LIFESPAN RESPITE CARE GRANT
EMERGENCY RESPITE CARE FUNDS FLOWCHART

NEED FOR EMERGENCY RESPITE CARE IS DETERMINED BY THE AGENCY

AGENCY
- Need for emergency respite care determined
  - Complete application SFN 548
- Provider agreement SFN 559
- Assist with finding a provider
  - Provide copy of emergency respite care service standards to caregiver/care recipient
  - Copy of the sample worksheet/journal

AGENCY GIVES TO PROVIDER
- Completed application SFN 548
- IRS substitute W-9 SFN 53656
- Copy of a provider service log SFN 546

AGENCY SENDS TO AGING SERVICES
- Completed provider agreement SFN 559
- Copy of the emergency respite care service standards

AGING SERVICES
- Determines eligibility
  - Provide copy of authorization SFN 565 to agency
- Return copy of approved provider agreement SFN 559 to agency
- Assist caregiver/care recipient in seeking other emergency respite care

AGENCY IF DENIED:
- Notify caregiver/care recipient of denial
  - Provide copy of authorization SFN 565 to caregiver/care recipient

AGENCY IF APPROVED:
- Notify caregiver/care recipient of approval
  - Provide copy of authorization SFN 565 to caregiver/care recipient
- Complete provider service log SFN 546

PROVIDER
- Complete provider service log
  - Submit provider service log SFN 546 to Aging Services for payment
  - Complete worksheet/journal and retain for 75 months
- Payment sent directly to the provider

AGING SERVICES
- Reviews provider service log
- Submits to Department of Human Services (DHS) Fiscal Division for payment
- Payment sent directly to the provider