

## **A Parent's Guide to Preparing for the VEMAT**

*Virginia Department of Social Services has implemented a process for determining the reimbursement rate for additional supervision needed from parents to address the behavioral, emotional, and medical needs of children in treatment 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. Please keep in mind, however, that a completed tool is not allowed to be brought to a VEMAT meeting by any member of the VEMAT team, including parents. FACES does encourage you to review the tool and use it to prompt you to bring the necessary documentation, assessments, and evaluations necessary to demonstrate any behavioral, emotional, or medical issues which are requiring additional parental supervision and intervention.*

*FACES has developed the attached tool to help you prepare for the VEMAT and to ensure that you have a document to bring with you to the VEMAT rating meeting which will help you respond to questions from the rater without using the VEMAT in the meeting.*

*In addition to required information for the VEMAT rating process we have included a checklist of other information and documentation which we recommend families complete to ensure that this additional information is not overlooked during the VEMAT rating meeting.*

*It is very important that any issues or conditions you list in this document are known to the child's worker. Keeping the workers informed about your situation and the amount of supervision the child requires will be helpful during the VEMAT rating process.*

*FACES has coined its own acronym for families going through the VEMAT....*

**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 will aid an informed decision being made for the child in your care. Be calm, respectful, and thorough. Do not exaggerate or pontificate.***

***Whatever your experience, please share it with other families on the FACES FACEBOOK page. You can access our FACEBOOK page from [www.facesofvirginia.org](http://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 distractible 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: \_\_\_\_\_

Please describe how you are assisting the child with this condition (be sure to attach any documents which support your observations and parenting requirements).

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**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
- 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 depression issues
  - Once or twice per week
  - Several times per week
  - Daily
- Other: \_\_\_\_\_

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

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**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 how you are assisting the child in improving this condition or managing this condition (be sure to attach any documents which support your observations and parenting requirements).

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- 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 how you are assisting the child in improving this condition or managing this condition (be sure to attach any documents which support your observations and parenting requirements).

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- 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: \_\_\_\_\_

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

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**Addressing social skills issues by:**

- Modeling appropriate interactions once or twice a week
- Modeling appropriate interactions several times per week
- Modeling appropriate interactions 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 social skills issues
  - Once or twice per week
  - Several times per week
  - Daily
- Other: \_\_\_\_\_

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

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**Intervening with problematic behaviors, not identified above,**

- 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 how you are assisting the child in improving this condition or managing this condition (be sure to attach any documents which support your observations and parenting requirements).

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*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**

- Once or twice per month
- Several times per month
- Weekly
- Notifying child's worker of the need for additional supports/services
- 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 has been gone overnight or long periods of time
- Other: \_\_\_\_\_

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

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

- Once or twice per month
- Several times per month
- Weekly
- Notifying the child's worker of the need for additional supports/services
- 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 (be sure to attach any documents which support your observations and parenting requirements).

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**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 diagnostic condition which is the basis for dangerous behaviors
  - Sexual aggression
  - Substance abuse
  - Anti-social behaviors
  - Self-abusive behaviors

- Suicide attempts
- Other: \_\_\_\_\_

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

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- Providing protection and supervision to the child's child to prevent abuse or neglect injuries**
  - 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 child in improving this behavior or managing this behavior (be sure to attach any documents which support your observations and parenting requirements).

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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 how you are assisting the child in improving this condition or managing this condition (be sure to attach any documents which support your observations and parenting requirements).

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**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 how you are assisting the child in improving this condition or managing this condition (be sure to attach any documents which support your observations and parenting requirements).

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**Attending to therapy and medical appointments because of diagnosed condition**

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

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

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- Receiving training/support to improve child's care (sign language, colostomy care, feeding tube)**
  - Once a week
  - Multiple times per week
  - Daily

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

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