

P.A.C.T./RECEIPTABLE REIMBURSEMENT REQUEST

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P.A.C.T. PRE-AUTHORIZATION FORM

CHILD'S NAME	CASE NAME & ID#	PROVIDER'S NAME	SERVICE PERIOD

QUESTIONS:

1. What is the Service Plan Goal? (**ATTACH CURRENT SERVICE PLAN**)

Reunify Family

Alternative Permanent Plan

Independent Living

2. What is the projected date to achieve this goal? _____

3. Briefly indicate the Service Plan problem statement that identify the Child Specific needs to be addressed under this request.

4. Briefly describe the Family Resource Providers' responsibilities which address the Child Specific Needs identified above, i.e. the specific tasks, transportation cost/mileage or lump sum payment.

NOTE to worker: Please make sure you update the "tasks" in the Service Plan to reflect these hours.

P.A.C.T. REQUEST DETAILS

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CHILD'S NAME	CASE NAME & ID#	PROVIDER'S NAME	SERVICE PERIOD

INDICATE NUMBER OF HOURS PER WEEK* NEXT TO EACH TASK APPLICABLE. MAKE SURE TOTAL EQUALS AMOUNT OF P.A.C.T. HOURS REQUESTED:

(*SEE NEXT PAGE RE: TOTAL HRS/WK)

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> ADL Skills Training<input type="checkbox"/> Advocacy/Consultation with Collaterals<input type="checkbox"/> Bodily Fluid Measurement<input type="checkbox"/> Care of Child on Apnea Monitor<input type="checkbox"/> Catheter care<input type="checkbox"/> Colostomy or Ileostomy Care<input type="checkbox"/> Gastronomy Tube Feeding<input type="checkbox"/> Implement Behavior Management Program<input type="checkbox"/> Medication Administration<input type="checkbox"/> Monitor Acute Psychiatric Illness<input type="checkbox"/> Occupational Therapy<input type="checkbox"/> Oxygen | <ul style="list-style-type: none"><input type="checkbox"/> Participate in Child Therapy<input type="checkbox"/> Physical Care of Multiple Handicapped Children<input type="checkbox"/> Physical Therapy<input type="checkbox"/> Pulmonary Therapy (Non-Nebulizer treatment)<input type="checkbox"/> Specialized feeding<input type="checkbox"/> Speech/Communication exercises<input type="checkbox"/> Suctioning<input type="checkbox"/> Supervised Visits<input type="checkbox"/> Teaching Parenting Skills<input type="checkbox"/> Tracheotomy Care<input type="checkbox"/> Use of Nebulizer |
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New PACT: Committee Met This Date

SOCIAL WORKER SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

AREA PROGRAM MANAGER SIGNATURE _____ DATE _____

AREA DIRECTOR SIGNATURE _____ DATE _____

ENTERED ON FAMILYNET _____ DATE _____

DOCUMENTATION FORMS SENT _____ DATE _____

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.

TASK (per documentation)	RANGE	
	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"> • place leads on chest • respond to alarm 	10	12
2. Specialized feeding <ul style="list-style-type: none"> • Nutritional counseling • Specialized diets 	7	14
3. Gastrostomy tube feeding including attachment to pump and cleaning/dressing of site <i>(14 hrs. – based on 4 feedings per day)</i>	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
15. Total physical care for non-ambulatory, multiple-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 DSS staff including documentation in all cases	1	14
21. Teaching parenting skills to biological parents and pregnant/parenting teens as directed by DSS staff	1	4
22. Training child/adolescent in activities of daily living (ADL)-skill development as directed by DSS 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