

Emergency Respite Funding Guidelines
Effective Jan. 14, 2010

Emergency Respite Funds will be utilized on a very limited basis in the Southwest Service Area. A total of \$5,000 is allocated for the 2009-2010 fiscal year. These funds are available **only** for **Emergency Situations** and when funds cannot be obtained from other sources or is limited.

1. Emergency Respite Funds will be used only for **Emergency Situations** which is defined as an unforeseen circumstance that calls for immediate action or an urgent need for assistance or relief.
2. Families seeking these funds must be caring for someone who has a long-term or lifelong disability or illness. The client (person receiving the respite care) must have a caregiver.
3. Families may apply for up to \$250 per crisis or a maximum of \$500 per year.
4. Families who have current funding (Lifespan Respite Subsidy, etc) but do not have enough funds to cover the entire emergency care are also eligible for \$250 per crisis or \$500 per year.
5. Amount funded will be determined on a case by case basis in an effort to utilize the least amount of funds. Situations may warrant a need for additional funds in a calendar year.
6. Children may be referred to a licensed childcare provider for cost effectiveness
7. Requests for emergency respite funds must be submitted to and approved by the Southwest Area Nebraska Respite Coordinator prior to the beginning of care.
8. After business hours coordinators/caseworkers may determine if a client qualifies for emergency respite funds and submit the request the next business day.
9. The Network reserves the right to deny a claim for any reason
10. Documentation needed to receive emergency respite include:
 - a. The request form must be filled out and signed by the caregiver, caseworker or provider and approved by the Respite coordinator prior to the beginning of care or on the following business day.
 - b. Billing document for emergency respite must be completed including date of service, hours, rate, total amount to be paid (not to exceed the standard rate stated above) after care has been given.
 - c. Request form and billing document may be faxed or emailed upon completion with the original copies sent via U.S. Postal service for file. All billing documents must be submitted within 30 days of service.
 - d. Forms are available upon request or online at www.swhealthdept.com under Respite and forms tab.

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