NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services

# BILLING DOCUMENT

## Lifespan Respite Subsidy Program

| Office Use Only CFS-22-A ID #: |
|---|
| |

| Client Name: | Client ID: | Phone #: | |
|---|---|---|---|
| Name of Authorized Representative (Primary Family Caregiver): | Client Email Address: | | |
| Client Mailing Address: ☐ Check if the address has changed since last payment | City: | State: | Zip: |

| Provider: (person, business or organization providing respite care) | Provider Email Address: | Phone #: | |
|---|---|---|---|
| Provider Mailing Address: ☐ Check if the address has changed since last payment | City: | State: | Zip: |

| Payee: (Name of person to be paid) | Payee ID#: (# listed on check stub or EFT notice) | If NEW payee, a Social Security # or a Federal Tax ID# is required: |
|---|---|---|
| Person to be paid is the: (check one) ☐ Provider ☐ Parent ☐ Legal Guardian ☐ Authorized Representative ☐ Client | | |

INSTRUCTIONS: Submit one Billing Document per month for each provider.

**Billing document must be submitted for any given month within 60 days of the date when the service is provided or the service will not be paid. All fields must be complete or will be returned and payment delayed.**

| BILLING MONTH/YEAR | DAY (One day per line) | List the number of hours after each date of service: | Amount charged per hour or day: | Total Amount per line: |
|---|---|---|---|---|
| | | | | |
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| | | | | |

☐ **Check if Exceptional Circumstances Funding included.** **TOTAL BILLED:**

☐ **Check if adding more dates on separate sheet.**

*I hereby certify by signing below that the above hours/dates are correct. I understand fraudulent claims may result in prosecution.

| Provider Signature: | Provider is a relative: ☐ Yes ☐ No | Date: (on/before client/authorized representative signature) |
|---|---|---|
| Authorized Representative Signature: | | Date: (on/after last date of service) |

**Billing document must be signed on or after the last date of service by both the provider and authorized representative. The billing document will be returned if the provider signs and dates after the client/authorized representative.**

| **Submit completed and signed billing document to: DHHS.CFS22@nebraska.gov** **OR** **(Recommended for faster payment)** | **DEPARTMENT OF HEALTH & HUMAN SERVICES** Lifespan Respite Subsidy Program P.O. Box 98933 Lincoln, NE 68509-8933 |
|---|---|

## Lifespan Respite Subsidy Program

# BILLING DOCUMENT (Form CFS-22-A) INSTRUCTIONS

1. Submit the completed and signed Lifespan Respite Subsidy billing document electronically to dhhs.cfs22@nebraska.gov. This method will provide the fastest turnaround time. Payment takes longer but you may mail to: DHHS, Lifespan Respite Subsidy Program, P.O. Box 98933, Lincoln, NE 68509-8933.
2. Please complete all fields. Incomplete forms will be returned for corrections which slows the payment to the payee. If you are unsure how to complete any part of the billing document, contact your local Respite Coordinator.
3. You are welcome to send the form to your local Respite Coordinator for review before submitting it to Lincoln.

## Contact Your Local Coordinator to Learn More:

**Western Area**
(308) 432-8190
specialprojects@wchr.net

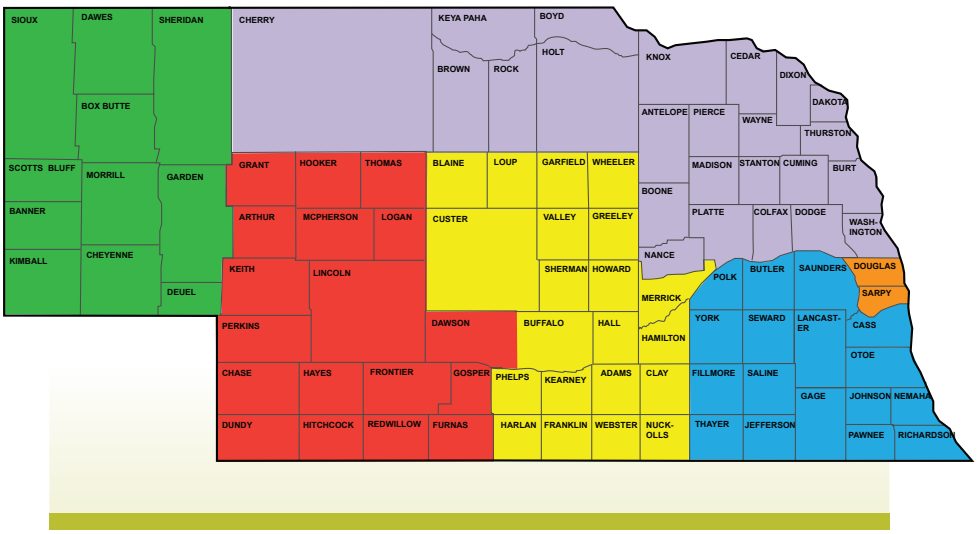
**Southwest Area**
(308) 345-4990
respite@swhealth.ne.gov

**Central Area**
(402) 309-4344
respite@irnebraska.org

**Northern Area**
(402) 552-2238
northrespite@unmc.edu

**Southeast**
(402) 274-3993
respite@sedhd.org

**Eastern**
(402) 559-5732
eastrespite@unmc.edu




4. **Client Name** – The client is the care recipient or the person with the special need requiring ongoing care.
5. **Client ID** – The Client ID was sent with the initial (and renewal) Lifespan Respite Subsidy approval notice. Call your Respite Coordinator if needed.
6. **Name of Authorized Representative** – This is the primary family caregiver (Parent, Spouse, Grandparent, Adult Child, or Legal Guardian). Typically the primary family caregiver.
7. **Client Email (or primary family caregiver/authorized representative)** – The quickest way for DHHS or Respite Coordinator to let you know something needs corrected on your billing document is by email. Watch for email from **dhhs.cfs22@nebraska.gov**. This is an official DHHS email address. You may also provide permission for DHHS or Respite Coordinator to contact you by text message.
8. **Client Mailing Address** – Be sure to put the full mailing address each time on every respite billing document. If address has changed, mark the box on the billing document. Remember, respite payment through direct deposit is the fastest. Talk to Respite Coordinator if you need help setting it up.
9. **Provider** – This is the person or organization providing care for your family member while you use respite.
10. **Provider Email Address** – If provider has an email address, it is important to list it here. If they do not have one, DHHS and Respite Coordinator will communicate by US Postal Service (mail). Please watch for email from **dhhs.cfs22@nebraska.gov**. This is an official DHHS email address. Provider may also provide permission for DHHS or Respite Coordinator to contact you by text message.
11. **Provider Mailing Address** – Be sure to put provider's full mailing address on every respite billing document. If address has changed, mark the box on the billing document. Remember, respite payment through direct deposit is the fastest. Contact your Respite Coordinator if you need help setting up direct deposit.
12. **Payee** – Name of person to be paid. This is either the caregiver (as reimbursement for respite care paid for out of pocket) or the respite provider.

Nebraska Family Caregiver Support
LIFESPAN RESPITE NETWORK
1-866-737-7483

## Who Provides Respite

There is some flexibility in finding providers. Your local Respite Coordinator can assist you with finding a Network screened provider in your area. You may be able to use family members, friends or neighbors as paid providers. Other possibilities include: organizations, camps, a trusted agency, a local volunteer-led organization or group, volunteer-led school-based program, equine program, faith-based or other approved activities. While your loved one is attending an activity, you are getting a break—and that's what respite is all about!

You can locate Network screened respite providers at: respite.ne.gov. Click on "Read more" to navigate to the Respite Provider Match or NRRS Respite Search to assist in locating a provider in your area.