

Child's Name:

PID:

CID:

Subsidy Parent(s):

### Higher Level of Care

#### Standards for Supplemental Subsidy Benefit

A higher level of care subsidy benefit may be authorized in circumstances where an adoptive parent or guardian is being asked to conduct certain activities due to the special needs of the child

**The following documents must be submitted when requesting Supplemental Subsidy**

1. **Social Worker Letter:** should detail the requested amount of PACT hours in a separate letter using the chart outlining the Standards of Reimbursement. Only current functioning needs to be included. We do not need complete history.
2. **Letter from medical or other service provider(s):** Only ONE letter is required from a provider (therapist, doctor etc.) if it is detailed and addresses all special needs. Letters need to be written on the provider's letterhead and signed by a provider NOT the social worker. **Only information that is out of the ordinary expectations of normal child development should be written in the provider's letter.**
3. **Letter from the foster/pre-adoptive parent:** Ask them to write a brief letter detailing any information regarding tasks performed to assist the child's progression and/or daily living that is out of the normal realm of parenting. Again, no need for a history.

TASK  (per documentation)	RANGE		RECOMMENDATION  (Hours per Week per Child)
	Average (Hours per Week per Child)	Maximum (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	7	14	

TASK  (per documentation)	RANGE		RECOMMENDATION  (Hours per Week per Child)
	Average (Hours per Week per Child)	Maximum (Hours per Week per Child)	
care and maintenance of equipment			
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. Occupational therapy, including facial/oral exercises	4	7	
11. Physical therapy/gross motor skill development	4	7	
12. Care of colostomy or ileostomy	14	21	
13. Pulmonary therapy without nebulizer treatment	5	10	
14. Total physical care for non-ambulatory, multiply-handicapped child which includes bathing, feeding, dressing, toileting, repositioning, etc.	14	21	
15. Implementation of structured behavior management program as directed by therapist or school program	4	7	
16. Monitoring of child with acute psychiatric illness, suicidal ideation, or behavioral pathology (including those with an ASAP)	14	21	
17. Monitoring of, and/or food preparation for, child/adolescent with diagnosed eating disorder	2	7	
18. Care of the insulin dependent diabetic, including monitoring glucose levels, monitoring insulin administration, monitoring diet, and maintenance and care of equipment	7	14	