NAVIGATING RESPITE CARE IN COLORADO:

FUNDING STREAMS, COMPENSATION FOR FAMILY CAREGIVERS, BECOMING A RESPITE CARE PROVIDER AND FINDING RESOURCES

Respite care services provide a break from caregiving responsibilities for a family (informal) caregiver, so they may recharge. This guide has been developed as a resource to families, respite care providers and case managers. Though every effort has been made to ensure all the following information is accurate, some sections may be out of date or inadvertently incorrect.

Respite care is an important service for families, caregivers, and individuals with disabilities. While this guide aims to help individuals navigate how to access and pay for respite care through multiple avenues, respite care may not be available in all areas of Colorado or for all special healthcare needs.

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***Disclaimer**:*

This document will be converted into a printed guide, including various graphic design elements, and distributed across Colorado in the fall of 2018. This PDF format is intended to provide education and assistance in the interim. Please excuse any incorrect formatting and/or confusions with layout. If you would like a printed copy of the guide for yourself or your organization, at no cost, please contact mkluth@eastersealscolorado.org or 303-233-1666 x257.

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SECTION 1 – WHAT IS RESPITE CARE

WHAT IS RESPITE CARE?

Respite care provides temporary relief for family caregivers from the ongoing responsibility of caring for an individual of any age with special needs or health challenges, or who may be at risk of abuse or neglect. Respite care is a break for the caregiver, so that they can return to caregiving feeling refreshed and renewed. It is the most frequently requested family service, providing family caregivers with the relief to maintain their own health, bolster family stability and avoid or delay costly nursing home or foster care placement. It is also beneficial for the individual receiving care services and can provide opportunities for recreation, socialization and independence.

Generally put, respite care is any period of time during which the individual receiving care is looked after and the caregiver is able to leave. Though respite care services in the state of Colorado are expanding, respite may not be available in all areas for all special healthcare needs. Additionally, there are gaps in services in some areas of the state.

Respite care for you = better care for your loved one.

WHO IS A FAMILY CAREGIVER?

Family caregivers are any family member, friend, or neighbor that provides regular support to an individual of any age with any special health care needs. Individuals receiving care may have a variety of special health care needs, including disabilities, chronic conditions, aging challenges, mental and behavioral needs, and other health-related challenges. Anyone providing care in a foster, adoptive or kinship setting is also considered a family caregiver. There are an estimated 538,000 family caregivers in the state of Colorado (AARP).

While some family caregivers may receive limited funding for their caregiving duties, the majority of family caregivers are unpaid. Formal direct care professionals, who consider caregiving their profession and receive a salary, , are not included in the definition of "family caregiver". However, family caregivers who receive reimbursement for caregiving duties through service options such as family caregiver as a CNA and CDASS are included in this definition.

BENEFITS OF RESPITE CARE

The benefits of respite care impact caregivers, individuals receiving care and their families. Research indicates that regular use of respite care can decrease the likelihood of out–of-home placement for individuals receiving care and reduce need for emergency room visits. It can provide an avenue for individuals receiving care to have new experiences, meet new people, and reduce dependency on a singular caregiver. Respite care also offers family caregivers a break to help maintain their own physical and mental health. Caregivers may use this time to see friends, pursue work or hobbies, run errands or

take a vacation. When regularly using respite care, caregivers often report returning to their role feeling refreshed and more optimistic about their future care commitments. Respite care has been shown to help bolster family stability and preserve or strengthen marriages in families who are caring for an individual with special needs (CITE).

Relaxation: Respite gives families peace of mind, helps them relax, and renews their humor and energy

Enjoyment: Respite allows families to enjoy favorite pastimes and pursue new activities

Stability: Respite improves the family's ability to cope with daily responsibilities and maintain stability during crisis

Preservation: Respite helps preserve the family unit and lessens the pressures that may lead to institutionalization, divorce, neglect, and/or child abuse

Involvement: Respite allows families to become involved in community activities and feel less isolated

Time Off: Respite allows caregivers to spend time with their families and take care of themselves

Enrichment: Respite makes it possible for family members to establish individual identities and enrich their own growth and development

Sometimes family caregivers are reluctant to use respite care because:

"I feel guilty" – No one should feel guilty for using respite care. Respite care can help caregivers, individual receiving care and the family unit as a whole.

"No one else can take care of my loved one" – Asking the right questions to prospective respite providers can help caregivers feel comfortable with the knowledge that their loved one is in safe hands and will receive the highest standard of care. Information on choosing a suitable provider is available here.

"It is my responsibility to care for my loved one and I should be able to do it all" – Everyone deserves a break, family caregivers included. Using respite care can help caregivers be better caregivers, and they might find that their loved ones enjoy respite, too!

"I don't understand the meaning and benefits of respite care and don't have time to gather this information" –The purpose of this guide is to provide information on the different ways to access and pay for respite care, how to get paid as a family caregiver, and how to become a respite provider. Families always have the right to decide whether respite care is suitable for their circumstances, and whether it feels beneficial.

"There are only four kinds of people in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers." – Rosalynn Carter

TYPES OF RESPITE CARE

Respite care can be provided in a variety of different settings, depending on the caregiver and individual receiving care's wants and needs. Respite care services are offered by nonprofit, for-profit, faith-based, community/volunteer-based, or government organizations. **All types of respite are not always available for all ages or special health care needs or in certain regions. Depending on the funding source, it can take from several days, to many months or longer to get fully enrolled in a program before receiving respite care services.**

In-Home Respite Care - A care provider comes to the individual receiving care's home. The family caregiver may stay in the home or they may leave for a period of time. This can be overnight care or offered in short intervals of time. Activities conducted during in-home care can vary, and may include:

- **Personal Care** - The care provider may assist with activities like brushing teeth, dressing, bathing, shaving, or using the restroom. They may also assist with preparing meals or medication reminders.
- **Homemaker Services** - The care provider may do light housework and chores that the family caregiver would typically complete. These tasks may include grocery shopping, laundry, meal preparation, or doing the dishes.
- **Crisis/Emergency Care** - The care provider is available at short notice in case of a family emergency or other situation. Crisis care may be available overnight, but is not usually offered for more than a few days.
- **Medical Care** - Also known as skilled nursing, the care provider is qualified to assist with various medical devices and needs, potentially including as IVs, feeding tubes, catheters, medication administration or post-operative care.

Center Based Respite Care - Care is provided in an outside facility. The caregivers drops off their loved one and picks them up after the respite period has ended. Sometimes transportation is provided by the center, or can be arranged with another organization. This type of respite care may be in settings such as camps, nursing homes, respite centers, and older adult activity centers. Some center based care providers offer overnight and long-term respite care. Care is often in group settings, but can also be for individuals.

- **Day Center** – Care may be medical or non-medical and is offered during daytime hours. This type of respite can provide valuable socialization opportunities for individuals receiving care.

- **Community Connector** – Respite programming includes excursions into the community in a group or individual trip. Trips may include volunteer activities, outdoor recreation, or visiting cultural attractions.
- **Overnight** – Care is provided for a continuous 24-hour period or longer. Overnight respite care might be in a respite overnight center, at an assisted living facility or in a nursing facility. Facilities that do not have formal respite programs may offer available beds to respite clients who are seeking short-term stays. Some facilities may require that individuals stay for a minimum number of days, and some may also offer secure areas for persons with memory impairments. Recreational camps may also provide overnight care.
- **Camp and Adaptive/Therapeutic Recreation –** Camps and recreational centers offer a variety of activities that may include sports, outdoor adventures, games, art, teambuilding exercises and animal-assisted activities. These activities may be adapted so they can be enjoyed by individuals with disabilities and special health care needs. Programming varies and may be available during the day or overnight, for all ages.

SECTION 2 – FUNDING FOR RESPITE CARE

Options to access and pay for respite care are made available through various funding streams. Eligibility is often dependent on the individual receiving care's needs, age, financial standing, and/or geographical location.

This guide will provide an overview of the eligibility requirements and application processes for the principal funding options to respite care in the state of Colorado. This guides does not assume to include every available avenue. The funding options presented in this guide are ordered alphabetically, regardless of size. No funding option is recommended over another. If options have been missed, or if information is inaccurate or out of date, please reach out via the contact information at the end of the guide.

FUNDING OPTIONS

This section will outline the eligibility requirements and application processes to access respite care through the following organizations and funding streams:

FUNDING SOURCE/ CONTACT ORGANIZATION	AGE OF INDIVIDUAL RECEIVING CARE	ADDITIONAL REQUIREMENTS (Please see each section for detailed eligibility requirements)
AGING AND DISABILITY RESOURCES FOR COLORADO (ADRC)	18+	Individuals aged 18+ with disabilities; all individuals aged 60+
AREA AGENCY ON AGING (AAA)	60+	None
CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT	18 and younger	Must have a mental health condition
COLORADO CRISIS SERVICES	TBD	TBD
COMMUNITY CENTERED BOARD (CCB)	All	Must have IDD diagnosis
EASTERSEALS COLORADO/COLORADO RESPITE COALITION	All	None
FOSTER CARE, GUARDIANSHIP CARE AND ADOPTION	Under 18	Foster/guardianship care and adoptions must be within certain programs
LONG TERM CARE (LTC) INSURANCE	All	None
MEDICAID HCBS WAIVERS	Varies by waiver	Varies by waiver
MEDICARE	65+ (typically – see section)	None
PRIVATE INSURANCE	All	None
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	55+	Require assistance with 2+ ADLs; Income requirements
U.S. ARMED FORCES	All	Must be in the armed forces (Air Force, Army, Coast Guard, Marine Corps, Navy)
U.S. DEPARTMENT OF VETERANS AFFAIRS	All	Must be a veteran (have served in the U.S. armed forces)
WOODWARD RESPITE CARE FUND	50+	Must have a chronic or terminal condition; must live in the Denver Metropolitan area

AGING AND DISABILITY RESOURCES FOR COLORADO (ADRC)

Who: Individuals aged 18+ with disabilities | Individuals aged 60+ | Families and caregivers

The Aging and Disability Resources for Colorado (ADRC) provide information on a variety of long term services and supports available to adults with disabilities and older adults. There are 16 ADRC locations in Colorado, accessible via a centralized phone number. Options counselors are available over the phone to offer personalized and impartial education and support about local resources for individuals and their caregivers. There is no income requirement for these services.

ADRCs cannot provide funding for respite or other services. Options counselors may be able to connect callers to community or grant funded options, along with private pay opportunities, in their area. The ADRCs are overseen by the State Unit on Aging and are often co-located with Area Agencies on Aging. ADRCs are divided by region and serve specific areas of the state.

ADRC services are available to any individual aged 60+ as well as to individuals aged 18+ with a disability or special health care needs. There is no income requirement for these services.

Call the main ADRC hotline at 1-844-COL-ADRC (1-844-265-2372). Callers will be prompted to enter their zip code and will be transferred to their regional ADRC.

AREA AGENCY ON AGING (AAA)

Who: Individuals aged 60+ | Family and caregivers of individuals aged 60+

An Area Agency on Aging (AAA) is one of 16 regional entities designed to support older adults aged 60 and older and their caregivers. AAAs offer case management to help individuals navigate available services and resources to remain independent in the community, through partnerships with community based resources (e.g. senior centers, legal services, transportation operators, and nutrition programs).

AAAs serve specific regions of the state and are typically held within a larger organization. AAAs use a combination of federal, state and community grant funding. There is no income requirement to obtain information from an Area Agency on Aging. Click here to find the local Area Agency on Aging. AAAs are overseen by the Colorado Department of Human Services – State Unit on Aging.

Available respite care options and funding opportunities vary by AAA. Options counseling is designed to help older adults and their families and caregivers understand resources that best fit the individual's needs, circumstances and preferences.

Note: Available services may vary by region. Service eligibility may also depend on an individual's personal healthcare needs, and financial situation.

<u>Application Process</u>

The following steps outline how to contact the appropriate AAA for information, assistance, options counseling, and accessing respite care services:

(1) Call AAA
- ♦ Identify the AAA that serves the region/county that the older adult lives in, using this map
- ♦ Phone numbers for the AAA are available here

(2) "Discovery" conversation
- ♦ The operator will ask the caller a series of demographic questions and for information on the types of supports they are seeking
- ♦ If the AAA discovers that an individual may be eligible for a Medicaid waiver, they will be referred to the appropriate organization for eligibility and possible application assistance

(3) Referral to "Options Counseling" (by request)
- ♦ If an individual has multiple service/resource needs, is able to follow a plan of care, and requires short-term advocacy or decision support, they will be referred to "Options Counseling"
- ♦ Options counseling can include a home visit, a written Action Plan, and follow up support lasting up to three months
- ♦ Individuals may communicate with options counselors via phone, email, and in-person meetings, as available and preferred

- Options counselors are impartial. An options counselor may discuss available options, but is not permitted to make recommendations or display bias towards any particular type of service or agency

(4) Connect to respite care services
- The caller will be provided information on available respite care services in their area
- Typically, these services are one of the following:
  - In-home non-skilled companionship care
  - Adult day centers
- Service availability and funding differs by region and AAA. Some AAAs offer respite vouchers to help families pay for respite care. Individuals should inquire with their local AAA to see if this is an option

(5) Receive respite care services! (If available)

Note: Though AAAs offer options counseling, individuals may also call their local AAA to ask questions regarding local resources, including respite care. This service is referred to as "Information and Assistance", and is available as often as an individual prefers.

CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT (CYMHTA)

Who: Children aged 18 and younger with a mental health condition, who are at risk of out-of-home placement. Child must not be eligible for Medicaid, can be commercially insured or uninsured.

The Children and Youth Mental Health Treatment Act (CYMHTA, C.R.S. 27-67-101), enacted into Colorado law in 1999, allows families with an eligible child to access community, residential, and transitional treatment services, including respite care. Other available services include case management, day treatment, mentoring, medication monitoring, in-home family treatment and some residential care services. All available services, including respite care, must be completed with a CYMHTA official provider.

To be eligible, the child must have a mental health condition, be under the age of 18, be commercially insured or have no insurance, and be at risk of out-of-home placement or further involvement with a county department of human or social services. The child cannot have Medicaid. Most children have insurance that is either unable or unwilling to cover most or all of the needed treatment.

Families apply for services through the local Community Mental Health Center. Depending on families' financial situation and available commercial insurance, families may be charged a co-pay for services coordinated through the Community Mental Health Center. A list of all local Community Mental Health Center "Liaisons" can be found under the resources tab: https://www.colorado.gov/pacific/cdhs/child-mental-health-treatment-act

More information on the CYMHTA is available via the Colorado Department of Human Services website: https://www.colorado.gov/pacific/cdhs/child-mental-health-treatment-act. A list of CYMHTA providers and services can be downloaded from the "Resources" tab.

COLORADO CRISIS SERVICES

Who: Individuals with any special health care need in crisis | Families and caregivers in crisis

Colorado Crisis Services provides confidential and immediate support to anyone needing mental health, substance use, or emotional help for themselves, or anyone they know. Anyone can access assistance 24/7/365 and talk to a trained crisis counselor via the hotline, text service, and walk-in clinics. A mobile clinic may also be dispatched to the location of an individual in crisis, if they are unable to reach a walk-in clinic. In the evenings, a virtual chat option is also available. Colorado Crisis Services is overseen by the Colorado Department of Human Services.

Families in crisis may access respite care services through Colorado Crisis Services. Respite care is available for individuals of various ages, with a diversity of special health care needs. Respite provider availability varies, and respite care services must be completed with a contracted provider, through Colorado Crisis Services. The majority of available services are for out-of home care, with the possibility of overnight care. Families may receive respite care services during a maximum of 14 continuous days, from the day that services commence.

Families may be referred for respite care services either at a walk-in clinic, or via a mobile clinic that has been dispatched to their location. Eligibility for referral depends on the family situation, and the needs of the family caregiver and individual receiving care. In some situations, families may be asked to pay a co-pay for services. Full translation services for non-English speakers are available. Individuals interested in learning more about Colorado Crisis Services should visit the website: www.coloradocrisisservices.org

Families in crisis seeking respite care services should request a respite care referral by:

(a) Visiting a walk-in center, in person. Opening hours and locations of all Colorado walk-in centers are available at www.coloradocrisisservices.org, or in the Resources section of this guide;
(b) If visiting a walk-in center is not possible, families may request a dispatch mobile clinic come to them by calling Colorado Crisis Services at 1-844-493-8255 or by texting "TALK" to 38255.

COMMUNITY CENTERED BOARD (CCB)

Who: Children and adults with intellectual/developmental disabilities | Families/caregivers

Community Centered Boards (CCBs) provide case management services to assist individuals in accessing necessary services and supports to meet their needs. CCBs serve individuals with

intellectual/developmental disability diagnoses, who typically have an IQ of 70 or below, and their families and caregivers. Such individuals may also have challenges with activities of daily living.

Community Centered Board services include application and eligibility determination for Medicaid services through the Home and Community Based Services (HCBS) waivers, service and support coordination, and case management. Many HCBS waivers include an allocation for respite care services, which individuals on a waiver may access. For more information on the HCBS waivers, please see the relevant section here.

Though all CCBs receive funding through Medicaid, some receive additional resources through other funding streams. CCBs determine the use of these funds independently and many offer family assistance programs for respite care and other services for those who do not qualify for supports through Medicaid. Such services vary by location.

There are 20 regional Community Centered Boards in Colorado. Individuals should contact their nearest CCB to discover available resources and supports, including respite care. To find local CCBs, please click here. *(For more information on accessing respite care services through the Medicaid HCBS waivers specifically, please see the relevant section here.)*

EASTERSEALS COLORADO (ESC) / COLORADO RESPITE COALITION (CRC)

Who: All ages | Any special healthcare need | Full time family caregivers

Easterseals Colorado (ESC) is a disability services nonprofit serving Coloradans with a variety of special health care issues. ESC has various respite care programs for individuals with a variety of needs, including an overnight respite center in the Denver Metro area. ESC also has an employment program, and a benefits application assistance program. Please see www.easterseals.com/co/, and the Resources section, for more information.

Easterseals Colorado houses the statewide Colorado Respite Coalition (CRC), known within ESC as the Colorado Respite Care Program. The CRC is an allied network of families, agencies and community partners working to strengthen and support caregivers of individuals of any age, with any special health care needs.

The Colorado Respite Care Program's **Family Respite Voucher Program** provides funding through vouchers for respite care to family caregivers across the state of Colorado, serving all ages and special health care needs. This program is intended as a payer of last resort, and offers a resource for unserved and underserved family caregivers who have limited access to respite care through current systems. Respite vouchers are typically $250 to $1,000 to be used for respite care services with a contracted Approved Provider. The voucher program is made possible by federal and state grant funds.

This program is not income-based. A caregiver may qualify for a Family Respite Voucher if they meet the following eligibility requirements:

- The family caregiver provides unpaid care for a family member, friend, or neighbor (broadening the definition of "family"); both individuals live in Colorado

- Family caregiver provides full-time unpaid care (40 hours or more) weekly. This may include time when the individual receiving care is sleeping
- The individual has a "special need" including I/DD, memory concerns, chronic conditions, behavioral concerns, physical disabilities, and more.
- The family is **not** currently receiving any funding that can be used for respite care. This voucher is designed as a Payer of Last Resort

Voucher funds are never guaranteed. Caregivers must first submit a Family Respite Voucher application. Caregivers that are awarded a family respite voucher must use their voucher funds with the CRCP's Approved Providers. Approved providers have met certain requirements, including conducting background checks for staff who will provide respite services to individuals using a respite voucher and proof of insurance. Voucher recipients may use their voucher with multiple Approved Providers. For an up to date list of Approved Providers, refer to www.coloradorespitecoalition.org.
Note: The Approved Provider list is always growing. If an individual interested in the voucher program has a respite provider that they know and like to use, but is not Approved Provider, CRCP staff will reach out and see if that provider is interested in joining the program.

Approved Providers bill directly to the CRCP for respite care services provided. There are typically no out of pocket expenses for families.

Voucher awards are typically between $250 and $1,000. Voucher recipients have a set number of days to use their funds before the voucher expires; voucher recipients will be notified of this timeframe in their award letter. Funds can only be applied to services that occur after the voucher is awarded and before the expiration date. Families may receive a maximum of two respite vouchers per calendar year. More information on the Family Respite Voucher Program, including Frequently Asked Questions (FAQs), can be found at www.coloradorespitecoalition.org.

Note: For information on how to select the right provider, and good questions to ask respite providers, please see the "Safety in Respite Care" section.

Application Process

Family caregivers should refer to www.coloradorespitecoalition.org for the most up-to-date application forms and guidelines. Voucher applications are accepted on a rolling basis. Interested and eligible caregivers should complete the following steps to apply to the Family Respite Voucher Program:

(1) Ensure that the family caregiver meets the eligibility requirements
(2) Complete and submit the Family Respite Voucher Program application
(3) Families are notified whether they have been awarded a respite voucher. Funds are never guaranteed
    - Awarded voucher: continue to next steps. Families will be notified via postal mail. The Award Letter will state the voucher value and expiration date
    - Not awarded voucher: unsuccessful voucher applicants will be provided with the reason their application was denied and are welcome to re-apply
(4) Voucher recipients must contact the CRCP to confirm that they intend to use the voucher funds

(5) Contact Approved Provider(s) to schedule respite services
   - ♦ Voucher recipients select a respite provider (or multiple providers) from the Approved Provider list
   - ♦ Voucher recipients contact the chosen agency and inform them of intent to use a CRCP Family Respite Voucher to pay for services. Provide the agency with the Award Letter
   - ♦ Schedule respite services to use all voucher funds within the time frame detailed on the award letter

(6) Receive respite care services! (If available)

FOSTER CARE, GUARDIANSHIP & ADOPTION

Who: Foster families, those who assumed guardianship (as part of the Relative Guardianship Assistance Program), and adoptive families

There are limited avenues to access respite care available for foster families, those who assumed guardianship (through the Relative Guardianship Assistance Program), or adoptive families. Some youth in foster care, or living with their adoptive family or with a guardian may qualify for a Medicaid HCBS waiver or other funding programs including respite care. Families may want to consider the following options.

FOSTER CARE

The foster care benefit that foster parent(s) receive includes a financial allocation for respite care services. Foster parent(s) should determine their allocation for respite care with the foster certification agency – either County Human Services or a Child Placement Agency.

For foster families, respite care has a specific definition and requirements regarding how respite care can be utilized. When foster parents want a break, respite care is provided in a foster home. Foster families may want to consider forming relationships with other local foster families to provide each other with informal respite care services.

To receive respite care outside of another foster home, the activity must fall under the Reasonable and Prudent Parent Standard (RPPS). Qualifying activities include those that foster youth want to participate in and are beneficial for their wellbeing, such as a skiing trip to the mountains with a friend's family or sleepover at a friend's house. Qualifying activity determinations are based on county department of human services policies; foster parent(s) should approach their agency with any specific questions.

ADOPTION

It is possible to include funding for respite care services in the Adoption Assistance Agreement between the county department of human services and the adoptive parent(s). This agreement may provide services, financial assistance, and/or medical assistance.

Financial support is intended to partially cover costs associated with caring for and raising a youth. If the adoptive parent(s) can justify the need for respite care to be included in their Assistance Agreement, this subject must be raised from the initial agreement date, as it cannot be added at a later time. Please consult with the county department of human services for further information.

GUARDIANSHIP

The Relative Guardianship Assistance Program (RGAP) is an avenue for legal permanency if family reunification and adoption are not appropriate permanency goals. RGAP provides services, financial support, and/or medical assistance to help support permanency. Families in the RGAP may have kinship ties (relatives or extended family) to help support them with respite care breaks. The court grants guardianship to the qualifying individual, and generally does not terminate parental rights.

Families eligible for the RGAP are identified by the county during dependency and neglect cases as the permanency option. The program creates an Assistance Agreement with the prospective legal guardian(s), which may include funding for respite care services. Financial support is intended to partially cover costs associated with caring and raising a youth. If the prospective guardian(s) can justify the need for respite care within an Assistance Agreement, this subject must be raised from the beginning as it cannot be added at a later date. Please consult with the county department of human services.

LONG TERM CARE (LTC) INSURANCE

Who: Individuals with LTC private medical insurance

Long term care (LTC) insurance is an insurance product sold separately through private health insurance agencies. LTC insurance can help pay for the costs of long-term care, typically for individuals with chronic illnesses, disabilities, and/or those who require assistance to perform multiple activities of daily living (ADLs) over an extended period of time. Needed support can range from assistance with simple activities to skilled care. LTC insurance may cover care services not generally included by other private health insurances.

Some LTC insurance plans may include an allocation for respite care services. Individuals should contact their LTC insurance provider directly to determine whether respite care is a covered service and to what extent.

PRIVATE HEALTH INSURANCE

Private health insurances are programs not provided by the state or federal government. An individual may receive private medical insurance through their employer, educational institution, spouse's or parent's insurance, or by applying for an insurance plan directly. These options differ by age, institution, income, and other factors.

Health insurance providers may offer various insurance plans that each provide coverage of different types and levels of medical services. **Respite care is not commonly a covered benefit on non-LTC private health insurance plans.** If respite care is not a covered service, consider which other treatment options might act as respite care. Individuals should consult their medical insurance provider to determine whether respite care and other services are covered on their insurance plan.

MEDICAID HCBS WAIVERS

Who: All ages | Various special health care needs

Medicaid Home and Community-Based Services (HCBS) waivers are designed to provide services to people who might otherwise be in a nursing home or hospital to receive long-term care. Waivers act as an expansion of standard Medicaid, providing increased services and supports to keep individuals in the community and home. Though each waiver operates differently and has varying qualifying factors, all waivers provide case management and assistive services.

Colorado has a total of 11 waivers – five for children, six for adults – for which individuals with a range of special health care needs may qualify. Two children's waivers and five adult waivers contain allocations for accessing respite care services. Individuals on these waivers may elect to utilize respite care services as part of their total service allocation.

Note: Not all HCBS waivers have allocations for respite care services. However, some have therapy or other services than can be used as respite care. If a family caregiver can leave their loved one while they are receiving behavior therapies, then this time can act as respite care, or taking a break.

OVERVIEW OF CHILDREN'S AND ADULT HCBS WAIVERS

Waivers that include allocations for respite care services are highlighted in the table below:

Children's Waivers	Children's HBCS Waiver **(CHILDREN'S HCBS)**	Children with Autism Waiver **(HCBS-CWA)**	Children's Extensive Support Waiver **(HCBS-CES)**	Children's Habilitation Residential Program **(HCBS-CHRP)**	Children with a Life-Limiting Illness Waiver **(HCBS-CLLI)**	
	Persons with Brain Injury	Community Mental	Persons who are	Persons with Spinal	Supported Living	Persons with Developmental

Adult Waivers	Waiver **(HCBS-BI)**	Health Supports Waiver **(HCBS-CMHS)**	Elderly, Blind, and Disabled Waiver **(HCBS-EBD)**	Cord Injury Waiver **(HCBS-SCI)**	Services Waiver **(HCBS-SLS)**	Disabilities Waiver **(HCBS-DD)**

HCBS waivers are part of Health First Colorado (Colorado's Medicaid Program). To qualify for a waiver an individual must first qualify and apply for:

(1) Medicaid's Long Term Care (LTC) services; and

(2) Supplemental Security Income (SSI)

An individual may apply for a Medicaid waiver while their SSI application is being processed. However, an individual may not begin to receive waiver services until their SSI application is approved. More information on these processes and up to date eligibility requirements can be found on the Colorado Department of Healthcare Policy and Financing (HCPF) website: https://www.colorado.gov/hcpf/

The Resources section at the end of this guide contains information on benefits application assistance agencies. For more information on Medicaid applications, and to access application forms, individuals may contact: 1-800-221-3943.

HCBS WAIVERS WITH RESPITE CARE

Appointed regional agencies administer the application process and management of Medicaid HCBS waivers. For waivers including allocations for respite care, this will either be a Community Centered Board (CCB) or Single Entry Point (SEP) Agency. Individual CCBs and SEPs are spread across the state of Colorado, serving residents of specific regions and counties. For more information on what CCBs and SEPs do, and to find local agencies, please see the Resources section.

Unsure whether an individual qualifies for a waiver? Call the CCB or SEP in the local region, and an intake specialist can discuss eligibility criteria. The following tables indicate which type of agency administers each waiver:

Children's Waivers

	Children's Extensive Support Waiver (HCBS-CES)	**Children with a Life-Limiting Illness Waiver (HCBS-CLLI)**

Eligible	Children with intensive behavioral or medical needs who are at risk of institutionalization Children, birth through age 4, must have a developmental delay Children, 5 through 17, must have a developmental disability	Children with a life limiting illness who can be safely cared for in the home and who are at risk of institutionalization in a hospital
Age	Birth through age 17	Birth through age 18
Where to Apply	Community Centered Board (CCB)	Single Entry Point (SEP) Agency

Adult Waivers

	Persons with Brain Injury Waiver (HCBS-BI)	**Community Mental Health Supports Waiver (HCBS-CMHS)**	**Persons who are Elderly, Blind, and Disabled Waiver (HCBS-EBD)**	**Persons with Spinal Cord Injury Waiver (HCBS-SCI)**	**Supported Living Services Waiver (HCBS-SLS)**
Eligible	Persons with brain injury as defined in the Colorado Code of Regulations with specific diagnosis criteria	Persons with a diagnosis of major mental illness as defined in the Colorado Code of Regulations with specific DSM-IV diagnostic codes	Elderly persons aged 65 and over with a functional impairment, physical disability, or who are blind	Persons with a spinal cord injury as defined in the Colorado Code of Regulation with specific diagnostic codes	Persons who can either live independently with limited supports or, if extensive supports are needed, who are already receiving a high level of support from other sources, such as family
Ages	Age 16 and older	Age 18 and older	Age 18 and older	Age 18 and older	Age 18 and older
Where to Apply	Single Entry Point (SEP) Agency	Single Entry Point (SEP) Agency	Single Entry Point (SEP) Agency	Single Entry Point (SEP) Agency	Community Centered Board (CCB)

Source: CO Dept. of Health Care Policy and Financing. For complete and up to date information on qualifying criteria, please visit the HCPF website: https://www.colorado.gov/hcpf/

APPLYING FOR MEDICAID HCBS WAIVERS

Application Process

Whether an individual is applying for a waiver via a CCB or SEP, the initial processes look similar. The following steps may be completed by either the individual receiving services or their legal guardian:

Note: before applying for a waiver, an individual must first qualify and apply for LTC Medicaid and SSI. Individuals can apply for a waiver while SSI applications are pending. While a CCB or SEP cannot assist with this process, they may provide recommendations on where to go and what to do. Certified Application Assistance Sites (CAAS) may also be able to help with some benefits applications. Please see the Resources section for more details.

(1) Find the local CCB or SEP using this link, and call the intake team
    - The intake individual will collect general information about the individual receiving care and their caregiver/family member, if appropriate
    - The intake individual will discuss available waiver options and the application process
(2) Eligibility assessment
    - The applicant must undergo an eligibility assessment, determining whether they qualify for the waiver and the level of services needed. Eligibility assessments vary between waivers.
    - Assessments are completed in-person by a qualified professional, either over the phone or in the home of the individual receiving care
    - Eligibility assessments are completed on an annual basis (every 12 months)
    - During the assessment, individuals should be clear and honest about the level of care needed on a daily basis:
        - Be thorough, do not forget anything, and avoid under- or over-emphasize the level of care required
        - Make a list of caregiving activities or keep a daily-care journal for accurate reporting
        - Consider care needed over a yearly basis,
    - Eligibility outcome:
        - If an individual meets the eligibility criteria, they may continue to the next steps
        - If an individual is denied, they will receive instructions on how to appeal the decision. Appeals occur at the Office of Administrative Courts in form of a judge and final rulings are determined by the Colorado Department of Health Care Policy and Financing (HCPF). More information can be provided by the CCB or SEP
(3) Assign case manager
    - Once an individual has been accepted onto a waiver, they are assigned a case manager
    - Case managers assist with understanding available options and coordinating services provided by the waiver. Case managers discuss available service options, including respite care, with the individual receiving the waiver and their guardian
    - Once an individual begins receiving services, case managers are responsible for tracking units (amount) of respite care and other services available
    - Individuals may communicate with case managers via phone, email, and in-person meetings

- Case managers are impartial. While case managers can discuss options, they are not permitted to make recommendations or be biased toward any particular type of service or service agency

(4) Start receiving respite services! (If available)

- The eligibility assessment determination and amount of respite care available to the individual are fixed for a 12-month period. Individuals must schedule respite care services with a Program Approved Service Agency (PASA) – an agency that has met certain Medicaid requirements
- Individuals are free to change PASAs and frequency of service (within regulations), provided they consult with their case manager first
- Billing for services is conducted between the respite provider, the agency that manages the waiver (CCB/SEP), and Health First Colorado (Colorado's Medicaid Program). There should not be any out of pocket fees for an individual on a waiver, or their family, unless a co-pay arrangement is in place

While the above steps apply to any individual seeking to receive respite care services via a Medicaid waiver, there are some important differences between working with CCBs, SEPs, and various waivers…

COMMUNITY CENTERED BOARDS (CCB) – Eligibility assessment and service procedures

Community Centered Boards administer the application process and management of two waivers with allocations for respite care: one specific children's waiver and one specific adult waiver

Children's Extensive Support Waiver (HCBS-CES)	**Supported Living Services Waiver (HCBS-SLS)**

The following provides information about the eligibility assessment determination conducted through CCBs, and the process for connecting with respite care services:

Eligibility assessment determination:

(a) For CES waiver

- The individual must demonstrate their need for a high level of physical intervention to ensure their safety and care over an entire 24 hour period
- All children who meet the eligibility assessment criteria are allotted the same level of services. There is a cap, or set maximum, on the amount of respite care one may utilize

(b) For SLS waiver

- Individual's needs are assessed and assigned a Supports Intensity Scale (SIS) level from 1-6, with one indicating the lowest level of need and six the highest
- Depending on the SIS level, individuals are allotted a number of service units, which they may distribute between various services, including respite care

Connecting with respite care services:

(a) CCB sends out a Request for Proposals (RFP) for the respite care services desired, including information on the individual and their needs, to all respite PASAs in the area:
    - ♦ If a PASA responds:
        - The individual may proceed with organizing respite care services, assisted by the case manager
        - Respite care services may be received from multiple providers
        - The case manager tracks units (amount) of respite care services used
    - ♦ If no agencies respond to the RFP:
        - The RFP may be sent again with adjusted criteria requests
        - Case managers may share the complete list of PASAs with the individual seeking services. This individual may research and contact suitable PASAs directly
(b) Receive respite care services! (If available)

SINGLE ENTRY POINT (SEP) AGENCIES – Eligibility assessment and service procedures

Single Entry Point Agencies administer the application process and management of one children's waiver and four different adult waivers with allocations for respite care:

Children with a Life-Limiting Illness Waiver (HCBS-CLLI)	
Persons with Spinal Cord Injury Waiver (HCBS-SCI)	**Community Mental Health Supports Waiver (HCBS-CMHS)**
Persons who are Elderly, Blind, and Disabled Waiver (HCBS-EBD)	**Persons with Brain Injury Waiver (HCBS-BI)**

The following provides specific information about the eligibility assessment determination conducted through SEPs, and the process for connecting with respite care services:

Eligibility assessment determination:

(a) For children's waiver (CLLI)

- ♦ Child must demonstrate that without support, they would require a hospitalized level of care. This waiver enables palliative or hospice care and therapy
- ♦ There are no caps on the amount of services an individual may receive

(b) For adult waivers (BI, CMHS, SCI, SLS)

- ♦ An individual must demonstrate that they require an institutional level of care, such as that of a nursing home. If an individual requires more than two days per-week at an adult day center, this need must be formally documented by a physician
- ♦ There are no formal caps to the amount of respite care an individual can receive via center-based adult day services
- ♦ There is a 30-day limit (annually) on center-based short-term overnight respite care. In-home respite care contributes to this 30-day limit, with 6-hours of care constituting one 'day' (6-hours of care is also the maximum amount per 24-hour period for in-home care)

Connecting with respite care services:

(a) The case manager will present a list of PASAs based on type of respite care requested

- ♦ The individual researches and considers available respite care agencies
- ♦ The individual or case manager may call agencies for availability

(b) Receive respite care services! (If available)

TIPS FOR RESPITE ON A MEDICAID HCBS WAIVER

- ♦ Remember what respite care services are for – to give the primary caregiver a break. Parents and legal guardians may not provide respite care services, but can benefit from the break.
- ♦ Ask PASAs questions regarding their services to ensure they are providing safe and quality respite care. Turn to page ___ for recommended questions to ask.
- ♦ If an individual has a respite provider or caregiver that they know and enjoy, who they would like to receive respite care from, this individual may consider being employed by a PASA in order to provide paid respite care services. Case managers can discuss this option and support PASA coordination.
- ♦ When respite care is available through a waiver, it is not necessarily unlimited. Discuss with the case manager the best ways to maximize respite care services
- ♦ Get creative with respite! Services not labelled as "respite care" can still act as respite, permitting the primary caregiver with a break.
- ♦ Moving counties:
  - If an individual moves to a different county *within Colorado*, which is within the service area of a different CCB or SEP than the one services were originally set-up with, the following applies:
  - For individuals on Medicaid waivers administered by a CCB:
    - The individual has the option to transfer to the new local CCB, but this is not required. If an individual decides to transfer CCB, this transfer occurs

internally and the individual keeps their waiver. They will be assigned a new case manager. This process can be started before the actual move date by notifying the existing case manager

- For individuals on Medicaid waivers administered by a SEP:
    - The individual must transfer service administration to the new regional SEP. This process takes place internally, and the individual will be assigned a new case manager

♦ Moving out of state:

- Waivers are funded and administered on a state-by-state basis. If an individual moves outside of Colorado, they should research available waivers and supports in that state. If the state they are relocating to supports Medicaid HCBS waivers, they must re-apply in the new state for the waiver

MEDICARE

Who: Individuals aged 65+ | Individuals receiving SSDI for 2+ years

Medicare is a federal government-sponsored healthcare program for seniors and individuals with long-term disabilities. An individual may qualify for Medicare if they meet *one* of the following criteria options:

(a) They are 65 years of age
- ♦ Individuals must apply for Medicare up to three months before, and three months after, they reach 65 years of age (6 month window of open enrollment)
- ♦ Apply by calling or attending an in-person appointment with the Social Security Administration (SSA)
- ♦ Enrollment is automatic if the individual is already receiving social security retirement income
- ♦ If an individual has passed the 6 month window of open enrollment, they should contact the SSA for further information

(b) They have End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS)
- ♦ Apply by calling or attending an in-person appointment with the Social Security Administration (SSA)

(c) They have received Social Security Disability Insurance (SSDI) for more than two years
- ♦ SSDI is a federal insurance program designed to help provide income for people who cannot obtain gainful employment due to a disability
- ♦ For more information please see the Social Security Administration website: ssa.gov/disability

Note: Individuals that qualify for Medicare also qualify for options counseling via the State Health Insurance Program (SHIP). Options counselors may discuss various services and supports available to an

individual and how to become enrolled in in such programs. Call 1-888-696-7213 to connect with a counselor in the local area.

Application Process

Within the Medicare system, respite care is defined as "short-term intermittent in-home care". The need for in-home care must be documented and improvement must be demonstrated as a result of prescribed care. Medicare does not offer access to long-term regular respite care. Rather, "short-term intermittent in-home care" is intended to provide acute in-home rehabilitative treatment following a health-related incident or change in a Medicare recipient's personal health. This can act as respite care to family caregivers of those that qualify for Medicare.

To qualify for respite care, a Medicare recipient must complete the following steps:

(1) Be currently enrolled in Medicare
(2) Attend an in-person appointment with a doctor
(3) Explain why short-term in-home care is needed, demonstrating a need for skilled care
    - Skilled care services refer to care that requires a medically trained professional, such as a Certified Nurse Assistant (CNA). Examples of skilled care include: injections; enteral "tube" feeding; treatment of extensive skin conditions; application of prescription dressings
(4) If eligible, the Doctor may formally document the need for *skilled* care
(5) The individual may begin to receive in-home care
    - In-home care may act as respite care for the family caregiver
(6) For in-home care to continue, the individual receiving care must be able to demonstrate improvement

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

Who: Individuals aged 55 and over | Meet income requirements | Need assistance with 2+ ADLs

The Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical and social services to frail, community-dwelling older adults, most of whom are dually eligible for Medicare and Medicaid benefits. PACE supports older adults to remain in the community rather than receive care in a nursing home or other facility. PACE participation is client-directed and allows individuals to determine the services and activities they choose to engage in.

PACE programs provide one location for enrollees to receive the majority of their long-term care. This includes primary physician appointments, mental health services, dental services, picking up prescriptions, seeing a physical therapist and more. PACE centers also provide meals and scheduled social activities that enrollees may choose to participate in. Door to door transportation is available whenever the center is open and can be arranged to take enrollees to specialist medical appointments and other health-related necessities. With physician approval, PACE allows for some in-home care, in

the form of homemaker and personal care assistance. This in-home care can provide respite to the family caregiver.

PACE programs are provided regionally by different organizations. Individuals can leave the program at any time. Individuals cannot be enrolled in PACE and also receive Medicaid HCBS waiver services. PACE is not available in all areas of Colorado but programs are expanding. To find local PACE programs and service centers, please see the Colorado Department of Health Care Policy and Financing website: https://www.colorado.gov/pacific/hcpf/program-all-inclusive-care-elderly

For more information on PACE, please refer to the Medicaid and Colorado Department of Healthcare Policy and Financing websites: https://www.medicaid.gov/medicaid/ltss/pace/index.html | https://www.colorado.gov/pacific/hcpf/program-all-inclusive-care-elderly

While enrolled, respite care is available daily through PACE program day centers. PACE offers programming, meals, socialization and planned activities during the center's business hours.

PACE benefits also cover overnight short term respite care in the following instances:

(a) Medical respite care
- When the family caregiver needs medical care, i.e. after an accident, the birth of a child, or a planned surgery
  - This care is unlimited in hours and units
  - Care is provided by an appropriate medical facility

(b) Social respite care
- When the family caregiver feels like they need an intermittent break
  - This care is capped at 30 days/nights (counted in 24-hour periods) per calendar year
  - Care is provided in a skilled nursing facility that accepts this funding

Enrolled PACE participants and their caregiver(s) should contact their social worker to arrange overnight respite care services. Each participant is assigned a social worker once enrolled in the PACE program.

Application Process

Interested older adults should complete the following steps to apply for the Program of All-Inclusive Care for the Elderly (PACE):

(1) Contact regional PACE provider organization
(2) Application and assessment
- PACE staff will assist the older adult in applying to PACE and to Medicaid/Medicare, including completing forms and necessary documentation
- A functional assessment is completed by the individual's regional Single Entry Point (SEP) agency to determine assistance in two or more activities of daily living.
  - The assessment is completed in the individual's home
  - Applicants should be as honest as possible about the level of care they require to complete any ADLs. Individuals may try keeping a daily care and activity journal to make sure they do not downplay or over-emphasize need

(3) Application determination

- This process can take up to 30-45 days. PACE program staff will notify the applicant when a decision has been reached
- If denied, applicants may appeal the decision with directions for appeal process provided at time of denial

(4) If accepted and where available, start receiving respite care and other services on the first day of the following month!

U.S. ARMED FORCES

Who: Individuals enrolled in the U.S. Armed Forces | Families and caregivers

The U.S. Armed Forces offers medical benefits coverage to military service personnel. Medical coverage is administered by TRICARE, which provides benefits for Active Duty personnel, Retirees, Reservists and Guard members called to Active Duty, and some family members. Respite care may be available for family caregivers of active duty personnel injured in the line of duty, and for active duty personnel who care for a family member with special health care needs.

For more information on TRICARE, including eligibility and application information, visit: https://tricare.mil/; or call TRICARE West (for Colorado residents) via Health Net: 1-844-866-9378.

RESPITE CARE WHEN SERVICE MEMBER RECEIVES CARE SERVICES

TRICARE covers respite care for the primary caregiver of active duty, Guard and Reserve service members injured in the line of duty. This includes any injury that has resulted or may result in a physical disability or behavioral/mental condition, including those that result in the service member being homebound. Respite care may be available to support the service member's primary caregivers, defined as anyone who provides caregiving assistance at home.

In order to qualify, the family caregiver must assist with frequent interventions required by the individual receiving care, for their health and wellbeing. For instance, if the family caregiver has to get up at least twice during the night to provide care. For qualifying family caregivers, respite care is available up to 8 hours per day, 5 days per calendar week. There are no out of pocket costs and no caps to this benefit.

To access respite care benefits, the need for respite care must be approved by the service member's case manager, or another approving authority such as a referring military hospital or clinic, or TRICARE Area Office. Service members and their families interested in accessing respite care should contact their case manager, or discuss this option with a TRICARE representative or medical professional during an office or medical visit. For more information on respite care as a TRICARE benefit, please visit: www.tricare.mil/respite

RESPITE CARE WHEN SERVICE MEMBER IS A FAMILY CAREGIVER

Respite care is available to support military service members who have immediate family members with qualifying special healthcare needs. This benefit is available through TRICARE supplemental programs. In order to apply for these programs, service members typically must first be registered in the Exceptional Family Member Program (EFMP). EFMP offers family support and case management to assist with identifying and accessing available services, both within the military and the wider community. EFMP also allows for assignment coordination, which considers family members' needs, including access to appropriate medical and educational services, during international and domestic relocation.

In some military locations, respite care is available for families enrolled in EFMP on base. Interested families should inquire with their EFMP case manager.

Additional information on EFMP, including eligibility and application instructions, is available: www.militaryonesource.mil/-/the-exceptional-family-member-program-for-families-with-special-needs and www.efmp.amedd.army.mil/index.html. A reference guide, dated September 2016, is also available: http://download.militaryonesource.mil/12038/MOS/ResourceGuides/EFMP-QuickReferenceGuide.pdf

Extended Care Health Option (ECHO)

Respite care services are also available for active duty personnel with a family member with qualifying physical or behavioral disabilities, via the TRICARE Extended Care Health Option (ECHO). ECHO provides supplemental services beyond those covered by typical TRICARE benefits. Up to 16 hours of in-home respite care is available to primary caregivers of qualifying ECHO recipients. This benefit is only available in the United States and U.S. Territories. Additional respite care may be available if the individual receiving care qualifies for ECHO Home Health Care (EHHC); see below for details.

ECHO is available to active duty family members and family members of activated National Guard/Reserve members who are enrolled in TRICARE and are diagnosed with a qualifying physical or behavioral condition. Other individuals may also qualify. Families interested in the ECHO benefit should discuss this option with their EFMP case manager. Full eligibility criteria can be found at: https://tricare.mil/echo or by calling 1-844-866-9378.

ECHO Home Health Care (EHHC)

ECHO Home Health Care (EHHC) provides skilled services to ECHO beneficiaries who are either homebound, or who need more than 28-35 hours per week of home health services or respite care. Caregivers of loved ones who meet EHHC criteria may receive up to 40 hours per week (8 hours per day, 5 days a week) of respite care. Other available EHHC services include in-home skilled nursing care, physical, occupational and speech-language therapies, medical social services, and supplies and teaching and training activities. This benefit is only available in the United States and U.S. Territories. Typical ECHO and EHHC respite benefits cannot both be used in a single calendar month.

Families interested in the EHHC benefit should discuss this option with their primary care manager and/or attending physician, to receive a referral. More information on EHHC is available at:

https://tricare.mil/Plans/SpecialPrograms/ECHO/Benefits and
https://tricare.mil/Plans/SpecialPrograms/ECHO/EHHC

U.S. DEPARTMENT OF VETERANS AFFAIRS (VA)

Who: Veterans of U.S. military services | Families/caregivers of veterans

The U.S. Department of Veterans Affairs (VA) provides veterans and their families with benefits, health care services and support. The VA is split into three main departments – the Veterans Health Administration, the Veterans Benefits Administration and the National Cemetery Administration. These three departments administer health/life insurance, medical services and treatment, medical research, disability compensation, pensions, survivor benefits and more.

There are a number of avenues that VA beneficiaries can use to access respite care. Health and benefit services vary by a number of factors including: location; medical need/disability, income, service duration and location, and injuries sustained.

VA HEALTH BENEFITS

All veterans enrolled in VA health benefits and who have been assigned a primary care provider can access respite care. Depending on the veteran's disability status and income, they may be required to pay a variable co-pay for respite care services.

Individuals that served in active military service and were separated under any condition other than dishonorable may qualify for VA health care benefits. For more information on eligibility, and options for veterans who received any other than honorable, bad conduct, or dishonorable discharge, please see this website: https://www.vets.gov/health-care/eligibility/

Access and level of support available to veterans depends on various factors, including their service history, medical need, and income level. A large component of this is the VA "disability rating". This rating describes how much a veteran's service-connected disability impacts their daily life. A service-connected disability is an injury, disease, or condition that occurred or was made worse during military service. Disability ratings range from 0%–100%, with a higher percentage indicating greater impact. Disability ratings are determined through the Benefits Administration.

All veterans enrolled in VA health benefits can access respite care, but those with a higher disability rating receive priority and will likely have a lower co-pay, or no co-pay at all. Veterans interested in applying for and enrolling in VA Health Care, and Disability Compensation (including getting a disability rating) may do this online, over the phone, in person, or by mail. Veterans do not need a disability rating to receive respite care services.

VA Health Care:

Website: www.vets.gov/health-care | Health Care Line: 877-222-8387 (press 2) | In person/by mail: Local VA Medical Center. Find a local facility at: https://www.vets.gov/facilities/

VA Benefits:

Website: vets.gov/disability-benefits | VA Benefits Line: 800-827-1000 | In person/by mail: Veteran's Regional Benefits Office or local Veteran Service Organization (VSO). Find the local facility at: https://www.vets.gov/facilities/

Veteran Service Officers (VSO) may assist with VA Benefits applications. Individuals can search for their county VSO via the Colorado Vision of Veterans Affairs website: https://www.colorado.gov/pacific/vets/county-veterans-service-officers

Application Process

Veterans and their caregivers may apply for in-home, center-based (day), and/or overnight respite care. To begin receiving respite care services, veterans should complete the following steps:

(1) Contact social worker or case manager
    - Veterans may use https://www.vets.gov/facilities/ to find the closest regional medical center. Ask for a social worker, and Indicate interest in respite care services. In some circumstances, veterans will be assigned a case manager
(2) Respite care application
    - The social worker or case manager will help the veteran complete necessary paperwork
    - A physician may be required to write a prescription for respite care. If this is the case, the social worker will assist
(3) Determine funding
    - The co-pay will be determined by the type of respite desired (in-home, center-based day, overnight), disability status and veteran's income
(4) Receive respite care services! (If available)

PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS

The Program of Comprehensive Assistance for Family Caregivers provides assistance to family caregivers of veterans injured on or after September 11, 2001, who need assistance to complete their activities of daily living such as bathing, dressing, and eating. Veterans must be "actively enrolled" with the VA Health Administration to be eligible. Active enrollment is equal to attending at least one doctor visit per year. Caregivers must be at least eighteen years old and either live with the veteran full time or be a relative. Multiple caregivers of the same veteran may receive support.

The program provides veterans and family caregivers with a minimum of 30 days of respite care services per calendar year. The program also provides family caregivers with a stipend, training supports, health services, mental health counseling, and other services. This is a program of recovery and is intended to be temporary.

For more information on the program, visit the U.S. Department of Veteran Affairs website at: https://www.caregiver.va.gov/support/support_benefits.asp.

Caregivers may review eligibility online at: https://www.va.gov/healthbenefits/resources/Caregiver_Eligibility_Check.asp.

To apply, individuals should contact their local Caregiver Support Coordinator, which can be found here: https://www.caregiver.va.gov/help_landing.asp.

Caregivers of veterans can call the VA Caregiver Support Line at: 1-855-260-3274.

AID & ATTENDANCE (A&A) AND HOUSEBOUND

Veterans and survivors who are eligible for a VA pension and require the aid and attendance of another person, or are housebound, may be eligible for additional monetary payment. These funds are available for veterans to use as they wish. Veterans and their caregivers may choose to spend these extra pension funds on respite care services.

Since Aid & Attendance (A&A) and Housebound allowances increase the pension amount, people who are not eligible for a basic pension due to excessive income may be eligible for pension at these increased rates. A veteran or surviving spouse may not receive Aid & Attendance benefits and Housebound benefits at the same time.

Aid & Attendance (A&A)

The Aid & Attendance (A&A) increased monthly pension amount may be added to the monthly pension amount if the following conditions are met:

- Individual receiving care requires the aid of another person in order to complete activities of daily living (ADLs) such as eating, bathing, and dressing
- Individual's disability requires them to remain in bed apart from any prescribed course of treatment
- Individual receiving care is a patient in a nursing home due to mental or physical concern
- Individual's eyesight is limited to a corrected 5/200 visual acuity or less in both eyes; or concentric contraction of the visual field to 5 degrees or less

Housebound

This increased monthly pension amount may be added to the monthly pension amount when the individual receiving care is substantially confined to the immediate premises because of permanent disability.

Application Process

(1) Check eligibility and apply for a pension (if the veteran does not already receive a pension)
    - ♦ Pension eligibility and application is determined and administered by the Benefits Administration
    - ♦ Contact the Benefits Administration
(2) Compile report demonstrating eligibility for A&A **OR** Housebound
    - ♦ Request a report from a physician demonstrating the need for Aid and Attendance **or** Housebound care
    - ♦ The report should include sufficient detail to determine whether there is disease or injury producing physical or mental impairment, loss of coordination, or conditions affecting ADLs
    - ♦ The report should indicate the individual's level of mobility, their daily activities, and which tasks they are able to complete. It is necessary to determine whether the veteran is confined to the home or immediate premises
    - ♦ Include any copies of evidence that support the report
    - ♦ For more advice on what this report should look like, veterans should contact their regional benefits office. This can be found using: https://www.vets.gov/facilities/
(3) Submit report:
    - ♦ By mail, to the Regional Pension Management Center (PMC):
        - St. Paul VA Regional Office, Department of Veterans Affairs, Claims Intake Center, Attention: St. Paul Pension Center, PO Box 5365, Janesville, WI 53547-5365
    - ♦ In person, at the local Regional Benefits Office
        - Locate using https://www.vets.gov/facilities/
(4) If approved, receive increased stipend. Veterans and their caregivers may choose to use these funds to pay for respite care services!

WOODWARD RESPITE CARE FUND

Who: Individuals age 50 and above | Chronic or terminal condition | Denver Metropolitan area resident | Live in caregiver

The Woodward Respite Care Fund is designed to offer support, encouragement, and hope to caregivers by providing information on resources and a stipend to pay for respite care services. Funds are intended for the temporary relief of any physical or emotional stress a live-in caregiver may be experiencing as a result of an extended period of caregiving to a homebound family member or close friend.

The fund provides a maximum stipend of $1,000 to be used for respite care services. Applications are reviewed monthly and funds must be used within six months of receiving the stipend.

A caregiver may qualify for the Woodward Respite Care Fund if they meet the following eligibility requirements:

- ♦ The individual receiving care must require continuous, ongoing care due to a chronic or terminal medical condition, and be an adult aged 50 years and over

- The caregiver and the person for whom they provide care must live in the same household in the Denver Metropolitan area. This includes Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Elbert, Jefferson and Larimer counties
- Although there is no set criteria, financial situation, age, the physical and emotional needs of the caregiver, and duration of prior caregiving are all taken into account

Refer to www.woodwardrespitecare.org or call 303-446-0079 for up to date application materials and guidelines. Respite care fund applications are accepted on at all times with applications reviewed monthly. Funds can be used for whatever respite needs are most appropriate, including day programs, in-home care, overnight short-term nursing facility, and case management services to help the caregiver utilize community resources. Funds may not cover ongoing long term care services, medications, equipment, therapy or other direct patient needs. Caregivers schedule respite care services themselves, and may only apply for the Woodward Respite Care Fund once.

SECTION 3 - COMPENSATION FOR CAREGIVING

AN OVERVIEW OF GETTING PAID FOR PROVIDING CARE

Family caregivers providing unpaid care for their relative or friend with special needs may have the opportunity to be reimbursed for some of their time spent caregiving. Such opportunities may benefit primary caregivers and/or secondary caregivers, such as extended family members or friends. There are a variety of benefits within Health First Colorado (Colorado's Medicaid Program) and the Veterans Administration (VA) that enable family caregivers to receive financial compensation for caregiving duties. Many of these programs offer autonomy to the care receiver by empowering individuals to direct their own care and choose their own paid caregiver.

THE REASON AND VALUE

The costs of long-term caregiving can impact a caregiver's health, family dynamics, personal relationships and financial situation. Family caregivers may have to reduce working hours or give up jobs in order to provide care to a loved one, or to cover the costs of medical appointments, equipment and medications, home modifications, and other healthcare costs. By receiving a wage or stipend for qualifying caregiving hours, family caregivers may be able to increase their income to be used however they choose!

THE OPTIONS

There are six different options that care receivers and caregivers can consider:

For Medicaid recipients and their families:

- Family Caregiver
- Family Member as a Certified Nursing Assistant (CNA)
- In Home Support Services (IHSS) Attendant
- Pediatric Personal Care
- Consumer Directed Attendant Support Services (CDASS)

For Veterans and their families:

- Veteran-Directed Home and Community-Based Services (VD-HCBS)
- Comprehensive Assistance for Family Caregivers Program

Individuals should be aware that these options and benefits programs do not provide caregivers with a full time salary. It is extremely unlikely that caregivers will be compensated for all of their time providing care. Many of these programs act as supplemental income sources. In many cases, these options provide an avenue for caregivers to be reimbursed for some of the time that they *already* spend providing care. Eligibility requirements and the type of care supported by these programs differ. Each

program has varied benefits, but may not be appropriate for all eligible candidates. Individuals should carefully consider their care arrangements and discuss possibilities with their support network and case manager, if possible.

Payment for services is incorporated into the individual's existing Medicaid or Veterans Health/Benefits program with no out of pocket fees. An individual's Medicaid or VA program may involve funding for in-home respite care. The options and benefits outlined in this section allow family and friends of individuals receiving care to be formally hired as paid in-home respite care providers, rather than hiring an unknown provider from an agency. Then, caregivers are reimbursed for time spent providing qualifying care activities, as permitted by the care receiver's individual Medicaid or VA HCBS care plan.

Note: This section is NOT for those who wish to become a respite provider or start a respite agency. This is for informal/unpaid family caregivers who already provide care for an individual with special health care needs, or who would like to provide such care to a friend or relative requiring assistance, and wish to receive financial compensation.

Option	Care Receiver Is…	Type Of Care	Key Elements
Family Caregiver	On one of the following Medicaid HCBS waivers: Child: CES Adult: SLS, DD	Non-skilled care	♦ Family caregiver(s) hired and paid by an agency to complete non-skilled care tasks
Family Member as a CNA (Certified Nursing Assistant)	On Medicaid (Health First Colorado members)	Skilled care	♦ Family caregiver trains and certifies as CNA ♦ Agency hires CNA and pays for care provided
In-Home Support Services (IHSS) Attendant	On one of the following Medicaid HCBS waivers: Child: CHCBS Adult: EBD/SCI	CHCBS: Skilled care health maintenance EBD/SCI: Health maintenance (skilled care), personal care, homemaker services	♦ Medicaid waiver recipient selects, trains and manages care attendant, directs own care services, or assigns an Authorized Representative ♦ Agency hires and pays care attendant
Pediatric Personal Care	On Medicaid (Health First Colorado members); Age 20 or younger	Non-skilled care: Often cognitive or behavioral support	♦ Friend or relative (not parent or legal guardian) of individual receiving care is paid for performing personal care tasks ♦ Agency hires and pays caregiver
Consumer-Directed Attendant Support Services (CDASS)	On one of the following adult Medicaid HCBS waivers: BI/CMHS/EBD/SCI/SLS	Health maintenance (skilled and non-skilled care), personal care, homemaker services	♦ Health First Colorado member (individual on waiver) directs own services, or assigns an Authorized Representative ♦ This includes hiring, training, managing and setting rates of pay for caregiving attendants ♦ FMS provider acts as payroll and HR on behalf of the member
Veteran-Directed Home and Community-Based Services (VD-HCBS)	Veteran; enrolled in VA health care system; lives in a VD-HCBS service area; at risk of nursing home placement	Homemaker services, personal care assistance	♦ Veteran directs own services, or assigns an Authorized Representative ♦ This includes hiring, training, managing and paying caregiving attendants ♦ FMS provider acts as payroll and HR on behalf of the member
Program of Comprehensive Assistance for Family Caregivers	Veterans who were injured on or post September 11, 2001, during active duty	Assistance with activities of daily living (such as bathing, dressing, eating)	♦ Family caregiver(s) are provided with a stipend to support their care ♦ Family caregiver(s) also provided with access to physical and mental health resources

Note: In some consumer-directed benefit options, an Authorized Representative (AR) may be assigned to manage and direct an individual's care on behalf of that individual. An AR may be any adult able to perform the duties required by an AR, including choosing and hiring a care attendant(s), directing a care plan, and managing a budget. An AR may not be paid for these duties, and cannot also be an individual providing care (an attendant). An eligible Health First Colorado member who is interested in a consumer-directed benefit option, but who feels that they are unable to complete these duties, may assign an AR.

Note: One aspect of the CDASS and IHSS Attendant benefit options is that the Nurse Practice Act is waived. This allows the individual receiving the Medicaid benefit to hire whoever they want to perform skilled care tasks, regardless of their professional qualifications. Typically, only licensed professionals (i.e. a RN or CNA) are permitted to perform skilled care tasks. By waiving the Nurse Practice Act, it opens the door for individuals to receive care from their family, friends and loved ones, and for this care to be paid.

WHO HIRES THE CAREGIVER – Overview of major compensation program differences

One of the most important differences between these options and benefits is *who hires the caregiver*. Program eligibility and function may also differ. In some instances, family and informal caregivers are hired by agencies, and paid for the caregiving services they provide. In others, individuals receiving care manage their own care plan, which includes selecting, hiring and paying caregivers. In both cases, caregivers and individuals receiving care have the option to arrange services so that the employed caregiver is the same individual who already provides care services, enabling them to receive payment.

Hired by Agency	**Hired by Individual Receiving Care**
Family Caregiver	Consumer Directed Attendant Support Services (CDASS)
Family Member as a CNA (Certified Nursing Assistant)	Veteran-Directed Home and Community-Based Services (VD-HCBS)
In Home Support Services (IHSS) Attendant	
Pediatric Personal Care	

Note: The Comprehensive Assistance for Family Caregivers Program provides a stipend directly to family caregivers for their care services. No one is formally hired to provide care, unlike the other compensation for caregiving options. Please see the section on this program for more information.

Hired by Agency

In four options – Family Caregiver, Family Member as a CNA, In Home Support Services (IHSS) Attendant, and Pediatric Personal Care – the caregiver must be formally hired by an agency. **This may involve participating in required trainings as administered by the agency, or licensing that agencies often**

support, along with other staff onboarding requirements. The type of agency differs between each option: home health, in-home support services; personal care. Click the link for further information on each type of agency, and for current listings of Medicaid-certified agencies from the Colorado Department of Health Care Policy and Financing (HCPF). (https://www.colorado.gov/pacific/hcpf/home-health-program/ https://www.colorado.gov/hcpf/in-home-support-services/ https://www.colorado.gov/pacific/hcpf/pediatric-personal-care-services-provider-list).

All agencies operate under varying policies and procedures. Caregivers who are interested in these programs as potential employees should carefully consider a number of agencies to evaluate which might be the best fit.

Questions to ask agencies might include:

- What is the employee typical wage? Are there possibilities for wage increases? What about overtime?
- Do employees receive a full benefits package (insurance, PTO, etc.)? Are benefits only for full-time employees, or do part time employees qualify?
- Do employees receive training? What does this look like?

Note: Some provider agencies are certified as Program Approved Service Agencies (PASAs). PASA agencies may provide services to individuals receiving Medicaid benefits, whereas non-PASA agencies must take clients who are able to private pay. Compensation for caregiving options that are available to Medicaid recipients, including those on HCBS waivers, and their families, must be hired by a PASA to be paid for providing services. For more information on PASAs, please see the Glossary.

Hired by Individual Receiving Care

In two other options – Consumer Directed Attendant Support Services (CDASS) and Veteran-Directed Home and Community-Based Services (VD-HCBS) – caregivers are formally employed and paid by the individual receiving care. Based on this individual's needs, they are given a monthly allocation of funds to utilize in managing their care. This involves hiring, training and managing care attendants, and using a Financial Management Services (FMS) provider to assist with payroll and paperwork. The individual receiving care can delegate these responsibilities to an Authorized Representative.

Caregivers and individual receiving care wishing to use CDASS or VD-HCBS should thoroughly discuss potential benefits and drawbacks of the programs, and what their formal working relationship will look like. These conversations may involve questions such as:

- What wage will the care receiver offer the caregiver?
- What training will be offered and/or required?
- Does the care receiver plan to hire more than one caregiver? If so, how will working hours be distributed?

Note: CDASS and VD-HCBS are both consumer-directed benefits, meaning that the care receiver is enabled to direct and make decisions about their own care. An aspect of consumer-directed benefits is that the individual receiving care, or their authorized representative, hires and pays their caregiver(s). The IHSS Attendant benefit is also consumer-directed, and individuals receiving care are responsible for

selecting, training and directing their attendant, much like CDASS and VD-HCBS. However, in the IHSS Attendant benefit, it is the IHSS agency – not the individual receiving care – who formally hires and pays the caregiver.

FAMILY CAREGIVER

The Family Caregiver option is a delivery method for services available within the following Medicaid HCBS waivers. The FCA allows family caregivers of individuals on these waivers to be paid for non-skilled care tasks covered by the waiver:

Children's Waivers	**Adult Waivers**
Children's Extensive Supports (CES)	Supported Living Services (SLS)
	Persons with Developmental Disabilities (DD)

Historically, family caregivers have always been able to be paid for supports covered by the SLS and CES waivers. The DD waiver, however, did not allow this service delivery option, and instead required that individuals receiving the DD waiver must live outside of the family home. The Family Caregiver Act (FCA) was passed in 2011, allowing family caregivers of individuals receiving all three of the waivers listed above to be paid for qualifying care tasks, as an agency employee.

To use the Family Caregiver service option, the individual receiving care must already be enrolled in the relevant HCBS waiver, and caregivers must be at least 18 years old. Caregivers may be any adult relative or friend of the individual receiving services, except the parent or other legally responsible person of a minor receiving the CES waiver, and the spouse of an individual receiving either the SLS or DD waiver.

Family caregivers must be hired by a PASA to provide non-skilled care services permitted by the waiver. The level of care, and the number of qualifying care hours permitted, remain the same as they would if provided by a non-family member agency employee. This is determined when the individual applies for the relevant HCBS waiver. Individuals may qualify for a variety of hours per week of non-skilled care tasks, based on the their needs. In some cases, multiple family caregivers may be hired by an agency to provide services. In this case, the number of available weekly non-skilled care hours will be divided between caregivers.

Note: In some cases, family members may be simultaneously hired through the Family Caregiver option to provide non-skilled tasks, and through the Family Member as a CNA option to provide skilled care tasks. Individuals should speak to their case manager about this possibility.

<u>Application Process</u>

Family caregivers interested in the Family Caregiver option should complete the following steps, after being enrolled in the appropriate waiver. For more information on HCBS eligibility and application, see the Medicaid HCBS Waivers section:

(1) Consult case manager
    - Families should first consult with their case manager, provided by the Community Centered Board (CCB) that processed the Medicaid recipient's HCBS waiver
    - Case managers can discuss the Family Caregiver and other appropriate service delivery options
(2) Request For Proposal (RFP)
    - Case manager puts out an RFP to all PASAs, requesting an agency that will hire family members under the Family Caregiver option
    - RFP results are sent to the family, to follow up with available PASAs. Communication regarding wages, agency staffing requirements, and other elements of being hired by an agency are between the PASA and the family, not the case manager
    - Alternatively, families may search for appropriate PASAs independently, and after hiring should tell their case manager to follow up with that PASA
(3) Employment by PASA
    - Once families have chosen an appropriate PASA that agrees to hire them, they must complete all onboarding and staffing requirements required of the agency
    - Family caregiver is formal employee of the agency
    - Family caregiver completes non-skilled care tasks, along with other routine care that they may provide as a family caregiver
(4) Receive payment
    - PASA pays family caregiver an hourly wage for a pre-determined number of care hours per week, as determined by the individual receiving care's HCBS waiver allocation

Note: Outside of the formal Family Caregiver option, some additional HCBS waivers allow family caregivers to be hired by a PASA and be paid to provide non-skilled care tasks for their loved one. Eligibility and options differ by HCBS waiver. Family caregivers interested in this option should consult their case manager via the CCB or SEP that administers their loved one's waiver.

FAMILY MEMBER AS A CNA (CERTIFIED NURSING ASSISTANT)

The family member as a CNA option enables family and friends of Health First Colorado members (individuals on Medicaid) to be paid for performing skilled care duties. The individual providing care services must be over 18 years of age, qualified as a Certified Nursing Assistant in the state of Colorado, and hired by a Medicaid-certified home health agency. There are agencies and programs in Colorado that support caregivers in becoming CNAs to obtain this benefit, or family caregivers can elect to do so of their own accord.

Individuals can find more information on this option via the Colorado Gov website: https://www.colorado.gov/pacific/cdphe/parents-their-childs-certified-nursing-aide-cna.

Note: This option is open to Health First Colorado members (Medicaid recipients) of any age and with any special health care needs, provided they qualify for skilled care tasks and the CNA meets requirements. This includes parents caring for children, adults caring for older adults, friends caring for their neighbor, and others.

A Certified Nursing Assistant is an entry-level medical professional qualification. CNAs typically report to a Registered Nurse (RN), and can perform a range of skilled care tasks, as instructed by the RN. Skilled care refers to care that requires some level of medical knowledge and ability. In this elective, family and friend CNAs can only be paid for time spent completing qualifying skilled care tasks. Other non-medical caregiving duties, such as companionship, behavioral interventions, or homemaker services do not qualify and therefore cannot be compensated.

Note: There are a number of agencies that will pay for family members to take the CNA course, provided the newly qualified individual works for their agency once qualified. While individuals wishing to provide care for their loved one as a CNA are welcome to become qualified independently through any accredited course or school, families can save money by going through such agencies. Please visit www.coloradorespitecoalition.org for a list of agencies that support the family member as a CNA option.

In order to determine the level of skilled care an individual requires, participating home health agencies use an assessment tool completed by a licensed medical professional. Depending on the results of the assessment tool, Medicaid will allot for a specific number of paid CNA service hours, up to 12 hours daily. These hours should equate to the amount of time it takes a typical CNA to perform the same tasks. The set hours are the hours that an individual is eligible to be paid for through these programs.

Application Process

Individuals wishing to become a CNA through a home health agency to receive hourly compensation for qualifying caregiving duties should follow these steps. The entire process typically takes two to three months, but this can vary by agency and time an individual takes to complete the CNA training.

(1) Select Home Health Agency
- Individuals can search for registered home health agencies using the Colorado Department of Health Care Policy and Financing (HCPF) provider locator: https://www.colorado.gov/hcpf/find-doctor
- Ask questions to find an agency that fits the individual's needs as an employee, and supports the family caregiver as a CNA option

(2) Assessment Tool
- An assessment is scheduled and administered by the home health agency in the family home
- The assessment is completed every 12 months in case of changes in the levels of supports needed
- Depending on the results of the assessment, the care receiver may be eligible for reimbursable CNA services up to 12 hours per 24 hour period

(3) CNA Qualification

- Individuals may choose to take the CNA course full-time or part-time. A full-time course typically takes about two weeks. Individuals must successfully complete all courses and trainings as required by CNA certification

(4) Employment by Home Health Agency
- CNA is formal employee of the home health agency
- CNA provides skilled care services in the home of the individual receiving care
- CNA must document hours spent providing skilled care services for home health agency, who must report to Medicaid

(5) Receive payment
- Home health agency pays CNA for hours providing skilled care services

IN-HOME SUPPORT SERVICES (IHSS) ATTENDANT

The IHSS Attendant option enables family and friends of individuals receiving certain Medicaid HCBS waivers to be paid for providing a variety of in-home support services. Individuals receiving care must be able to direct their own services or assign an Authorized Representative (AR), and receive one of the following Medicaid HCBS waivers:

Children's Waivers – Health Maintenance	**Adult Waivers –** Health Maintenance, Personal Care, Homemaker Services
Children's Home and Community Based Services (CHCBS)	Elderly, Blind, and Disabled (EBD)
	Spinal Cord Injury (SCI)

IHSS attendants may be any individual aged 18 or above. Individuals should also discuss this option with their case manager, provided by the Single Entry Point (SEP) agency with whom they applied for a Medicaid HCBS waiver.

For more information on qualifying and applying for Medicaid waivers, please visit our section on HCBS waivers.

For more information on in-home support services, please visit the HCPF website: https://www.colorado.gov/hcpf/in-home-support-services.

IHSS is a self-directed service option. While the agency is responsible for employing and paying the attendant, the individual receiving care is empowered to select and train their attendant and manage care services. The IHSS agency is also required to provide 24-hour back-up services, have a nurse on staff for supervision if needed, and provide additional support. IHSS enables a range of care duties to be reimbursed, including personal care, health maintenance and homemaker services. The Nurse Practice Act has been waived so that attendants can perform skilled medical care activities without a registered nurse license or nursing assistant certification. IHSS attendants should be able to demonstrate competency in all care tasks required.

Note: If the caregiver lives with the care receiver, then income received as an IHSS Attendant may be tax-exempt. Caregivers should consult their IHSS agency regarding this matter.

Note: Individuals who are eligible for both the IHSS Attendant and Consumer-Directed Attendant Support Services (CDASS) benefits may transfer between these options as they choose, if their needs or care situation change. For more information on the CDASS service delivery option, please see the appropriate section.

Case managers use a Care Plan Calculator to determine the amount of qualifying care hours that an individual may receive. The Care Plan Calculator assesses the number of hours per week that an individual requires care in the following three categories: homemaking; personal care (non-skilled); health maintenance (skilled). For individuals receiving the Children's Home and Community Based Services waiver (CHCBS), only health maintenance (skilled care) tasks are permitted. Once the authorized services are determined the case manager will make a referral to the IHSS agency an individual selects.

Application Process

Individuals seeking to qualify an IHSS Attendant through an agency to receive compensation for qualifying caregiving duties, should follow these steps:

(1) Inform individual receiving care's case manager of interest in IHSS
   - A SEP agency case manager will work with the individual to complete and collect all necessary paperwork
   - A SEP agency case manager will review the individual's care needs
   - The Care Plan Calculator is completed at enrollment and upon any changes in the individual's condition

(2) Determine In Home Support Services agency to work with
   - An up-to-date list of IHSS providers is available through HCPF: https://www.colorado.gov/hcpf/participant-directed-programs#IHSS
   - Ask the right questions to find an agency that fits the family caregiver's employment needs
   - SEP case managers can assist with this process

(3) Case manager will initiate a referral to the IHSS agency of choice
   - IHSS agency will schedule intake assessment to discuss desired supports and to complete a care plan. Once approved, the case manager will issue a start date for services

(4) Attendant(s) will be hired by In-Home Support Services agency
   - IHSS attendant is formal employee of IHSS agency. They will be added to the agency's payroll and must complete any staff requirements
   - Individual receiving care is responsible for selecting, training and managing the attendants
   - IHSS attendant provides care services as scheduled, in the home or community of the individual receiving care
   - Attendant must log hours spent providing care with IHSS agency

(5) Receive payment

- Agency pays IHSS attendant for hours providing care services, as determined by the Care Plan and authorized by the case manager
- Any changes in condition or hospitalizations should be reported to the case manager and agency immediately

Note: Individuals receiving care can change service delivery options at any time. If IHSS is not a good fit, families should speak to their case manager about exploring other options like agency-based care or CDASS.

PEDIATRIC PERSONAL CARE

The Pediatric Personal Care option enables Health First Colorado (Medicaid) members aged 20 years and younger to receive in-home non-medical support with daily living activities. This support may be provided by any adult relative or friend who is not legally responsible for the individual receiving care. This means that parents, spouses, and other legally responsible adults cannot be reimbursed for providing personal care services to their own children, spouses, or other dependent individual. The Pediatric Personal Care benefit is typically utilized by individuals who do not have medical support needs. Individual receiving care may require support in activities of daily living (ADLs), like bathing, dressing, meal preparation and toileting, or other non-skilled care.

Please see the Colorado HCPF website for more information:
https://www.colorado.gov/pacific/hcpf/pediatric-personal-care-benefit

An assessment is conducted over the phone to determine an individual's needs for personal care services. The assessment will assign a certain number of hours per day that an attendant may be reimbursed for personal care tasks. If an individual receives skilled care for a certain task or ADL, then the individual receiving care may not also receive personal care services to complete this task.

A Plan of Care Form must also be completed by the individual's doctor. The Plan of Care Form must prescribe in-home personal care services and describe in detail what services are medically necessary and how frequently.

Application Process

Individuals wishing to use the Pediatric Personal Care benefit to receive compensation for qualifying non-skilled caregiving duties should follow these steps:

(1) Choose a personal care agency
- Select an agency to coordinate and support the use of Pediatric Personal Care Services
- Individuals will find a pediatric personal care services provider list via HCPF: https://www.colorado.gov/pacific/hcpf/pediatric-personal-care-services-provider-list
- Ask questions to find an agency that fits the individual's employment needs

(2) Assessment Tool & Plan of Care Form
- The assessment tool is scheduled and administered over the phone by selected personal care providers
- The assessment tool is completed every 12 months in case of changes in the level of supports needed
- Plan of Care Form completed by individual's doctor, indicating diagnosis and demonstrating medical necessity of supports
- Personal care agency submits the assessment tool results and Plan of Care in an online Prior Authorization Request (PAR). The PAR process verifies that personal care services are medically necessary and appropriate

(3) Hired by personal care agency
- The selected Pediatric Personal Care provider is a formal agency employee. They will be added to the agency's payroll and must complete any staff requirements
- Pediatric Personal Care provider provides care services daily, in the home of the individual receiving care
- Pediatric Personal Care provider must document hours spent providing care with the agency. The provider should expect four in-home check-ins, completed by the agency, every 90-days to ensure proper delivery of services

(4) Receive payment for care services
- Agency pays Pediatric Personal Care provider for approved hours providing care services

CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS)

CDASS is a Medicaid HCBS waiver benefit that enables adults on specific Medicaid waivers to self-direct their care or assign an Authorized Representative (AR) to do so. CDASS recipients (individuals receiving care) seeking to use the CDASS benefit receive training on how to select, hire, train and manage attendants. They also receive training on how to work with a monthly budget determined by the individual's care needs, and work with a Financial Management Services provider to pay attendant(s). Individuals using the CDASS benefit may choose to hire one or multiple family caregivers to provide paid care as an attendant, who in many cases are already delivering care without payment. Individuals using the CDASS benefit can set rates of pay anywhere from minimum wage up to $39.30/hour.

Care attendants may be any adult who can demonstrate the ability to provide care tasks required by the individual using the CDASS benefit and who can successfully pass a criminal background check. When an Authorized Representative is utilized, that individual cannot also be the hired care attendant and cannot receive payment for AR assistance. An Approved Representative is an elective position that the individual receiving care appoints when necessary.

CDASS is available to Health First Colorado (Colorado's Medicaid program) members on the following Medicaid HCBS adult waivers:

Brain Injury (BI)	Community Mental Health Supports (CMHS)

Elderly, Blind and Disabled (EBD)	Spinal Cord Injury (SCI)
Supported Living Services (SLS)	

For more information on CDASS from the Colorado Department of Health Care Policy and Financing, please follow this link: https://www.colorado.gov/pacific/hcpf/consumer-directed-attendant-support-services

Note: Individuals who are eligible for both the CDASS and IHSS Attendant benefits may transfer between these options as they choose, if their needs or care situation change.

An annual care services budget is determined by the individual's case manager using a Task Worksheet. The Task Worksheet assesses the individual's level of required care for homemaking, personal care (non-skilled), and health maintenance (skilled) tasks, in terms of care hours per week, and produces an annual allotted dollar amount. This budget can be used to train and pay care attendants and is re-assessed on an annual basis.

The Consumer Direct Care Network Colorado (CDCNC) is a state-contracted organization that supports individuals seeking to utilize the CDASS benefit throughout Colorado. All Medicaid HCBS waiver recipients beginning CDASS must go through CDCNC training services. This mandatory training focuses on budgeting for care within the annual allocation, and billing and payout systems, but also covers best practices for employing providers, and how to create and manage a care plan. Trainings are available statewide and can be conducted over the phone or in-person. Training representatives will come to an individual's home or convenient location to provide trainings and support. If desired, the Consumer Direct Care Network Colorado also offers peer training – training by individuals already using the CDASS benefit through a Medicaid HCBS waiver. Peer trainers can offer personal experience and advice. Financial management support and employee benefits are available through agencies contracted with CDASS. Information on the required employment paperwork and payroll is covered in CDASS participant trainings.

The CDCNC will also assist the individual using CDASS to select a Financial Management Services (FMS) provider. FMS providers assists with paperwork associated with payroll, taxes, HR, and other legal requirements, and provides unemployment Insurance and workers' compensation insurance for every client.

Application Process

Individuals and families seeking to use the CDASS benefit should follow these steps:

(1) Inform Medicaid case manager of interest in CDASS
   - ♦ Individual must be qualified recipient of one of the adult waiver services that accepts CDASS, and must obtain a doctor's note stating they are in stable health

(2) Task Worksheet
   - ♦ Case manager completes the Task Worksheet with the individual receiving care. The Task Worksheet assesses the number of hours per week that an individual requires care in eligible

categories. The amount of care required in each category is equivalent to a dollar amount which translates to an annual care budget

- The Task Worksheet is completed at enrollment with updates at annual review and upon any changes in the individual receiving care's condition

(3) Case manager makes referral to CDCNC

- CDCNC provides training to the individual using the CDASS benefit, or their Authorized Representative
- Contact details: 844-381-4433

(4) FMS Enrollment

- Individual receiving care and their attendant(s) enrolled by FMS provider
- The FMS completes required background checks to ensure attendants are employable, and assists with all other necessary paperwork

(5) Utilization of CDASS Benefits

- The individual receiving care may hire as many care attendants as desired that can be managed within their budget. The individual receiving care may decide to hire a family caregiver as a paid attendant
- All individuals using the CDASS benefit must maintain a minimum of two attendants at all times
- The individual receiving care is required to ensure that their care attendants are properly trained

(6) Receive payment

- Attendant is paid for care services, by the FMS provider, at a rate decided by the individual using the CDASS benefit

VETERAN-DIRECTED HOME AND COMMUNITY BASED SERVICES (VD-HCBS)

Veteran-Directed Home and Community Based Services (VD-HCBS) enables eligible veterans to self-direct their own care services or assign an Authorized Representative (AR) to do so. It is intended to help veterans avoid or delay institutionalization and continue to live in their homes and communities for as long as possible.

Veterans enrolled in VD-HCBS receive a monthly care services budget, determined by the individual's care needs, with which they can hire, train and pay attendants, and purchase other medical necessities. They work with a Financial Management Services (FMS) provider to pay for these services, and may choose to hire one or multiple caregivers, who in many cases are already delivering care without payment, to provide this paid care. Attendants may be any adult who can demonstrate ability to provide the care tasks required by the veteran, and veterans can select multiple providers. If the veteran decides to assign an AR to manage and direct their care, this individual cannot also be a care attendant and cannot receive payment for their assistance.

Veterans interested in VD-HCBS must be eligible for or enrolled in the Veterans Health Administration (the Department of Veterans Affairs healthcare system), and must live in one of the regions covered by VD-HCBS programs. Not all regions of Colorado are covered by this system. The U.S. Department of

Veterans Affairs (VA) contracts with Aging and Disability Network agencies to provide case management and support to the veteran. . A veteran will be assigned a case manager, also called a coach or options counselor. For the purpose of this section, the term “case manager” will be used.

An Aging and Disability Network agency could be one of the following:

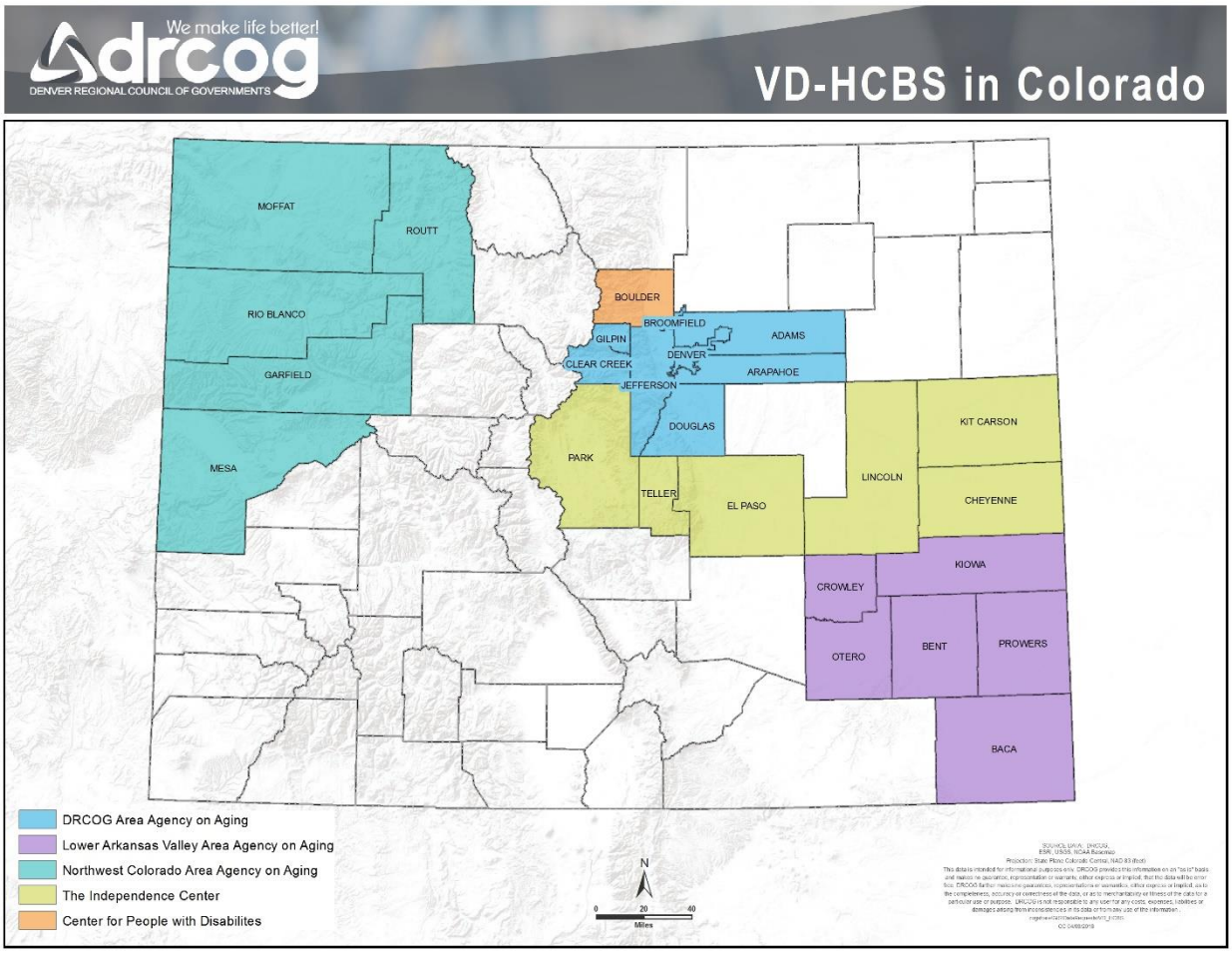
- Aging and Disability Resource Center (ADRC)
- Area Agency on Aging (AAA)
- Centers for Independent Living (ILC)
- State Unit on Aging (SUA)

All individuals enrolling in VD-HCBS programs must complete training with their Aging and Disability Network agency, conducted by their case manager. This mandatory training covers best practices for considering, selecting and managing providers, and how to budget for care within the annual allocation. Case managers will come to an individual’s home or convenient location to conduct the training.

VD-HCBS service regions are as follows, with each Aging and Disability Network Agency in bold:

DRCOG Area Agency on Aging: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson counties
Lower Arkansas Valley Area Agency on Aging: Baca, Brent, Crowley, Kiowa, Otero and Prowers counties
Northwest Colorado Area Agency on Aging: Garfield, Mesa, Moffat, Rio Blanco and Routt counties
The Independence Center: Cheyenne, El Paso, Kit Carson, Lincoln, Park and Teller counties
Center for People with Disabilities: Boulder

[MAP. THE FOLLOWING IS AN EXAMPLE MAP. ACTUAL WILL COME LATER]



For more information on the VD-HCBS program, please refer to the Administration for Community Living website: https://nwd.acl.gov/VD-HCBS.html

An annual care services budget is determined by the VA using the Case Mix and Budget Tool assessment. The Case Mix and Budget Tool assesses the individual's level of required care. The individual's case manager will further assess for functional needs, which are then translated into a monthly budget. This budget can be used to train and pay care attendants, and is re-assessed after six months of participation and annually thereafter. Any unused funds are rolled into a savings account which the veteran can access with case management authorization, in the case of illness or unexpectedly high care costs. The savings fund cannot be rolled over from year to year. The VA operates on the federal fiscal year which runs from October 1st – September 30th.

A Financial Management Services (FMS) provider is an organization that assists with the paperwork associated to payroll, taxes, HR, and other legal requirements. Contact the Aging and Disability Network Agency site for details.

Application Process

Veterans and their care networks seeking to use the VD-HCBS program should follow these steps:

(1) Veteran applies for VA Health Benefits, if they are not currently in the system
    - Veterans can apply by telephone, online, in person or by mail. A Veteran's Service Office can also assist in applying for VA Health Benefits
    - More information can be found here and via the VA website: https://www.va.gov/healthbenefits/apply/

(2) Veteran informs VA primary care physician or VA social worker of interest in VD-HCBS
    - The VA primary care physician or the VA social worker will enter a consult into the medical record alerting the VD-HCBS coordinator. Each VA medical center with an active VD-HCBS program will have a dedicated VD-HCBS coordinator to monitor the program

(3) Case Mix and Budget Tool assessment
    - The VD-HCBS coordinator will complete a review of the medical record and the Case Mix and Budget Tool assessment with the applying veteran
    - If determined to be eligible for the program, the VD-HCBS coordinator will submit for VA's financial approval. Once the VA approves, the VD-HCBS coordinator will refer the case to the Aging and Disability Network agency.
      ***Please note that these steps may take several months to complete*

(4) Intake with the Aging and Disability Network agency
    - The case manager will schedule an in-person visit to complete intake which may require several additional meetings
    - The case manager will complete an in depth functional assessment to determine additional needs.
    - The case manager will assist the veteran in identifying potential attendants. All attendants must successfully pass a criminal background check prior to being paid through VD-HCBS
    - The case manager will assist in developing the spending plan, which serves as the formal authorization for all spending in the program. This includes approved hours for all attendants and the approved goods and services purchased.
    - The case manager will submit the plan to the VD-HCBS coordinator for approval
    - The case manager will provide the training on how VD-HCBS operates throughout the intake process

(5) FMS Enrollment
    - FMS provider enrolls the individual receiving care and their attendant(s). FMS enrollment takes place concurrently with case management intake as described above
    - The FMS will provide the veteran/authorized representatives and their attendants with a series of employment and tax documents that must be completed prior to the veteran beginning services

(6) Utilization of VD-HCBS
    - The individual receiving care may hire as many care attendants as they desire, and can manage with their budget. They may decide to hire a family caregiver – who may have already been providing care services – as a paid attendant
    - The individual using the VD-HCBS benefit is required to ensure that their care attendants are properly trained

(7) Receive payment

- Attendant is paid for care services by the FMS agency, at a rate decided by the individual using the VD-HCBS benefit.

PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS

The Program of Comprehensive Assistance for Family Caregivers provides financial assistance to family caregivers of veterans injured on or after September 11, 2001, who need assistance to complete their ADLS. The family caregiver receives a stipend, and may also have increased access to respite care and services such as caregiver training and mental health counseling. The caregiver must be at least eighteen years old and either live with the veteran full time or be a relative. Veterans may appoint multiple caregivers to receive support.

Please see the Veteran section of this guide for more information.

This is a program of recovery and is intended to be temporary. For more information on the program, please visit the U.S. Department of Veteran Affairs website at: https://www.caregiver.va.gov/support/support_benefits.asp.

Caregivers may check their eligibility online at: https://www.va.gov/healthbenefits/resources/Caregiver_Eligibility_Check.asp.

Application Process

To apply, individuals should contact their local Caregiver Support Coordinator, which can be found here: https://www.caregiver.va.gov/help_landing.asp.

Alternatively, caregivers of veterans can always call the VA Caregiver Support Line at: 1-855-260-3274.

SECTION 4 – BECOMING A RESPITE PROVIDER

Being a respite care professional provider can be incredibly rewarding work. Respite providers can make a valuable difference in the lives of caregivers and individuals receiving care. There is currently a shortage of respite care providers in the state of Colorado, which can make it incredibly difficult for families and caregivers to find local respite care services – especially in rural areas. By becoming a respite provider, individuals can provide important services to individuals and families.

Colorado does not require a formal respite provider certification or endorsement. Most respite care professionals either work for an agency or as an independent provider. Individuals may be attracted to either option for various reasons. The following section outlines key differences between working for a respite care agency and as an independent provider that an individual seeking to become a respite professional may want to consider. However, this section is not intended to instruct individuals how to set up their own respite care agency or business. More information may be found at www.coloradorespitecoalition.org.

Individuals may want to offer respite care services as a volunteer, rather than as a paid professional. Prospective volunteers should reach out to respite care provider organizations to inquire whether they are in need of volunteer support. Nonprofit, community and faith-based respite organizations, in particular, often greatly appreciate volunteer service.

Individuals may use the Colorado Respite Coalition's free online Respite Locator to find respite care providers across the state: http://coloradorespitecoalition.org/respite-locator/index.php. Formal job openings are also posted on agency websites and other public job boards.

WORKING FOR A RESPITE CARE AGENCY

Respite care provider agencies include many types of organizations: for-profit companies; nonprofit organizations; community groups; and faith-based groups. They may provide a range of respite care services, though most agencies restrict their care parameters to certain ages, needs, or types of respite care. Individuals interested in working with clients of a particular age or special health care need, or seeking work in a particular setting, should search for agencies that reflect these interests. For more information, see the Types of Respite Care section here.

Agencies offer varying salaries and benefit packages to employees and may offer salaries based on training and experience level. Experience in direct service roles or in the health care industry may support an application, but is not necessarily required. Individuals looking for employment in the respite industry should identify a few agencies they are interested in working for and inquire about positions. Prospective applicants might also consider the benefits offered by various agencies, to compare potential supports. It may be pertinent to ask respite provider agencies the following questions:

- What is the employee typical wage? Are there possibilities for wage increases? What about overtime?
- Do employees receive a full benefits package (insurance, PTO, etc.)? Are benefits only for full-time employees, or do part time employees qualify?
- Do employees receive training? What does this look like?

- What is it like to work for X agency? Do other employees enjoy working for the agency?

One important distinction between respite provider agencies is whether an agency is a Program Approved Service Agency (PASA). PASAs are respite provider agencies that provide services that are reimbursable by Medicaid HCBS waivers. Non-PASA agencies can still provide a range of respite care services, but must take clients who are able to private pay. PASA certification impacts the clientele of respite care agencies, which prospective employees may want to consider.

For more information on PASA certification, please see the Colorado Department of Public Health & Environment (CDPHE) website: https://www.colorado.gov/pacific/cdphe/program-approved-service-agency-pasa.

For a complete list of all PASAs in the state of Colorado, see this Google Doc from CDPHE: https://docs.google.com/spreadsheets/d/1H6wku9Zgoxov_MoX7qD0RMu2glFYy3T4b5Z2-_JOmsg/edit#gid=459370783.

Individuals who are interested in working for a respite provider agency who can accept Medicaid clients may use this list to search for prospective employers.

Note: Multiple agency types may apply to become a PASA and do not always provide respite care services. For instance, the CDPHE Google Doc (link above) includes information on massage therapy, mentorship, vocational services, and more. Readers may download the full spreadsheet in an Excel file in order to make edits and/or remove non-pertinent information, and to improve search capabilities.

WORKING AS AN INDEPENDENT RESPITE PROVIDER

Independent respite providers are individuals who do not work for an agency, but provide respite care services independently. Anyone can become an independent respite provider. Independent providers trade employer support and benefits for the flexibility to set their own rates and hours. As long as providers do not wish to have services available to individuals using a Medicaid HCBS waiver, there is no requirement or certification needed to provide respite care services. Independent respite providers typically only serve private pay clients.

It is vital that independent respite providers ensure they have adequate training to meet the needs of the population(s) they choose to work with. All independent providers should carry personal liability insurance and document their earnings in order to file state and federal taxes. Many independent providers use platforms such as Care.com to advertise their services and find clients. Providers may also list themselves on the CRC's Respite Locator, at: http://coloradorespitecoalition.org/respite-locator/index.php .

In some cases, successful independent respite providers may wish to expand their reach by hiring additional staff. The CRC does not advise respite providers on this process, but may have additional resources and information at www.coloradorespitecoalition.org. If independent providers elect to provide respite care services under their own limited liability company (LLC) or other company body, this must be correctly registered with the state of Colorado, and all legal requirements must be met. The following resources may be useful to individuals interested in PASA certification:

- CDPHE: https://www.colorado.gov/pacific/cdphe/program-approved-service-agency-pasa.
- Arc of Colorado - http://www.thearcofco.org/advocacy/pasa.php
- Arc of Arapahoe and Douglas Counties - http://www.arc-ad.org/resources/videos/

TRAIN TO BE A RESPITE PROVIDER

There is no standardized or statewide certification or training requirement to be a respite provider in the state of Colorado. Most respite care agencies have mandatory staff trainings, some required by the state. However, these requirements and regulations are not respite-specific, or universal for all respite providers.

Requirements aside, respite providers – formal or informal – should always have adequate training to meet the needs of the individual(s) receiving care. It is necessary for providers to be fully capable of providing the required service to avoid uncomfortable or unsafe situations with clients, when working as an individual or for a respite agency.

The Colorado Respite Coalition and Easterseals Colorado have developed core competency recommendations for respite care professionals across the industry. These recommendations reflect the varying skill levels required by individuals with different special health care needs, across six competency areas. These recommendations are intended as a guideline for professionals, agencies and families. Please visit www.coloradorespitecoalition.org to see the up-to-date core competency skills recommendations.

Respite care providers can access education and training on caregiving from a number of sources, including in-person training events and courses, online classes, written resources, and supporting organizations. The Colorado Respite Coalition Resource Database is a free online tool that individuals may use to search for in-person and web based training opportunities across the state. Individuals and organizations that offer caregiver training and education may also add listings to the Resource Database, at no cost.

SECTION 5 – RESOURCES

State and community organizations that provide respite care may also provide other vital services and supports to caregivers, individual receiving care, and families.

REGIONAL AND STATEWIDE RESOURCES

- 2-1-1
- Aging and Disability Resources for Colorado (ADRC)
- Area Agency on Aging (AAA)
- Benefits Application Assistance
- Community Centered Board (CCB)
- Colorado Crisis Services
- Colorado Respite Coalition (CRC)
- County Human Services
- Disability Specific Groups
- U.S. Department of Veterans Affairs (VA)

2-1-1

Who: General public in search of community resources

2-1-1 is a national service providing information on available community resources, for anyone in need. 2-1-1 can connect callers with information and resources on food assistance, housing and shelter, health services, immigration and legal matters, and many other topics. Individuals who call the 2-1-1 phone number will be connected to a local resource specialist. Information is also available via an online database or through virtual communication.

Individuals seeking resources can dial 2-1-1 to get connected with a resource specialist.

Search the statewide database of community resources online at:
http://211colorado.communityos.org/cms/home

Text zip code to: 898-211

Click the live chat icon: http://211colorado.communityos.org/cms/home

AGING AND DISABILITY RESOURCES FOR COLORADO (ADRC)

Who: Individuals aged 18+ with disabilities | Individuals aged 60+ | Families and caregivers

The Aging and Disability Resources for Colorado (ADRC) provide information and referrals on a variety of long term services and supports available to adults with disabilities and older adults. Options counselors are available to offer personalized and impartial education and decision support regarding local resources for individuals and their caregivers.

ADRCs cannot provide funding for respite care or other services, but they may be able to connect individuals to community or grant funded options, including Area Agency on Aging (AAA) grant funded programs, along with private pay opportunities. The ADRCs are overseen by the State Unit on Aging and are often co-located with AAA.

ADRC services are available to any individual aged 60+ as well as to individuals aged 18+ with a disability or special health care needs.

Call the main ADRC hotline at 1-844-COL-ADRC (1-844-265-2372). Callers will be prompted to dial in their zip code, and will be transferred to the ADRC in their region.

AREA AGENCY ON AGING (AAA)

Who: Individuals aged 60+ | Family and caregivers of individuals aged 60+

The Area Agencies on Aging (AAAs) serve individuals aged 60+ and their families and caregivers through federal funding from The Older Americans Act. The Act requires that the AAA fund grant funded services to seniors such as transportation, delivered and congregate meals, caregiver support, in-home services, and other necessary services to increase independence in the community. The AAA also works to connect families with various community-based services and supports. AAAs offer case management and options counseling to help individuals navigate available assistance programs. AAAs are overseen by the State Unit on Aging. Service availability and funding differs by region and AAA.

There are 16 regional AAAs in the state of Colorado. Individuals should contact the AAA in the region that the older adult aged 60+ seeking services resides. To determine which AAA serves a specific county, please see the map below. Contact information for each AAA is also available.

[MAP & CONTACT INFO]

BENEFITS APPLICATION ASSISANCE

Who: Individuals applying for various benefits programs | Families and caregivers

Certified Application Assistance Sites (CAAS):

There are various organizations in Colorado that can assist with applications for medical and/or other public assistance benefits. Services offered and fees required vary by organization. Certified Application Assistance Sites (CAAS) are agencies that have been certified by the Colorado Department of Health Care Policy and Financing (HCPF). Different CAAS agencies assist with a variety of benefits applications.

For more information on CAAS, and how agencies become certified, please see the HCPF website: https://www.colorado.gov/pacific/hcpf/application-assistance-sites. HCPF has a directory of all CAAS agencies in the state of Colorado, which individuals may use to search for a local CAAS. This online portal allows users to access the directory with a mapping feature: https://apps.colorado.gov/apps/maps/hcpf.map

Easterseals Colorado Disability Benefits & Employment Services:

Easterseals Colorado also has a combined disability benefits and employment program. Disability Benefits & Employment Services provides application assistance for Social Security disability applicants; benefits counseling for Social Security disability recipients so they can make informed decisions about returning to work; and employment services for individuals with disabilities and other barriers to employment. Individuals should contact dintake@eastersealscolorado.org or 303-233-1666 x 230 for more information.

Colorado Program Eligibility and Application Kit (PEAK):

The Colorado Program Eligibility and Application Kit (PEAK) is a statewide online self-service portal that allows customers to screen and apply for benefits, and manage their account online. PEAK provides education about various public assistance programs, can help families navigate which benefits they might qualify for, and gives guidance through the application process. Colorado PEAK is available in both English and Spanish.

Individuals can access Colorado PEAK and set up an account via: www.colorado.gov/PEAK .

COMMUNITY CENTERED BOARD (CCB)

Who: Children and adults with intellectual/developmental disabilities| Families and caregivers

Community Centered Boards (CCBs) provide case management services to assist individuals in accessing necessary services and supports to meet their needs. Services include intake, eligibility determination, service plan development, arrangement for services, delivery of services, service and support coordination, monitoring, any safeguards necessary to prevent conflict of interest between case management and direct service provision, and termination and discharge from services. CCBs oversee the application process and service management for a number of Medicaid HCBS waivers for children and adults. CCBs work with individuals with intellectual/developmental disability diagnoses, who typically have an IQ of 70 or below. Such individuals may also have challenges with activities of daily living.

Though all CCBs receive funding through Medicaid, some Boards receive additional resources through Mill Levy and other funding streams. CCBs determine the use of these funds independently, and many offer family assistance programs, including respite care funds, outside of the HCBS waiver system. Each Community Centered Board offers different services, and individuals should contact their local CCB to learn more about what services and supports, including respite care, may be available.

There are 20 regional Community Centered Boards in the state of Colorado. Individuals should contact the CCB in the region that the child or adult seeking services resides. To determine which CCB covers which county, please see the map below. Contact information for each CCB is also available.

[MAP & CONTACT INFO]

COLORADO CRISIS SERVICES

Who: Individuals experiencing a mental health or substance abuse crisis, or needing emotional help | Individuals seeking related information, advice and services

Colorado Crisis Services is available to any individual experiencing any kind of crisis, including relationship problems, anxiety, depression, substance abuse, bullying, family issues, and suicidal thoughts. It is also available to friends, family and acquaintances of anyone experiencing a crisis to find information, resources and support.

The crisis line is operated 24 hours a day, 365 days a year by trained crisis counselors. Translation services are available for non-English speakers.

Call: 1-844-493-8255 | Text "TALK" to: 38255 | Chat via: www.coloradocrisisservices.org/chat

There are twelve walk-in crisis clinics statewide. All clinics are open 24/7, unless noted otherwise. For individuals who are unable to reach a walk-in clinic, a mobile clinic may be dispatched. This may be requested via the call, chat, or text options.

Metro Denver region:

Aurora | Anschutz Medical Campus, 2206 Victor Street

Boulder | 3180 Airport Road

Denver | 4353 E. Colfax Avenue

Lakewood | Union Square Health Plaza, 12055 W. 2nd Place

Littleton | Santa Fe House, 6509 S. Santa Fe Drive

Westminster | 84th Avenue Neighborhood Health Center, 2551 W. 84th Ave

Northeast Region:

Fort Collins | 1217 Riverside Ave

Greely | 928 12th St

Western Slope Region:

Grand Junction | 515 28 ¾ Road

Southeast Region:

Pueblo | 1310 Chinook Lane

Colorado Springs | 115 S. Parkside Drive

Colorado Springs | 6071 E. Woodman Rd Ste. 135** Aspen Pointe Woodman Walk-in Crisis Services clinic is open 7am – 11am, 7 days a week

COLORADO RESPITE COALITION (CRC)

Who: Family caregiver of individuals of all ages with any special health care needs

The Colorado Respite Coalition (CRC) is an allied network of families, agencies and community partners working to strengthen and support caregivers of individuals with special health care needs. The CRC strives to expand respite services in Colorado for all ages, across all special health care needs. The CRC is housed at Easterseals Colorado – a disability services nonprofit – and is overseen by the State Unit on Aging.

The CRC offers information and referrals to family caregivers seeking to access respite care or caregiver training and education across the state. The CRC offers a family respite voucher to provide financial assistance to help family caregivers, who are currently unserved or under-served by funding streams, access respite care. Individuals can use the online Respite Locator to find local respite care services, and search the online Resource Database to access training and educational resources. The CRC awards community grants to respite agencies to increase their capacity, and also administers training grants.

The CRC can also help family caregivers connect to caregiver support groups, education and other resources.

Want to get involved with the CRC? Join one of the five Regional Respite Coalitions around the state. Find out more: http://coloradorespitecoalition.org/local-efforts/index.php

Website: http://coloradorespitecoalition.org/index.php | Phone: 303-233-1666 x257

COUNTY HUMAN SERVICES

Who: County residents in Colorado

The Colorado Department of Human Services (CDHS) connects Coloradans to assistance, resources and support for independent living. For more information on CDHS on a statewide level, including services offered, please visit their website: https://www.colorado.gov/cdhs or contact them at 303-866-5700, or cdhs_communications@state.co.us.

At the local level, Colorado has a state-supervised and county-administered human services system. Under this system, county departments are the main provider of direct services to Colorado's families, children, and adults. Available services depend on the individual or family's county of residence. Some services may include benefits application assistance, respite care and other assistance for kinship, foster and adoptive services, and other caregiver support resources. To find a local County Human Services department, and their contact information, please visit:
https://www.colorado.gov/pacific/cdhs/contact-your-county

[MAP & CONTACT INFO]

DISABILITY SPECIFIC GROUPS

Who: Individuals with various diagnoses | Families and caregivers

There many disability specific groups across Colorado that provide various forms of assistance to individuals with particular disabilities and diagnoses, and their caregivers. These groups may be nonprofit organizations, for profit agencies, coalitions, support groups, or other informal networks. These groups may be national, statewide, or at the local level. Individuals seeking resources should research whether there is a group that serves the applicable special health care needs, and inquire about available services and supports.

U.S. DEPARTMENT OF VETERANS AFFAIRS (VA)

Who: Veterans | Families and caregivers

The U.S. Department of Veterans Affairs (VA) operates the Veterans Health Administration and the Veterans Benefits Administration. These administrations are responsible for providing a wide array of services and supports to veterans and their families and caregivers, including healthcare coverage and service provision. Available services differ by geographical region, need, financial income, when and where the veteran served, whether they served during a time of war, and whether they sustained injury. Support options may include healthcare services, pensions and other financial assistance, caregiver wellness support services, and mental health services. Veterans should contact their local VA facility for information on what supports and services may be available, and to enroll in programs.

For general inquiries – "My VA" – 1-844-MyVA311 (1-844-698-2311)

To find VA facility locations: https://www.va.gov/directory/guide/home.asp

Veterans Crisis Line: 1-800-273-8255 / Press 1

To find VA Caregiver Support Coordinator locations: https://www.caregiver.va.gov/help_landing.asp

VA Caregiver Support Line: 1-855-260-3274

To download/print out a VA Welcome Kit from Vets.gov: https://www.vets.gov/welcome-to-va/

FINDING RESPITE

Finding the right respite care for a loved one requires many considerations, including cost, availability, safety, training, credentials, and general feeling of comfort with the respite provider.

To find local respite providers, individuals may utilize the Colorado Respite Coalition's (CRC) online respite locator. This tool is free and easy to use, and contains listings of more than 650 respite providers across the state: http://coloradorespitecoalition.org/respite-locator/index.php.

To specifically search within a list of all Program Approved Service Agencies (providers able to accept Medicaid funding), individuals may refer to this Google Document from CDPHE:

https://docs.google.com/spreadsheets/d/1H6wku9Zgoxov_MoX7qD0RMu2glFYy3T4b5Z2-_JOmsg/edit#gid=459370783.

Online databases such as Care.com can also be a good source for finding respite providers and resources.

SAFETY IN RESPITE CARE

The state of Colorado has no required training or licensure to become a respite provider. It is important for families and caregivers to determine what training and safety measures a respite provider has in place before starting respite care services. Caregivers may hire respite providers on their own (likely an independent provider), or work with an agency that has multiple program staff (for center-based or community connector programs) or that sends a provider to the home. It is important to consider the type of respite you are seeking and to properly screen providers when engaging in respite care services.

Hiring an Independent Provider

The Association for Community Living (ACL) has developed the following checklist to use when considering an independent provider. It is important is to get to know the prospective provider as well as possible before committing to the relationship. Expectations must be communicated in very specific terms. Expectations should be in writing to assure that both parties understand the terms and will not need to rely on memory if difficulties arise later. Never assume that the provider has certain skills or understandings.

Questions to Ask an Independent Provider:

(1) Conduct a telephone screening
(2) Follow up with an in-person Interview
(3) Ask for references and documentation of training or credentials
(4) Assess whether the provider is trained and capable of administering medications, assisting with medical tasks or daily living needs, if necessary. Are they experienced and comfortable in handling the unique needs of the individual receiving care?
(5) Determine if they are willing to engage in or offer activities or companion services requested by the person in care
(6) If the provider will be driving the individual receiving care, do they have a valid driver's license and necessary auto liability?
(7) Check references and conduct a criminal background check, or make sure that one was performed recently
(8) Evaluate costs and financing, including rate of pay and how payment will be administered
(9) Complete a contract that provides specific details of care plan and service provision

Using an Agency

The Association for Community Living (ACL) has developed the following checklist to use when considering a respite agency. If considering respite services outside the home, individuals may wish to request a tour of the prospective location beforehand. When possible, individuals should visit the facility or program more than once and observe the engagement between participants and staff. Observe for cleanliness and the types of activities available. Determine if there are opportunities for social engagement or other activities desired by the individual receiving care.

Questions to Ask an Agency:

(1) How are the workers selected and trained?
(2) Are background checks performed?
(3) What tasks can be performed by the respite worker? Do these align with the needs of the prospective client?
(4) Will the respite provider engage in or offer activities or companion services requested by the person in care?
(5) What hours and days are services available?
(6) If the provider will be driving the individual receiving care, do they have a valid driver's license?
(7) What is the eligibility process?
(8) What are the fees and how are they paid? What funding sources are accepted?
(9) How are emergencies and problems handled?
(10) Are references available?

GLOSSARY

AAA (Area Agency on Aging)

Regional organizations assisting adults aged 60 and over, and their caregivers, to access community and governmental resources and supports. Overseen by the Colorado State Unit on Aging.

Activities of Daily Living (ADL)

Basic daily tasks that must be accomplished every day for an individual to remain in good health. ADLs fall into the following categories: personal hygiene, continence management, dressing, feeding, and ambulating (getting about). An individual's ability to complete ADLs is often used as an indicator of eligibility for various programs.

Cap (on services/service cap)

Certain services, through various funding streams, have caps or limits on the hours or amount of assistance available. This is referred to as the cap or service cap.

Individual receiving care

An individual who requires assistance or care to complete tasks and maintain their wellbeing. Individuals receiving care often have some kind of disability or special health care need, diagnosed or undiagnosed.

Care Provider

An individual, typically a professional (though family caregivers are also care providers), who cares for one or multiple individuals with special health care needs.

CCB (Community Centered Board)

Regional organizations that assist individuals with intellectual and developmental disabilities, and their families. CCBs also provide coordination and case management for a number of Medicaid HCBS waivers.

CNA (Certified Nursing Assistant)

A licensed individual who assists patients with healthcare needs, including skilled care duties. A CNA's duties are assigned by a RN (registered nurse).

Co-Pay

Situations where insurance, a respite voucher, or some other funding stream pays for part of the care service fee, and the individual receiving care and their family must pay the remaining cost. Co-pay refers to the portion the individual receiving care and their family must pay. Co-pays are also referred to as "out of pocket fees".

Family Caregiver

An individual who provides caregiving support to a loved one, often a relative or close friend. Some family caregivers receive some compensation for caregiving, but the majority of family caregivers provide informal and unpaid support.

HCBS (Home and Community Based) Waiver

An extra set of Health First Colorado (Colorado's Medicaid Program) benefits that individuals with particular special health care needs may qualify and apply for. HCBS waiver benefits are intended to help individuals receiving care remain in their family home and community, as opposed to a skilled care facility.

Health First Colorado

The name of Colorado's Medicaid Program, a public health insurance program for eligible Coloradans. It is funded jointly by a federal-state partnership, and administered by the Department of Health Care Policy and Financing (HCPF).

Non-Skilled care

Care services that do not require any medical skill or knowledge. Examples include: companionship care, where a caregiver comes to spend social time with the individual receiving care; homemaker services, where a caregiver may assist with household chores and tasks; assistance with ADLs, where a caregiver assists the individual with personal care, hygiene, and/or mobility type tasks.

PASA (Program Approved Service Agency)

Agencies certified to receive payment for care services through Medicaid and HCBS waivers. Individuals wishing to use their Health First Colorado benefits to pay for services must go to a PASA. For a full list of PASAs in the state of Colorado, see: https://docs.google.com/spreadsheets/d/1H6wku9Zgoxov_MoX7qD0RMu2glFYy3T4b5Z2-_JOmsg/edit#gid=459370783

For more information on PASA licensure and becoming a PASA, see: https://www.colorado.gov/pacific/cdphe/program-approved-service-agency-pasa and http://www.thearcofco.org/advocacy/pasa.php

Respite

Short term care services during which the primary family caregiver can take a break from caregiving duties, be apart from the individual receiving care, and pursue their own interests and activities. Respite care may be overnight, day-long, or for a number of hours. Respite care may occur in a variety of settings, including the individual receiving care's home, a day program, the community or at an activity camp.

RN (Registered Nurse)

An individual who has passed the national nurse licensing exam and is qualified to perform skilled care tasks, to assist the individual receiving care with their healthcare needs.

SEP (Single Entry Point Agency)

Regional agencies that provide case management and application support for a number of Medicaid HBS waivers.

Skilled Care

Care services that require some level of medical knowledge and skill, and that in some cases can only be completed by an individual with the appropriate training and certification level. Skilled care activities include: injections and intravenous therapy; wound care involving medical dressings; treatment of extensive skin conditions; enteral “tube” feeding.

Special Health Care Need

Any health care need beyond those typically required of adults and children. Special health care needs may be related to chronic physical, developmental, behavioral, intellectual or other conditions, including aging concerns. Individuals recovering from surgery or some other health incident may also have special health care needs.

QUESTIONS AND FEEDBACK

Thank you for taking the time to read through this guide. It is designed as a free resource to help individuals navigate respite availability and funding in the state of Colorado. Respite is not always available in all areas or for all special healthcare needs. While every effort has been made to ensure this information is complete, accurate and up to date, this cannot be guaranteed.

Please direct any feedback, updates or corrections to the Colorado Respite Coalition, housed at Easterseals Colorado. Contact information may be found at: www.coloradorespitecoalition.org, or by calling 303-233-1666. Additional copies of this guide are available for download, at no cost, from the above website. The Colorado Respite Coalition is always available as a resource for respite information and referrals, and caregiver support and education.