

RESPITE INVOICE

Independent Contract Provider (Check if New Address)

Individual Receiving Care

Name— (as should appear on check)		
Address		
City	State	Zip
Daytime Phone Number		

Individual Receiving Service		
Address		
City	State	Zip
Daytime Phone Number		

Type of Service Provided and Location			Service Date & Times Please Indicate AM or PM							
Check One		Circle One								
Hourly Respite	Over Night	Location	Date	Start Time	Date	Stop Time	Number Hours/ Days	Rate	Ability To Pay	Totals
		IN home/OUT of Home								
		IN home/OUT of Home								
		IN home/OUT of Home								
		IN home/OUT of Home								
		IN home/OUT of Home								
		IN home/OUT of Home								
		IN home/OUT of Home								
		IN home/OUT of Home								
TOTAL Invoice										

Independent Contract Signature & Date

Send or Fax Completed form to: The Arc of Oakland County 1641 W. Big Beaver Road Troy, MI 48084 Fax 248.816.1906
NOTE: INVOICE FORMS MUST BE RECEIVED NO LATER THAN 60 DAYS AFTER THE SERVICE MONTH ENDS.

Parent/Guardian Signature* & Date

* I certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal & State funds, and that any false claims, statements, or documents, or concealments of material fact, may be prosecuted under applicable Federal and State Laws. I also certify that the Contract Provider meets the requirements and the invoice is completed in accordance with the instruction, both of which are listed on the reverse side of this invoice and are made a part thereof.

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NOTICE: ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATION OF ANY FALSE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES.

INSTRUCTIONS:

1. **PRINT all information CLEARLY. If the information cannot be read, this form will be returned to you and processing and payment of your claim will be delayed.**
2. List the name of the Contract Provider, as it should appear on their check. (Document only one (1) hired caregiver per form.
3. Document only one (1) month of service per form.
4. In the “**RESPITE TYPE**” column, list only one (1) type of Respite Care per line. Only these Respite Types may be used: “**Hourly**” or, “**OVERNIGHT**”. **NOTE: Overnight is defined as providing 10 or more hours of respite over a 24-hour period of time, billed at the overnight rate. This must include 11:59 pm.**
5. Please submit invoice forms as soon as the service month ends. **INVOICE FORMS RECEIVED MORE THAN 60 DAYS AFTER THE SERVICE MONTH ENDS WILL NOT BE PAID.**
6. **Independent Contract Providers out of compliance with training and/or background checks will be DENIED payment for service(s) rendered during the period of non-compliance. Payments are not retroactive.**
7. If the invoice form is submitted with wrong information on any line or in any space, the form will be returned to you with an explanation. **NOTE: A “clean information” invoice form is ALWAYS required. Crossing out incorrect information, writing over incorrect information or using any White Out product and then writing over that space is NOT ACCEPTABLE.**

MEDICAID REQUIREMENTS:

In order to receive **funding** for respite services, the Independent Contract Provider **MUST** meet the following qualifications.

- Be at least 18 years of age, AND
- Be able to prevent the spread of any disease from himself/ herself to other persons in the area in which the Contract Provider is providing the respite service, AND
- Be able to communicate clearly with other persons in order to follow the individual’s plan of services, and emergency procedures, and to report the activities performed during provided respite services, AND
- Be in “good standing” with the law. This means that the hired caregiver is NOT a fugitive from justice, NOT a convicted felon, or NOT an illegal alien from another country living in the United States.
- Being able to perform basic first aide procedures.

Independent Contract Providers for Respite services will meet these requirements by:

- Submission of an affidavit signed by the parent/guardian that the MORC, Inc. Respite Orientation Guide has been reviewed with the Contract Provider on an initial and annual basis.
- Have a current driver’s license or state ID.
- Completion of an acceptable criminal back ground check on an initial and every two year basis.

The Independent Contract Provider for Respite may NOT be the :

- Parent of the minor child receiving the service, OR
- Legal guardian of an individual receiving the service, OR
- Spouse of an individual receiving the service, OR
- Primary unpaid caregiver for the individual receiving services