

EFMP Respite Care FAQ Sheet

What is the purpose of EFMP Respite Care?

EFMP initiated respite in 2008 to support the impact of a wartime operational tempo and the particular impact to families who support a family member with special needs. The respite care program is intended to reduce stress on sponsor families by providing temporary rest periods for family members who care for those who have special needs. Respite care is a non-entitlement benefit intended to provide brief rest periods for the primary caregiver(s) and may not be used to fund 1) Pre-school programs, 2) Day care or babysitting to allow the sponsor or spouse to work or attend school, or 3) Therapy sessions or therapeutic recreation for the exceptional family member (EFM).

Why is EFMP respite care changing?

As we transition from wartime to peacetime capabilities and funding, EFMP must restructure in order to preserve the benefit for Level of Need (LoN) 3 and 4 families.

When will the respite care changes occur?

Respite care changes are effective 1 October, 2013.

What are the changes to EFMP respite care?

Effective 1 October 2013, the following changes to respite care will occur:

1. EFMP respite care will be provided to EFMs identified as Level of Need (LoN) 3 and 4.
2. Family members identified as LoN 1 and 2 will no longer be eligible for respite care reimbursement.
3. Age typical sibling reimbursement will no longer be provided.
4. Adult EFMs will no longer be eligible for age typical reimbursement for their children.
5. The maximum number of respite hours per month, per family to be reimbursed at authorized rates is 20 hours.

Will adult EFMs be eligible for respite care?

Adults EFM's, who are LoN 4, will remain eligible for respite care for themselves. All other adult EFMs are not eligible for respite care for themselves, or for the care of their age typical children.

What is an Age Typical Child?

Age typical children are ages 0 through 12 and not enrolled in the Exceptional Family Member Program.

How can I determine my Exceptional Family Member's Level of Need?

If you have registered to use respite care at your current installation you will receive a letter from your installation EFMP office. It will include your EFM's LoN. If you do not use respite care, but would like to know your LoN, please contact your installation EFMP Family Case Worker.

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How is Level of Need determined?

LoN is determined during the enrollment/update eligibility determination process. EFM situations may change and can require a change in identified level. An enrollment update, or additional information, may be required to approve a change in LoN. Utilizing the DD2792, DD2792-1, IEP/IFSP and other relevant documents, submitted by the sponsor, EFMP Medical Screeners use a standardized quantitative rubric to assess the need(s) of the EFM and identify the minimum level of provider skill required to maintain the health of safety of the EFM.

What if I disagree with my current Level of Need?

Please contact your Family Case Worker to request a formal review of your LoN. There is a standardized process which the installation EFMP will engage. You will be notified of the final decision by your Family Case Worker.

How will I know if I am still eligible for respite care?

Your installation EFMP office will send you a letter which will identify whether you will be eligible for respite care on 1 Oct 2013.

How will I know what my new respite care rate is?

Installations establish program procedures for reimbursement to sponsors for qualifying care. Payment amounts are determined locally and do not exceed the rates based on the hourly reimbursement formulae as listed in Marine Corps Bulletin 1754. Your installation EFMP office will send you a letter which will identify if you are still eligible for respite care, and if so, what your new respite care reimbursement rate(s) will be.

If I'm no longer eligible for EFMP respite care, are there other resources available to me?

Please contact your EFMP Family Case Worker to learn about services and programs in your community for which you may be eligible. Resources may be available through other MCCS programs, local community events or services, state Medicaid waivers or TRICARE.

What is the difference between category and Level of Need?

USMC EFMP does not use categories to make decisions. Prior to 2009, categories were assigned during enrollment and were used to make determinations about where EFMP enrolled Marines could be stationed. Beginning in 2009, USMC EFMP initiated the LoN determination. Categories are used for administrative purposes only and will not impact respite care, assignments, or enrollment/endorsement decisions.