



Army Community Service (ACS) Exceptional Family Member Program (EFMP)

EFMP Respite Care Program

FAQs

1) What is the status of the respite care transition?

As of 1 May 2013, Strategic Resources, Incorporated (SRI) was awarded the contract for management of EFMP Respite Care Services. Upon legal review, it was determined that the new contractor must implement and meet legal requirements for expanded background checks for every respite care provider that will be providing care for a military connected child. Additionally, the legal review determined that the EFMP Respite Care Program could not replicate any other medical or health services currently offered through the Army. Such restructuring of the program has created unforeseen setbacks, as the current contractor has been unable to retain all previous home health care agencies. This has created a need to identify providers with a medical skill set who are not licensed medical professionals.

2) Are there new requirements in place for local and installation Criminal Background Checks (CBCs)?

Yes. The Secretary of the Army issued a directive in December 2012 that requires every individual working in child related services undergo a Criminal Background Check (CBC). This requirement is mandated by Federal Law and Army Regulations, and includes agencies operated under contract with the Federal Government. The required local and installation CBCs are as follows: Military Police (MP), Criminal Investigation Division (CID), Civilian Law Enforcement (Killeen, Copperas Cove, Lampasas, Harker Heights, Belton), Medical Treatment Facility (MTF) Behavioral Health, Army Substance Abuse Program (ASAP), Family Advocacy Army Central Registry (ACR), and Military Housing.

3) How long will it take for the background checks to be completed?

We anticipate that this will be a lengthy process. Actual length of time will depend on accurate and timely completion of required CBC documents by the provider. Should derogatory information (to include traffic violations) be found, we are unable to predict the length of time for this process to be completed in its entirety. This is because there is an Army requirement that a Program Review Board (PRB) be conducted, and a recommendation of employment suitability be rendered, for every individual whose CBC reveals derogatory information of any type. According to the Secretary of the Army's

directive, no exceptions to this policy will be made even if the derogatory information is perceived by some to be inconsequential or insignificant.

4) Will there be a break in my EFM's respite care services?

Yes. Length of the break in service will be dependent upon completion of local and installation CBCs.

5) Do the new CBCs affect a provider who has already been vetted through SRI and approved to provide respite care?

Yes. All SRI Respite Care Providers will be required to complete the local and installation CBCs. We are currently awaiting further guidance from Installation Management Command (IMCOM) Family Programs as to how this process will be coordinated with SRI.

6) What is a Level of Care?

A Level of Care determines the skill set, technical knowledge, and training required to meet the health, safety and behavioral needs of each individual EFM.

7) How is a Level of Care determined for my EFM?

Specific criteria for each Level of Care (1-4) have been determined by IMCOM Family Programs. At Fort Hood, Dr. Glynda Lucas, EFMP Director, determines the Level of Care after reviewing medical documents (EFMP Enrollment and DA 4700 completed by a medical professional), and by reviewing the application completed by parents/EFM (if adult.) For more information of Levels of Care, please see the attached handout.

8) Will the assigned Level of Care impact my EFM's respite care?

There is a possibility that the Level of Care may impact a Family's respite care. Because the legal review determined that the EFMP Respite Care Program could not replicate any other medical or health services currently offered through the Army, those Levels of Care that currently utilize these services (i.e. licensed medical professionals) will be impacted.

9) Can Army Community Service (ACS) EFMP staff advocate on the part of our provider?

No. ACS EFMP staff cannot interfere with the employee-employer relationship. Should a provider have questions or concerns, he or she must contact SRI directly.

10) How many providers in this area have completed required background checks?

As of 23 May 2013, SRI has provisionally hired 19 providers in this area; however, none of the providers have fully completed Installation Records Check requirements. To date, 9 are pending results, and 10 have not started the process.

C-11 LEVELS OF CARE REQUIRED

The level of care required is determined by the EFM Respite Care Panel and included in the panel report provided to the Contractor. All EFM Respite Care Providers must at a minimum meet the requirements as described in section C-10. The Contractor shall provide four types of care/personnel levels. For each eligible Respite Care Provider the Contractor shall identify the level of care the provider can perform based on the provider's credentials provided. The four categories are outlined below. Historic data show that ninety (90%) of all approved cases require Level I care. Six percent (6%) requires Level II care, and three percent (3%) requires either Level III or IV care.

a. Respite Care Provider – Level I: Depending on eligible Exceptional Family Member (EFM) needs, the provider provides short-term, direct care as per parental instruction. The Care Provider at Level I shall provide assistance with daily living skills such as bathing, feeding, toileting, lifting/positioning, and dressing, as well as, provide supervision to ensure the safety of the client with special needs. The provider works closely with families who are physically, mentally, emotionally, developmentally and/or intellectually challenged and other similar validated conditions. The provider assures that the health, safety, and behavioral, nutritional, and recreational needs are met during the time of care. The provider observes and supervises EFM activities and performs or requests emergency assistance as required. The provider shall have a high school diploma (or equiv.) and/or a combination of education, skills and training (one year) consistent with caring for children/youth/adults with special needs.

b. Respite Care Provider – Level II: A Respite Care Provider at Level II shall perform the duties of the Care Provider- Level I, as well as, support the EFM's special needs as described in the EFMP panel report to prevent retrogression in the EFM's learning process while under the respite provider's care. Care Providers at Level II have received specialized training to equip them to successfully manage clients who may display behaviors which are difficult to manage including tantrums and noncompliance to instructions and requests while under their care. They shall provide assistance with daily living skills and provide supervision to ensure the safety of the client and those they interact with to include redirecting or intervening as needed. The provider shall have a combination of some post-secondary education (non-degree), and/or specialized training/certifications in caring for children/youth with special needs in child care settings (e.g. licensed FCC provider), and/or 2 plus years experience working with children/youth/adults with special needs.

c. Respite Care Provider – Level III: A Respite Care Provider at Level III shall perform the duties of the Care Provider I and II, as well as, support the EFM's physical well being as described by the client's EFMP panel report. Respite care at this level are for EFM's who have conditions such as, but not limited to, asthma, seizures, diabetes, and those who need special assistance with food intake. Care providers at this level

have the technical knowledge and skills to assist EFM's with the above conditions experience or training with special needs clients. They may be required to provide one-to-one assistance with daily living skills and provide supervision and care. Providers will have a combination of post secondary education and/or training and experience in early childhood education, special education, or other relevant field of study, plus 2 years experience working with children/youth in child care settings and/or experience working with children/youth/adults with special needs.

d. Respite Care Provider – Level IV: A Respite Care Provider at Level IV shall perform all duties of the Care Provider at the I, II, and III levels, and more importantly, is equipped to provide respite care to family members meeting one or more of the eligibility criteria as enumerated in DA Form 4700. Providers must have the necessary technical skills and abilities to meet the physical and safety conditions of the EFM and assist with conditions such as severe continuous seizure activity, tube feeding, suctioning of tracheotomy, and life threatening or chronic condition requiring frequent hospitalization or treatment encounters which require extensive family involvement in care giving. Provider should have a combination of education, training, and experience equivalent to a Bachelor's degree in a relevant field of study such as early childhood education, special education, elementary education, (or related) and a minimum of 2-5 years experience working with children/youth/adults with special needs. Provider must possess the technical knowledge and skills to provide specialized respite care to those who fall under the above criteria.

EFMP Respite care hours are paid based on required level of care determined by the EFMP Respite Care Panel, not the qualification of the EFM Respite Care Provider. For example, if the panel report states that the EFM requires a level 2 care but care is provided by a level 4 provider, respite care payments are only authorized for a level 2 provider hourly rate.