COMMUNITY BRIDGES EARLY SUPPORT & SERVICES

RESPITE GUIDE FOR FAMILIES

Community Bridges is a private non-profit area agency designated by the State of New Hampshire to assist families who have a child or family member with a developmental disability and/or acquired brain disorder. Community Bridges is committed to assisting individuals and families obtain supportive services and natural supports to reside, work and participate fully in their communities. Individual & Family Support and Respite Services are an integrated system of direct supports and services for families.

Community Bridges Mission Statement

Community Bridges will advance the integration, growth and interdependence of people with disabilities within their home communities and will be a leader in the delivery of and advocacy for innovative supports to individuals and their families.

Early Supports & Services Mission Statement

Early Supports and Services are dedicated to assisting individuals and families, through education and support, to develop and achieve their personal visions.
MAILING ADDRESS: Community Bridges,
162 Pembroke Road
Concord, NH 03301

MAIN PHONE LINES: 603-225-4153 or 1-800-499-4153

DIRECT VOICE MAIL: 603-226-3212 or 1-800-225-4779
plus extension number

FAX NUMBER: 603-225-0376

WEBSITE: www.communitybridgesnh.org

BUSINESS HOURS: Monday through Friday, 8:30 a.m. – 4:30 p.m.

INDIVIDUAL & FAMILY
SUPPORT PROGRAM 162 Pembroke Road, Concord, NH 03301
PHYSICAL ADDRESS:

DIRECTIONS: Heading North on I-93, take Exit 14. Right onto
Loudon Road to Canterbury Road. Right onto
Canterbury Road. Left onto Pembroke Road.

Heading South on I-93, take Exit 14. Left onto
Loudon Road to Canterbury Road). Right onto
Canterbury Road. Left onto Pembroke Road.
24-HR ON-CALL HELP:

For emergencies after hours, use the main phone lines to contact the answering service; they will page the Individual & Family Support Staff on-call to assist you.

RESPITE QUARTERS

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
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</thead>
<tbody>
<tr>
<td>July 1 to Sept. 30</td>
<td>Oct. 1 to Dec. 31</td>
<td>Jan. 1 to Mar. 31</td>
<td>April 1 to June 30</td>
</tr>
<tr>
<td>Reimbursement Request Vouchers Due by: Oct. 10th</td>
<td>Reimbursement Request Vouchers Due by: Jan. 10th</td>
<td>Reimbursement Request Vouchers Due by: April 10th</td>
<td>Reimbursement Request Vouchers Due by: July 10th</td>
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CONTACT INFORMATION

Karen Lofgren
Director of Childhood Services        Ext 278
klofgren@cbinnh.org

Stacy Knight
Assistant Director of Childhood Services Ext 212
sknight@cbinnh.org
RESPITE SUPPORT

*Community Bridges complies with NH Respite Care Standards as mandated in He-M513.*

**What Is Respite Support?**
Respite is defined as *occasional, short-term* care for an individual who is eligible for such support, in or out of the individual’s home, for the *temporary* relief and support of his or her primary caregivers.

**Respite support is not to be used for “daycare,” and cannot occur while the primary caregivers are working.**

****Allocations usually are made to assist caregivers in receiving an average of 8-10 hours of respite support per month.

**How Are Respite Services Developed?**
The primary caregivers identify a respite need and discuss it with their Individual and Family Support Case Manager. The Case Manager will work with the family to identify all possible supports and resources, which may include agency respite funds as needed and as available.

When the Case Manager and the family have determined there is a need for respite and respite has been approved by the Director of Case Management, a Basic Service Agreement will be created. The Individual & Family Support Program Assistant will notify the family by mail. The family will receive The Respite Guide for Families and Family Reimbursement Vouchers.
Any need for a change in an allocation must be discussed with the Individual and Family Support Case Manager. The Individual and Family Support Case Manager will present the request to the Program Director and the Case Manager will inform the family of the decision.

Who Provides Respite Support?
Respite can be provided by anyone with whom the primary caregivers feel comfortable and whom they believe will provide a safe and enjoyable environment for the individual.

Families are required to maintain monthly contact and semi-annual face to face meetings with their Case Managers in order to continue receiving respite funds.

Respite can be provided by:

- neighbors
- relatives (e.g. grandparents, siblings, aunts/uncles, cousins)
- church friends
- friends
- health care workers
- students from local high schools or colleges
- 1:1 school aides
- other staff members from schools or from other agencies
Just as one would search for providers for a child who does not experience a disability, families of children with disabilities may look for their own respite provider from within their natural support system.

Whether support is being sought for a child or an adult, it is always helpful for primary caretakers to ask those they know for ideas regarding people who may be willing to provide respite. Families truly need to network as much as possible in order to develop a strong network.

When interviewing a Respite Provider:

- Verify References
- Ask questions that are pertinent to the individual’s and family’s needs

**It is the responsibility of the primary caregivers to provide all training and information necessary to best support the individual.**

Still having trouble finding a respite provider? Here are some “Helpful Hints:”

- Contact School Guidance Counselors to connect with responsible students
- Post index cards on high school and college bulletin boards
- Post index cards at Day Care Centers
- Seek guidance from your Case Manager

Here are some incentives for Respite Providers:

- Building relationships
- Community Service
- Experience in a related field
- Extra Cash
Please note:

- The parents/guardians of an individual eligible for reimbursable respite cannot provide “Respite Support”
- The stepparents and/or domestic partners of parents who have a child eligible for reimbursable respite cannot provide “Respite Support.”
- Community Bridges is unable to accept or reimburse a voucher if the parent/guardian, or his/her spouse or domestic partner, is listed as the provider.

Where May Respite Support Occur?
Respite support may take place in many settings; we encourage families to be creative. The setting the family chooses will depend upon the needs of the individual and the family. Respite can occur:

- in the family’s home
- in a community setting
- in the home of a neighbor, relative or friend

How Is The Person Providing Respite Paid?

When families use their own providers:

1. They must negotiate rates and schedule respite support.
2. Families should negotiate a reasonable flat rate for 12 hours or more of respite.
3. Families then pay their own providers directly
4. Families submit Family Reimbursement Request Vouchers to Community Bridges.
5. Community Bridges does not reimburse for expenses other than Respite Support.

Please Note: This amount cannot exceed the total amount of your quarterly allocation. If a family chooses to pay their provider a higher hourly rate, they are responsible for the difference. Please contact your Case Manager or the Individual & Family Support Program Assistant with any questions.
It is the best practice for vouchers to be completed and submitted within seven (7) days after respite occurs. Please refer to Page 2 of the Respite Guide or your Basic Service Agreement for the last acceptable date vouchers can be submitted for the current quarter. Vouchers may be sent in by U.S. mail, hand delivery, fax or email. An electronic version of the voucher can be found at our website at www.communitybridgesnh.org. Click on the Resources tab and choose Family Resources. There you will find the Family Reimbursement Voucher and a copy of the Respite Guide for Families. Follow the instructions to fill out and submit the Voucher:

1. Parent/Guardian enters the name of your family member who received respite support.
2. Parent/Guardian enters the name, address and phone number of the person that provided respite to your family member.
3. Enter the respite dates/times/rate and amount paid for each service date.
4. Respite provider signs the document each time they provide respite service.
5. Parent/Guardian completes the bottom half of the form including signing the form.

**Respite is reimbursed on a biweekly basis:**

- Respite Vouchers are **due by Noon on Friday (please see the Respite Reimbursement schedule for exact dates of when they are due by)**
- Respite reimbursement checks will be **mailed the following Friday according to the Respite Reimbursement schedule**
- Late respite vouchers (those not received by Noon time on Friday) will not be reimbursed until the next reimbursement period.

If you presently submit your respite vouchers monthly or even quarterly, you can continue to do so. Just know that they will be processed and checks cut according to the schedule below. We’ve attached a calendar for your reference. Please call your Case Manager or Stacey McCormack if you have any questions about this process change.

**Family reimbursement checks are generally mailed out on Fridays. The Business Office does not make checks available for pick up at Community Bridges. Please allow a few days for postal delivery.**
**PLEASE NOTE:**
If there is a holiday in a given week, vouchers must be here by noon on the Thursday before the week with the holiday.

**RESPITE REIMBURSEMENT CALENDAR FOR 2024**

<table>
<thead>
<tr>
<th>Vouchers Due</th>
<th>Checks Mailed</th>
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<tbody>
<tr>
<td>December 29th</td>
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<td>January 12th</td>
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<td>January 26th</td>
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<td>February 9th</td>
<td>February 16th</td>
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<td>February 23rd</td>
<td>March 1st</td>
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<td>March 8th</td>
<td>March 15th</td>
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<td>March 22nd</td>
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<td>April 5th</td>
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<td>May 24th</td>
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<td>May 31st</td>
<td>June 7th</td>
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<td>June 14th</td>
<td>June 21st</td>
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<td>June 28th</td>
<td>July 5th</td>
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<td>July 12th</td>
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<td>July 26th</td>
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<td>August 23rd</td>
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<td>September 6th</td>
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<td>November 1st</td>
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<td>November 15th</td>
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<td><strong>November 27th (November 28th &amp; 29th are holidays)</strong></td>
<td>December 6th</td>
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<tr>
<td>December 13th</td>
<td>December 20th</td>
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Please pay particular attention to those dates that are in bold - they are exceptions to the rule due to Community Bridges holiday schedule.
How Is The Family Reimbursement Request Voucher Filled Out?
The following page shows an example of how to properly fill out a Family Reimbursement Request Voucher. Families who have any questions regarding the proper completion of vouchers should contact their Case Manager or the Individual & Family Support Program Assistant.
FAMILY REIMBURSEMENT REQUEST VOUCHER

Respite Support for  ____________ John Doe Jr. __________________________
(First Name AND Last Name of individual receiving supports)

Respite Provider Full Name  ____________ Jane Smith __________________________

Provider Address & Phone No.  ____________ 123 Avenue St. Town NH 603-555-1234 ____________

<table>
<thead>
<tr>
<th>Date Respite Provided</th>
<th>Time Respite Began</th>
<th>Time Respite Ended</th>
<th>Total # of Hours</th>
<th>Hourly/ Daily Rate</th>
<th>Amount Paid by Family</th>
<th>PROVIDER SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/21</td>
<td>6:00 PM</td>
<td>7:30 PM</td>
<td>1.5</td>
<td>$8.00</td>
<td>$12.00</td>
<td>Jane Smith</td>
</tr>
<tr>
<td>07/02/21</td>
<td>5:00 PM</td>
<td>8:00 PM</td>
<td>3</td>
<td>$8.00</td>
<td>$24.00</td>
<td>Jane Smith</td>
</tr>
</tbody>
</table>

Total Amount Paid by Family to this provider  $36.00

Parent/Guardian Signature:  ____________ Sally Doe __________________________
to attest that respite was provided and provider was paid

Are you satisfied with respite and its ability to meet your needs?  X Yes  ☐ No  If no, please explain:

Community Bridges **reimburses** parents/guardians directly.
Parents/guardians are responsible for paying providers at the time respite is provided.
Please fill in the parent/guardian name and address where we will mail the check.

Name:  ____________ Sally Doe __________________________
Mailing Street Address:  ____________ 321 Avenue Ln. __________________________
Town:  ____________ City __________________________
State:  ____________ NH __________________________
Zip Code:  ____________ 03301 __________________________

Telephone #:  ____________ 603-555-9876 __________________________
Date Submitted:  ____________ 07/16/2021 __________________________

Is this a new address? Check here:  ☐  Check here if you need more forms sent to you:  ☐

A T T E N T I O N
It is important that the information reported on this form is **accurate**. Respite reimbursements are paid out of **Federal funds**; vouchers may be subject to **Medicaid audits**. *Only list dates and times that you actually paid someone to provide support. You may be required to file a **1099-misc form** for monies **over $600.00** paid to one provider. You may be required to withhold and pay employment taxes if a provider was paid **$2000.00** or more in one year. These limits do change. **Please refer to IRS Publication 926 and IRS Publication "A Guide to Information Returns."**

PLEASE SUBMIT WHITE COPY TO COMMUNITY BRIDGES – FAMILY/PROVIDER KEEP YELLOW COPY