

## DCF Policy #89-002

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## SUPPLEMENTAL REIMBURSEMENT POLICY

It is the Department's goal to provide planned, quality care and services to children in foster and pre-adoptive placement. Given the variety of special service needs of children in placement, the Department has a system of compensation for the exceptional expenses that foster/pre-adoptive families may incur and the specialized services they may provide in addition to the delivery of basic care and supervision. Supplemental Reimbursement is available to all types of foster/pre-adoptive families—kinship, child-specific and unrestricted, and includes 2 distinct programs and methods of payment:

### **Receiptable Reimbursement Program**

The Receiptable Reimbursement Program is a receipt-based system which compensates foster/pre-adoptive families for exceptional and essential out-of-pocket costs they incur in the process of meeting a child's identified needs related to her/his Service Plan goal. All requests for Receiptable Reimbursement must be approved by the Area Director/designee. (See [Appendix A, "Guidelines and Restrictions for Receiptable Reimbursement Program"](#))

### **P.A.C.T. (Parents and Children Together)**

The P.A.C.T. Program compensates foster/pre-adoptive families who provide planned, specialized services designed to address identified needs related to achievement of the child's Service Plan goal at the standard hourly rate for a specified number of hours per week. The number of service hours is determined by the child's P.A.C.T. team, which may be comprised of the child's Social Worker/Supervisor, Family Resource Worker/Supervisor, the foster/pre-adoptive family, and the P.A.C.T. coordinator. Any member of the P.A.C.T. team may initiate a request. All P.A.C.T. requests must be approved by the Area Director/designee; when the number of hours exceeds certain maximum levels specified for the child and/or the home, the Regional Director/designee must also approve the request. (See [Appendix B, "Guidelines and Standards for P.A.C.T. Services"](#))

The Supplemental Reimbursement Request/Agreement developed by the P.A.C.T. team identifies the child's service needs as defined in the Service Plan problem statement and describes how the specialized services to be provided by the foster/pre-adoptive family will facilitate achievement of the Service Plan goal.

## **DEFINITIONS**

**HOSTING REGIONAL/AREA OFFICE/DIRECTOR:** The Regional/Area Office/Director responsible for the foster/pre-adoptive family applicant or licensed foster/pre-adoptive family, generally determined by where the home is geographically located.

**PLACING REGIONAL/AREA OFFICE/DIRECTOR:** The Regional/Area Office/Director responsible for a case in which a child is in need of placement.

## **POLICY FOR RECEIPTABLE REIMBURSEMENT PROGRAM**

When a need is specified in the foster/pre-adoptive child's Service Plan which requires exceptional and essential out-of-pocket expenses on the part of the foster/pre-adoptive family, the foster/pre-adoptive family is reimbursed in accordance with the guidelines and restrictions which appear in [Appendix A, "Guidelines and Restrictions for Receiptable Reimbursement Program"](#). Only those items which can be

documented with a receipt are eligible for reimbursement. The ability to access Receiptable Reimbursement is contingent on funds being available within Area Office spending limits. If the foster/pre-adoptive family disagrees with a Department decision regarding Receiptable Reimbursement, the foster/pre-adoptive family may request a review of the decision by filing a grievance.

## **PROCEDURES FOR RECEIPTABLE REIMBURSEMENT**

1. **Service Plan.** When a foster/pre-adoptive child's needs warrant an exceptional yet essential out-of-pocket cost to be incurred by the foster/pre-adoptive family on the child's behalf, the child's Social Worker indicates the child's need and reason for the item/expense in the Service Plan problem statement and the outcome to be achieved under the foster/pre-adoptive family tasks. The Social Worker then meets with the foster/pre-adoptive family and the Family Resource Worker to complete the "Supplemental Reimbursement Request/Agreement."
2. **Request/Agreement.** The Supplemental Reimbursement Request/Agreement addresses the following questions and is submitted with appropriate supportive documentation to the placing Area Director/designee for review (see examples below). She/he indicates approval/denial of the Miscellaneous Payment pending on FamilyNet
  - a) **What is the Service Plan Goal?**  
Identify the child's goal from the most recent Service Plan, e.g., Reunify Family, Adoption, Guardianship, etc.
  - b) **What is the Projected Date to Achieve this Goal?**  
Date recorded in the Service Plan when the stated goal is to be achieved.
  - c) **What is the Name of the Family Resource Worker?**  
Identify the Family Resource Worker who was involved in negotiating this request.
  - d) **What is the Child's Need(s)?**  
Briefly indicate the statement(s) from the Service Plan that identifies the child-specific needs to be addressed under this Receiptable Reimbursement Request.
  - e) **What is the Receiptable Reimbursement Request?**  
Briefly describe the Receiptable Reimbursement Request which addresses the child-specific needs identified above.

## **EXAMPLES OF RECEIPTABLE REIMBURSEMENT REQUESTS**

- a. Adoption. b. Sept'02. c. Jane Brady. d. Child is enuretic and requires medication not covered by MassHealth. e. Extends Jr. capsules \$24.75.
- a. Reunify Family. b. Dec'02. c. Jennifer Dancer. d. Child is chronic bedwetter. e. Foster family to replace mattress ruined by bedwetting. Cost \$150.00.
3. **Documentation.** A receipt for the cost and/or a mileage log maintained by the foster/pre-adoptive family must be submitted by the foster/pre-adoptive family, along with a completed "Receiptable Reimbursement Cover Form," to the designated Area Office staff.
4. **Payments.** The designated Area Office staff completes and forwards for review and approval to the Area Director/designee a Miscellaneous Payment on FamilyNet and the Supplemental Reimbursement Request/Agreement with supportive documentation attached. The designated Area Office staff ensures that the child's Social Worker and foster/pre-adoptive family are notified of the outcome of the review. She/he ensures that the foster/pre-adoptive family is informed of the right to file, and the procedures for filing, a grievance regarding a decision with which she/he does not agree.
5. **Review/Reapproval.** When Receiptable Reimbursement is approved for an ongoing, recurring expense, the child's Social Worker reviews the child's Service Plan and the child's progress at least

monthly and each time a receipt or mileage log is submitted. She/he determines the continued need for the item/expense before approving the Receiptable Reimbursement request.

## **POLICY FOR P.A.C.T.**

When a foster/pre-adoptive child's need for planned, specialized services which can be provided by the foster/pre-adoptive family is specified in the Service Plan, the foster/pre-adoptive family is reimbursed for providing such services in accordance with the guidelines and standards which appear in **Appendix B, "Guidelines and Standards for P.A.C.T. Services"**. Any waivers to the maximum number of P.A.C.T. service hours delivered by a foster/pre-adoptive family must be approved by the placing Regional Director/designee in accordance with the procedures which appear in Appendix B.

The ability to access P.A.C.T. services is contingent on funds being available within placing Area Office spending limits. When the Department decides to reduce or terminate P.A.C.T. services to a child, the Department informs the foster/pre-adoptive parent of her/his right to request a review of the decision by filing a grievance.

## **PROCEDURES FOR P.A.C.T.**

1. **Service Plan.** If during the development, updating or renewal of the Service Plan, the problem statement indicates a need for specialized services, the child's Social Worker consults with the Supervisor to determine if P.A.C.T. services are warranted. *NOTE: For a child entering Department placement for the first time, a decision regarding P.A.C.T. services may best be deferred until the 6 Week Placement Review meeting, when more comprehensive information regarding the child's needs has been obtained.*

If P.A.C.T. services are deemed appropriate, the child's P.A.C.T. team ensures that the Supplemental Reimbursement Request/Agreement form is completed and appropriate supportive documentation is obtained and attached. The Request/Agreement delineates the child-specific needs identified in the Service Plan problem statement and specific tasks/services that the foster/pre-adoptive family will provide to address those needs. Services are specified for a time period of up to 6 months. The Request/Agreement specifies the number of service hours per week to be provided as well as the method and frequency of the foster/pre-adoptive family's documentation of services provided. The P.A.C.T. team should consider all obligations of the foster/pre-adoptive family to ensure that she/he will have sufficient time to provide the service and in establishing the number of P.A.C.T. hours she/he will provide to the child.

2. **Request/Agreement.** The Supplemental Reimbursement Request/Agreement addresses the following questions and is submitted for approval to the placing Area Director/designee at the same time the Service Referral is forwarded on FamilyNet (see examples below):

- a) **What is the Service Plan Goal?**

Identify the child's goal from the most recent Service Plan, e.g., Reunify Family, Adoption, Guardianship, etc.

- b) **What is the Projected Date to Achieve this Goal?**

Date recorded in the Service Plan when the stated goal is to be achieved.

- c) **What is the Name of the Family Resource Worker?**

Identify the Family Resource Worker who was involved in negotiating this request.

- d) **What is the Child's Need(s)?**

Briefly indicate the statement(s) from the Service Plan that identifies the child-specific needs to be addressed under this P.A.C.T. request.

- e) **What are the Foster/Pre-Adoptive Family's Responsibilities (Tasks/Timetables)?**

Briefly describe the foster/pre-adoptive family's tasks which address the child-specific needs identified above. Indicate the time requirements for each task.

**f) How will the Foster/Pre-Adoptive Family Report on the Services?**

Indicate the method by which the foster/pre-adoptive family will keep track of the provision of these P.A.C.T. services (e.g., P.A.C.T. Documentation form, Area Office reporting form, etc.).

**EXAMPLES OF P.A.C.T. REQUESTS**

a. Adoption. b. Dec'02. c. Tom Thumb. d. Child's physical aggression toward peers must be eliminated. e. Pre-adoptive family participates in wkly. therapy (dev. plan to manage outbursts) 1 hr./wk. Pre-adoptive family maintains weekday contact w/teacher 1 hr./wk and implements behavior chart program (extension of school program) 1 hr./day. Total = 9 hrs./wk. f. P.A.C.T. Documentation Form to be completed.

a. Reunify Family. b. Oct'02. c. Larry Bolder. d. M.R. child w/mult. medical prob. (c.p., diabetes, gastro reflux & cleft lip) needs spec. medical care by foster fam. while Bio. Mo. learns to implement this medical protocol. e. Foster family to conduct phys. therapy range of motion exercises as directed by doctor, 1 hr./day; feed child w/G tube, 1 1/2 hrs./day; teach Bio. Mo. these tasks, 1 hr./day on Mon., Tues., Thur.; consult w/doctor to report progress & receive updated instructions 1/2 hr./wk. Total = 21 hrs./wk. f. P.A.C.T. Documentation Form to be completed.

3. **Review/Approval.** The placing Area Director/designee reviews and approves the Request/Agreement, including supportive documentation, and the Service Referral, and signs the Request/Agreement. If the level of P.A.C.T. hours exceeds 60 hours per foster/pre-adoptive family household per week, the placing Regional Director/designee must also review and approve. The designated Area Office staff provides for the foster/pre-adoptive family and P.A.C.T. team to be notified of the outcome. If the outcome is a decision to modify the Request/Agreement which was submitted, the designated staff person provides for the foster/pre-adoptive family to be informed of the modification and of her/his right to request a review of that decision by filing a grievance. She/he also provides for the family to indicate they have been informed by a foster/pre-adoptive parent signing the appropriate section of the Request/Agreement form.

4. **Monthly Documentation.** The foster/pre-adoptive family submits monthly written documentation of the P.A.C.T. services provided. Documentation is submitted to the child's Social Worker and/or the P.A.C.T. coordinator and maintained in the "Reports Section" of the child's case record.

5. **Review/Reapproval.** The P.A.C.T. team monitors the child's needs, the provision of P.A.C.T. services and the child's progress toward the Service Plan goal, at least once every 6 months in preparation for the Foster Care Review and more frequently if so specified in the Service Plan or if changes occur in the child's circumstances or needs. If the P.A.C.T. team determines that the child's P.A.C.T. needs have changed, e.g., if the child has progressed and has achieved her/his stated goals and has reduced need for P.A.C.T. services, the designated P.A.C.T. team member provides for a revised Request/Agreement with supportive documentation and Service Referral to be forwarded to the placing Area Director/designee for review and approval. If the level of P.A.C.T. hours exceeds 60 hours per foster/pre-adoptive family household per week, a waiver request or an updated waiver request must be sent to the placing Regional Director/designee for review and approval. The designated Area Office staff then provides for the foster/pre-adoptive family to be notified of the review outcome and to indicate by signing the appropriate section of the Request/Agreement that she/he has been informed of any modification of the Request/Agreement and her/his right to request a review of the modification by filing a grievance.

6. **Closure.** If any review of the child's progress and needs results in a decision to end P.A.C.T. services, the designated member of the P.A.C.T. team provides for the foster/pre-adoptive family to

be notified, in writing, of the decision and her/his right to request a review of the decision by filing a grievance.

### **SUPPLEMENTAL REIMBURSEMENT: ADOPTION/GUARDIANSHIP**

To support the Department's objective of permanency planning for all children in placement, the Department provides a program of adoption/guardianship subsidy to remove financial barriers to permanency through adoption and guardianship for children with special needs. At the time the adoption or guardianship subsidy is being established, the Department will consider the types of reimbursements provided for under this Supplemental Reimbursement Policy when establishing the subsidy amount. (See policies for adoption subsidy and guardianship subsidy eligibility and procedures)

## **Appendix A**

### **Guidelines and Restrictions for Receiptable Reimbursement Program**

The following guidelines have been developed to identify the type of expenses which may be allowable under the Receiptable Reimbursement program. The guidelines also include a list of restrictions which identifies those items which are not allowable for reimbursement.

#### **GUIDELINES FOR ALLOWABLE EXPENSES**

1. **Extraordinary transportation expenses** which may include:
  - Mileage @ 40 cents per mile (rate effective September 12, 2005; prior rate was 28 cents per mile) or public transportation fees for frequent and distant trips to the child's doctor, therapist, biological family, etc.
  - Parking expenses when excessive or frequent.
2. **Costs of medication, medical supplies and equipment not covered by MassHealth** (replacement of eyeglasses, orthopedic shoes, etc.).
3. **Non-MassHealth reimbursed therapy** – maximum \$35 per hour (request must explain the child's special need, detail why Medicaid reimbursed therapy is not utilized, and include documentation of efforts to locate Medicaid reimbursable therapist). *[NOTE: Any request for payment beyond the maximum must specify why a MassHealth therapist is not an option, e.g., child resides out of state.]*
4. **Child-specific activities/events for child in foster/pre-adoptive care** which are designed to address identified needs and defined goals specified in the child's Service Plan, e.g., swimming lessons to improve self-esteem, admission test fee for college/training program, class trip (maximum \$100 per request). Request **MUST** justify need and relevance to Service Plan goal.
5. **Child care for special needs child in foster/pre-adoptive care** – maximum \$20 per day per child (\$100 per child per week maximum). Request must define: (1) child's special need, (2) child care provider's ability to meet that need, and (3) child care provider's license number.
6. **Work-related child care for child in foster/pre-adoptive care** – maximum \$15 per day per child (\$75 per child per week maximum). Allowable only to maintain foster/pre-adoptive placement. Request must specify: (1) need, (2) why current placement is most appropriate, (3) circumstances that necessitate child care to continue placement, and (4) child care provider's license number.  
*NOTE: Work-related child care may be approved only with written verification that Department of Early Education and Care slots for working parents and those attending school are not available, or that the individual is not eligible.*
7. **Emergency/temporary in-home supervision** for a foster/pre-adoptive child with identified special needs documented in her/his Service Plan – \$3.50 per hour maximum/5 hours maximum per week. The following conditions must apply:
  - child requires a high level of structured supervision and basic care;
  - foster/pre-adoptive parent must be out of the home temporarily to respond to an emergency situation or participate in a foster/pre-adoptive child's Service Plan activity;
  - no other planned service, e.g., respite, is available to meet this need; and
  - the individual providing in-home supervision must be at least 18 years of age and able to provide the intense level of supervision required.

8. **Expenses for an enuretic/encopretic child** may be allowable with appropriate documentation, e.g., purchase of rubber sheets.

#### **RESTRICTIONS ON ALLOWABLE EXPENSES**

1. Payment of driver education expenses are not allowable. (Adolescents who complete one or more of the PAYA Program Modules, however, may request reimbursement of driver education costs through the PAYA incentive program.)
2. Respite care services are not allowable. However, the Department will provide, or facilitate access to, respite care services for special needs children through the Department of Mental Retardation, Kids Net Support Services or other program.
3. Items/expenses/services which the Department is able to purchase through established contracts or purchase agreements with provider agencies, e.g., camping, are not allowable.
4. Items/expenses which can be purchased or reimbursed through other state/community agencies or through other means are not allowable.
5. Special placements are not allowable.

## **Appendix B**

### **Guidelines and Standards for P.A.C.T. Services**

#### **THE GUIDELINES BELOW DEFINE THE MAXIMUM NUMBER OF REIMBURSABLE P.A.C.T. SERVICE HOURS PER WEEK AND THE PAYMENT MECHANISMS:**

- A foster/pre-adoptive family delivering P.A.C.T. services may receive reimbursement for up to, but not more than, 40 hours per week. Foster/pre-adoptive families delivering the maximum 40 hours of P.A.C.T. services per week must be full-time providers who are not otherwise employed.
- When a foster/pre-adoptive child requires P.A.C.T. services beyond the primary foster/pre-adoptive family's ability to provide (e.g., foster/pre-adoptive family is currently providing the maximum of 40 hours per week or is unable to provide a particular task/service), approval to reimburse a qualified adult age 18 or older, known as a P.A.C.T. Assistant, to deliver an additional 20 hours per week, may be granted. P.A.C.T. reimbursement maximums (40 hours/individual/week and 60 hours/home/week) are applicable, regardless of the total number of children in the home.
- Payment is made via P.A.C.T. to the primary foster/pre-adoptive parent, including payment for the P.A.C.T. Assistant who is age 18 or older, a member of the provider's family and living in the same household (e.g., foster father assists foster mother in the delivery of P.A.C.T. services).

#### **THE FOLLOWING MUST BE CONSIDERED WHEN DETERMINING HOURS OF P.A.C.T. SERVICES:**

- Given all of the foster/pre-adoptive family's current obligations, will she/he have sufficient time to provide the service?
- What alternative caretaker services does the foster/pre-adoptive family receive, e.g., is the child in a child care or day school program? If so, how many hours is the child out of the home each week? Does the child receive respite care? If yes, frequency?
- Does the foster/pre-adoptive family possess the necessary skills to meet the child's special needs?
- Are any specialized medical or therapeutic services, e.g., in-home nursing services, being provided to the child? If so, what services are provided? What is the number of hours per week?
- The child's age and behavior should be considered as they may impact upon the delivery of P.A.C.T. services; e.g., a child on an apnea monitor who has learned that removing the leads will bring her/him the prompt attention of the foster parent may require the maximum number of hours allowed for apnea monitoring because the foster parent will spend more time responding to the alarm and replacing the leads.
- Transportation provided by a foster/pre-adoptive parent is not considered a P.A.C.T. service. Excessive transportation expenses may be reimbursable, however, through the Receivable Reimbursement Program.
- Documentation of P.A.C.T. services is not considered a separate P.A.C.T. task. Therefore, the time a foster/pre-adoptive parent spends completing the P.A.C.T. Documentation Form documenting the provision of services and the child's progress is not reimbursable.

## **GUIDELINES FOR WAIVERS TO EXCEED THE LIMIT OF 60 P.A.C.T. HOURS PER WEEK PER FOSTER/PRE-ADOPTIVE FAMILY HOUSEHOLD:**

Waivers to exceed the 60 hours of P.A.C.T. services limit, up to a **maximum of 80 hours per week per foster/pre-adoptive family household**, may be requested from the Regional Director who determines that the P.A.C.T. is necessary to meet the needs of each child residing in the home for health, safety and well-being. A waiver may be requested under the following conditions:

- The foster/pre-adoptive family household includes at least one full-time foster/pre-adoptive parent provider of P.A.C.T. services who is not otherwise employed.
- Each P.A.C.T. provider/assistant is age 18 or older, is a member of the provider's family living in the household and is able to provide the specialized care required.
- The Department nurse has reviewed written documentation and submitted a written recommendation indicating her/his determination that the household's arrangements for daily and emergency health care are adequate and appropriate. A comparable written recommendation from a similarly qualified, Department-approved health care professional who has visited the home may additionally be submitted.
- The placing Area Director/designee has approved the waiver request as clinically appropriate and within the Area Office's budget limits.

## **PROCEDURES FOR REGIONAL DIRECTOR APPROVAL OF WAIVERS TO EXCEED THE LIMIT OF 60 P.A.C.T. HOURS PER WEEK PER FOSTER/PRE-ADOPTIVE FAMILY HOUSEHOLD:**

### **1. Waiver Request.** Must include:

- A cover memo, signed by the placing Area Director/designee (and the hosting Area Director/designee, when different). The memo includes:
  - Name(s) and date(s) of birth of the child(ren) for whom the *additional* P.A.C.T. hours are being approved; a copy of the child(ren)'s Supplemental Request/Agreement form(s) must be attached to the memo.
  - An explanation of the reasons the waiver request is being recommended for approval.
  - An overview of all services being provided to the family (other than P.A.C.T. services) that specifies how each contributes to maintaining the health, safety and/or well-being of each child in the home.
  - An overview of the household's arrangements for daily and emergency care for all children in the foster/pre-adoptive family household (biological, foster, pre-adoptive, adoptive and guardianship) that specifies for each child, as applicable:
    1. the number of P.A.C.T. hours currently approved (**see FamilyNet Resource Placements screen for the foster/pre-adoptive family**) and
    2. the specific tasks that are provided to the child by each P.A.C.T. provider/assistant.

**NOTE: The overview must include P.A.C.T. tasks/hours for children receiving adoption subsidy or guardianship subsidy as well as foster/pre-adoptive care.**

- A statement that the placing Area Office budget will support the additional cost of the P.A.C.T. services.
- A statement signed by each full-time (40 hours per week) P.A.C.T. provider/assistant, who is age 18 or older and a member of the provider's family living in the home, verifying that he/she is not otherwise employed.

### **2. Department Nurse Review and Recommendation.** The placing Area Director/designee requests the Department nurse to prepare a written recommendation based on a review of written documentation as follows:

To request a written recommendation from a Department nurse: The placing Area Director/designee faxes to one of the nurses in the Central Office Medical Services Unit the waiver request [cover memo and P.A.C.T. provider(s)/assistant(s) statement] and the following current relevant documentation for *each child* who is receiving P.A.C.T. and for whom P.A.C.T. is being additionally requested. Written documentation for any child receiving adoption or guardianship subsidy is not necessary, nor is it necessary to create new current documentation if the information below already exists. Possible existing sources of this documentation include, but are not limited to: Supplemental Request/ Agreement forms, medical passports, medical and/or psychological evaluations, Early Intervention reports, etc.

- Current diagnosis(es);
- List of all medications, including frequency and route of administration;
- All therapies and Early Intervention services, with frequency and duration of each session;
- Visiting nurse services, with frequency of visits or numbers of hours per week;
- Technology needs, e.g., oxygen, ventilator, tube feedings, monitor, respiratory treatments;
- Equipment needs, e.g., wheelchair, splints, braces, assistive devices; and
- Summary of care needs signed by a physician or nurse practitioner with the previous 6 months.

The Department nurse reviews the documentation submitted to determine the adequacy and appropriateness of the household's daily and emergency health care arrangements. She/he may request additional documentation if the information submitted is insufficient to make the determination. The Department nurse prepares a written recommendation and sends it to the placing Area Director/designee.

3. **Regional Director/Designee Review and Approval.** The placing Area Director/designee forwards the waiver request, including the Department nurse's written recommendation, to the placing Regional Director/designee (and the hosting Regional Director/designee, when different) who determines whether the waiver request is approved, approved with modifications or not approved, documents the outcome in FamilyNet and informs the placing Area Director/designee of the outcome. The hosting Regional Director for the foster/pre-adoptive household makes the final placement approval decision.
4. **Subsequent Review and Approval.** An updated waiver request must be sent to the placing Regional Director/designee (and the hosting Regional Director/designee, when different) for review and approval, if the P.A.C.T. team subsequently determines that the needs of one or more of the children in a foster/pre-adoptive household receiving over 60 P.A.C.T. hours per week have changed significantly and the household continues to require over 60 P.A.C.T. hours per week in order to maintain each child's needs for safety and well-being. The review and re-approval process for all P.A.C.T. services and waivers over 60 hours per week should be completed at least once every 6 months.

#### **PAYMENT FOR WAIVER EXCEPTIONS:**

- Payment is made via P.A.C.T. to the primary foster/pre-adoptive care provider and includes payment for the P.A.C.T. assistant (when applicable) who must be age 18 or older and a member of the provider's family living in the same household.

**P.A.C.T.****Standards for Reimbursement**

Any P.A.C.T. request which exceeds the average hours identified below for a task must specify on the Supplemental Reimbursement Request/Agreement form and in the supportive documentation the circumstances which necessitate additional service hours. Each request must specify the frequency with which the task must be performed and type of intervention required.

<b>TASK (per documentation)</b>	<b>RANGE</b>	
	<b>Average</b> (Hours per Week per Child)	<b>Maximum</b> (Hours per Week per Child)
1. Care of child on apnea monitor <ul style="list-style-type: none"> <li>• place leads on chest</li> <li>• respond to alarm</li> </ul>	10	12
2. Specialized feeding <ul style="list-style-type: none"> <li>• Nutritional counseling</li> <li>• Specialized diets</li> </ul>	7	14
3. Gastrostomy tube feeding including attachment to pump and cleaning/dressing of site (14 hrs. – based on 4 feedings per day)	14	21
4. Care of tracheotomy, including changing tracheotomy and dressing	10	12
5. Use of nebulizer, including chest P.T., suctioning as needed, and care and maintenance of equipment	7	14
6. Oxygen – including use of oximeter, flow adjustment, monitoring, and care and maintenance of equipment	7	14
7. Suctioning	2	4
8. Care of catheter, including monitoring and maintenance	2	4
9. Measurement of body fluids (intake/output)	2	4
10. Administration of medication	1	4
11. Occupational therapy, including facial/oral exercises	4	7
12. Physical therapy/gross motor skill development	4	7
13. Care of colostomy or ileostomy	14	21
14. Pulmonary therapy without nebulizer treatment	5	10

Supplemental Reimbursement Policy

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<b>TASK (per documentation)</b>	<b>RANGE</b>	
	<b>Average</b> (Hours per Week per Child)	<b>Maximum</b> (Hours per Week per Child)
15. Total physical care for non-ambulatory, multiply-handicapped child which includes bathing, feeding, dressing, toileting, repositioning, etc.	14	21
16. Speech/communication exercises	3	7
17. Advocacy and consultation with schools, court, medical providers, emergency service personnel, etc. for child with complex behavioral or medical needs	5	7
18. Implementation of structured behavior management program as directed by therapist or school program	4	7
19. Participation in child's therapy as directed by therapist	1	1
20. Supervised visitation as directed by Department staff including documentation in all cases	1	14
21. Teaching parenting skills to biological parents and pregnant/parenting teens as directed by Department staff	1	4
22. Training child/adolescent in activities of daily living (ADL)-skill development as directed by Department staff	5	10
23. Utilizing PAYA modules	2	7
24. Monitoring of child with acute psychiatric illness, suicidal ideation, or behavioral pathology (including those with an ASAP)	14	21
25. Preparing pregnant teen for childbirth	1	4
26. Providing intensive supervision to stabilize child in placement due to child's documented behavioral and/or medical needs	2	7
27. Monitoring of, and/or food preparation for, child/adolescent with diagnosed eating disorder	2	7
28. Care of the insulin dependent diabetic, including monitoring glucose levels, monitoring insulin administration, monitoring diet, and maintenance and care of equipment	7	14