00	Other	Per Client Per Month	
00	Technical and Administrative Support (Fulton Only)	Per Occurrence	
01	Per Diem – Regular	Per Client Per Month	
01	Monthly Subsidy Payment \$50	Per Client Per Month	
	Enhanced Relative Rate Subsidy Payment	Per Client Per Month	
	Enhanced Relative Care Subsidy Payment	Per Client Per Month	
	Enhanced Guardianship Subsidy Payment	Per Client Per Month	
	NON-relative Enhanced Guardianship Subsidy Pymt	Per Client Per Month	
02	Per Diem – Special Add On	Per Client Per Month	
03	Emergency Relocation Cost	Per Client Per Month	
04	Initial Clothing	Per Occurrence	
05	Annual Clothing	Per Occurrence	
06	Support Services	Per Occurrence	
07	Undocumented Immigrant Payment	Per Client Per Month	
08	In-Hospital Care	Per Client Per Month	
09			
10	Burial, Unusual Med., Interstate	Per Occurrence	
11	Child Restraint Devices	Per Occurrence	
12	All/Other Reimbursable Services	Per Client Per Month	
13	Monthly Supplement	Per Client Per Month	
14	Food/Personal Needs/Utilities/Emergency Clothing	Per Client Per Month	
15	Emergency Medical Needs	Per Client Per Month	
16	Recipient Transportation	Per Client Per Month	
17	Supplemental Supervision	Per Client Per Month	
	Child Care	Per Client Per Month	
18	Other Emergency Needs	Per Client Per Month	
19	Medical Exams	Per Client Per Month	
	Medical Exams – Child	Per Client Per Month	
20	Medical Exams – Adult	Per Client Per Month	
21	Adult Education/GED Tuition	Per Client Per Month	
22	Other Tuition	Per Client Per Month	
23	Arranged or Provider Transportation	Per Client Per Month	
24	Crisis Intervention	Per Client Per Month	
25	E & T Transportation	Per Client Per Month	
26	Recipient Incidentals	Per Client Per Month	
27	GCIS Assessment	Enter 1 Client Only	
	Assessments	Per Client Per Month	
28	Financial Literacy Training	Per Client Per Month	

29	Assessment	Per Client Per Month
	Subsequent Adolescent Assessment	Per Client Per Month
30	Job Readiness/Job Search	Per Client Per Month
31	Subsidized Employment	Per Client Per Month
32	Performance Payment	Per Client Per Month
33	Non-Recurring Cost	Each
34	PRP Transportation	Per Client Per Month
35	PRP Incidentals	Per Client Per Month
36	TSS Recipient Transportation	Per Client Per Month
37	Books/Registration/Testing Fees	Per Client Per Month
38	Required Wearing Apparel	Per Client Per Month
39	Tools and Supplies	Per Client Per Month
40	Occupational Licensing Fees	Per Client Per Month
41	Emergency Benefits	Per Occurrence
42	Non-Medicaid Eligible Services	Per Client Per Month
43	Energy Benefits	Each
44	Diarist Payment	Per Client Per Month
45	TSS Recipient Incidentals	Per Client Per Month
46	Applicant Transportation	Per Client Per Month
47	Crisis Interv. Behavioral Management	Per Client Per Month
48	Financial Services	Per Client Per Month
49	Day Care Services	Per Client Per Month
50	Counseling	Per Client Per Month
51	Drug Screens	Per Client Per Month
52	Substance Abuse Assessment	Per Client Per Month
53	Medical/Dental Services/Assessment	Per Client Per Month
54	Psychological Evaluation	Per Client Per Month
55	TSS Applicant Transportation	Per Client Per Month
56	Transportation	Per Client Per Month
57	Pre and Post Adoption Support Services	Per Client Per Month
	AA Placement Reimbursement	Per Client Per Month
58	Other Reimbursable Services	Per Client Per Month
59	Employment Intervention Services	Per Client Per Month
60	Overnight Respite Care	Per Approved Applicant
	Respite Care	Per Approved Applicant
61	Homestead Services	Per Client Per Month
62	One Time 24 Hour Crisis Intervention Payment	Each
63	Integrated Family Support Services	Per Client Per Month
64	Job Coach Services	Per Client Per Month
65	TSS Applicant Incidentals	Per Client Per Month

66	Applicant Incidentals	Per Client Per Month	
67	IMPACT Training	Per Foster Parent	
68	Continued Parent Development	Per Foster Parent	
69	Work Support Payments \$100	Per Client Per Month	
70	Child's Contract Study	Per Child	
	Home Study	Per Child	
71	In-Home Case Management	Per Client Per Month	
	Case Management Services	Per Client Per Month	
72	Parent Aide Program	Per Client Per Month	
73	Family Preservation Placement Prevention	Per Client Per Month	
74	Wrap Services (NEW – 3/1/2009)	Per Client Per Month	
75	College Related Expenses	Per Client Per Month	
76	High School Related Expenses	Per Client Per Month	
77	Adoptive Placement Reimbursement-FC Parent	Per Approved Applic	
78	Transitional Living Related Expenses	Per Client Per Month	
	Start-up Cost	Per Client Per Month	
79	Prevention/Early Intervention Services	Per Client Per Month	
80	Summer Safety/ Enrichment Services	Per Client Approval	
81	Base Subsidy Payments	Per Client Per Month	
82	Base Undocumented Immigrant Payment	Per Client Per Month	
83	Intervention and Support Services	Per Client Per Month	
84	Adoption Promotion & Support Services	Per Client Per Month	
85	Intensive Family Services	Per Client Per Month	
86	Preventive Family Services	Per Client Per Month	
87	Stipend	Per Client Per Month	
88	Court Appearance and/or Testimony	Per Client Per Month	
89	Emergency Respite	Per Client Per Month	
90	Subsidized Work Transportation	Per Client Per Month	
91	Subsidized Work Incidentals	Per Client Per Month	
92	Subsidized Work Child Care	Per Client Per Month	
93	Crisis Respite	Per Client Per Month	
94	Day Respite Care (less than 24 hours)	Per Client Per Month	
95	In-Home Intensive Care	Per Client Per Month	
96	Family Foster Care Emergency Beds	Per Client Per Month	
97	Institutional Foster Care Emergency Beds	Per Client Per Month	
98	Work Support Payments \$100	Per Client Per Month	
99	Written Waiver Item	Per Client Approval	
	Emergency/Crisis Intervention	Per Client Per Month	

1A	Assessments – Moderate	Per Client Per Month
1C	Counseling – Moderate	Per Client Per Month
1T	Tutoring – Moderate	Per Client Per Month
2A	Assessments – Serious	Per Client Per Month
2C	Counseling – Serious	Per Client Per Month
2T	Tutoring – Serious	Per Client Per Month
3A	Assessments – Severe	Per Client Per Month
3C	Counseling – Severe	Per Client Per Month
3T	Tutoring – Severe	Per Client Per Month
C9	CPPC Cost for nine Counties	Per Client Per Month
E1	Evaluations – Completed	Per Client Per Month
E2	Evaluations – Partial	Per Client Per Month
R1	Therapeutic and Crisis Intervention	Per Occurrence
SB	Sibling Incentives	Per Client Per Month
<b>S</b> 1	FC Transitional Support Services	Per Client Per Month
S2	FC Emancipation Support Services	Per Client Per Month
<b>S</b> 3	Family Access and Visitation Centers	Per Client Per Month
<b>S</b> 4	Post Substance Abuse Treatment and	Per Client Per Month
	Transitional Support Services	
S5	PSS Early Intervention	Per Client Per Month
<b>S</b> 6	PSS Placement Prevention	Per Client Per Month
<b>S</b> 7	Relative Caregiver Support	Per Client Per Month
	Caretaker Support	
<b>S</b> 8	Substance Abuse Treatment/Support Services	Per Client Per Month
<b>S</b> 9	Healthy Marriage/Co-Parenting Support Services	Per Client Per Month
W1	Wraparound Services – Parental Custody	Per Client Per Month
W2	Wraparound Services – DFCS Custody	Per Client Per Month

#### **CODE DESCRIPTION**

#### **SERVICE UNIT**

### **Codes Used for County Programs**

05	County Clothing	Per Occurrence
10	County Medical	Per Occurrence
60	General Assistance – Incidentals	Per Occurrence
61	General Assistance – Medical	Per Occurrence
62	General Assistance – Travel	Per Occurrence
63	General Assistance – Utilities	Per Occurrence
64	General Assistance – Rent/Board	Per Occurrence
65	General Assistance – Burial/Funeral	Per Occurrence
66	General Assistance – Food	Per Occurrence
67	General Assistance – IAP Refunds	Per Occurrence
68	General Assistance – A2 Temp Disability	Per Occurrence
69	General Assistance – Waiver Over Limit	Per Occurrence
90	County Other School Expenditures	Per Occurrence
	School Transportation	Per Occurrence
91	County Miles/Gas Cost	Per Occurrence
92	County School Pictures	Per Occurrence
93	County Birthday	Per Occurrence
94	County Haircuts	Per Occurrence
95	County Diapers	Per Occurrence
96	County School Supplies	Per Occurrence
97	County Allowances	Per Occurrence
98	County Christmas	Per Occurrence
99	County Travel Related Meals	Per Occurrence
	Food Supplies	Per Occurrence