

### Family Time/Sibling Visit

# Effective **November 1, 2021**

## Family Time Fee for Service Schedule

\* Items will be eligible for payment when notified by DCYF

All rates are per visit and not by the number of children served or visit staff conducting the visit.

	<u>Frequency</u>	Standard	FIN**	Activity	Effective Date
	Hourly	\$24.49	\$ 26.50	Visit - Actual time Transportation to a visit, wait time, visit time, and travel from visit.	11/1/2021
In Person Visit	Hourly	\$24.49	\$ 26.50	No-Show – Actual time Transportation to a visit, wait time (per contract), and travel from visit.	11/1/2021

	Each	\$42.86	\$46.83	No-Show - Fee 1 hour and 45 minutes Compensation for one hour and forty-five minutes, when a client does not show for a visit. In addition to No-Show — Actual Time for in-person visits.	11/1/2021
	Each	\$48.98	\$53.00	<u>Cancelation less than 24 Hour - Fee</u> 2 hours Compensation for two hours when a client cancels less than 24 hours in advance of a visit.	11/1/2021
	Each	\$48.98	\$53.00	<u>Virtual Visit</u>	11/1/2021
Virtual Visit	Each	\$42.86	\$46.83	No-Show Fee – 1 hour and 45 minutes Compensation for one hour and forty-five minutes, when a client does not show for a visit. In addition to No-Show – Actual Time for in-person visits.	11/1/2021
	Each	\$48.98	\$53.00	<u>Cancelation less than 24 Hour - Fee</u> 2 hours Compensation for two hours when a client cancels less than 24 hours in advance of a visit.	11/1/2021
Unsupervised Visit	Hourly	\$24.49	\$ 26.50	Visit - Actual time Travel time to visit, travel from visit, and duration of wait and visit time (maximum allowed three hours).	11/1/2021
	Each	\$42.86	\$46.83	No-Show - Fee 1 hour and 45 minutes Compensation for one hour and forty-five minutes, when a client does not show for a visit.	11/1/2021
	Each	\$48.98	\$53.00	Cancelation less than 24 Hour -Fee 2 hours Compensation for two hours when a client cancels less than 24 hours in advance for a visit.	11/1/2021

Intake	Each	\$48.98	\$ 53.00	Intake Screening – Two hours Per Each New Service referral (not updating referrals).	11/1/2021
Supervision, Monitoring and Oversight	Each	\$24.49	\$26.50	60 Minutes for each staff recorded and approved within SPROUT as delivering Family Time for the month of billing.	11/1/2021
Reports	Each	\$18.37	\$19.88	Attended Visit Report – 45 Minutes  Per Each completed in-person or virtual visit report submitted and approved in Sprout.	11/1/2021
	Each	\$6.13	\$6.63	Unusual Incident – 15 Minutes Per Each completed Unusual Incident report submitted in Sprout.	11/1/2021
	Each	\$6.13	\$6.63	Missed Visit – 15 Minutes Per Each completed No-Show, Cancelled Less Than 24 Hours and More than 24 Hours submitted and approved in Sprout.	11/1/2021

<sup>\*</sup> Items will be eligible for payment when notified by DCYF

## **Transportation**

- **1.** Transportation Travel includes travel supporting a child or youth to participate in visit and includes travel:
  - a. Contractor's place of business or residence, whichever is the shorter distance, or pervious visitation location,
  - b. Pick up and transport children to a parent or sibling visit, or Contractor's travel directly to a visit, and
  - c. Return child(ren) to an agreed upon location, and to return to office unless traveling to next Pick up.
- **2.** Transitional Travel is authorized for Unsupervised visits. Transitional travel allows billing of travel between:
  - a. Visit location to the office or home (whichever is closest), while a visit is happening, and

b. Office or Home or other visit location to pick up a child from an unsupervised visit.

No reimbursement for travel shall be paid for travel between the Service Worker's residence and the Contractor's place of business.

#### Cancellations & No Shows

DCYF shall pay the Contractor for no show or cancelled appointments. The Contractor may resolve and close the referral after three consecutive missed visits.

#### **Court Testimony**

Time spent in court proceedings regarding the client is <u>not</u> reimbursable under this Contract. However, this does not preclude the Contractor from seeking reimbursement from the party who subpoenaed or requested the testimony or court appearance.

### **Ancillary Costs**

Ancillary costs are reimbursed in accordance with the Contractor's actual costs as documented by receipts provided with the Contractor's billing statement. This includes DCYF approved costs related only to the child's visit, which are non-routine expenses such as ferry fare or parking fees.

<b>Activity Fee for</b>	<b>Sibling Visits</b>
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Sibling Visit Up to Per child/per visit Activity Fee \$ 7.03

- 1. The Contractor may bill for each child who is in the care and custody of DCYF and who participates in an activity at each visit.
- 2. The activity fee shall be used to provide activities, food, or supplies for a visit. When the activity fee is used to purchase supplies, those supplies shall be given to the child at the end of the visit.
  - (a) This fee is **not** available for visit during a parent and child visit.

3.

### **COVID-19 Visit Preparation**

Standard	FIN **		
		Each Call	
\$2.04	\$2.21		
	FINI		
	FIN		
	Mileage Reimbursement for allowed travel		
l be paid			
•	t rates for trave	l can be accessed at	
<u>0.10</u>			
	\$2.04 be paid	FIN  Mileage Reimb  be paid  DFM). Current rates for trave	