

Guidance for Primary Medical Care Provider Documenting Need for Respite Care Support

The Army offers respite care for Families that have one or more members with a severe chronic condition or significant medical needs that are registered in the Exceptional Family Member Program. To be eligible for consideration, Family caregivers must provide continuous support or direct line-of-sight supervision for a minimum of 6-8 hours a day. The program funds a respite care provider to care for the Family member with special needs, allowing the caregiver a “break” to address personal needs, or the needs of other Family members. Below is an explanation of the entry criteria that is a prerequisite for applying for respite care.

Army Respite Care
1. Little or no age appropriate self-help skills*
<ul style="list-style-type: none"> ➤ The Family member, with special needs, must require constant attention by a caregiver for a minimum of six-eight hours per day. This care may be necessary due to one severe condition or multiple less severe conditions that compounded result in significant burden to the care provider. <ul style="list-style-type: none"> ○ If the Family member is under age 6, the child must demonstrate significant developmental delays with inability to perform age appropriate self-help skills. ○ If the Family member is over age 6, the individual must have significantly limited or no toileting, dressing, bathing or feeding skills. <p>*Self-help skills enable individuals to meet their own needs and involve activities and behaviors that eventually lead to independence. Basic skills focus on feeding, dressing, bathing, and toileting.</p>
2. Severe continuous seizure activity.
<ul style="list-style-type: none"> ➤ Unstable seizures that require close monitoring for safety and support.
3. Ambulation with neurological impairment that requires assistance with activities of daily living.
<ul style="list-style-type: none"> ➤ Requires presence of caregiver during mobility activities to ensure health and safety of EFM.
4. Tube feeding.
<ul style="list-style-type: none"> ➤ Continuous or frequent intermittent tube feedings typically associated with other severe chronic conditions that requires direct involvement by the caregiver.
5. Tracheotomy with frequent suctioning.
<ul style="list-style-type: none"> ➤ Management of tracheotomy must be provided primarily by the care provider in association with other severe chronic conditions or multiple medical problems.
6. Apnea monitoring during hours of sleep, if another Family member must remain awake during monitoring.
<ul style="list-style-type: none"> ➤ The monitoring must be to the extent that it significantly impacts the care provider’s ability to accomplish other personal or Family needs or household responsibilities.
7. Inability to control behavior with safety issues requiring constant supervision.
<ul style="list-style-type: none"> ➤ Includes one or more of the following chronic behaviors: aggressive; self-injury; impulsive; elopement (an individual who is aware that he/she is not permitted to leave, but does so with intent); or wandering (wandering refers to an individual who strays beyond the view or control of parent or staff without the intent of leaving). ➤ Children under age 6 must demonstrate the inability to perform age and developmentally appropriate safety skills.
8. Life threatening or chronic condition requiring frequent hospitalizations or treatment encounters, which require extensive Family involvement in care giving.
<ul style="list-style-type: none"> ➤ The involvement may include direct provision of care, participating with EFM in clinical appointments, and/or coordination and care management. ➤ The hospitalized person is the individual with the special needs.