

## SCCA SUPPLEMENTAL RATE APPROVAL FORM

**To be Completed by the Local Department of Social Services  
or Local Purchasing Agency**

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Case Name/Number: \_\_\_\_\_

Child's Name/**Case** ID#: \_\_\_\_\_

Child's Date of Birth/Rate Group: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Child's Special **Service** Needs: \_\_\_\_\_

Child's Special Needs **must be** Verified by Referral Agency: Check (√) one agency.

- ☐ Children's Developmental Services Agency (CDSA)
- ☐ Local Education Agency (LEA)
- ☐ Local Management Entity (LME)
- ☐ Child Service Coordination Program (CSCP)

DCDEE-0454A and DCDEE-0454B submitted by provider: ☐ Yes ☐ No

IEP, IFSP, PCP, or 504 Plan submitted ☐ Yes ☐ No

Amount of Supplemental Payment Request: \$ \_\_\_\_\_

Specify **the** Purpose of Supplemental Payment. **Including the Plan of Care the one-on-one teacher will provide:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To be Completed by the Division of Child Development's (DCDEE) Subsidy Services Consultant**

Request is: ☐ Approved ☐ Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of DCDEE Subsidy Services Consultant

\_\_\_\_\_  
Date

## INSTRUCTIONS FOR **SUPPLEMENTAL RATE APPROVAL FORM**

### General Instructions:

This form is to be used by the local department of social services (DSS) or local purchasing agency (LPA) when requests for supplemental rates for children with special needs in inclusive settings exceeds a one-time amount of \$1,000 or a monthly or recurring amount of \$300 which requires approval from the Division of Child Development's (DCDEE) Subsidy Services Consultant.

### To be Completed by the Local DSS or LPA:

This section indicates the referring agency and the date the referral is completed along with the identifying information on the child and the provider. A brief description of the child's special needs along with the agency that verified those needs is also completed. The amount of the supplemental request should indicate whether it is a one-time cost or a monthly or recurring cost. The purpose of the supplement section should describe specifically how the supplemental funds will be used. For example: The monthly cost is \$1,040 monthly to pay a part-time staff person \$12 per hour from 10:00 a.m. to 2:00 p.m. for each day that staff person provides one-on-one assistance with feeding and play activities for the child."

NOTE: Parents who have declined participation in the North Carolina Infant-Toddler Program or the Department of Public Instruction's Preschool Program may have a referral from one of the agencies below.

1. The local management entity (formerly known as the Area Mental Health Agency) for children who have specific diagnosis such as a traumatic brain injury or chronic disease such as cystic fibrosis.
2. The Child Service Coordination Program in the local public health department.

### To be Completed by the DCD Subsidy Services Consultant:

The DCDEE Subsidy Services Consultant reviews the documentation and determines approval or denial for the request for supplemental payments. If the request is denied, then an explanation is indicated in the comment section of the form.

A complete package of the following forms must be sent to the DCDEE Subsidy Services Consultant:

- DCDEE-0093: Referral for Child Care for Children with Special Needs
- DCDEE-0094: **SCCA Supplemental Rate Approval Form**
- DCDEE-0454A: Child with Special Needs Additional Expense
- DCDEE-0454B: Documentation Provider Information Form
- **IEP, IFSP, PCP or 504 Plan:** **Verification of Special Needs**

*Send the original of the **SCCA Supplemental Rate Approval Form** (DCDEE-0094) and the copies of the forms listed above to the DCDEE subsidy services consultant. The local DSS or LPA will retain the copy of DCDEE-0094 and the originals of the other forms in the case file.*

*The DCDEE Subsidy Services Consultant will return the original of the Approval of Supplemental Rate (DCDEE-0094) to the local DSS or LPA to use for completion of the Provider Information Form which must be filed in the child's case record. The DCDEE Subsidy Services Consultant will keep the remaining forms on file.*

**NOTE: The supplemental rate approval must be renewed **and verified** annually so that the appropriateness of the rate can be redetermined.**