

# Yedei Chesed, Inc. 141 Lafayette Ave

141 Lafayette Ave Suffern, NY 10901 Tel: 845-425-0887 www.yedeichesed.org

Family Reimbursed Respite (FRR) Policy

How to add FRR reimbursements through eVero:

Once logged intomyeveroportal.com navigate to SDS, and select Invoice from the dropdown section. Once a new invoice is created, enter the last Date of Service for the month of service and select the Program "SDS-Family Reimbursed Respite" from the dropdown. The Category will automatically populate to "Reimbursable Items." Complete the Paid to section to add the reimbursee.

### Select "Add Services."

| Date Service<br>Occurred/Will Occur:<br>Category: | 02/01/2025 🔄<br>Reimbursable Items | Program: SDS-Family Reimbursed Res | pite ~ |                | Submitted |
|---|------------------------------------|------------------------------------|--------|----------------|-----------|
| Paid to:  | Select                             |                                    | ~      | 1099 Required: |           |
| Amount:   | \$0.00 Add S                       | ervices                            |        | Check Memo:    |           |
| Description:                                      |                                    |                                    |        |                |           |
| Attachments:                                      |                                    | Drop files here or Click to upload |        |                |           |

A pop-up will appear. If the pop-up does not have any options to enter information, select the blue "+" button on the bottom right-hand side of the pop-up and the fields will become available.

| Date Service | Pay By | Time In        | Overnight | Time Out         | Number of Hrs       | Rate Paid/Hr    | Total Amt. Paid/Day     |   |
|--------------|--------|----------------|-----------|------------------|---------------------|-----------------|-------------------------|---|
| 02/01/2025 📑 | Day 🗸  | 06 0 : 00 0 AM | 0         | 08 🗘 : 45 🗘 🛛 AM | 2 Hrs 45 Mins       | 36.36           | 100                     | 0 |
|              |        |                |           | Total H          | ours: 2 Hrs 45 Mins | Total Amt. to b | e reimbursed : \$100.00 |   |

# **Date Service**

• Date of service.

### Pay By

• Select 'Day' to calculate by Time and Total Amount (choosing 'Hour' will prevent automatically calculating the 'Rate Paid/Hr.' section for you).

### Time In

• Time the service started.

### Overnight

• This should be selected if the 'Time In' and 'Time out' are continuous from one day to the next.

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### Time Out

• Time the service ended.

### Number of Hrs

• This section will automatically populate based on the time entered and cannot be edited.

### Rate Paid/Hr

• (Only available if 'Pay By' is set to 'Hour') This section will automatically populate based on the time entered and the total amount. This section cannot be edited.

### Total Amt. Paid/Day

- Enter the total amount paid for the entire session.
- The pay rate can be up to \$50/hour. If an individual wants to pay the provider at a higher rate, a justification explaining the reason needs to be included in the "Description" section of the invoice.
  - For example: "The rate is set by the provider," or "Due to the last-minute nature of the request, the provider requested a higher rate."

Once the line is completed select the "Save" icon located to the right. Select this button even if there are no other FRR entries that need to be entered. Once the entry is saved, select the "Close" button to go back to the invoice screen and then be sure to press the "Save" button to save your progress.

Proof of payment must be provided. Acceptable attachments can be one of the following:

- A screenshot or print out of an electronic transaction that includes the date of payment.
- A copy of the cashed check, including the front and back of the check.
  - A check paid to the order of 'Cash' is considered cash and must follow all the cash requirements listed below.
- A notarized letter as proof of cash payment. The letter needs to be notarized by an active and licensed notary, written and signed by the FRR Provider (person providing FRR services) only and needs to include the following information:
  - Individual's name
  - FRR Provider's name
  - Date(s) of service
  - Total cost of service