



Lifespan Respite Washington

*“Music to their Ears: Creating a
Statewide Respite Voucher System”*



A longstanding dream...

- Respite coalition formed in 2002 to establish respite in Washington State
- Acknowledged the importance of existing respite options
- Administered a statewide survey of caregivers
 - Learned family-driven respite is a top need
- Collaborated with known programs to expand services

- Family Caregiver Support Program
- Developmental Disabilities Administration
- Exceptional Family Members Program
- Veterans Administration Caregiver Program
- Creative Respite Options

With three grants from the federal Administration on Aging, through WA State, DSHS/Aging & Long Term Support Administration--

2011 - Collaboration with existing programs:

- Aging & Disability Resource Center
- The Arc of King County (host site)
- Volunteer Chore Services
- Girl Scouts of Western Washington
- Child Care Aware

2013 - Develop a PILOT respite voucher system

- Across the lifespan, statewide
- For caregivers supporting those with special needs
- Not receiving respite from other public services
- And not receiving care services; e.g., Medicaid Personal Care
- Providing 40 hours or more of unpaid caregiving per week
- No income limitations
- Initial use of a Random Selector Process

2014 - Use lessons learned to enhance voucher system

- Increase options and collaboration with—
 - Military
 - Faith-based
 - Cultural/ethnic
- Focus on sustainability

We also...

- Formed a voucher oversight committee;
- Developed policies, procedures, forms and marketing materials;
- Met routinely as a coalition of respite advocates and...

...launched our website

www.lifespanrespitewa.org

*[Note the respite summit
announced on the website!]*



HOME CONTACT SITEMAP

Text Size: **M** L X

About UsFor Family CaregiversFor Service ProvidersFind Respite CareResourcesNews & Events

About Us

HERE IT COMES! Our summit, "Planting Seeds for Respite" will take place on 10/22-23 in Dupont, WA (near Lacey/Olympia).

To register and get more information, click [HERE](#).

We hope you will join us for this exciting opportunity to learn about innovative respite programs and provide input for the future of respite in our state.

Apply for a Lifespan Respite Washington Pilot Voucher [here](#).

What is Lifespan Respite Washington?

Lifespan Respite Washington began in 2002 as a statewide coalition known as the Respite & Crisis Care Coalition of Washington, hosted through The Arc of King county. As it has grown and the needs have become more statewide and cross-representative, Easter Seals Washington is now the host site.

The coalition is comprised of about 500 family caregivers and staff from organizations across the state, representing all populations regardless of age ("lifespan"), income, cultural or



"It is one of the beautiful compensations of life that no man can sincerely try to help another without helping himself."

—Ralph Waldo Emerson

Check out our [News and Events](#) Page for current respite activities!

lifespan:

the duration of existence of an individual

respite:

an interval of rest or relief

Choose Your Language

 [Select Language](#) ▼



Something was missing:

Respite for...
...unserved family caregivers



START HERE:
Unpaid Family Caregiver contacts local agency, ADRC, or I&R resource to request respite/short break.

Agency determines family's eligibility for respite through current funding streams.

Family is not qualified for other respite services.

Family is eligible for funding stream such as FCSP.
<http://www.dshs.wa.gov/odd/Publication/ps/22-1331.pdf>, DDD,
<http://www.dshs.wa.gov/odd/eligibility.html>, etc. Referral is made.

Unpaid family caregiver is eligible for respite services but respite is unattainable; e.g., wait list.

Agency refers family to Voucher System:

Vendor

Vendor

Markets the program to their constituents.
Vendor

Agency applies to become a vendor through a competitive procurement process.

Vendor is accepted as an agent.

Vendor markets to its constituents.

Caregiver learns about the respite voucher process.

1. Applies to vendor via simple process.

Vendor receives and processes application through LRW/ESW.

2. Agrees to terms.

3. Fills out pre-survey.

4. Finds, interviews and accepts own respite resource.

5. RESPITE!

6. Fills out post-survey.

HOPEFUL OUTCOME:
Care Giver & Care Recv'd are more rested and relaxed!

Easter Seals sends check to _____.

Vendor is not accepted as an agent. If qualified, is encouraged to apply again when more funding comes.

WASHINGTON STATE
Lifespan Respite
www.lifespanrespitewa.org
1.800.678.5708



Through Easter Seals Washington, LRW contracted with 25 Respite Provider Agencies representing:

- In-home care;
- Day programs;
- Camps;
- Parks & Rec;
- Specialized case aides

Lifespan Respite Washington training standards:

Respite Provider Agencies ensure workers are trained according to Washington State Statute where applicable; e.g., long-term care providers.

Those not required to receive this training; e.g., camps, recreation programs, etc., must at least meet the following training standards **for their staff/volunteers**:

1. First Aid/CPR for the population served;
2. Proper care instructions for the special care needs of the intended respite receiver;
3. Mandated reporting requirements;
4. Basic cultural and population-specific sensitivity;
5. Any other certification or licensure required to conduct the RPA's specific line of business services related to proper care instructions.

No independent providers were used....

Contracted with proven agencies that could provide certain assurances:

[www.app.leg.wa.gov/rcw/default.aspx?cite=18.88a&full=true;](http://www.app.leg.wa.gov/rcw/default.aspx?cite=18.88a&full=true)
www.app.leg.wa.gov/rcw/default.aspx?cite=74.34&full=true

- Criminal background clearance process;
- Insurance requirements according to State standards;
- Uphold confidentiality / HIPAA laws;
- Maintain disability awareness standards;
- Meet Washington State's training standards under Statute, RCW titles 18.88A and B and Title 74; and
- Meet program "standards of excellence".


March 14, 2014:

Announced our respite voucher system!



Policies and Procedures

and Forms



Application for Lifespan Respite Voucher

Please print

Unpaid Family Caregiver <small>(Family, friend, or neighbor)</small>	Individual in Need of Care
Caregiver Name: _____	_____
Prefers to be called: _____ <small>(e.g. first name, or "Mrs. ...")</small>	_____
Age: _____ <small>To offer appropriate resources.</small>	Age: _____ Birth Date: _____ / _____ / _____ <small>month/year</small>
Street Address: _____	<input type="checkbox"/> Or check here if address is same as caregiver
Mailing Address: _____ <input type="checkbox"/> Check if preferred method of contact	_____
City/Town: _____	_____
Zip Code: _____	_____
Home County: _____	_____
Phone Number: _____ <input type="checkbox"/> Check if preferred method of contact	_____
Alternate Phone Number: _____ <input type="checkbox"/> Check if preferred method of contact	_____
Email: _____	_____

Caregiver's relationship to person needing care: _____

How much care to you provide on average? _____ days per week _____ average hours per day

Where did you learn about this program (website, organization, etc.)? _____

Name of individual who referred you: _____

Contact information: _____


May we contact the above individual for additional information? ☐ Yes ☐ No

Please tell us a little more about yourself and your loved one. The information you provide below will not be associated with your name in any reports to the funder. Neither will it affect any decisions made about your eligibility to receive respite care through this voucher system. It may help the program gain additional funding.

The individual I provide care/supervision for has (check all that apply):

<input type="checkbox"/> A physical disability	<input type="checkbox"/> An intellectual/developmental disability
<input type="checkbox"/> An emotional or behavioral concern	<input type="checkbox"/> A memory condition; e.g., Alzheimer's, dementia, etc.
<input type="checkbox"/> Medical support needs; e.g., medication reminders, etc.	<input type="checkbox"/> Assistance needs with one or more activities of daily living; e.g., feeding, dressing, bathing, etc.
<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Another diagnosis; e.g., ASD, Down Syndrome, etc.

Please describe further: _____




Easter Seals Washington
"Creating Solutions - Changing Lives"

Mail: 200 West Mercer Street, Suite 210E
Seattle, WA 98119

Return to: Project Coordinator
Lifespan Respite Washington
Email/scan: info@wa.easterseals.org
FAX: 206.284.0938

Questions: 206.281-5700, x.108,
or 1.800.678.5708



Caregiver Application for Respite Care Services, continued

Page 2 of 2

The person cared for is receiving an in-home or out-of-home service through a formal service such as MPC, COPES, VA, etc. (Reference instructions, #10.) ☐ No ☐ Yes

If yes, name of program: _____

I (the caregiver) receive respite care through a formal or public system such as the DDA, VA, FCSP, etc. (Reference instructions, #9.) ☐ No ☐ Yes

If yes, name of program: _____

Marital Status:

<input type="checkbox"/> Married or sharing household with committed partner	<input type="checkbox"/> Widowed
<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced	

Household Income:

<input type="checkbox"/> \$0 - \$9,999	<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$40,000-\$49,999	<input type="checkbox"/> \$60,000 - 69,999
<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$30,000 - \$39,999	<input type="checkbox"/> \$50,000 - 59,999	<input type="checkbox"/> \$70,000 and up

CAREGIVER:	CARE RECEIVER:
Home Location:	
<input type="checkbox"/> Rural	<input type="checkbox"/> Rural
<input type="checkbox"/> Suburb	<input type="checkbox"/> Suburb
<input type="checkbox"/> Urban	<input type="checkbox"/> Urban
Ethnicity: (Check all that apply.)	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Latino	<input type="checkbox"/> Latino
Race: (Check all that apply.)	
<input type="checkbox"/> African American / Black	<input type="checkbox"/> African American / Black
<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> American Indian / Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Native Hawaiian / Pacific Islander
<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> White / Caucasian
<input type="checkbox"/> Mixed Race	<input type="checkbox"/> Mixed Race

Funding for this project has been provided by the U.S. Administration on Aging, Administration for Community Living, Grant #90LR0036-01-00.

Desired respite care need:

☐ In-home ☐ Residential ☐ Recreational/Camp ☐ Adult Day Center

☐ Other (specify agency/contact information/ideal situation): _____

Amount of respite needed (days, hours, overnight, etc.): _____

The information provided in this application is true and accurate. I have read the instruction page accompanying this application so I realize: (1) This is not a crisis response system; (2) approximately ten applications will be selected by a confidential, computerized, random selector; (3) this pilot project will likely be a popular one so efforts will be made to process applications in as timely a manner as possible; (3) there is no guarantee my application will be selected; and (4) respite services will not be paid for without prior authorization by Easter Seals Washington. Additional information is available on www.lifespanrespitewa.org.

Signature: _____

Printed Name: _____ (Date) _____

REVISED 3/25/14 (reformatted 4.7.14) ☒

a simple application process...



Welcome to our first-ever **Lifespan Respite Voucher Program**, beginning in March, 2013! We are thrilled to be able to offer a resource for unpaid family caregivers who have no access to respite care and other supports through current systems. The goal of this respite voucher pilot project is to show community members and policy makers just how valuable respite is in reducing social, economic, and health problems to all caregivers, thereby keeping family members together.

Instructions. Attached is the application for the program. Please fill it out and return it as soon as possible. Applications must be received by close of business the day before the drawings are held (reference #13). If you provide care to more than one care receiver, on the application, simply print out page two for each care receiver/family member. There are three ways to send these applications. You may **fax, email, or postal mail** your application, as noted:

Email/scan: info@wsa.easterseals.com
FAX: 206.284.0938

Postal mail: Easter Seals Washington
ATTN: LRW Project Coordinator
200 West Mercer Street, Suite 210E
Seattle, WA 98119

Questions: 1.800.678.5708, extension 108
(NOTE: Call volume is high right now. Your message is date/time-stamped. A response will occur as soon as possible.)

Unpaid Family Caregiver Qualifications to Receive a Respite Voucher. It is likely that caregivers of individuals who need support in personal care, supervision, and monitoring, will find themselves in need of respite (or short breaks) from time to time. No group of caregivers is more important than others. The purpose of this federal pilot grant is to meet planned respite needs for unserved and unpaid family caregivers. Respite for "caregivers" through respite provider agencies (RPA), versus individual providers, must meet the following criteria for the caregiver service population:

1. The **unpaid** family caregiver provides care for a family member, friend, or neighbor (broadening the definition of "family").
2. The caregiver provides care for **40 hours or more per week**, including supervision, monitoring, meeting personal needs (e.g., transportation or errands) or direct personal care.
3. The family member providing the "usual" care/supervision for the child or adult with a special need is **not paid for their services**.
4. The caregiver who would receive the respite services and the care receiver **reside in Washington State**.
5. The care receiver is of **any age** from across the lifespan.
6. The needed respite care is **not emergent** (crisis-related); some time needs to be allowed for planning the respite event/episode.
7. The caregiver may not sign up for respite with a provider agency without **first being notified in writing** by Lifespan Respite Washington/Easter Seals Washington.

Caregiver Application Instructions/Qualifications, continued

8. The care receiver has a "special need".
9. The family is not the recipient of in-home or out-of-home services through other **publicly-funded** programs that give caregivers a break, such as those provided through the Veterans Administration (VA), Community Options Program Entry System (COPEs), Developmental Disabilities (DD) Waiver, Family Caregiver Support Program, or the like.
10. However, the family caregiver can receive a respite voucher if the caregivers are on a wait list and not **scheduled to receive services** from a formal respite care program by **September 2014**.
11. The caregiver will note on their application that they are applying for this no-cost program because they do **not have the means by which to pay** for respite services independent of this program. They will need to provide generalized family income on their application.
12. A **computerized random selector** will be utilized twice a month to distribute the voucher awards by region (five from eastern Washington and five from western Washington) on or about the 15th and 31st of each month. If this falls on a weekend, then it will occur the following Monday. All applications must be received by close of business on the preceding business day. If there are not enough applications from one side of the state, additional applications will be selected from the broader pool.
13. Caregivers are **not guaranteed** the maximum number of dollars available; some may receive smaller vouchers based on the type of respite requested.
14. Caregivers must agree to **work with authorized Respite Provider Agencies (RPA)**. Individual (independent) providers—including other family members, friends, or registered providers—may not be used for this respite voucher system.

For **additional information** about this respite voucher system, please check out the website, www.lifespanrespitewa.org. This website provides information about definitions, respite providers who have signed Agreements, and other helpful links and information. If you do not have access to the Internet, please contact the Lifespan Respite Project Coordinator at 1.800.678.5708 (ext. 108) to request a copy. Or, perhaps a friend or agency contact can simply print a copy for you from the website.

REVISED 3/15/14



Easter Seals Washington
"Creating Solutions • Changing Lives"

Funding for this project has been provided by the U.S. Administration on Aging, Administration for Community Living, Grant #90LR0036-01-00: **Building Integrated and Sustainable Lifespan Respite Care Programs.**



SPECIAL NEED: As described by the Lifespan Respite Act of 2006, "special need" means:

Adult. An individual 18 years of age or older who requires care or supervision to:

1. Meet the person's basic needs;
2. Prevent physical self-injury or injury to others; or
3. Avoid placement in an out-of-home, long-term care setting.

Child. An individual less than 18 years of age who requires care or supervision beyond that required of children generally to:

1. Meet the child's basic needs; or
2. Prevent physical injury, self-injury, or injury to others.

...outlining eligibility requirements.

Vouchers are awarded

Awarding about
100 vouchers @
\$1,000 each

Based on
caregiver choice

30% of
anticipated
applicants were
received within
the first week



RESPITE VOUCHER AWARD

Congratulations!

You, [Unpaid Family Caregiver] have been awarded an opportunity to receive respite
for the important role you have in caring for [Care Reciever].

To get started:

- You may use these funds in a method that best suits your needs—a few hours a week, or a block of time/days for extended respite up to a maximum of \$1,000.00, as pre-arranged through Easter Seals Washington and one of our approved respite provider agencies listed on our website, <http://www.lifespanrespitewa.org/lifespan-respite-washington-voucher-system/#Welcome>.
- *First, though, you will let us know your choice within two weeks, and a Caregiver Agreement for Respite Care Services will be sent to you for signature.*
- *We will forward a signed copy to the Respite Provider Agency (RPA).*
- *You must use your funds within 60 days or risk losing them. (Call the Project Coordinator if there are questions.)*
- Reference the attached Award Letter that further outlines the process for getting this well-deserved time to yourself.



Signed: _____

Date: _____



Easter Seals Washington
"Creating Solutions - Changing Lives"

Mail: Project Coordinator
200 West Mercer Street
Suite 210E
Seattle, WA 98119

Email/scan: info@wa.easterseals.com

206.281.5700, x 108 (Direct)
1.800.678.5708 (Toll-free)
206.284.0938 (FAX)

Continued honing the process

- Family Caregiver Agreements
- Pre-survey of family caregiver
- Challenges included—
 - Respite Provider Agencies (in-home) not required by statute to have 1st Aid/CPR training--
 - required all new inter-agency agreements three months into the program
 - Which reduced options in some communities, creating supply-demand inequity
 - Caregiver reluctance to follow through with services
 - Misunderstanding of available options and process
 - Need more intensive case management to walk through the options
 - Attrition rates due to death, disability, out-of-home placement affected follow-through

A married couple from Spokane had been unable to receive publicly-funded respite. They were reluctant to explore respite until now, believing their son could not be left alone. Plus they “did not feel comfortable leaving him with standard babysitting options”.

They were willing to try the voucher system because it involved Easter Seals and its caregiver options. During respite they planned to:

8. Please list 2-3 plans/goals you might have while taking this respite break; e.g., self-care, household errands, etc.

1) ERRANDS / SHOPPING

2) TAKING OTHER KIDS TO SUMMER EVENTS

3) LEARN HOW SYSTEM WORKS AS WE PLAN TO
CONTINUE ~~ONCE~~ WE FEEL COMFORTABLE WITH WORKING

Anything else you wish for us to know? WITH OTHERS / CAREGIVERS

~~LONG-TERM~~ LONG-TERM OPTIONS,

The father was almost giddy...

...as he explored options through the voucher system. He settled on in-home companion care for his son.

Nearing the end of their respite opportunity, he stated:

"The \$1,000 grant for A's respite was wonderful. Thank you so much. It opened our eyes about how to find respite and care for our son which we hope to continue for many years. Thank you."



And that is what it is all about....

Music to their ears!



c/o Easter Seals Washington

200 West Mercer Street, Suite 210E
Seattle, WA 98119

www.wa.easterseals.com

ARCH National Lifespan Respite Conference, 10/7-9, 2014
Nashville, TN

- Linda J. Porter
- Project Coordinator
- lporter@wa.easterseals.com
- 800.678.5708, x 108

In partnership with the Washington State, Department of Social & Health Services (DSHS), Aging & Long Term Support Administration:

- Hilarie Hauptman, Hilarie.Hauptman@dshs.wa.gov, 360-725-2556, or
- Dana Allard-Webb, allardr@dshs.wa.gov, (360)-725-2552