



# **NAVIGATING RESPITE CARE IN COLORADO**

*Funding Streams, Compensation for Family Caregivers, Becoming a Respite Provider & Finding Resources*

*A Guide for Family Caregivers & Professionals*

# RESPITE GUIDE OVERVIEW



Respite care services provide a break from caregiving responsibilities for a family (informal) caregiver of an individual with special health care needs, 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 Though every effort has been made to ensure all the following information is accurate, some sections may be out of date or inadvertently incorrect.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 may not be available in all areas of Colorado or for all special healthcare needs.

An electronic version of this guide is available to view and download at [coloradospitecoalition.org](http://coloradospitecoalition.org).

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# 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 (ARCH National Respite Network, n.d.).

Respite care is the most frequently requested family service, providing family caregivers with the relief to maintain their own health, bolster family stability, avoid or delay costly nursing facility or foster care placement, and providing new experiences for the individual receiving care.

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.

**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 584,000 family caregivers in the state of Colorado (AARP, 2015).

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 Certified Nursing Assistant (CNA) 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 emergency room visits (Robertson et al., 2011). It can provide an avenue for individuals receiving care to have new experiences, meet new people, and increase independence. 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, families report increased cohesiveness (Robertson et al., 2011) and caregivers return to their role feeling refreshed and more optimistic about their future care commitments (Folden & Coffman, 1993).

**RELAXATION:** Respite gives families peace of mind, relaxation, 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

### EVERYONE DESERVES A BREAK.

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, individuals 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 and capable hands. Information on choosing a suitable provider is available [on page 92](#).

#### *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.

## TYPES OF RESPITE CARE

Respite care can be provided in a variety of different settings, depending on the wants and needs of the caregiver and the individual receiving care. 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 home of the individual receiving care. 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 IVs, feeding tubes, catheters, medication administration or post-operative care

### OUT-OF-HOME RESPITE CARE

Care is provided in an outside facility. The caregiver 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 out-of-home care providers offer overnight and long-term respite care. Care is often in group settings, but can also be for individuals.

- **DAY PROGRAM**

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, team building 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

*See page 92 for more information on choosing a respite provider*

***"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***

# 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 section will provide an overview of the eligibility requirements and application processes for the principle funding streams to access respite care in Colorado. This section does not assume to include every available option. The funding streams presented are ordered alphabetically, regardless of size. No funding stream 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	AGE OF INDIVIDUAL RECEIVING CARE	ADDITIONAL REQUIREMENTS <i>(Please see each section for details)</i>
<a href="#">Aging and Disability Resources for Colorado (ADRC)</a>	18+	Individuals aged 18+ with disabilities; all individuals aged 60+
<a href="#">Area Agency on Aging (AAA)</a>	60+	None
<a href="#">Children and Youth Mental Health Treatment Act (CYMHTA)</a>	18 and under	Must have a mental health condition
<a href="#">Colorado Crisis Services</a>	All	Individual must be in crisis
<a href="#">Community Centered Board (CCB)</a>	All	Must have intellectual and developmental disabilities (IDD) diagnosis
<a href="#">Easterseals Colorado (ESC)/ Colorado Respite Coalition (CRC)</a>	All	None
<a href="#">Foster Care, Adoption &amp; Guardianship</a>	Under 18	Foster/guardianship care and adoptions must be within certain programs
<a href="#">Long-Term Care (LTC) Insurance</a>	All	None
<a href="#">Medicaid Home and Community-Based Services (HCBS) Waivers</a>	Varies by waiver	Varies by waiver
<a href="#">Medicare</a>	65+ (typically)	None
Private Insurance	All	None
<a href="#">Program of All-Inclusive Care for the Elderly (PACE)</a>	55+	Require assistance with 2+ ADLs; Income requirements
<a href="#">U.S. Armed Forces</a>	All	Must be in the Armed Forces
<a href="#">U.S. Department of Veterans Affairs (VA)</a>	All	Must be a veteran
<a href="#">Woodward Respite Care Fund</a>	50+	Must have a chronic or terminal condition; must live in Denver Metro area

## AGING & 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.

ADRCs cannot provide funding for respite or other services. Options counselors may be able to connect callers to community or grant funded respite 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 \(page 14\)](#). 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.

### RESOURCE HUB!

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+

The Area Agencies on Aging (AAA) are 16 regional entities designed to support 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 \(page 80\)](#). 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.

*Available services may vary by region. Service eligibility may also depend on an individual’s personal healthcare needs and financial situation.*

### APPLICATION PROCESS

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 that the older adult lives in, [using this map \(page 80\)](#)

#### (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 \(page 25\)](#), 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)*

*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 & YOUTH MENTAL HEALTH TREATMENT ACT (CYMHTA)

WHO: Children aged 18 and younger with a mental health condition at risk of out-of-home placement.

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. Depending on the family's financial situation and available commercial insurance, a co-pay may be charged for services.

Interested families should apply for services through a "Liaison" at a local Community Mental Health Center, who coordinates services. More information on the CYMHTA, along with a list of all local Community Mental Health Center "Liaisons" for families to contact, is available via the Colorado Department of Human Services website: <https://www.colorado.gov/pacific/cdhs/child-mental-health-treatment-act>.



## 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 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 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 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.

Please visit the Colorado Crisis Services website if you are interested in learning more: [coloradocrisiservices.org](http://coloradocrisiservices.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 [coloradocrisiservices.org](http://coloradocrisiservices.org)

(b) If visiting a walk-in center is not possible, families may request for 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 and 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. 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 (ADLs).

CCB 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.

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, [turn to the Resources section \(page 84\)](#).

For more information on accessing respite care services through the Medicaid HCBS waivers specifically, please see the [relevant section \(page 25\)](#).

## 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 [eastersealscolorado.org](http://eastersealscolorado.org), and the [Resources section \(page 87\)](#), 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 under-served 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
- 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



**EASTERSEALS COLORADO (ESC) & COLORADO RESPITE COALITION (CRC) - Continued**

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 CRC’s Approved Providers. Approved Providers have met certain requirements, including proof of liability insurance and conducting background checks for staff who will provide respite services to individuals using a respite voucher.

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

*Voucher recipients may use their voucher with multiple Approved Providers. For an up to date list of Approved Providers, refer to [coloradospitecoalition.org](http://coloradospitecoalition.org).*

*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, CRC staff will reach out and see if that provider is interested in joining the program.*

Voucher recipients have a set number of days to use their funds before the voucher expires; voucher recipients will be notified of this time frame 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, can be found at [coloradospitecoalition.org](http://coloradospitecoalition.org)*

*For information on how to select the right provider, and good questions to ask providers, please see the [Finding Respite](#) section (page 92)*

**APPLICATION PROCESS**

Family caregivers should refer to [coloradospitecoalition.org](http://coloradospitecoalition.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

- Families will be notified of award via postal mail. The Award Letter will state the voucher value and expiration date

**(4)** Voucher recipients must contact the CRC 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 CRC 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, ADOPTION & GUARDIANSHIP

**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](#) (page 25) or other funding programs that include respite care services. Families may also 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. 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 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. Kinship guardians should consult with County Human Services.

*KINSHIP (kin-ship) (noun) - blood relationship*



*Foster parents and adoptive caregivers should contact their Child Placement Agency or county human services for more information on specific respite benefits.*

## 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 HOME AND COMMUNITY-BASED SERVICES (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 skilled nursing facility 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.

*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 can act as respite care, or taking a break.*

### OVERVIEW OF CHILDREN AND ADULT HCBS WAIVERS

Only the waivers highlighted in orange in the table below include allocations for respite care services:

<b>CHILDREN WAIVERS</b>	Children’s HBCS Waiver (CHILDREN’S HCBD)	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)	
<b>ADULT WAIVERS</b>	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)	Persons with Developmental Disabilities Waiver (HCBS-DD)

### MEDICAID HCBS WAIVERS - Continued

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 Supplemental Security Income (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: [colorado.gov/hcpf/](https://colorado.gov/hcpf/)

The *Resources* section (page 82) 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 the Member Contact Center at: 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 \(CCB\)](#) (page 30) or [Single Entry Point \(SEP\) Agency](#) (page 31). Individual CCBs and SEPs are spread across the state of Colorado, serving residents of specific regions and counties. Please see the Resources section for more information on what [CCBs](#) (page 83) and [SEPs](#) (page 88) do, and to find local agencies.

#### 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 tables to the right 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)
<b>ELIGIBLE</b>	<ul style="list-style-type: none"> <li>• Children with intensive behavioral or medical needs who are at risk of institutionalization</li> <li>• Children, birth through age 4, must have a developmental delay</li> <li>• Children, 5 through 17, must have a developmental disability</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>
<b>AGE</b>	Birth through age 17	Birth through age 18
<b>WHERE TO APPLY</b>	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)
<b>ELIGIBLE</b>	<ul style="list-style-type: none"> <li>• Persons with brain injury with specific diagnosis criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Persons with a diagnosis of major mental illness with specific DSM-IV diagnostic codes</li> </ul>	<ul style="list-style-type: none"> <li>• Elderly persons aged 65 and over with a functional impairment, physical disability, or who are blind</li> </ul>	<ul style="list-style-type: none"> <li>• Persons with a spinal cord injury with specific diagnostic codes</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>
<b>AGE</b>	Age 16+	Age 18+	Age 18+	Age 18+	Age 18+
<b>WHERE TO APPLY</b>	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 (2018). For complete and up to date information on qualifying criteria, please visit the HCPF website: <https://www.colorado.gov/hcpf/>

## MEDICAID HCBS WAIVERS - Continued

### MEDICAID HCBS WAIVER 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:

*Before applying for a waiver, an individual must first qualify and apply for Long-Term Care 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 (page 82) for more details.*

#### (1) Find the local CCB or SEP, 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 emphasizing 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 front of a judge

and final rulings are determined by the Colorado Department of Health Care Policy and Financing (HCPF)

#### (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. *Please see the [Glossary](#) (page 96) section for more details*

- 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

## MEDICAID HCBS WAIVERS - Continued

While the previous 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)

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:

<b>CHILDREN’S EXTENSIVE SUPPORT WAIVER (HCBS-CES)</b>	<b>SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS)</b>
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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 child 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 PASAs providing respite care services 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

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:

<b>CHILDREN WITH A LIFE-LIMITING ILLNESS WAIVER (HCBS-CLLI)</b>	
<b>PERSONS WITH SPINAL CORD INJURY WAIVER (HCBS-SCI)</b>	<b>COMMUNITY MENTAL HEALTH SUPPORTS WAIVER (HCBS-SCI)</b>
<b>PERSONS WHO ARE ELDERLY, BLIND, AND DISABLED WAIVER (HCBS-EBD)</b>	<b>PERSONS WITH BRAIN INJURY WAIVER (HCBS-BI)</b>

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 skilled nursing facility. 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



## MEDICAID HCBS WAIVERS - Continued

- 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 and family 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 that respite services are meant to give the primary caregiver a break.** Parents and legal guardians may not provide respite care services, but can benefit from the break
- **Ask providers questions** regarding their services to ensure they are providing safe and quality respite care. See [page 92](#)
- **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 labeled as "respite care" can still act as respite, permitting the primary caregiver with a break

## RELOCATION

### 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): [ssa.gov/benefits/medicare/](https://ssa.gov/benefits/medicare/)
- 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): [ssa.gov/benefits/medicare/](https://ssa.gov/benefits/medicare/)

### (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](https://ssa.gov/disability)

*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 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 Nursing Assistant (CNA)
- (4) If eligible, the doctor may formally document the need for skilled care

(5) The individual may begin to receive in-home care, acting as respite care for the family caregiver

(6) For in-home care to continue, the individual receiving care must be able to demonstrate improvement

### EXAMPLES OF SKILLED CARE

**INCLUDE:** injections; enteral “tube” feeding; treatment of extensive skin conditions; application of prescription dressings



## 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 skilled nursing facility 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. Door to door transportation is available whenever the center is open and can be arranged to take enrollees to 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](#) (page 25). PACE is not available in all areas of Colorado but programs are expanding.

For more information and to find local PACE programs and service centers, please see the Colorado Department of Health Care Policy and Financing website: [colorado.gov/pacific/hcpf/program-all-inclusive-care-elderly](https://colorado.gov/pacific/hcpf/program-all-inclusive-care-elderly)

The Medicaid website is another source for more PACE information: [medicaid.gov/medicaid/ltss/pace/index.html](https://medicaid.gov/medicaid/ltss/pace/index.html)

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 \(SEP\)](#) (page 88) 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 activities of daily living (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!

*"The help we've received came at a time when I thought I wouldn't be able continue to care for my parents much longer. I appreciate the help more than most people would understand."*

- Family Caregiver

## 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 [tricare.mil](http://tricare.mil) or call TRICARE West (for Colorado residents) via Health Net at 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.

The family caregiver must assist with frequent

interventions required by the individual receiving care to qualify. For instance, 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 week with no out of pocket costs and no caps.

To access respite care benefits, the need for respite care must be approved by the service member’s case manager or another approving authority. Those interested in accessing respite care should contact their case manager or discuss with a TRICARE representative or medical professional.

For more information on respite care as a TRICARE benefit, please visit: [tricare.mil/respite](http://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 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.

In some military locations, respite care is an automatic benefit 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: [bit.ly/MOSFamilyMemberProgram](http://bit.ly/MOSFamilyMemberProgram)

### EXTENDED CARE HEALTH OPTION (ECHO)

Supplemental 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). 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).

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: [tricare.mil/echo](http://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 of respite care. Other services include in-home skilled nursing care, physical, occupational and speech-language therapies, medical social services, and supplies and teaching and training activities. Typical ECHO and EHHC respite benefits cannot both be used in a single calendar month.

Families interested in the EHHC benefit should discuss this with their primary care manager and/or physician to receive a referral

## U.S. DEPARTMENT OF VETERANS AFFAIRS (VA)

WHO: Veterans of U.S. military services | Families and caregivers of veterans

The U.S. Department of Veterans Affairs (VA) provides veterans and their families with benefits, health care services and support.

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 discharge than honorable, bad conduct, or dishonorable, please see this website: [vets.gov/health-care/eligibility/](https://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.

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: [vets.gov/health-care](https://vets.gov/health-care)  
Health Care Line: 877-222-8387 (press 2)

#### VA BENEFITS

Website: [vets.gov/disability-benefits](https://vets.gov/disability-benefits)  
VA Benefits Line: 800-827-1000

Veteran Service Officers (VSO) may assist with VA Benefits applications. Individuals can search for their county VSO via the Colorado Division of Veterans Affairs website: [vets.dmva.state.co.us/](https://vets.dmva.state.co.us/)

### 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 [vets.gov/facilities/](https://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, day program, 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 (see [page 69](#) for more information). This is a program of recovery and is intended to be temporary.

## U.S. DEPARTMENT OF VETERAN AFFAIRS (VA) - Continued

Caregivers may review eligibility online at: [va.gov/healthbenefits/resources/Caregiver\\_Eligibility\\_Check.asp](https://va.gov/healthbenefits/resources/Caregiver_Eligibility_Check.asp)

To apply, individuals should contact their local Caregiver Support Coordinator, which can be found here: [caregiver.va.gov/help\\_landing.asp](https://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 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 A&A benefits and Housebound benefits at the same time.

#### AID & ATTENDANCE (A&A)

The A&A increased monthly pension amount may be added to the regular pension 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 skilled nursing facility 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

##### (2) Compile report demonstrating eligibility for A&A OR Housebound

- Request a report from a physician demonstrating the need for A&A 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

##### (3) Submit report:

- By mail, to the regional Pension Management Center (PMC)
- In person, at the local Regional Benefits Office. Locate using [vets.gov/facilities/](https://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 [woodwardrespitecare.org](http://woodwardrespitecare.org) or call 303-446-0079 for up to date application materials and guidelines. Respite care fund applications are accepted 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.



# 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 paid 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 individuals may 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 care plan.

*This section is NOT for those who wish to become a respite provider or start a respite agency (see [page 70](#)). 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
<b>Family Caregiver</b>	On one of the following Medicaid HCBS waivers: Child: CES; Adult: SLS/DD	Non-skilled care	<ul style="list-style-type: none"> <li>Family caregiver(s) hired and paid by an agency to complete non-skilled care tasks</li> </ul>
<b>Family Member as a Certified Nursing Assistant (CNA)</b>	On Medicaid (Health First Colorado member)	Skilled care	<ul style="list-style-type: none"> <li>Family caregiver trains and certifies as CNA</li> <li>Agency hires CNA and pays for care provided</li> </ul>
<b>In-Home Support Services (IHSS) Attendant</b>	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	<ul style="list-style-type: none"> <li>Medicaid waiver recipient selects, trains and manages care attendant, directs own care services, or assigns an Authorized Representative</li> <li>Agency hires and pays care attendant</li> </ul>
<b>Pediatric Personal Care</b>	On Medicaid (Health First Colorado member); Age 20 or younger	Non-skilled care: Often cognitive or behavioral support	<ul style="list-style-type: none"> <li>Friend or relative (not parent or legal guardian) of individual receiving care is paid for performing personal care tasks</li> <li>Agency hires and pays caregiver</li> </ul>
<b>Consumer-Directed Attendant Support Services (CDASS)</b>	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	<ul style="list-style-type: none"> <li>Health First Colorado member (individual on waiver) directs own services, or assigns an Authorized Representative</li> <li>This includes hiring, training, managing and setting rates of pay for caregiving attendants</li> <li>Financial Management Services (FMS) provider acts as payroll and HR on behalf of the member</li> </ul>
<b>Veteran-Directed Home and Community-Based Services (VD-HCBS)</b>	A veteran; enrolled in VA health care system; lives in a VD-HCBS service area; at risk of nursing facility placement	Homemaker services, personal care assistance	<ul style="list-style-type: none"> <li>Veteran directs own services, or assigns an Authorized Representative</li> <li>This includes hiring, training, managing and paying caregiving attendants</li> <li>Financial Management Services (FMS) provider acts as payroll and HR on behalf of the member</li> </ul>
<b>Program of Comprehensive Assistance for Family Caregivers</b>	Veterans who were injured on or post September 11, 2001, during active duty	Assistance with activities of daily living (such as bathing, dressing, eating)	<ul style="list-style-type: none"> <li>Family caregiver(s) are provided with a stipend to support their care</li> <li>Family caregiver(s) also provided with access to physical and mental health resources</li> </ul>

**TABLE NOTES**

*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.*

*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 anyone 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 Certified Nursing Assistant (CNA)	Veteran-Directed Home and Community-Based Services (VD-HCBS)
In-Home Support Services (IHSS) Attendant	
Pediatric Personal Care	

*The Program of Comprehensive Assistance for Family Caregivers provides a stipend directly to family caregivers for their services. No one is formally hired to provide care, unlike the other compensation for caregiving options. Please see [page 69](#) for more information.*

#### HIRED BY AGENCY

In four options – Family Caregiver, Family Member as a CNA, 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 hiring agency must be a Program Approved Service Agency (PASA), which is able to accept Medicaid funding. For more information on PASAs, please see the [Glossary](#) (page 96).

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:

- 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?

*Some provider agencies are certified as Program Approved Service Agencies (PASAs). PASAs may provide services to individuals receiving Medicaid benefits, whereas non-PASAs must take clients with private pay. Family caregivers wishing to receive compensation through a Medicaid benefit must be hired by a PASA. For more information, visit the [Glossary](#) (page 96).*

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

*CDASS and VD-HCBS are both consumer-directed benefits. An aspect of these benefits is that the individual receiving care typically hires and pays their caregiver(s) from an allotted monthly stipend. Though the IHSS Attendant benefit is also consumer-directed, 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. Family caregivers of individuals on these waivers may 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)

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 or 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 their needs.

*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.*

### APPLICATION PROCESS

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 (page 25):

#### (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 HCBS waiver allocation of the individual receiving care

*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.*

**"Respite programs are valuable because they do allow caregivers to get a break from the responsibilities of caring... The recipient benefits by having the opportunity to express herself/himself in many ways (art, music, lectures, excursions, friendships)... My mother does look forward going to her day program. The people that work for the day program are absolutely fabulous. The best!"** - Family Caregiver

## FAMILY MEMBER AS A CERTIFIED NURSING ASSISTANT (CNA)

The Family Member as a Certified Nursing Assistant (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 CNA in the state of Colorado, and hired by a Medicaid-certified home health agency.

*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 meets the CNA requirements. This includes parents caring for children, adults caring for older adults, friends caring for their neighbor, and others.*

A CNA 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 option, 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.

*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 [coloradorespitecoalition.org](http://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 cover 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, and comprise the hours that a family caregiver may be compensated.

### 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: [colorado.gov/hcpf/find-doctor](http://colorado.gov/hcpf/find-doctor)
- [Ask questions to find an agency \(page 53\)](#) 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 individual receiving care 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 to 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 In-Home Support Services (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	ADULT WAIVERS
Health Maintenance	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 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 [the HCBS waiver section \(page 25\)](#). For more information on in-home support services, please visit the HCPF website: [colorado.gov/hcpf/in-home-support-services](http://colorado.gov/hcpf/in-home-support-services)

IHSS is a consumer-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.

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.

*If the caregiver lives with the individual receiving care, then income received as an IHSS attendant may be tax-exempt. Caregivers should consult their IHSS agency regarding this matter. 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, see page 62.*

Case managers assess the needs of the individual receiving care in order to determine the number of qualifying care hours that may be covered by an IHSS Attendant. These care tasks fall into the following three categories: homemaking; personal care (non-skilled); health maintenance (skilled). For individuals receiving the Children's Home and Community Based Services (CHCBS) waiver, 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. 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.

### APPLICATION PROCESS

Individuals seeking to qualify as 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 and determine the number of care hours for which the IHSS attendant may be reimbursed

#### (2) Determine In-Home Support Services agency to work with

- An up-to-date list of IHSS providers is available through HCPF: [colorado.gov/hcpf/participant-directed-programs#IHSS](http://colorado.gov/hcpf/participant-directed-programs#IHSS)
- [Ask the right questions \(page 53\)](#) to find an agency that fits the family caregiver's employment needs
- SEP case managers can assist in 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 IHSS agency

- IHSS attendant is formal employee of IHSS agency. They will be added to agency's payroll and must complete any staff requirements
- Individual receiving care is responsible for 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 spent providing care services, as authorized by case manager
- Any changes in condition or hospitalizations should be reported to the case manager and agency immediately

## 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 child, spouse or other dependent individual.

The Pediatric Personal Care benefit is typically utilized by individuals who do not have medical support needs. The 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 on the Pediatric Personal Care benefit: [colorado.gov/pacific/hcpf/pediatric-personal-care-benefit](https://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 agency to coordinate and support use of Pediatric Personal Care Services

- Individuals will find a pediatric personal care services provider list via HCPF: [colorado.gov/pacific/hcpf/pediatric-personal-care-services-provider-list](https://colorado.gov/pacific/hcpf/pediatric-personal-care-services-provider-list)

- [Ask questions to find an agency \(page 53\)](#) that fits the individual's employment needs

#### (2) Assessment Tool & Plan of Care Form

- The assessment tool is scheduled and administered over the phone

- The assessment tool is completed every 12 months
- 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)

Consumer-Directed Attendant Support Services (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. Health First Colorado members (Colorado's Medicaid program) members 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 (FMS) 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 their own rates of pay, within restrictions*

A care attendant 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 (AR) is utilized, that individual cannot also be the hired care

attendant and cannot receive payment for AR assistance. An AR is an elective position that the individual receiving care appoints when necessary.

CDASS is available to Health First Colorado members on the following Medicaid HCBS adult waivers:

<b>Brain Injury (BI)</b>	<b>Community Mental Health Supports (CMHS)</b>
<b>Elderly, Blind and Disabled (EBD)</b>	<b>Spinal Cord Injury (SCI)</b>
<b>Supported Living Services (SLS)</b>	

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

*Individuals who are eligible for both the CDASS and IHSS Attendant (page 58) 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 (CDCNC) 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.

The CDCNC will assist the individual using CDASS to select a Financial Management Services (FMS) provider. FMS providers assist with paperwork associated with payroll, taxes, HR, various 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 case manager of interest in CDASS

- Individual must be a qualified recipient of one of the adult HCBS waivers 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 Task Worksheet is completed at enrollment. It is updated following any changes to in the individual receiving care's condition and during the annual review

#### (3) Case manager makes referral to CDCNC

#### (4) FMS Enrollment

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



## CONSUMER-DIRECTED ATTENDANT SUPPORT SERVICES (CDASS) - Continued

### (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

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



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

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.

Veterans enrolled in VD-HCBS receive a monthly care services budget, determined by 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 services, and may choose to hire one or multiple caregivers, who in many cases are already delivering care without payment. Attendants may be any adult who can demonstrate ability to provide the care required by the veteran. If the veteran decides to assign an AR to manage and direct 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, and must live in one of the regions covered by VD-HCBS programs. Not all regions of Colorado are covered by this benefit option. 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 (CIL)
- 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 training.

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

VD-HCBS service regions are below, with each Aging and Disability Network Agency in bold. At this time, only residents of the following counties may utilize the VD-HCBS service delivery option:

- **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

For more information on the VD-HCBS program, please refer to the Administration for Community Living website: [nwd.acl.gov/VD-HCBS.html](http://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 in the [VA section](#) (page 40) and via the VA website: [va.gov/healthbenefits/apply/](http://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
- The case manager will submit the plan to the VD-HCBS coordinator for approval
- The case manager will provide training to the individual receiving care 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

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

- The FMS provider will give the veteran/AR and their attendants 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 member/caregiver
- 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 provider, 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 activities of daily living (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.

### APPLICATION PROCESS

- To apply, individuals should contact their local Caregiver Support Coordinator, which can be found here: [caregiver.va.gov/help/landing.asp](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

The Program of Comprehensive Assistance for Family Members 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: [caregiver.va.gov/support/support\\_benefits.asp](https://www.caregiver.va.gov/support/support_benefits.asp)

Caregivers may check their eligibility online at: [va.gov/healthbenefits/resources/Caregiver\\_Eligibility\\_Check.asp](https://www.va.gov/healthbenefits/resources/Caregiver_Eligibility_Check.asp)

Please see the [VA section \(page 40\)](#) of this guide for more information.

**"[Respite care] is a top priority for caregivers to prevent burnout. I appreciate all the help that can be obtained."**  
- Family Caregiver

# BECOMING A RESPITE PROVIDER



## RESPITE PROVIDER

A respite provider is a professional that provides temporary relief to family caregivers by offering in-home or out-of-home care to the individual with special health care needs. This direct service gives family caregivers a break to rejuvenate and refresh.

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 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, people can provide important services to individuals receiving care and their 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. This section is not intended to instruct individuals how to set up their own respite care agency or business.

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 organizations, in particular, often greatly appreciate volunteer service.

Individuals may use the Colorado Respite Coalition's free online Resources Database to find respite care providers across the state: [coloradospitecoalition.org](https://coloradospitecoalition.org). Formal job openings are also posted on agency websites and other public job boards.

*"The help we've received came at a time when I thought I wouldn't be able to continue to care for my parents much longer. I appreciate the help more than most people would understand."* – Family Caregiver

## 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 (page 8).

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 a number of agencies to compare potential supports.

It may be pertinent to ask respite provider agencies the following questions:

- What is the typical employee 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 this 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. 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 PASAs information, see the [Glossary section](#) (page 78) and the Colorado Department of Public Health & Environment (CDPHE) website: [colorado.gov/pacific/cdphe/program-approved-service-agency-pasa](https://colorado.gov/pacific/cdphe/program-approved-service-agency-pasa)

## 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 Medicaid benefits, 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](https://www.care.com) to advertise their services and find clients. Providers may also list themselves on the Colorado Respite Coalition's Resources Database, at [coloradorespitecoalition.org](https://coloradorespitecoalition.org)

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 online at [coloradorespitecoalition.org](https://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 - [colorado.gov/pacific/cdphe/program-approved-service-agency-pasa](https://colorado.gov/pacific/cdphe/program-approved-service-agency-pasa)
- Arc of Colorado - [thearcofco.org/advocacy/pasa.php](https://thearcofco.org/advocacy/pasa.php)
- Arc of Arapahoe and Douglas Counties - [arc-ad.org/resources/videos/](https://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 individuals 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.

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's 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: [coloradorespitecoalition.org](https://coloradorespitecoalition.org).



*" [Respite care] has been a godsend for us. Over 8 years of pretty much 24/7 care provided by my husband and myself has taken its toll on both of us. [Our respite care provider] has an extremely professional, kind, caring, and fun staff that has allowed us to have time for ourselves. My mom loves it. She would go every day if possible."*

*- Family Caregiver*

# RESOURCES



State and community organizations that provide respite care may also provide other vital services and supports to caregivers, individuals receiving care, and families. The following section outlines some of the major statewide resources that individuals may want to contact to access supports.

### 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
- SINGLE ENTRY POINT (SEP) AGENCIES
- 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 on the webpage above

### 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 AAAs.

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 AGENCIES ON AGING (AAA)

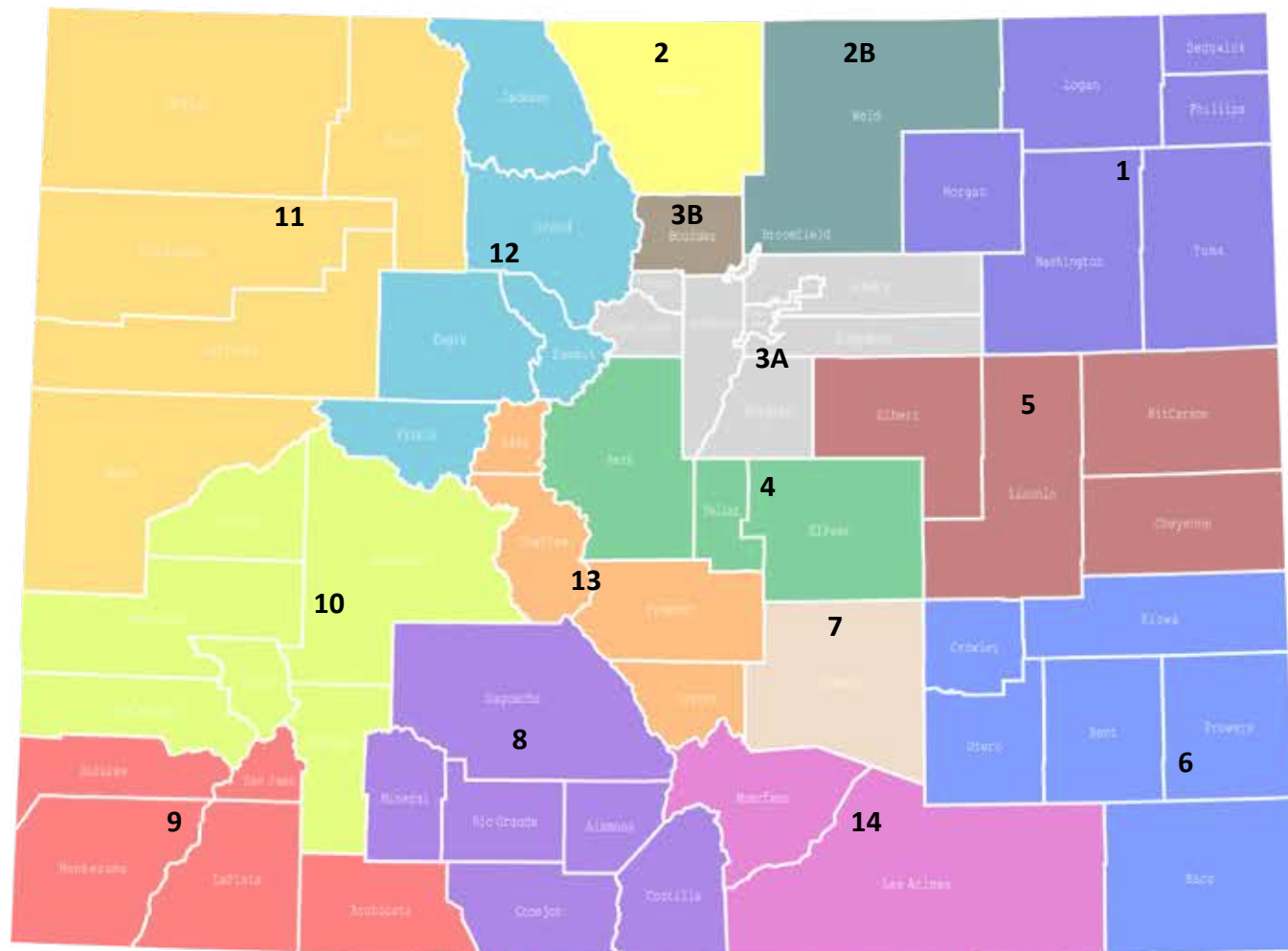
WHO: Individuals aged 60+ | Family and caregivers of individuals aged 60+

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 AAAs provide services to seniors such as transportation, delivered and congregate meals, caregiver support and in-home services. 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: [colorado.gov/pacific/cdhs/state-unit-aging](http://colorado.gov/pacific/cdhs/state-unit-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 following map. Contact information for each AAA is also available.



Use the map below to find regional Area Agencies on Aging across Colorado:



**REGION 1: Northeastern Colorado Association of Local Governments**  
 Counties: Logan, Morgan, Phillips, Sedgwick, Washington, Yuma  
 Address: 231 Main St., Ste. 211, Fort Morgan, CO 80701  
 Phone: 970-867-9409  
 Website: [necalg.com](http://necalg.com)

**REGION 2A: Larimer County Office on Aging**  
 Counties: Larimer  
 Address: 1501 Blue Spruce, Fort Collins, CO 80524  
 Phone: 970-498-7750  
 Website: [larimer.org/seniors](http://larimer.org/seniors)

**REGION 2B: Weld County AAA**  
 Counties: Weld  
 Address: P.O. Box 1805, 315 C. N. 11th Ave., Greeley, CO 80631  
 Phone: 970-346-6950  
 Website: [weldgov.com](http://weldgov.com)

**REGION 3A: DRCOG AAA**  
 Counties: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, Jefferson  
 Address: 1290 Broadway, Ste. 700, Denver, CO 80203  
 Phone: 303-455-1000  
 Website: [drcog.org](http://drcog.org)

**REGION 3B: Boulder County AAA**  
 Counties: Boulder  
 Address: P. O. Box 471, 3482 N. Broadway, Boulder, CO 80306  
 Phone: 303-441-3570  
 Website: [bouldercountyaging.org](http://bouldercountyaging.org)

**REGION 4: PPACG AAA**  
 Counties: El Paso, Park, Teller  
 Address: 15 South 7th St, Colorado Springs, CO 80905  
 Phone: 719-471-2096

**REGION 5: East Central Council of Governments**  
 Counties: Cheyenne, Elbert, Kit Carson, Lincoln  
 Address: P.O. Box 28, 128 Colorado Ave., Stratton, CO 80836  
 Phone: 719-348-5562 ext. 2  
 Website: [ecaaa.tripod.com](http://ecaaa.tripod.com)

**REGION 6: Lower Arkansas Valley AAA**  
 Counties: Baca, Bent, Crowley, Kiowa, Otero, Prowers  
 Address: P.O. Box 494, 13 West Third St Room 110, La Junta, CO 81050  
 Phone: 719-383-3166  
 Website: [oterogov.com](http://oterogov.com)

**REGION 7: Pueblo AAA**  
 Counties: Pueblo  
 Address: 2631 E. 4th St, Pueblo, CO 81001  
 Phone: 719-583-6120  
 Website: [pueblocounty.org](http://pueblocounty.org)

**REGION 8: South-Central Colorado Seniors, Inc.**  
 Counties: Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache  
 Address: P.O. Box 639, 1116 3rd St, Alamosa, CO 81101  
 Phone: 719-589-4511

**REGION 9: San Juan Basin AAA**  
 Counties: Archuleta, Dolores, La Plata, Montezuma, San Juan

Address: P.O. Box 3412 (954 East 2nd Ave.), Durango, CO 81302  
 Phone: 970-264-0501  
 Website: [sjbaaa.org](http://sjbaaa.org)

**REGION 10: Region 10 League for Economic Assistance & Planning**  
 Counties: Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel  
 Address: 300 N. Cascade Ave., Ste. #1, Montrose, CO 81401  
 Phone: 970-249-2436  
 Website: [region10.net](http://region10.net)

**REGION 11: Associated Governments of Northwest Colorado**  
 Counties: Garfield, Mesa, Moffat, Rio Blanco, Routt  
 Address: P.O. Box 20000-5035, 510 29 1/2 Rd., Grand Junction, CO 81502  
 Phone: 970-248-2717  
 Website: [mesacounty.us](http://mesacounty.us)

**REGION 12: Northwest Colorado Council of Governments**  
 Counties: Eagle, Grand, Jackson, Pitkin, Summit  
 Address: P.O. Box 2308, 249 Warren Ave., Silverthorne, CO 80498  
 Phone: 970-468-0295  
 Website: [nwccog.org](http://nwccog.org)

**REGION 13: Upper Arkansas AAA**  
 Counties: Chaffee, Custer, Fremont, Lake  
 Address: 139 East 3rd St., Salida, CO 81201  
 Phone: 719-539-3341  
 Website: [uaaaa.org](http://uaaaa.org)

**REGION 14: South Central Council of Governments AAA**  
 Counties: Huerfano, Las Animas  
 Address: 300 South Bonaventure Ave., Trinidad, CO 81082  
 Phone: 719-845-1133  
 Website: [sccog.net](http://sccog.net)

## BENEFITS APPLICATION ASSISTANCE

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: [colorado.gov/pacific/hcpf/application-assistance-sites](https://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: [apps.colorado.gov/apps/maps/hcpf.map](https://apps.colorado.gov/apps/maps/hcpf.map)

### 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](https://www.colorado.gov/PEAK)

### 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](mailto:dintake@eastersealscolorado.org) or 303-233-1666 x 230 for more information

## COMMUNITY CENTERED BOARDS (CCB)

WHO: Children and adults with intellectual and developmental disabilities | Families and caregivers

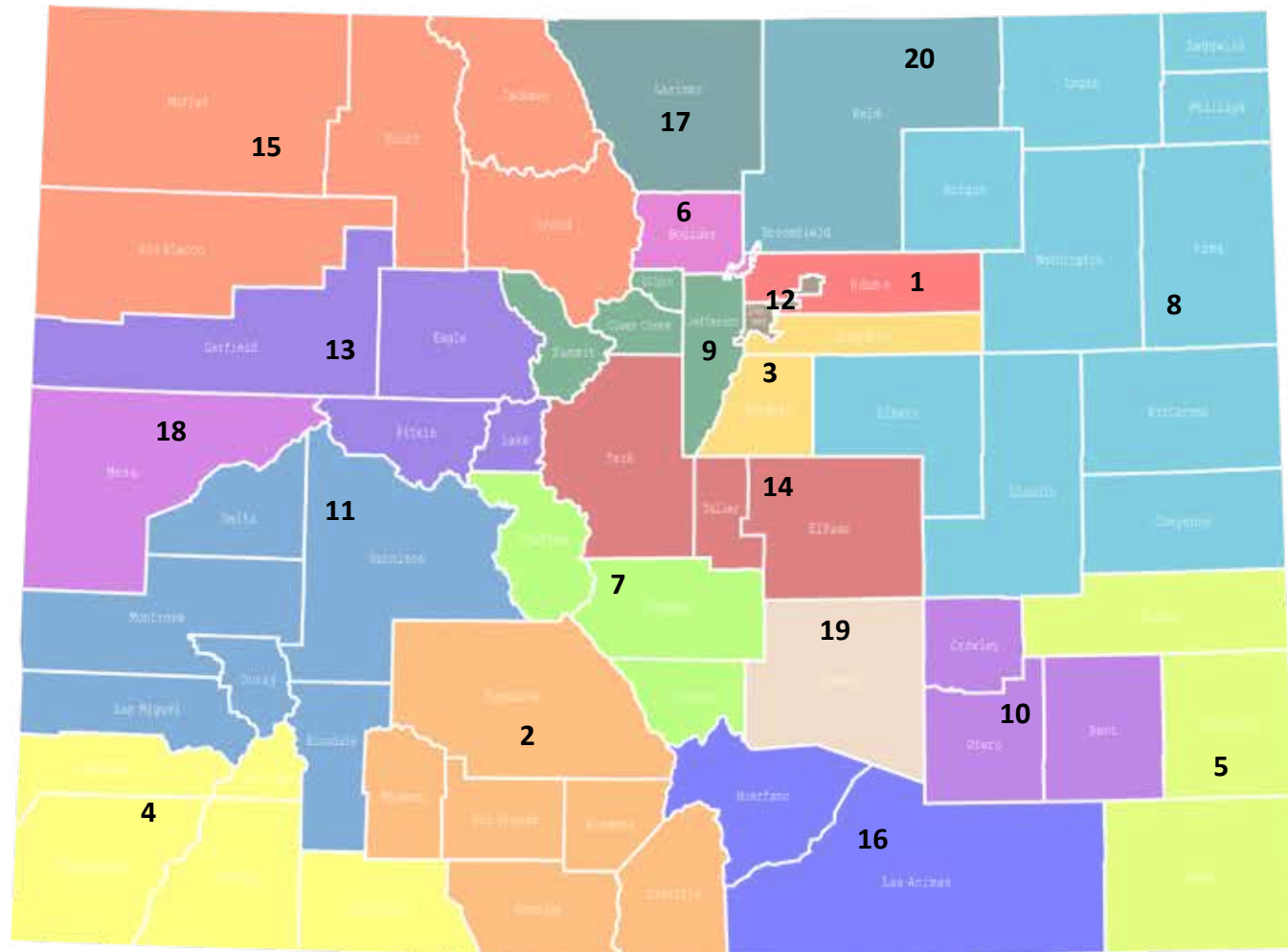
Community Centered Boards (CCBs) provide case management services to assist individuals in accessing necessary services and supports to meet their needs. Services include intake, eligibility determination, service plan development, arrangement for services, delivery of services, service and support coordination, 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 receive additional resources through 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 CCB 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 CCBs in 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 on the next page.



Use the map below to find regional Community Centered Boards across Colorado:



**1: NORTH METRO COMMUNITY SERVICES**

Counties: Adams  
 Address: 1185 W. 124th Ave.  
 Westminster CO 80234  
 Phone: 303-252-7199 or 303-457-1001  
 Website: [nmetro.org](http://nmetro.org)

**2: BLUE PEAKS DEVELOPMENTAL SERVICES**

Counties: Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache  
 Address: 703 Fourth St., Alamosa, CO 81101  
 Phone: 719-589-5135  
 Website: [bluepeaks.org](http://bluepeaks.org)

**3: DEVELOPMENTAL PATHWAYS**

Counties: Arapahoe, Douglas, City of Aurora  
 Address: 325 Inverness Drive S.  
 Englewood, CO 80112  
 Phone: 303-360-6600  
 Website: [dpcoloro.org](http://dpcoloro.org)

**4: COMMUNITY CONNECTIONS**

Counties: Archuleta, Dolores, La Plata, Montezuma, San Juan  
 Address: 281 Sawyer Drive #200  
 Durango, CO 81303  
 Phone: 970-259-2464  
 Website: [communityconnectionscolorado.org](http://communityconnectionscolorado.org)

**5: SOUTHEASTERN DEVELOPMENTAL SERVICES**

Counties: Baca, Bent, Kiowa, Prowers  
 Address: 1111 South Fourth St.  
 Lamar, CO 81052  
 Phone: 719-336-3244  
 Website: [sdscsb.org](http://sdscsb.org)

**6: IMAGINE!**

Counties: Boulder, Broomfield  
 Address: 1400 Dixon Ave.  
 Lafayette, CO 80026  
 Phone: 303-665-7789  
 Website: [imaginecolorado.org](http://imaginecolorado.org)

**7: STARPOINT**

Counties: Chaffee, Custer, Fremont  
 Address: 700 South 8th St.  
 Canon City, CO 80212  
 Phone: 719-275-1616  
 Website: [starpointco.com](http://starpointco.com)

**8: EASTERN COLORADO SERVICES**

Counties: Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma  
 Address: 617 South 10th Ave  
 Sterling, CO 80751  
 Phone: 970-522-7121  
 Website: [ecsdd.org](http://ecsdd.org)

**9: DEVELOPMENTAL DISABILITIES RESOURCE CENTER**

Counties: Clear Creek, Gilpin, Jefferson, Summit  
 Address: 11177 W. 8th Ave.  
 Lakewood, CO 80215  
 Phone: 303-233-3363  
 Website: [ddrcco.com](http://ddrcco.com)

**10: INSPIRATION FIELD**

Counties: Crowley, Otero, Bent  
 Address: 612 Adams Ave., La Junta, CO 81050  
 Phone: 719-384-8741  
 Website: [inspirationfield.org](http://inspirationfield.org)

**11: COMMUNITY OPTIONS**

Counties: Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel  
 Address: 336 South 10th St., PO Box 31  
 Montrose, CO 81402  
 Phone: 970-249-1412  
 Website: [communityoptionsinc.org](http://communityoptionsinc.org)

**12: ROCKY MOUNTAIN HUMAN SERVICES**

Counties: Denver  
 Address: 9900 E. Iliff Ave., Denver, CO 80231  
 Phone: 303-636-5600  
 Website: [rmhumanservices.org](http://rmhumanservices.org)

**13: MOUNTAIN VALLEY DEVELOPMENTAL SERVICES**

Counties: Eagle, Garfield, Lake, Pitkin  
 Address: 700 Mount Sopris Drive  
 Glenwood Springs, CO 81601  
 Phone: 970-945-2306  
 Website: [mtnvalley.org](http://mtnvalley.org)

**14: THE RESOURCE EXCHANGE**

Counties: El Paso, Park, Teller  
 Address: 6385 Corporate Drive, Ste. 301  
 Colorado Springs, CO 80919  
 Phone: 719-380-1100  
 Website: [tre.org](http://tre.org)

**15: HORIZON SPECIALIZED SERVICES**

Counties: Grand, Jackson, Moffat, Rio Blanco, Routt  
 Address: 405 Oak Street  
 Steamboat Springs, CO 80477  
 Phone: 970-879-4466  
 Website: [horizonsnwc.org](http://horizonsnwc.org)

**16: SOUTHERN COLORADO DEVELOPMENT SERVICES**

Counties: Huerfano, Las Animas  
 Address: 1205 Congress Drive, PO Box 781  
 Trinidad, CO 81082  
 Phone: 719-846-4409  
 Website: [scdds.com](http://scdds.com)

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**17: SOUTHERN FOOTHILLS GATEWAY**

Counties: Larimer  
 Address: 301 Skyway Drive  
 Fort Collins, CO 80525  
 Phone: 970-226-2345  
 Website: [foothillsgateway.org](http://foothillsgateway.org)

**18: STRIVE**

Counties: Mesa  
 Address: 950 Grand Ave.  
 Grand Junction, CO 81502  
 Phone: 970-243-3702  
 Website: [strivecolorado.org](http://strivecolorado.org)

**19: COLORADO BLUESKY ENTERPRISES**

Counties: Pueblo  
 Address: 115 West 2nd St., Pueblo, CO 81003  
 Phone: 719-546-0572  
 Website: [coloradobluesky.org](http://coloradobluesky.org)

**20: ENVISION**

Counties: Weld  
 Address: 1050 37th St., PO Box 200069  
 Evans, CO 80620  
 Phone: 970-339-5360  
 Website: [envisionco.org](http://envisionco.org)

**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:** [coloradocrisisservices.org/chat](http://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.

**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 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 Resources Database 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 CRC?** Join one of five Regional Respite Coalitions around the state  
**Website:** [coloradospitecoalition.org](http://coloradospitecoalition.org) | **Phone:** 303-233-1666 x257

**COUNTY HUMAN SERVICES**

**WHO: County residents in Colorado**

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

To find a local County Human Services department, and their contact information, please visit: [colorado.gov/pacific/cdhs/contact-your-county](http://colorado.gov/pacific/cdhs/contact-your-county)

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.

**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.

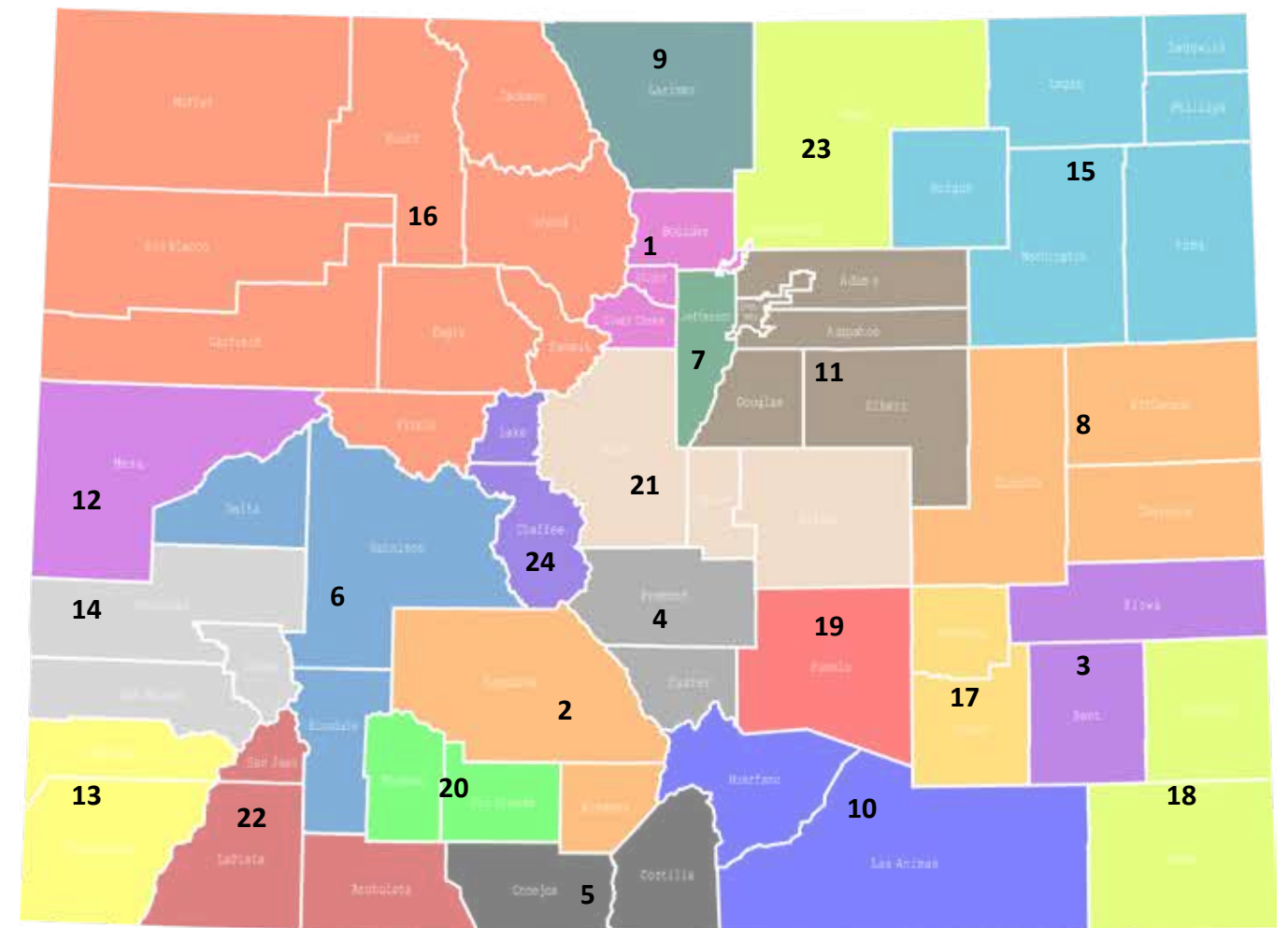
Examples: Alzheimer’s, Autism, Down Syndrome, Arthritis, Mindsource, HCP, etc.

**SINGLE ENTRY POINT (SEP) AGENCIES**  
 WHO: Individuals receiving certain Medicaid HCBS Waivers

Single Entry Point (SEP) agencies are regional entities that serve individuals receiving certain Medicaid Home and Community-Based Services (HCBS) waivers. SEPs provide HCBS waiver application assistance, eligibility and intake assessments, case management, service coordination, and other supports. SEPs provide the majority of services to individuals on adult HCBS waivers, but also serve the Children with a Life Limiting Illness waiver (HCBS-CLLI).

There are 24 regional SEPs in Colorado. Many are co-located with county human services or health departments. Individuals should contact the SEP in the region the adult or child seeking services resides. To determine which SEP covers which county, please see the map to the right.

Use the map below to find regional Single Entry Point Agencies across Colorado:



**1: ADULT CARE MANAGEMENT, INC.**  
 Counties: Boulder, Broomfield, Clear Creek, Gilpin  
 Address: 1455 Dixon Ave., Ste. 105, Lafayette, CO 80026  
 Phone: 303-439-7011  
 Website: [acmico.org](http://acmico.org)

**2: ALAMOSA COUNTY PUBLIC HEALTH DEPT**  
 Counties: Alamosa, Saguache  
 Address: 8900-B Independence Way, Alamosa, CO 81101  
 Phone: 719-589-6639  
 Website: [alamosacounty.org/departments/public-health](http://alamosacounty.org/departments/public-health)

**3: BENT COUNTY PUBLIC HEALTH**  
 Counties: Bent, Kiowa  
 Address: 701 Park Ave., Las Animas, CO 81054  
 Phone: 719-456-0517  
 Website: [bentcounty.net](http://bentcounty.net)

**4: CENTRAL MOUNTAIN OPTIONS FOR LONG-TERM CARE (OLTC)**  
 Counties: Custer, Fremont  
 Address: 172 Justice Center Rd, Canon City, CO 81212  
 Main Phone: 719-275-2318  
 Website: [fremontco.com/human-services/options-long-term-care](http://fremontco.com/human-services/options-long-term-care)

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**5: CONEJOS COUNTY PUBLIC HEALTH AND NURSING SERVICES**

Counties: Conejos, Costilla  
 Address: 19023 S. Highway 285, La Jara, CO 81140  
 Phone: 719-274-4307  
 Website: [conejoscounty.org](http://conejoscounty.org)

**6: DELTA COUNTY DEPT OF HEALTH AND HUMAN SERVICES**

Counties: Delta, Gunnison, Hinsdale  
 Address: 196 W. Hotchkiss Ave., Hotchkiss, CO 81419  
 Phone: 970-872-1000  
 Website: [deltacounty.com/97/Options-for-Long-Term-Care](http://deltacounty.com/97/Options-for-Long-Term-Care)

**7: JEFFERSON COUNTY DEPT OF HUMAN SERVICES**

Counties: Jefferson  
 Address: 900 Jefferson County Parkway, Ste. 170, Golden, CO 80401  
 Phone: 303-271-1388  
 Website: [jeffco.us/human-services](http://jeffco.us/human-services)

**8: KIT CARSON COUNTY HEALTH AND HUMAN SERVICES**

Counties: Cheyenne, Kit Carson, Lincoln  
 Address: 252 S. 14th St., Burlington, CO 80807  
 Phone: 719-346-7158  
 Website: [colorado.gov/kitcarsoncounty/human-services-child-welfare](http://colorado.gov/kitcarsoncounty/human-services-child-welfare)

**9: LARIMER COUNTY DEPT OF HUMAN SERVICES**

Counties: Larimer  
 Address: 1501 Blue Spruce Dr., Fort Collins, CO 80524  
 Phone: 970-498-6300  
 Website: [larimer.org/humanservices](http://larimer.org/humanservices)

**10: LAS ANIMAS COUNTY DEPT OF HUMAN SERVICES**

Counties: Huerfano, Las Animas  
 Address: 204 S. Chestnut St., Trinidad, CO 81082  
 Phone: 719-846-2276  
 Website: [lasanimascounty.net/departments/business-offices/human-services](http://lasanimascounty.net/departments/business-offices/human-services)

**11: COLORADO ACCESS**

Counties: Adams, Arapahoe, Denver, Douglas, Elbert  
 Address: 11100 Bethany Drive, Aurora, CO 80014  
 Phone: 1-877-710-9993  
 Website: [coaccess.com/access-long-term-support-solutions](http://coaccess.com/access-long-term-support-solutions)

**12: MESA COUNTY DEPT OF HUMAN SERVICES**

Counties: Mesa  
 Address: 510 29 1/2 Rd., Grand Junction, CO 81504  
 Phone: 970-241-8480  
 Website: [humanservices.mesacounty.us](http://humanservices.mesacounty.us)

**13: MONTEZUMA COUNTY PUBLIC HEALTH DEPT**

Counties: Dolores, Montezuma  
 Address: 106 W. N. St., Cortez, CO 81321-3189  
 Phone: 970-564-4772  
 Website: [montezumacounty.org/web/departments/public-health](http://montezumacounty.org/web/departments/public-health)

**14: MONTROSE COUNTY DEPT OF HEALTH AND HUMAN SERVICES**

Counties: Montrose, Ouray, San Miguel  
 Address: 1845 S. Townsend Ave., Montrose, CO 81401  
 Phone: 970-252-5000  
 Website: [co.montrose.co.us/107/Health-Human-Services](http://co.montrose.co.us/107/Health-Human-Services)

**15: NORTHEAST CO AREA AGENCY ON AGING**

Counties: Logan, Morgan, Phillips, Sedgwick, Washington, Yuma  
 Address: 231 Main St., Ste. 211, Fort Morgan, CO 80701  
 Phone: 970-867-9409 or 1-888-696-7212 (Toll Free)  
 Website: [necalg.com](http://necalg.com)

**16: HUMAN SERVICES - RIFLE**

Counties: Eagle, Garfield, Grand, Jackson, Moffat, Pitkin, Rio Blanco, Routt, Summit  
 Address: 195 W. 14th St., Rifle, CO 81650  
 Phone: 970-963-1639  
 Website: [garfield-county.com/human-services/options-long-term-care.aspx](http://garfield-county.com/human-services/options-long-term-care.aspx)

**17: OTERO COUNTY DEPT OF HUMAN SERVICES COURTHOUSE**

Counties: Crowley, Otero  
 Address: 13 W. 3rd St., La Junta, CO 81050  
 Phone: 719-383-3166  
 Website: [otero.gov/departments/human-services/adult-services](http://otero.gov/departments/human-services/adult-services)

**18: PROWERS COUNTY PUBLIC HEALTH AND ENVIRONMENT**

Counties: Baca, Prowers  
 Address: 1001 S. Main St., Lamar, CO 81052  
 Phone: 719-336-8721  
 Website: [prowerscounty.net/departments/public\\_health\\_and\\_environment/index.php](http://prowerscounty.net/departments/public_health_and_environment/index.php)

**19: PUEBLO COUNTY DEPT OF SOCIAL SERVICES OPTIONS FOR LONG-TERM CARE (OLTC)**

Counties: Pueblo  
 Address: 201 W. 8th St, Ste. 120, Pueblo, CO 81003  
 Phone: 719-583-6857  
 Website: [county.pueblo.org/government/county/department/social-services/social-services](http://county.pueblo.org/government/county/department/social-services/social-services)

**20: RIO GRANDE OPTIONS FOR LONG-TERM CARE (OLTC)**

Counties: Mineral, Rio Grande  
 Address: 925 6th St., Del Norte, CO 81132  
 Phone: 719-657-4208  
 Website: [riograndecounty.org/departments/business-offices/social-services](http://riograndecounty.org/departments/business-offices/social-services)

**21: ROCKY MOUNTAIN OPTIONS FOR LONG-TERM CARE (OLTC)**

Counties: El Paso, Teller, Park  
 Address: 1645 S. Murray Blvd., Colorado Springs, CO 80916  
 Phone: 719-457-0660  
 Website: [rmoltc.org](http://rmoltc.org)

**22: SAN JUAN BASIN PUBLIC HEALTH**

Counties: Archuleta, La Plata, San Juan  
 Address: 281 Sawyer Drive, Durango, CO 81301  
 Phone: 970-247-5702  
 Website: [sjbhd.org](http://sjbhd.org)

**23: WELD COUNTY AREA AGENCY ON AGING**

Counties: Weld  
 Address: 315 N. 11th Ave., Building C, Greeley, CO 80631  
 Phone: 970-346-6950  
 Website: [weldgov.com/departments/human-services/area\\_agency\\_on\\_aging](http://weldgov.com/departments/human-services/area_agency_on_aging)

**24: CHAFFEE COUNTY HEALTH AND HUMAN SERVICES**

Counties: Chaffee/Lake  
 Address: 448 E. 1st St., Ste. 166, Salida, Colorado 81201  
 Phone: 719-530-2500  
 Website: [chaffee-hhs.org/department-of-social-services](http://chaffee-hhs.org/department-of-social-services)

## 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, 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:** [va.gov/directory/guide/home.asp](https://va.gov/directory/guide/home.asp)

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

**To find VA Caregiver Support Coordinator locations:** [caregiver.va.gov/help\\_landing.asp](https://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:** [vets.gov/welcome-to-va/](https://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 Resource Database. This database is free and easy to use, and contains listings of more than 650 respite providers across the state: [coloradorespitecoalition.org](https://coloradorespitecoalition.org).

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: [bit.ly/CDPHEgoogle](https://bit.ly/CDPHEgoogle).

Online databases such as [care.com](https://www.care.com) can also be a good source for finding independent 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 hire an agency that has multiple program staff (for center-based or community connector programs) or that sends providers to the home. It is important to consider the type of respite care desired and to properly screen providers when engaging in respite care services.

### HIRING AN INDEPENDENT PROVIDER

The ARCH National Respite Network And Resource Center (2017) has developed the following checklist to use when considering an independent provider. It is important to get to know the prospective provider well 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.

#### STEPS TO FOLLOW WHEN HIRING 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 receiving 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 ARCH National Respite Network And Resource Center (2017) also 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 A RESPITE PROVIDER 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

### **Area Agency on Aging (AAA)**

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 limits on the hours or amount of assistance available. This is referred to as the cap or service cap.

### **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.

### **Community Centered Board (CCB)**

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

### **Certified Nursing Assistant (CNA)**

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

### **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.

### **Home and Community-Based Services (HCBS) Waiver**

An extra set of Health First Colorado 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).

### **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.

### **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.

### **Program Approved Service Agency (PASA)**

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.

### **Respite**

Short-term care services during which the primary family caregiver can take a break from caregiving duties, be away 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.

### **Registered Nurse (RN)**

An individual who has passed the national nurse licensing exam and is qualified to perform skilled care tasks, to assist the individuals requiring care

### **Single Entry Point (SEP) Agency**

Regional agencies that provide case management and application support for a number of Medicaid HCBS 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; "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 & 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: [coloradospitecoalition.org](http://coloradospitecoalition.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 available as a resource for respite information and referrals, and caregiver support and education.

## REFERENCES

- AARP Public Policy Institute. (2015). *Valuing the Invaluable: 2015 Update Undeniable Progress, but Big Gaps Remain*. Washington, DC: Reinhard, S., Feinberg, L., Choula, R., Houser, A.
- ARCH National Respite Network And Resource Center. (2017, November). *ABCs of Respite: A Consumer Guide for Family Caregivers*. Retrieved from [https://archrespite.org/images/docs/ABCs\\_of\\_Respite/ABCsofRespite\\_Updated\\_6-17.pdf](https://archrespite.org/images/docs/ABCs_of_Respite/ABCsofRespite_Updated_6-17.pdf)

ARCH National Respite Network And Resource Center. (n.d.). *Welcome to the ARCH National Respite Network and Resource Center*. Retrieved from <https://archrespite.org/>

Department of Health Care Policy and Financing Office of Community Living. (2018, August). *Colorado Home and Community-Based Services (HCBS) Waivers: Adult Waivers*. Retrieved from <https://www.colorado.gov/pacific/sites/default/files/CO%20HCBS%20Adult%20Waiver%20Chart-August-2018.pdf>

Department of Health Care Policy and Financing Office of Community Living. (2018, June). *Colorado Home and Community-Based Services (HCBS) Waivers: Children's Waivers*. Retrieved from <https://www.colorado.gov/pacific/sites/default/files/CO%20HCBS%20Children%20Waiver%20Chart-June%202018.pdf>

Folden, S., Coffman, S. (1993). Respite care for families of children with diabetes. *Journal of Pediatric Health Care*, 7(3), 103-110.

Robertson, J., Hatton, C., Wells, E., Collins, M., Langer, S. (2011). The impacts of short break provision on families with a disabled child: an international literature review. *Health and Social Care in the Community*, 19(4), 337-371.



