# APPROVAL OF SUPPLEMENTAL RATE

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

**Date:**_____**Agency:**_____

**Case Name/Number:**_____

**Child's Name/DCS ID#:**_____

**Child's Date of Birth/Rate Group:**_____

**Provider's Name:**_____

**Child's Special Needs:**_____

**Child's Special Needs 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)**

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

**Amount of Supplemental Payment Request: $**_____

**Specify Purpose of Supplemental Payment:**

_____

_____

_____

_____

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

**Request is:** ☐ **Approved** ☐ **Denied** **Please check (√)**

**Comments:**_____

_____

_____

_____ _____

**Signature of DCD Subsidy Services Consultant** **Date**

**White Original and Yellow Copy:** **DCD Subsidy Services Consultant**

# INSTRUCTIONS FOR APPROVAL OF SUPPLEMENTAL RATE

## 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 (DCD) 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 a 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 DCD 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 DCD Subsidy Services Consultant:**

- **DCD-0093: Referral for Child Care for Children With Special Needs**
- **DCD-0094: Approval of Supplemental Rate**
- **DCD-0454A: Child With Special Needs Additional Expense Documentation**
- **DCD-0454B: Provider Information Form**

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

***The DCD Subsidy Services Consultant will return the white original of the Approval of Supplemental Rate (DCD-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 DCD Subsidy Services Consultant will keep the remaining forms on file.***

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