

A Parent's Guide to Preparing for the VEMAT

Virginia Department of Social Services has implemented a process for determining the reimbursement rate for the additional supervision and support provided by needed from foster/adoptive parents to address the behavioral, emotional, and medical needs of children in foster care (not all local agency use the VEMAT for foster care) or being adopted from foster care. The tool is intended to provide a method for standardizing payments and bringing Virginia into compliance with federal requirements.

*We encourage families to become familiar with the requirements of the VEMAT process and the tool. **A completed VEMAT tool is not allowed to be brought to a VEMAT meeting by any member of the VEMAT team, including parents.** FACES encourages you to review this Guide and use it to prompt you to bring the required and useful documentation, assessments, and evaluations to demonstrate any behavioral, emotional, or medical issues which are requiring additional parental supervision and intervention.*

FACES has developed this Guide to help you prepare for a VEMAT meeting. It will assist you in gathering the required and useful documentation which you will need to bring to the VEMAT meeting. It may also aid you in responding to questions during the meeting .

We have included a checklist at end of this Guide to prompt you to document additional activities related to your supervision and support of the child in your care.

NOTE: *Any issues or conditions you list in this document should be made known to the child's worker on a routine basis. Keeping the workers informed about your situation and the amount of supervision the child requires will be helpful during the VEMAT meeting.*

FACES has coined its own acronym for families who will participate in the VEMAT meeting...

VEMAT DANCE

Documentation is imperative.

Assessments of the child's condition and behaviors are vital.

Notifying your worker of all additional needs of the child is essential.

Clinical reports and requirements are crucial.

Educational reports and assessments are an informative key.

Remember: *You are a member of the VEMAT team. You have a responsibility to participate and provide all information which aids in the decision-making process for the child in your care. Be calm, respectful, and thorough. It is in your best interest and the child's best interest to not exaggerate or be demanding.*

Please be advised: *Nothing in this Guide is intended to indicate the child's automatic eligibility for any specific VEMAT rating. This is a guide to help you prepare for your VEMAT experience and to gather appropriate documentation for use during the VEMAT meeting. The VEMAT rater with input from the VEMAT team will decide whether or not anything marked in this Guide is relevant to VEMAT scoring.*

Whatever your experience, please share it with other families on the FACES FACEBOOK page. You can access our FACEBOOK page from www.facesofvirginia.org.

Emotional Care: This category is for addressing the specific emotional conditions of the child which are requiring you as a parent to provide more supervision and intervention than would be required for a typical child given the age of the child. **All children have emotional care needs, such as, reassurance of belonging; adjustment period for becoming accustomed to a new home; sadness about the loss of their family; or missing their siblings. These are to be expected from any child dealing with removal from their home and a new placement.** This category is intended, however, to address more significant or ongoing emotional needs.

As the child's parent I am:

Intervening with this child's impulsive, hyperactive, or distractive behaviors

- Once or twice per week;
- A few times per week; or
- Daily
- Interacting with the school to address anger issues
 - Once or twice per week
 - Several times per week
 - Daily
- Other: _____

TIP: It is important that you are able to explain how you are following up on recommendations from the school and therapists in order to minimize behaviors in the home.

Please describe specific actions you are taking to address the impulsive, hyperactive, or distractive behaviors of the child in your home.

Aware the child is depressed and intervening by

- Prompting the child in order to encourage an improved mood several times a week;
- Seeking services for the child's depressed state
- Transporting the child to weekly therapeutic appointments
- Monitoring behaviors or medications for therapeutic purposes
- Interacting with the school to address depression issues
 - Once or twice per week
 - Several times per week
 - Daily
- Other: _____

TIP: Be sure you are keeping the worker informed of the child's needs for additional supports and supervision as there may be avenues for helping you and the child other than the VEMAT.

Please describe specific actions you are taking to address the child's depression.
(be sure to attach any documents which support your observations and parenting requirements).

Addressing anxiety issues the child faces by

- Spending quiet time with the child on a regular basis away from distractions;
- Seeking services for the child's anxiety
- Notifying the worker the child needs other supports

- Transporting the child to weekly therapeutic appointments
- Monitoring behaviors or medications for therapeutic purposes
- Interacting with the school to address anxiety issues
 - Once or twice per week
 - Several times per week
 - Daily

Other: _____

Please describe specific actions you are taking to address the child's anxiety.
(be sure to attach any documents which support your observations and parenting requirements).

Supervising the child's anger-related behaviors by

- Routinely calming the child to prevent escalation or accidents
- Seeking services to assist in managing the child's anger
- Transporting the child to weekly therapeutic appointments
- Monitoring behaviors or medications for therapeutic purposes
- Interacting with the school to address anger issues
 - Once or twice per week
 - Several times per week
 - Daily

Other: _____

Please describe specific actions you are taking to address the child's anger-related behaviors.
(be sure to attach any documents which support your observations and parenting requirements).

Addressing bed-wetting or other soiling behaviors which are not related to a short-term medical condition, such as a urinary tract infection or a virus, by

- Changing sheets or clothing once or twice a week
- Changing sheets or clothing several times a week
- Changing sheets or clothing daily
- Notifying the worker of additional support needs for the child
- Consulting with medical or therapeutic personnel
- Monitoring behaviors or medications for therapeutic purposes
- Interacting with the school to address anger soiling issues
 - Once or twice per week
 - Several times per week
 - Daily

Other: _____

TIP: Modeling appropriate behaviors and intervening are all part of typical parenting. It is only when your supervision and support is above and beyond typical parenting that a VEMAT score will be considered.

Please describe specific actions you are taking to address the bed-wetting or soiling behaviors.
(be sure to attach any documents which support your observations and parenting requirements).

Addressing social skills issues consistent with professional recommendations by:

- Modeling appropriate interactions once or twice a week
- Modeling appropriate interactions several times per week
- Modeling appropriate interactions daily
- Consulting with medical or therapeutic personnel
- Monitoring behaviors or medications for therapeutic purposes
- Interacting with the school to address anger social skills issues
 - Once or twice per week
 - Several times per week
 - Daily
- Other: _____

Reminder: Typical parenting behaviors for intervention and modeling are not likely to result in a VEMAT score.

Please describe specific actions you are taking to address the social skills training needs of the child.
(be sure to attach any documents which support your observations and parenting requirements).

Intervening with problematic behaviors consistent with professional recommendations:

- Once or twice per week
- Several times per week
- Daily
- Notifying the child's worker of additional support needs for the child
- Consulting with therapeutic professionals
- Transporting the child to therapeutic appointments
- Monitoring behaviors and medications for therapeutic purposes, such behaviors include
 - Bizarre behaviors
 - Hallucinations
 - Anorexia/bulimia/other eating disorders
 - Sexual aggression or offending
 - Attachment Disorders requiring therapeutic interventions
 - Suicidal ideations/behaviors/attempts
 - Other: _____
- Other: _____

Please describe specific actions you are taking to address these behaviors of the child in your home.
(be sure to attach any documents which support your observations and parenting requirements).

*Behavioral Care: This category is for addressing the specific behavioral activities of the child which are requiring you as a parent to provide more supervision and intervention than would be required for a typical child given the age of the child. **All children have behavioral care needs, such as, prompting child to exhibit control, temporary intervention to avoid an impulse which could cause injury, acting out behaviors coming from their sadness about the loss of their family or missing their siblings. These are to be expected from any child dealing with removal from their home and a new placement. This category is intended, however, to address more significant or ongoing behavioral needs.***

As the child's parent I am:

Intervening with the child's running behaviors to prevent or reduce running incidents

- Once or twice per month
- Several times per month
- Weekly
- The child attempts to run back to the birth family home
- The child attempts to run to areas which are dangerous
- The child runs and is been gone overnight or long periods of time
- Other: _____

TIP: Running behaviors refers to running which places the child's safety at risk.

Please describe how you are assisting the child in reducing running behaviors or how you are intervening to keep the child safe. (be sure to attach any documents which support your observations and parenting requirements).

Contact with the child's school, because of problem behaviors

- Once or twice per month
- Several times per month
- Weekly
- The child engages in truancy behaviors. How often: _____
- The child is disruptive in the classroom. How often: _____
- Other: _____

Please describe how you are assisting the child in improving this behavior or managing this behavior both in school and at home. (be sure to attach any documents which support your observations and parenting requirements).

Managing problem behaviors in the home, community and/or school

- Once or twice per month
- Several times per months
- Weekly
- Notifying the child's worker of the need for additional supports/services
- The child has a diagnosed or assessed condition which is the basis for dangerous behaviors
 - Sexual aggression
 - Substance abuse

- Anti-social behaviors
- Self-abusive behaviors
- Suicide attempts
- Other: _____

Please describe specific actions you are taking to address the child's behaviors noted above.
(be sure to attach any documents which support your observations and parenting requirements).

- Providing protection and supervision to the foster child's child to prevent risk of abuse or neglect of the foster child's child.**
 - Once or Twice per week
 - Several times per week
 - Daily
 - Notified the child's worker of the need for additional supports and services for the child's child
 - Other: _____

Please describe how you are assisting the foster child in improving their parenting skills to eliminate the risk of abuse or neglect. (be sure to attach any documents which support your observations and parenting requirements).

Medical Care: *This category is for addressing the specific medical care activities of the child which are requiring you as a parent to provide more supervision and intervention than would be required for a typical child given the age of the child. **All children have medical care needs, such as, immunization appointments, episodic injuries or illness, emergency room visits, and assistance with age appropriate self-care activities (for example teeth brushing, hand washing). These are to be expected from any child.** This category is intended, however, to address more significant or ongoing medical needs.*

As a parent to this child I am

Assisting with self-care

- beyond what would be age appropriate
- for a medical or prosthetic device
- with ambulatory support and assistance, because of mobility challenges
- Other: _____

Please describe specific actions you are taking to address the self-care needs of the child.
(be sure to attach any documents which support your observations and parenting requirements).

Caring for Medical conditions

- Once or twice per week
- Several times per week
- Daily
- Notified the child's worker of the child's need for additional support and services
- Conditions being monitored and managed in the home are:
 - Seizures. How often: _____
 - Skin Conditions. How often _____
 - Prosthetic device care. How often _____
 - Dietary. How often _____
 - Appliances/Devices for feeding, draining, etc. How often: _____
 - Other: _____

Please describe specific actions you are taking to address the medical conditions of the child.
(be sure to attach any documents which support your observations and parenting requirements).

Attending therapy and medical appointments because of diagnosed condition

- Once or twice per week
- Several times per week
- Daily

REMINDER: A parent transporting a child receiving Medicaid is eligible for mileage reimbursement to Medicaid eligible appointments. However, parents should note the amount of time they spend in transporting as this **may** be a consideration in the VEMAT score.

Please describe specifics about why you believe this should be considered in the VEMAT meeting relative to your supervision and support of the child.

(be sure to attach any documents which support your observations and parenting requirements).

Receiving training/support to improve child's care (sign language, colostomy care, feeding tube)

- Once a week
- Multiple times per week
- Daily

Please describe specific actions you are taking to address the child's needs in this area, including your own training time in mastering any necessary skills for supporting the child.

(be sure to attach any documents which support your observations and parenting requirements).

Checklist to Aid in Discussing Parental Supervision Activities

Professional Interventions Checklist

It is expected that foster and adoptive parents may have interactions with these types of professions as a matter of routine parenting of children who have experienced trauma/abuse/neglect. It should be noted that the VEMAT team will only consider these types of professional interactions when it appears to be beyond that of typical parenting for children in or from foster care. Therefore, please be aware that you may not receive any additional scoring from completing checklist, but it will serve as a prompt to inform the team of what you are doing to address the child's needs.

Write in the space indicate the number of phone or face-to-face consultations made with each type of provider per week or per month or annually.)

- Social Worker _____
- Case Manager _____
- Pediatrician _____
- Developmental Pediatrician _____
- Other Developmental Specialist _____
- Neurologist _____
- Geneticist _____
- Orthopedist _____
- Ear, Nose, and Throat Specialist _____
- Infant Educator/Service Coordinator _____
- Occupational Therapist _____
- Mental Health Specialist _____
- Speech Pathologist _____
- Other Language Professional _____
- Audiologist _____
- Mobility Specialist _____
- Substance Abuse Professional _____
- Nutritionist _____
- Other: _____
- Other: _____
- Other: _____

Please use the space below to describe or make notes about any extraordinary circumstances regarding appointments or consultations which require additional time from you as a parent to the child. *For example: "I live in a rural area and the closest geneticist available for the child is a 4 hour round trip drive. I am required to keep a daily journal during the timeperiod the child will be undergoing testing and treatment. I can only work part-time and still meet the child's needs for weekly monitoring."* [NOTE: This example is relative to your time, not to the distance. If you are traveling to a Medicaid eligible appointment, you should be collecting mileage reimbursement from the Medicaid contractor, Logisticare.]
