

Camp Allen Respite Care Program Overview

Please contact your EMFP Family Case Worker (FCW) at (757) 953-2270 for additional information and application procedures. All related forms and information can also be found at www.mccscampallen.com/EFMP_local.htm

Families may still qualify for Installation Respite Care while utilizing TRICARE Extended Care Health Option (ECHO) respite care services.

(1) MCCS Camp Allen Installation Respite Care: Upon application approval by the EFMP Manager, families can be reimbursed financially for up to 40 hours per calendar month, per family. The EFMP Installation Respite Care Program is available for families of active duty Marines and Marine Reservists activated for 31 days or more. Enrollment in the EFMP is required to receive this benefit. Respite care is intended to provide **temporary** rest periods for family members with special needs or family members who are responsible for regular care of another family member with special needs. Installation Respite Care is NOT to be used for regular fulltime daycare expenses or before/after school care. Furthermore, installation respite care is NOT intended to provide medical or custodial care for adults or 'long-term' care. Respite care for more than 6 consecutive hours is considered 'Long-term' care.

Respite care hourly reimbursement rates are determined by the Exceptional Family Member's (EFM) level of need. Headquarters Marine Corps EFMP determine the EFM's level of need during the medical screening process. For EFMs assigned Level 3 or 4, the family's chosen respite care provider must be at least age 18 and families must submit the provider's documentation of qualifications to the installation EFMP office in order to be reimbursed.

Care can be combined care for the EFM as well as siblings 12 years of age or younger that are in the same household. An adult EFM who is enrolled in EFMP can use respite for care of his/her children if they are 12 years of age or younger. Care providers may be on-base or off-base. Examples include but are not limited to Child Development Centers (CDC), Youth Centers (YC), Child Development Home (CDH) providers, neighbors, parents, in-laws, etc. Anyone interested in using the Child Development Center (CDC) for Respite Care needs to schedule a Special Needs Evaluation, prior to their child beginning services at the CDC, to ensure that your child's accommodations can be met. Installation Respite Care is NOT an entitlement and is contingent on funding. All required forms can be found on www.mccscampallen.com/EFMP_local.htm.

(2) TRICARE Extended Care Health Option (ECHO) Respite Care: ECHO provides financial assistance to beneficiaries who qualify based on specific mental or physical disabilities and offers an integrated set of services and supplies beyond the basic TRICARE program. In-home respite care services include ECHO Respite Care and ECHO Home Health Care Respite Care. ECHO Respite Care includes up to 16 hours per month when receiving other authorized ECHO benefits. ECHO Home Health Care Respite Care includes up to 40 hours per week (eight hours per day, five days per week) if homebound. Only one of the two ECHO Respite Care benefits can be used in a calendar month – in other words, both respite care benefits cannot be received in the same calendar month. Enrollment in EFMP is required to receive this benefit. For further information on ECHO, please visit <http://www.tricare.mil/mybenefit/ProfileFilter.do?&puri=%2Fhome%2Foverview%2FSpecialPrograms%2FECHO%2FBenefits>.

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How to begin the Installation Respite Care process:

The approved Installation Respite Care Application and signed Authorization to Release and Consent to Exchange Information form must be completed and on file prior to beginning services. They may be signed and submitted by the **spouse only if the spouse presents a current power of attorney (POA) to be kept on file with the EFMP office.

Installation Respite Care reimbursement procedures:

1. Service member must first be enrolled in the EFMP.
2. Service member/spouse** must complete and sign the "MCCS Camp Allen Installation Respite Care Application" and be approved by EFMP Manager.
3. Service member/spouse** must sign the "Authorization to Release and Consent to Exchange Information" form and submit to EFMP Office.
4. Service member/spouse** must complete, sign, and submit the "ACH Application Form" to the EFMP Office in order for reimbursements to be made electronically into the service member's/spouse's chosen bank account.
5. Service member/spouse** must complete and record all care providers' hours utilizing the "Respite Care Voucher," obtaining all appropriate signatures and submit the form to the EFMP Office.

Copies of all signed documents will be kept on file with the MCCS Camp Allen EFMP office and will also be provided to the sponsor/spouse. **

Completed Respite Care Vouchers are due by the 5th of the month, for the previous month's care. Reimbursements will be deposited into accounts within a week or so after the EFMP office has received the completed voucher. The sponsor is responsible for payment to the respite care provider.

Reimbursement requests may be submitted as late as the last business day of the month following the last day of care for the previous month. (Example: Reimbursement for care provided during the month of October must be turned in by the last business day of November.)

Information and steps for completing the Respite Care Voucher:

1. Complete Respite Care Voucher in BLACK ink.
2. Fill out the sponsor's information.
3. List the names of each EFM and non-EFM sibling.
4. Indicate what your hourly reimbursement rate is (this was indicated in your Respite Care Welcome Letter from the EFMP Program Manager).
5. In the log area, document (from left to right on the form):
 - who the care was for and the date of care
 - time the provider started care and the time the care ended
 - total number of hours of care

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- total amount paid for that EFM and non-EFM's care during that time period
 - the location of care
6. Add up the total number of hours of care and the total cost of care in the last fields.
 7. The care provider is to initial each time care was provided, as well as sign and date the form acknowledging the information you have filled out regarding the care they provided is accurate and they were paid (or will be paid) the amounts you stated.
 8. The sponsor/spouse** is to then sign and date the form.

**A current Power of Attorney must be on file with the EFMP Office if the service member's spouse will be signing related Respite Care paperwork.

*Additional documentation may be requested by your FCW or the EFMP office to clarify a reimbursement, if deemed necessary.