




Policy and Procedures

<u>Department Name</u> Fiscal		
<u>SUBJECT:</u> Respite Provider Pay	<u>POLICY NUMBER:</u> AP-455	
<u>Approval</u> 	<u>Effective Date:</u> 11-3-2020	<u>REPLACES :</u> AP-455, 3/29/2017

- I. **PURPOSE:** This policy provides direction for respite pay for providers.
- 11. **REVIEW HISTORY:** August 1, 2003, revised September 17, 2014 and March 29, 2017.
- 111. **CONTACT:** Chief Financial Officer
- IV. **PERSONS AFFECTED:** Lead Agency staff and respite care providers
- V. **POLICY:**

Respite Services - This is to be used to record payment for full time care of a child for a short period of time by a person who has been approved as a respite care provider in order to allow the primary caregiver a short period of time for rest and relief from the care and responsibility of the child. When foster parents need temporary respite (time-off) from the care of a child, Children’s Network of SWFL, LLC will pay a respite provider to care for the child during the foster parent’s director-approved respite period. Respite payments are limited to 12 days per fiscal year (July 1st through June 30th) *for each foster home* and paid at a rate of \$14.00 per day of service delivered. Respite payments that exceed the 12 days per year requirement will be recouped from future payments as required.

VI. PROCEDURE

- 1. The Accounting Department will receive all requests for respite which normally comes from CMO units and processed by the placement office. A Multi-Purpose Placement/Change Request Form will be completed with the child name, ID, case id, current provider name and FSFN ID, respite provider name and FSFN ID, date start and end of respite periods. The CMO Placement Unit must approve the number of respite care days and daily pay rate, and forward to Accounts Payable for generation of a Form 188 and subsequent payment in a timely manner.

2. The CMO Placement Units should submit the required respite care forms as placement is secured. The pay request should be for the care given. These payments will be processed through the DCF FSFN system and generate a Form 188 for audit documentation and payment.
3. Payment request for respite care pay will be processed through the accounting system Accounts Payable on each Wednesday or Friday and will either be mailed or direct-deposited on the next business day.
4. The Children's Network shall ensure that the respite provider receives payment. Generally if the check is not direct-deposited, either the respite provider will pick it up a check at the corporate office or it will be mailed to the respite provider's home. If mailed, the checks will be sent via regular U.S. Mail. Due to the cost involved, do not use overnight delivery for this purpose.
5. All respite transactions will be marked as an IRS Form 1099 reportable event.

RESPIRE REQUEST

Information

Referral Date: _____ Time: _____ Agency: _____ County: _____
 CWCM _____ Phone Number: _____
 Case Name: _____ Case ID #: _____ Child II _____
 Child or YA Name: _____ DOB _____ SSN _____

Medications and Dosage

#1 _____ #3 _____
 #2 _____ #4 _____

DJJ or Criminal History: _____ Charges: _____ Probation Status: _____

Mental Health or substance abuse background? _____
 Visitation Schedule: _____

School Information

Current School/Daycare: _____ Grade: _____

Respite

Current Provider: _____ Respite Provider: _____
 Respite Begin Date: _____ Respite End Date: _____
 Provider FSFN #: _____ Provider FSFN #: _____