

## The ALS Association Northern Ohio Chapter Founder's Respite Reimbursement Program

**Description:** Respite care is the provision of short-term, temporary relief to those who are caring for family members with ALS and who might otherwise require permanent placement in a facility outside the home. Respite care should not be factored into a patient's long-term, home-health solutions as the service's primary recipient is the caregiver of a person with ALS. It is not long-term, in-home, custodial care.

Respite care has been shown to help sustain family caregiver health and well-being, avoid or delay out-of-home placement and reduce the likelihood of abuse and neglect. The Chapter's model is based on the in-home care model. The respite worker provides care in the patient's normal environment and is trained in the patient's routine and care. The primary caregiver advises the respite worker on the patient's routine, where needed care items are stored, how mobility and/or speech difficulties are managed, as well as the operation of other required equipment such as suction or respiratory devices.

### **Eligibility:**

- must have a confirmed diagnosis of ALS or PLS.
- must reside in the service area of The Northern Ohio Chapter.

**Eligibility Exceptions:** Respite requests made by recipients of Ohio Medicaid Home Care WAIVER or PASSPORT will be taken for consideration based on the following:

- a. Specific need that is not provided by the WAIVER or PASSPORT program and
- b. Applicant consents to allow his/her Northern Ohio Chapter Care Services Coordinator to contact the WAIVER or PASSPORT case manager;
- c. Case-by-case basis, placed as second priority to applicants who are non-WAIVER or non-PASSPORT recipients.

**Eligibility Exclusions:** Veterans with ALS who are service-connected and eligible for VA benefits.

### **Respite Reimbursement:**

1. Up to 8 hours of in-home care reimbursed each month. Hours need not be used in one visit.
2. Hours will not accrue, however, up to 8 hours must be used in a calendar month or forfeited;
3. Grants will be paid as an expense reimbursement. The caregiver must first incur the expense then be reimbursed via the Founder's Respite Reimbursement Program.
4. Reimbursements will be funded at the regular hourly rate. Additional surcharges for holiday, weekend, overnight, etc are not eligible for reimbursement.
5. If respite reimbursement requests exceed budget funding for any given cycle, new applications will be delayed until funding is achieved.

### **Accessing services:**

- Must contact the Care Coordinator at the Chapter to enroll in the Founder's Respite Reimbursement Program,
- Must complete a Respite Reimbursement Request form for each month and return to the Chapter prior to the 15<sup>th</sup> of the following month.
- Must attach copy of the agency billing for proof of service or signature of provider, if private billing.
- Respite Reimbursement Request may be returned via fax, email or mail. The directions are located on the form.

**Disbursement:** Once approved, respite reimbursement will be paid to the primary caregiver noted on the application, provided that all paperwork has been completed appropriately and receipts have been received by the office in accordance with stated deadlines. The Chapter will not pay the agency or provider directly. Please allow up to 3 weeks for processing and to receive the reimbursement.

**For questions or more information, please contact the ALS Association office at:**  
216-592-2572/888-592-2572