



Respite Care Voucher Program Policy and Procedures

Balancing the emotional and physical needs of caregivers is an ongoing challenge, and for those affected by ALS, the magnitude of those needs can be great.

Respite care is a program that refers to short-term, temporary care provided to those needing assistance. The goal of respite is to provide a safe environment for the patient in the primary caregiver's absence. This allows the caregiver time away from direct caregiving responsibilities. Because each situation is unique, *ALS in the Heartland* has implemented a voucher system enabling the family to utilize respite care to best meet their individual needs.

Any ALS patient, residing in Nebraska and western Iowa, and registered with *ALS in the Heartland*, is eligible to apply for the Respite Care Voucher Program. Application for the Respite Care Voucher Program is annually renewable. Once the application has been completed, it will then be reviewed by *ALS in the Heartland* staff. The family will be given a resource list of professional home care agencies in their area. *ALS in the Heartland* staff, the family, and the professional home care agency selected by the family, will discuss concerns and coordinate services (to be provided by a C.N.A., L.P.N, or R.N.) during an intake session. Respite care will begin thereafter, and may be provided in the home or nursing care facility.

ALS in the Heartland will provide payment to a professional home care agency for respite care pending available funds. Payment for services will continue up to 12 months after the start date or until the designated amount of funds is depleted. The designated total payment amount per family is set by the *ALS in the Heartland* Board of Directors. No payment will be made for any home care service completed prior to the application date and intake session.

The ALS patient and his/her family and caregiver will determine the type, number, and frequency of services. It is up to the family to ensure that the patient is receiving the appropriate care, and may choose to change providers, if needed. The provided services will be listed and verified by the professional home care agency, and will be monitored by *ALS in the Heartland* staff.

I have read and fully understand the policy and procedures of *ALS in the Heartland's* Respite Care Voucher Program.

Patient Signature: _____ Date: _____

Primary Caregiver Signature: _____