

HARTWOOD FOUNDATION, INC.
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=====WE'RE OPENING A LOT OF DOORS=====

Respite Subsidy Program

Reimbursement Procedures

To streamline the process of Reimbursement for Respite Subsidy Program expenses, the Hartwood Foundation, Inc business office will be directly involved in the Reimbursement Process.

The new pre-authorization and reimbursement procedures are as follows:

PRE-AUTHORIZATION

STEP 1: Organize information as follows:

- a. Date of Pre-Authorization Call
- b. Parent/Guardian Name
- c. Respite Recipient Name
- d. Date(s) of Service
- e. Number of Hours Per Date

STEP 2: Call the voice mail of Respite Authorization Line at the Hartwood Main Office @ (703) 273 – 0939 ext. 26 or email @ respitesubsidy@hartwoodfoundation.com

STEP 3: Leave date you are calling.

STEP 4: Leave the Respite Recipient's Name

STEP 5: Leave the Level of Service

STEP 6: Leave the Expected Date(s) of Service

STEP 7: Leave the number of hours you expect to use **on each date**

STEP 8: Leave the Parent/Guardian Name

STEP 9: Leave a contact phone number of the Parent/Guardian

STEP 10: Insert **date of your call/email** in numerical form (see example below) as the "Authorization Date" in the appropriate space on your Respite Reimbursement Request.

EXAMPLE: IF YOU CALL ON January 2, 2010 (01/02/10, YOUR AUTHORIZATION NUMBER WOULD BE **010210.**

REIMBURSEMENT

- STEP 1:** Complete Respite Reimbursement Request as directed in attached instructions and transmit to the Hartwood Main Office at the address/fax number listed above.
- STEP 2:** Please keep track of the hours used as they relate to your quarterly budget. If necessary, you can call the HFI Main Office to check your budget hours status.

NOTICE

Reimbursement Request Form must be submitted no later than 10 days after the last date of service authorized.

For **PROGRAM INFORMATION** and **REIMBURSEMENT INFORMATION**, please contact Severina Henderson (703) 273 – 0939 ext. 22.

Respite Reimbursement Form Instructions

These instructions are provided to assist with the accurate completion of subsidy request forms. Please review the following information carefully, and be sure to complete all required information. Incomplete forms will be returned.

A copy of the processed Respite Reimbursement form will be returned to parents/guardians, along with the approved subsidy and a new form for future request. **Please do not detach carbon copies of the request form. All three sheets must be submitted to Hartwood Foundation, Inc. (HFI) for processing.**

INDIVIDUAL LEVEL: The individual level should be consistent with the service level determined at the time of program.

Medically Fragile: Only those family members who received skilled nursing services for an individual with significant medical needs should check the Professional Nursing Service box.

SPECIAL ASSISTANCE: This section is to be completed by individuals who have already been determined to be eligible for financial assistance.

The **Advance Request** box should be checked by family members who opt to use this form to request a subsidy advance by mail. In order to receive a subsidy advance, families are required to complete the individual and

parent/guardian information at the top of the form. Next, the Respite Delivery information at the top of the form should be completed. Finally, respite service delivery information on the respite care chart (provider, dates, times, location and rate), and the Provider Information section on the bottom of the form should be completed.

Once an advance request is received and authorization by the Respite Subsidy Coordinator, the request form will be returned along with the approved subsidy.

The follow-up Receipt for Advance Payment box should be checked by families after services that were pre-paid by HFI have been provided. The reimbursement form, once completed and signed by the provider and family, will serve as the follow-up receipt for the HFI advance. The form should be completed as specified below.

AUTHORIZATION #: This number will be the numerical date you call/email for Authorization.
EXAMPLE: If you call/email on January 2, 2011 (01/02/11), your Authorization # will be 010211.

AUTHORIZATION DATE: This is the same as the Authorization # in the above section (the date that you call for authorization) in the form of a date.
EXAMPLE: If your Authorization # is 010211, your authorization date will be January 2, 2011 (01/02/11).

AUTHORIZED BY: If you pre-authorized by email, please check the email box. If you pre-authorized by phone, please check the phone box.

INDIVIDUAL NAME: The individual who require respite care.

**PARENT/
GUARDIAN NAME:** Parent/guardian is the individual who is requesting reimbursement services.

**FULL MAILING
ADDRESS:** Full mailing address is the address where the approved subsidy is to be mailed.

TELEPHONE #: Best contact number to be reached.

INFORMATION TO BE PROVIDED WITHIN THE CHART:

PROVIDER NAME: The provider is the individual who provides respite services.

DATES/TIME: Dates, times, and location of respite service provision should be concise.

**FAMILY HOME/
PROVIDER HOME?**

Check the appropriate box for location where services
Provided.

of

ACTUAL AMOUNT PAID The rate of pay per hour/day should indicate the **full rate**

TO THE PROVIDER: **pay per hour/day that the provider receives.**

DATE PAID: The actual date the family pays the provider should be
indicated.

**PROVIDER SIGNATURE/
PARENT/GUARDIAN SIGNATURE:**

Both the provider and the family must sign the form where
indicated within the chart. These signatures will certify that
the provider has been paid for services as specified on the
form: (Note: Signatures are required from the family and
provider on each line that denotes a separate period of
service delivery.)

PROVIDER INFORMATION: This information must be provided from HFI records. Please
be informed, however, that HFI does not file reimbursement
information regarding program participants with the Internal
Revenue Service. Families and providers are responsible for
filing appropriate information with the IRS for tax purposes,
as required by law.

Once the Respite Reimbursement form is complete, please mail/fax it to the address at
the top of the form for processing. Reimbursement will be processed by HFI after
receipt of the Reimbursement Request, provided the form is complete as required.

NOTE: INCOMPLETED FORMS WILL NOT BE PROCESSED FOR REIMBURSEMENT.

