

# Reimbursement Guidelines for Respite Care

## PRIVATE HIRE

1. Parents are fully responsible for interviewing, training, credentialing and hiring the provider (i.e. a Registered Nurse (RN), a Licensed Practical Nurse (LPN), a Home Health Aide (HHA), or Personal Care Aide) of respite care services to be reimbursed under the VACHP. Each RN, LPN, HHA or Personal Care Aide who provides respite care services must have the following documentation on file at the Philadelphia VACHP office:
  - Provider Form
  - Current Pennsylvania RN/LPN/HHA License
  - Current CPR Card
  - Current Social Security Card or Pennsylvania Driver's License
  - Child Abuse Clearance Check
  - Criminal Background Clearance Check
2. The VACHP cannot reimburse family members or relatives for respite care services.
3. Scheduling of respite care providers, credentialing of providers, and any communications to providers regarding respite care is the sole responsibility of the parents.
4. Respite care providers cannot be paid for more than 16 hours in any given 24 hour period.
5. All respite care hours must be called into the VACHP office BY THE PARENTS before they are used. Hours which are not called in will not be approved for reimbursement. If VACHP reimbursement is denied for failure to (1) call in hours; (2) submit time sheets or progress notes; (3) have the provider work more than the maximum number of hours permitted by VACHP per quarter; or (4) pay the provider more than the hourly rate approved by VACHP, then parents are solely responsible for paying any excess amounts claimed to be due by the respite care provider. The VACHP is merely administering funds under a state-sponsored program. **The VACHP is to be considered a payor and not an employer of the respite care providers.** In fact, the VACHP is a payor of last resort and all available private insurance funds that are available for respite care must be used before the VACHP funds can be used.
6. Each RN, LPN, or HHA who provides respite care must complete a VACHP Time Sheet with accompanying VACHP Progress Notes. Both forms must be filled out thoroughly and must be signed by the parent and provider. Any form with incomplete information will be returned to the parent and cannot be processed for reimbursement. ALL FORMS SHOULD BE MAILED BY THE PARENT. WE CANNOT ACCEPT TIME SHEETS THAT ARE HAND DELIVERED TO THE OFFICE.

7. Parents should submit time sheets with progress notes two times per month:
- **One time for hours for the dates of the 1<sup>st</sup> to the 15<sup>th</sup> of the month and**
  - **A second time for hours for the dates of the 16<sup>th</sup> to the end of the month.**

These forms must arrive to the VACHP Philadelphia office within (5) working days of the close of the billing period. If they arrive after this time, the time sheets will be held for payment until the next billing cycle.

8. After the timesheets and progress notes are received by the VACHP and approved for payment, the VACHP will issue a check directly to the respite care provider. Checks will be mailed to individual providers at the address listed on the Provider Form. If your respite care provider has an address change, please notify the VACHP immediately by completing a new Provider Form and forwarding it to the Philadelphia office.
9. At the end of the calendar year, the VACHP will issue a Misc-1099 Income Form to all providers. If your respite care provider has questions regarding this matter they should be directed to consult their tax consultant.
10. We request that parents contact the VACHP if any questions arise about respite care. Parents should discourage the providers from calling the VACHP respite care about missing paperwork, billing questions, payments or other respite care related issues. If any provider has a respite care question or concern, they are welcome to submit their issues in writing to the VACHP offices and we will follow-up with providers after speaking with parents.

# PROVIDER FORM

Patient: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Provider's Title (check one):  RN       LPN       HHA\*       Personal Care Aide

**Email Address:** \_\_\_\_\_

License #: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

First Date of Work: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

\* As of January 1, 2009 Home Health Aides (HHA) must have state certification to provide respite. In addition, each Home Health Aide (HHA) must provide VACHP with a copy of his/her social security card, along with a copy of a driver's license, birth certificate or voter's registration card.

Please attach the following:

Current Pennsylvania Nurse's License

Current CPR Card

Current Social Security Card or Pennsylvania Driver's License

Child Abuse Clearance Check

Criminal Background Clearance Check

**PROVIDER FORM**

**SAMPLE**

Patient: \_\_\_\_\_ Johnny Little \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Penny Moore \_\_\_\_\_

Address: \_\_\_\_\_ 123 Main Street \_\_\_\_\_

\_\_\_\_\_ Any town, PA 12345 \_\_\_\_\_

Telephone #: \_\_\_\_\_ (215) 234-5678 \_\_\_\_\_

Social Security #: \_\_\_\_\_ 123-38-0840 \_\_\_\_\_

Provider's Title:                     RN     LPN     HHA\*     Personal Care Aide

License #: \_\_\_\_\_ RN 123456 L \_\_\_\_\_

License Expiration Date: \_\_\_\_\_ 4/30/02 \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Penny Moore \_\_\_\_\_

First Date of Work: \_\_\_\_\_ 7/1/01 \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Mary Little \_\_\_\_\_

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