

# Emergency Respite Funding Guidelines

Effective July 1, 2012

Emergency Respite Funds will be utilized on a very limited basis in the Nebraska Respite Network, Southwest Service Area. These funds are available **only** for **Emergency Situations** and when funds cannot be obtained from other sources or is limited.

## Emergency Defined:

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.

## Who Qualifies:

- Persons seeking these funds must be caring for someone who has a long-term or lifelong disability or illness, who may or may not be currently utilizing the Nebraska Respite Network's services.
- Persons may apply for up to \$500 per crisis or a maximum of \$1,000 per year.
  - 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.
  - Persons who have current funding (Lifespan Respite Subsidy, etc) but do not have enough funds to cover the entire emergency care are also eligible for \$500 per crisis or \$1,000 per year.
  - Family preference and cost effectiveness will be taken into consideration when arranging an emergency respite provider.
- The Nebraska Respite Network reserves the right to deny a claim for any reason.

## How to Apply

- Requests for emergency respite funds must be submitted to and approved by the Southwest Area Nebraska Respite Coordinator prior to the beginning of care, if possible.
  - All required forms are available upon request or online at [www.swhealth.ne.gov](http://www.swhealth.ne.gov) under Respite and funding tab.
  - After business hours, if a Nebraska Respite Representative is not available, a professional working directly with the client may determine if a client qualifies for emergency respite funds and submit the request the next business day.
  - The 'Emergency Respite Request Form' must be completed and signed by the caregiver, respite provider, or a professional working directly with the client. The completed form must be approved by the Respite Coordinator prior to the beginning of care or, under special circumstances, on the following business day.
  - The 'Billing Document for Emergency Respite' must be completed including: date of service, hours, rate and total amount to be paid (not to exceed the standard rate stated above) after care has been given.
  - The 'Request Form' and 'Billing Document' may be faxed or emailed upon completion. The original copies must be sent via U.S. Postal service to be kept on file by the Nebraska Respite Network. (All billing documents must be submitted within 30 days of service.)

**Nebraska Respite Network Southwest Service Area**

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