail this completed form to: [Regional Consultant address]

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

**Lifespan Respite Care Northern Network**

Through New Horizons North

514 West Main Street

Ashland, WI 54806

715-682-7171

[www.newhorizonsnorth.org](http://www.newhorizonsnorth.org)

