

RESPITE CARE REIMBURSEMENT SERVICES FUNDING
GUIDELINES

Alzheimer's Services is pleased to be able to supplement Respite Care Services with grant funding. Please choose one of the programs listed to receive Respite Care Services Funding:

Charlie's Place Respite Center

The Charlie's Place fee is \$65/day. In order to serve more caregivers who may need this financial assistance, please consider your need before enrolling in this program.

Caregiver Respite Reimbursement Program

The following guidelines apply:

- The grant benefit will be a maximum *gift* of **\$600 in a 12 month period.**
- If you choose the Charlie's Place option, the supplement will be automatically deducted on the **Charlie's Place** invoice according to days attended (benefit is **\$15** per day; you are responsible for the balance of the fee) Maximum \$600 total benefit.
- If you choose the Caregiver Respite Reimbursement Program option, the benefit is **\$100** per month (maximum \$600 total benefit)
- Recipients have 12 months to use the \$600 gift
- Recipients must have a physician's diagnosis of dementia to participate
- The recipient must reside within our 10 parish service area
- Re-enrollment is based on a waiting list; those who have never participated in the program have priority on the list.
- If recipient receives long term care benefits, he/she is ineligible for the respite reimbursement program.
- This program is based on funding availability, **no amount of funding is guaranteed.**
- This form must be signed and filed with Alzheimer's Services before any Respite Care Services funding can begin.

I understand and agree with the guidelines of the Alzheimer's Services Respite Care Services Funding Program.

Signature of Caregiver to receive reimbursement

Date

Name of Memory Impaired Individual

Reviewed by: _____

Date: _____

Caregiver Respite Reimbursement Program
Enrollment Application

Care Recipient Information (Patient)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parish: _____ Home Phone: _____

SS#: _____ D.O.B.: _____ Race: _____

Diagnosis: _____

Physician: _____

Physician Phone: _____ Fax: _____

Family Caregiver Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parish: _____ Home Phone: _____

Home Phone: _____ Daytime Phone: _____

Email address: _____

SS#: _____ D.O.B.: _____ Race: _____

Relationship to Patient: _____

Please attach physician's statement verifying diagnosis.

*Alzheimer's Services, 3772 North Blvd., Baton Rouge, LA 70806 * (225) 334-7494*

For office use only

Date application received: _____ Interview date: _____ Staff initials: _____

Caregiver Respite Reimbursement Program Guidelines

Definition:

Respite is taking a short break from day-to-day caregiving responsibilities. It can be provided in or out of the home setting as desired by the family caregiver, but *does not include permanent residence in a care facility*. Respite care may include a sitter or home health aide providing care and supervision in the home or the recipient/patient may attend an adult day program outside the home.

Eligibility:

- **The care recipient must have a diagnosis of Alzheimer's disease or another form of dementia.** The individual's physician or health care provider must confirm this in writing. A letter from the physician on his/her stationary, prescription pad, or a copy of a completed and signed 90L form or medical assessment form may provide this confirmation.
- **The care recipient must reside in either his or her own home or apartment or that of a friend or relative who is serving as the primary caregiver.** Those residing in long term care or assisted living facilities, or group homes will not be eligible.
- **The care recipient cannot be receiving any benefits from long term care insurance.**
- **The sitter or home health aide may not be a relative or someone who is residing in the home with the recipient/patient.**
- **The recipient/patient must reside in the ten-parish service area of Alzheimer's Services of the Capital Area.** This area includes the following parishes: Ascension, Assumption, East and West Baton Rouge, East and West Feliciana, Iberville, Livingston, Pointe Coupee, and St. Helena.

Enrollment Process:

Caregivers must meet the criteria provided above as well as complete an application process and be pre-approved prior to service use. The application process may be completed in the caregiver's home if he/she is unable to leave the person with dementia. The application process includes completion of the Caregiver Burden Interview and review and signing of the program guidelines. The primary caregiver is responsible for selecting the sitter, home health aide, or adult day program. Alzheimer's Services of the Capital Area is not responsible for the quality or provision of care but will provide caregivers with information and referral assistance.

Once enrolled, the caregiver may submit receipts for respite care to Alzheimer's Services for reimbursement. **The receipt must include: Sitters name, phone number and address along with their signature, and caregiver's signature. This information may be used for auditing purposes.** Participants may receive up to \$100 per month, for a maximum of \$600 in 12 months. All receipts must be submitted within 30 days of service; due to funding regulations we will not be able to reimburse receipts over 30 days old. All receipts should be submitted by the **10th of each month**. Alzheimer's Services will issue reimbursement checks once a month and they will be mailed out no later than the 15th of the following month. *Alzheimer's Services of the Capital Area does not guarantee any amount for reimbursement. Funds are distributed on a first come, first served basis and are based on the Caregiver Respite Program Fund balance.* Toward the end of the funding period Respite Program Coordinator will administer a Satisfaction Survey, to gauge the helpfulness of the program; this may be completed over the phone, in person or by mail.

Re-enrollment is not guaranteed and is based on funding availability and participants may be subject to a waiting period. Caregivers must meet the eligibility criteria and complete the enrollment process again. Caregivers who have never utilized the Caregiver Respite Program may have first priority.

For more information, contact Alzheimer's Services of the Capital Area, 3772 North Boulevard, Baton Rouge, Louisiana, 70806, 225-334-7494 (Baton Rouge) or 1-800-548-1211, FAX 225-387-3664, www.alzbr.org.



Physician's Statement

Thank you for completing this form for your patient who has applied for the Respite Reimbursement Program. For more information, contact Alzheimer's Services (225) 334-7494.

Client's Name: _____ DOB: _____

Physician's Name: _____ Fax Number: _____

Diagnosis (check one):

- Dementia
- Alzheimer's disease
- Pick's disease
- Mild Cognitive Impairment
- Other related disorder: _____
- Lewy Bodies
- Vascular dementia
- Frontal Temporal Lobe dementia
- Parkinson's

Allergies: _____

Diet: _____

Physician's Signature

Date