



Department of Children & Family Services
 P.O. Box 917, Oakland, Ca 94604-0917
 510/780-8600 Fax: 510/670-6230
 COLLIC@acgov.org
www.co.alameda.ca.us/assistance

Carol J. Collins
 Assistant Agency Director

Dan Kaplan and Lori Jones, Interim Agency Co-Directors

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The following information is being provided in response to the requirements of ACL 10-62. This is the most current information for determining specialized care increments (SCI) for a dependent child placed in Alameda County.

The SCI Rate

The SCI is based on the emotional and behavioral care needs of the child that are identified as meeting the requirements of rate levels 1 - 3. The qualifying factors for each type of need and the rate levels are provided in the Special Care Rate Behavioral Checklist. The forms are specific to the child’s age (a form for children ages 0 – 2 and another form for children ages 3 – 5, etc).

Once all of the needs (items) are identified for the child, the total number of items for each level are multiplied by a specific factor (a factor of 2 for level 1 items, 5 for level 2 items, and 10 for level 3). Those subtotals are added together, and that total is multiplied by \$6.00. The following chart provides an example of a calculation.

A child may be approved for more than one level or item within the same category (e.g. both a level 2 and level 3 item in the category of Respiratory Problems), as long as the different items do not overlap.

Example of rate calculation for SCI

Item Level	# Of Approved Items	Factor	Total
1	3	2	6
2	4	5	20
3	1	10	10
Total Points			36
Total Point Dollars (Rounded down to the nearest dollar)	36 x \$6.00 = \$216.00		

The amount determined by the above calculation can be increased to cover the caregiver’s direct costs related to excessive transportation costs, special diet, or food supplement costs.

Eligibility for the SCI and Payment Information

Licensed foster parents, relatives, and NREFM's who qualify for AFDC-FC funding are eligible for a special care rate.

The approved SCI is effective for one year and must be renewed annually with new checklists and documentation.

SCI's may be re-evaluated by the CWW at any time during the approval period. If there is a change in the child's special needs, a new SCI packet must be submitted to the Rate Setter.

- If there are changes with the child (behavioral, physical, etc) that justify a change to the rate during the time period of an existing SCI, the CWW should submit a new SCI packet.

SCI's apply to the child and are based on the caregiver's response to the child's needs. Therefore, the SCI does not move with the child. A new SCI must be resubmitted when a child changes placements, after the CWW and new caregiver have discussed the child's needs and determined how the new caregiver will attend to those needs.

- Note that documentation from the last SCI may be used for the new rate after a placement change, as long as the information still meets the requirements for documentation (discussed below under the Criteria and Methodology Used to Determine the Increments heading).

If a child has a condition that is not likely to change (i.e.: in the case of a chronic medical condition; retardation, blindness, deafness, or scarring from severe burns that require ongoing treatment) an exception to the SCI process can be made. In this situation only, documentation of the condition made in the initial SCI request will stand for the duration of the minor's stay in placement. For yearly reviews, the CWW need only submit a completed Form 34-9 (Authorization To Pay Specialized Care Rate For Children In Out Of Home Placement). New documentation must be provided if an increase in rate is requested. The Rate Setter will determine and inform the CWW if the exception rule is to be applied.

Criteria and Methodology Used to Determine the Increments

1. The CWW initiates the process of determining the SCI. The CWW assesses the child's special needs with the child's caregiver and discusses with the caregiver what is expected of him or her in order to receive the SCI. After completing this assessment, the CWW will discuss with their supervisor whether a SCI for the child is justified. If it is, the CWW will complete the Special Care Rate Behavioral Checklist that is for the child's age group.
 - CWW is not to discuss a dollar amount with the caregiver until the Rate Setter has set the special rate.
2. After completing the checklist, the CWW must collect documentation for each item identified in the checklist as an emotional or behavioral need of the child. There are two kinds of documentation used: supporting and collateral.
 - Supporting documentation can be in the form of CWS/CMS case dictation (with the specific behavioral issues noted in detail) or the most recent court report, both of which must be dated within 6 months of the effective date of the special rate.
 - Collateral documentation can be in the form of a psychological/medical evaluation, and/or a statement from a treating practitioner such as a therapist, pediatrician, psychiatrist, etc. Collateral documentation is required for the approval of statements made in supporting documentation which outline the child's medical, developmental or psychological diagnosis. Collateral documentation must be dated within 12 months of the effective date of the special rate.
3. Forward the special care rate packet to supervisor for review. If the request is more than 2 months overdue, the Program Manager will review the request and sign off on form 34-9 prior to submission, in addition to Supervisor signature.

4. Forward the completed Special Rate Behavioral Checklist, a completed 34-9 form, and the supporting documentation to the Rate Review Team. Each SCI request is reviewed to confirm that each item selected for the child on the Special Rate Behavioral Checklist is corroborated by documentation, as required. The reviewer also confirms that the child qualifies for each requested item, based on the information provided, and adds additional qualifying items as necessary.
5. If necessary, the CWW will resubmit the SCI packet or submit additional supporting documentation.
6. Once approved, the CWW will file a copy of the SCI packet in the case file. A copy of form 34-9 with Rate Setter signature and the amount of the SCI will be returned to the CWW for filing in the case file.

Descriptions of the Qualifying Factors for Each SCI Level

Please refer to the Special Rate Behavioral Checklist forms. Each includes descriptions of the behavioral and emotional care items that can be included in the SCI. The forms, and the factors included in each, are age specific.

Child's name	DOB	CWW
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**PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE
AGE 0 TO 2 YEARS**

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor child for seizure activity	<input type="checkbox"/> History, but none currently or no more than monthly <input type="checkbox"/> No loss of consciousness	<input type="checkbox"/> At least weekly <input type="checkbox"/> Loss of consciousness less than 10 minutes; no apnea	<input type="checkbox"/> At least daily <input type="checkbox"/> Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop
INFECTIOUS DISEASE FP must use the following hygiene precautions.	<input type="checkbox"/> Known or suspected, but usual hygiene measure adequate <input type="checkbox"/> Increased risk for contracting, but able to go out to medical appointments, etc.	<input type="checkbox"/> Known or suspected, and more than usual hygiene measures needed <input type="checkbox"/> Increased risk for contracting, so should remain in home as much as possible	<input type="checkbox"/> Known requiring specialized handling of all body fluids. <input type="checkbox"/> Great risk for contracting-specialized handling of food, contacts, toys, etc is needed
FEEDING FP must use special handling or procedure for feeding. Child's food intake must be monitored	<input type="checkbox"/> Some choking; occasional special handling needed <input type="checkbox"/> Takes 31-40 minutes to feed <input type="checkbox"/> Every 4 hours with night feeding <input type="checkbox"/> Occasional vomiting, not serious <input type="checkbox"/> Special diet/food preparation	<input type="checkbox"/> Chokes or gags easily; frequent special handling needed <input type="checkbox"/> Takes 41-50 minutes to feed <input type="checkbox"/> Every 3 hours with night feedings <input type="checkbox"/> Vomits at least twice daily; or requires medication for vomiting	<input type="checkbox"/> Requires feedings by N/G, GTT, JT and/or pump <input type="checkbox"/> Takes 51+ minutes to feed <input type="checkbox"/> Every 2 hours with night feedings <input type="checkbox"/> Same as Level 2; <u>and</u> affecting adequate weight gain
ELIMINATION FP must use special handling or procedure according to child's needs.	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation-occasional suppository	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea/ runny stools; or constipated and needs daily program	<input type="checkbox"/> Has vesicostomy/ uretostomy/ ilial conduit <input type="checkbox"/> Colostomy/ ileostomy
SLEEP PATTERN FP must comfort child during night time	<input type="checkbox"/> Wakes at least 2 times per night	<input type="checkbox"/> Wakes at least 3 to 4 times per night	<input type="checkbox"/> Wakes more than 4 times per night
MUSCLE TONE FP must spend extra time handling child and work with child to improve muscle functioning	<input type="checkbox"/> Impacts on care and/or some developmental delay; need to monitor	<input type="checkbox"/> Requires special handling; follow up with therapy recommendations at home	<input type="checkbox"/> Same at Level 2; <u>and</u> requires special equipment for feeding, positioning, bathing, etc.
MEDICALLY FRAGILE FP must constantly monitor child's medical condition, respond immediately to child's medical needs. FP must insure child receives ongoing medical care to address medically fragile condition.	N/A	<input type="checkbox"/> Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	<input type="checkbox"/> Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care. <input type="checkbox"/> High SIDS risk

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE (cont'd)

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
RESPIRATORY PROBLEMS FP must monitor child's condition and follow appropriate medical procedure to address respiratory condition.	<input type="checkbox"/> Frequent colds, respiratory infections including ear infections	<input type="checkbox"/> Asthma	<input type="checkbox"/> BPD
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist child in the areas listed.	<input type="checkbox"/> Apnea monitor, splints, cast, braces or positioning equipment	<input type="checkbox"/> Aspiration, suctioning, ventilator or mist tent	<input type="checkbox"/> Oxygen, Pulmonaide, Broviac Catheter, tracheotomy
MEDICATIONS FP must administer and monitor medications prescribed by child's doctor. Non prescription medication is not included.	<input type="checkbox"/> Intermittent or as needed basis	<input type="checkbox"/> 1-3 per day	<input type="checkbox"/> 3+ medications per day
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHILDREN UP TO 18 MONTHS OF AGE

LEVEL OF FP INTERVENTION	LEVEL 1	LEVEL 2	LEVEL 3
BEHAVIOR	MILD: Can be readily controlled with specialized intervention	MODERATE: Is difficult to control, but will respond to sustained specialized intervention.	SEVERE: Requires almost continuous specialized intervention
IRRITABILITY Poor state changes, prolonged periods of crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYPERFLEXIA Exaggerated startle reflex, or response to stimuli, arching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREMORS Jerky movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POOR SOCIAL INTERACTIONS Poor eye contact, doesn't cuddle, not responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHILDREN OVER 18 MONTHS OF AGE

LEVEL OF FP INTERVENTION	LEVEL 1	LEVEL 2	LEVEL 3
BEHAVIOR	MILD: Can be readily controlled with specialized intervention	MODERATE: Is difficult to control, but will respond to sustained specialized intervention.	SEVERE: Requires almost continuous specialized intervention
SHORT ATTENTION SPAN: Inability to persist in attending to any one object, person or activity. Can't play alone	□	□	□
EXCESSIVE ACTIVITY: Constant movement, over-excitability and restlessness, won't sit still	□	□	□
POOR TOLERANCE FOR CHANGE: Restlessness or disruption of typical functioning, cries when FP is not present	□	□	□
AGGRESSION TOWARD OTHERS: Violent episodes, injury to others or destruction of property.	□	□	□
AGGRESSION TOWARD SELF: Purposefully injuring self; no concept of danger.	□	□	□

TRANSPORTATION:

The basic rate a Foster Parent receives covers routine transportation of a child. This would include transportation to well child medical appointments, therapy once per week, transportation to recreational events, providing a child with funds to take public transportation and other transportation needs that would not be considered excessive. This would include taking a child to a birthday party, pick a child up from a bus stop, taking a child to the hospital in the case of emergency, etc.

Excessive transportation that is part of a child's case plan and has been approved by the Child Welfare Worker can be reimbursed at a rate of \$.34 per mile. This may include transporting a child to weekly parental or family visits, therapy more than once per week, excessive medical appointments or taking a child to/from school at the request of the Child Welfare Worker. Cost for transportation that has not been deemed necessary by the Child Welfare Worker will not be reimbursed. The Child Welfare Worker must approve the need for the transportation reimbursement and must monitor the Foster Parent's compliance in this regard. Transportation must be required for a minimum of one year or for the entire time designed by the Effective Dates of the rate.

$$\frac{\text{_____}}{\text{Miles per month}} \times \$.34 / \text{mile} = \frac{\text{_____}}{\text{Monthly reimbursement}}$$

SPECIAL DIET OR FOOD SUPPLEMENT COSTS

The basic rate covers the cost of feeding a child. If a child requires a supplement to their regular food intake or requires special food or formula, a Foster Parent can be reimbursed for the purchase of these items. A copy of a prescription from the child's doctor, dietician or nutritionist must be attached. There will be no reimbursement without a prescription. In the case of a diet supplement, the entire cost of the supplement can be reimbursed. In the case of the special food or formula, you must first determine the normal food cost for your age child and subtract that from the cost of the special food or formula. The Foster Parent can be reimbursed for the difference.

Monthly cost of food or supplement _____

Child Welfare Worker comments:

Special Rate requested by: _____
Child Welfare Worker signature

Special Rate Request Approved: _____
Child Welfare Supervisor signature

CALCULATIONS:

Number of Items checked:	_____ X 2 = _____	
	Level 1	+
	_____ X 5 = _____	
	Level 2	+
	_____ X 10 = _____	
	Level 3	
	Total: _____	

Total points from levels 1, 2, and 3 _____ X \$6.00 = \$ _____

BASIC RATE	\$ _____
SPECIAL RATE	\$ _____
SPECIAL NEEDS	\$ _____
TOTAL MONTHLY RATE	\$ _____

Rate set by: _____

Date: _____

Exception Rule applied: _____

Rater's comments:

Child's name	DOB	CWW
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**PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE
AGE 3 TO 5 YEARS**

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
<p>SEIZURES FP must monitor child for seizure activity.</p>	<input type="checkbox"/> History, but note currently or no more than monthly. <input type="checkbox"/> No loss of consciousness	<input type="checkbox"/> Partially controlled. Close supervision needed. Medication changing. <input type="checkbox"/> At least weekly <input type="checkbox"/> Loss of consciousness, less than 10 minutes; no apnea.	<input type="checkbox"/> Uncontrolled; constant supervision needed; care following seizures needed. <input type="checkbox"/> At least daily. <input type="checkbox"/> Loss of consciousness more than 10 minutes, with apnea; or medical treatment needed to stop.
<p>INFECTIOUS DISEASE FP must use the following hygiene precautions.</p>	<input type="checkbox"/> Known or suspected, but usual hygiene measure adequate. <input type="checkbox"/> Increased risk for contracting, but able to go out to medical appointments., etc.	<input type="checkbox"/> Needs specialized hygienic procedures; e.g. STD <input type="checkbox"/> Known or suspected, and more than usual hygiene measures needed. <input type="checkbox"/> Increased risk sore contracting, so should remain in home as much as possible.	<input type="checkbox"/> Needs extreme hygienic procedures; e.g. hepatitis. <input type="checkbox"/> Known, requiring specialized handling of all body fluids. <input type="checkbox"/> Great risk for contracting; specialized handling of food, contacts, toys, etc. is needed.
<p>FEEDING FP must use special handling or procedure for feeding. Child's food intake must be monitored.</p>	<input type="checkbox"/> Must be hand fed <input type="checkbox"/> Some choking, occasional special handling needed. <input type="checkbox"/> Occasional vomiting, not serious <input type="checkbox"/> Special diet/food preparation	<input type="checkbox"/> Chokes or gags easily; frequent special handling or special food preparation needed. <input type="checkbox"/> Vomits daily; or requires medication for vomiting	<input type="checkbox"/> Requires feedings by N/G, GTT, JT, and/or pump. <input type="checkbox"/> Same as Level 2 and affecting adequate weight gain.
<p>BLADDER/BOWEL FUNCTION FP must use special handling or procedure according to child's needs.</p>	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation/occasional suppository	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea/ runny stools; or constipated and needs daily program	<input type="checkbox"/> Has vesicostomy/ uretostomy/ ilial conduit <input type="checkbox"/> Colosotomy/ileostomy
<p>DEVELOPMENTAL DELAY FP must monitor child's development and assist child in the formation of age appropriate self help and developmental skills and/or perform such skills the child is incapable of performing.</p>	<input type="checkbox"/> Can learn some self-care with constant repetitive training and instruction. i.e. toilet training, speech delay.	<input type="checkbox"/> Cannot perform age appropriate functions or can only do so with assistance. Specify: _____	<input type="checkbox"/> Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper.

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE (con't)

APPOINTMENTS FP must take child to medical/therapy appointments; or insure child's attendance at medical/therapy appointments	<input type="checkbox"/> Average one per week	<input type="checkbox"/> Above average appointments	<input type="checkbox"/> Frequent emergencies.
MEDICALLY FRAGILE FP must constantly monitor child's medical condition, respond immediately to child's medical needs. FP must insure child receives ongoing medical care to address medically fragile condition.	N/A	<input type="checkbox"/> Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	<input type="checkbox"/> Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care
RESPIRATORY PROBLEMS FP must monitor child's condition and follow appropriate medical procedure to address respiratory condition.	<input type="checkbox"/> Frequent colds, respiratory infections including ear infections	<input type="checkbox"/> Asthma	<input type="checkbox"/> BPD
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist child in the areas listed.	<input type="checkbox"/> Splints, cast, braces or positioning equipment	<input type="checkbox"/> Aspiration, suctioning, ventilator.	<input type="checkbox"/> Oxygen, Pulmonaide, Mist tent, Broviac Catheter, Tracheostomy
PHYSICAL THERAPY FP performs physical therapy exercises with child as prescribed by physical therapist or doctor on a daily basis.	N/A	<input type="checkbox"/> Requires at least one hour per day of regimen prescribed by physical therapist or doctor.	<input type="checkbox"/> Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor.
NON-AMBULATORY FP must monitor child's condition; assist with or perform functions the child is incapable of performing.	N/A	<input type="checkbox"/> With help, can perform some self care functions, can move with assistance of special equipment, e.g. motorized wheelchair.	<input type="checkbox"/> Needs total care. <input type="checkbox"/> Same as Level 2; <u>and</u> requires special equipment for feeding, positioning, bathing, etc.
MEDICATIONS	<input type="checkbox"/> Intermittent or as needed basis	<input type="checkbox"/> 1-3 per day	<input type="checkbox"/> 3+ medications per day
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING FP must provide the child with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed	<input type="checkbox"/> Demanding, clinging, constant crying, reversion to infantile behavior. FP must provide extra comfort and attention. <input type="checkbox"/> Tantrums: the child is not easily distracted from tantrum behavior.	<input type="checkbox"/> At least daily tantrums-very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting.	N/A
ABNORMAL STRUCTURE/SUPERVISION FP must provide the child with a level of structure higher than appropriate to the child's chronological age.	<input type="checkbox"/> Child cannot play alone or with peers for any period of time without adult supervision. Activities must be closely monitored.	<input type="checkbox"/> Child extremely anxious when not involved in structured activity, upset when change in routine. FP must supervise regimented routine.	<input type="checkbox"/> FP can never leave child unattended; must give constant direction to child and supervise all activities
SLEEP DISTURBANCE FP must comfort child during night sleep time.	<input type="checkbox"/> Nightmares weekly, child needs comforting to get back to sleep.	<input type="checkbox"/> Nightmares/night terrors every night.	<input type="checkbox"/> Child terrified of sleeping, becomes very agitated at bedtime, acts out etc.
ENURESIS FP must monitor, assist child with gaining control; extra laundry.	<input type="checkbox"/> Nightly loss of control <input type="checkbox"/> Daytime loss of control	N/A	N/A
ENCOPRESIS FP must monitor, assist child with gaining control; extra laundry.	N/A	<input type="checkbox"/> At least weekly. Extra laundry and cleaning.	<input type="checkbox"/> Pattern of smearing feces.
AGGRESSIVE TO OTHERS/PROPERTY FP must monitor aggressive behavior; intervene to reduce or extinguish aggressive behavior; protect of children; replace property	N/A	<input type="checkbox"/> Aggressive/ assault. FP must protect other children.	<input type="checkbox"/> Same at Level 2; <u>and</u> chronic, extreme destruction of property Specify: _____
SEXUAL BEHAVIOR FP must monitor child's behavior, intervene to reduce or extinguish inappropriate sexual behavior, protect child from exploitation.	<input type="checkbox"/> Inappropriate; needs guidance. <input type="checkbox"/> Masturbates excessively	<input type="checkbox"/> Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults. FP must monitor closely.	<input type="checkbox"/> Child has a history of initiating sexual activity with other children on more than one occasion; sexually aggressive and FP must supervise peer contact to protect other children.

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC (con't)

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
SCHOOL PROBLEMS FP maintains contact with school personnel; attends school meetings and/or IEP's. FP to assist child with school work and/or homework; insure child's educational needs and objectives are met.	<input type="checkbox"/> Child presents discipline problems, needs special education. FP has school contact at least weekly around behavioral issues.	<input type="checkbox"/> Child presents discipline problems, needs special education classes. FP has school contact at least 3 times weekly. Child may need to be restrained or sent for time out.	<input type="checkbox"/> Child requires Day Treatment or Special Day School.
EMOTIONALLY DISTURBED FP must know and understand child's mental health needs; monitor and intervene as necessary, assist and/or obtain assistance for child; follow through with therapy recommendations; monitor for suicidal behavior.	<input type="checkbox"/> Excessively dependent; or passive with lack of response. <input type="checkbox"/> Minor or periodic depression. <input type="checkbox"/> Child lies to avoid consequences.	<input type="checkbox"/> Suicidal ideation; inappropriate behaviors, unresponsive and withdrawn. FP must monitor closely; work with therapist. <input type="checkbox"/> Child steals at home or in the community	<input type="checkbox"/> Extreme; bizarre behavior; suicidal; severe chronic depressions or danger to others or self. FP must monitor, control medications and be in constant contact with therapist. <input type="checkbox"/> Diagnosed autism, or Mental Health problem.
FP PARTICIPANT IN PSYCHOTHERAPY	<input type="checkbox"/> At least every other week.	<input type="checkbox"/> At least weekly	<input type="checkbox"/> At least twice weekly.
HYPERACTIVE FP must constantly monitor and redirect child's behavior; must make child's environment safe to insure child does not injure self.	<input type="checkbox"/> Highly active and demanding of attention from family members. No medication necessary.	<input type="checkbox"/> Activity level can be controlled with medications. Cannot function without medication.	<input type="checkbox"/> Constant movement and restlessness. Cannot be controlled with medication. Child up at night, wanders through the house.
RETARDATION	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORTATION:

The basic rate a Foster Parent receives covers routine transportation of a child. This would include transportation to well child medical appointments, therapy once per week, transportation to recreational events, providing a child with funds to take public transportation and other transportation needs that would not be considered excessive. This would include taking a child to a birthday party; pick a child up from a bus stop, taking a child to the hospital in the case of emergency, etc.

Excessive transportation that is part of a child's case plan and has been approved by the Child Welfare Worker can be reimbursed at a rate of \$.34 per mile. This may include transporting a child to weekly parental or family visits, therapy more than once per week, excessive medical appointments or taking a child to/from school at the request of the Child Welfare Worker. Cost for transportation that has not been deemed necessary by the Child Welfare Worker will not be reimbursed. The Child Welfare Worker must approve the need for the transportation reimbursement and must monitor the Foster Parent's compliance in this regard. Transportation must be required for a minimum of one year or for the entire time designed by the Effective Dates of the rate.

$$\frac{\text{Miles per month}}{\text{Miles per month}} \times \$.34 / \text{mile} = \frac{\text{Monthly reimbursement}}{\text{Monthly reimbursement}}$$

SPECIAL DIET OR FOOD SUPPLEMENT COSTS

The basic rate covers the cost of feeding a child. If a child requires a supplement to their regular food intake or requires special food or formula, a Foster Parent can be reimbursed for the purchase of these items. A copy of a prescription from the child's doctor, dietician or nutritionist must be attached. There will be no reimbursement without a prescription. In the case of a diet supplement, the entire cost of the supplement can be reimbursed. In the case of the special food or formula, you must first determine the normal food cost for your age child and subtract that from the cost of the special food or formula. The Foster Parent can be reimbursed for the difference.

Monthly cost of food or supplement _____

Child Welfare Worker comments:

Special Rate requested by: _____
Child Welfare Worker signature

Special Rate Request Approved: _____
Child Welfare Supervisor signature

Child's name	DOB	CWW
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**PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE
AGE 6 TO 11 YEARS**

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
<p>SEIZURES FP must monitor child for seizure activity.</p>	<input type="checkbox"/> History, but note currently or no more than monthly. <input type="checkbox"/> No loss of consciousness	<input type="checkbox"/> Partially controlled. Close supervision needed. Medication changing. <input type="checkbox"/> Loss of consciousness, less than 10 minutes; no apnea.	<input type="checkbox"/> Uncontrolled; constant supervision needed; care following seizures needed. <input type="checkbox"/> Loss of consciousness more than 10 minutes, with apnea; or medical treatment needed to stop.
<p>INFECTIOUS DISEASE FP must use the following hygiene precautions.</p>	<input type="checkbox"/> Known or suspected, but usual hygiene measure adequate. <input type="checkbox"/> Increased risk for contracting, but able to go out to medical appts., etc.	<input type="checkbox"/> Needs specialized hygienic procedures; e.g. STD <input type="checkbox"/> Known or suspected, and more than usual hygiene measures needed. <input type="checkbox"/> Increased risk for contracting, so should remain in home as much as possible.	<input type="checkbox"/> Needs extreme hygienic procedures; e.g. hepatitis. <input type="checkbox"/> Known, requiring specialized handling of all body fluids. <input type="checkbox"/> Great risk for contracting; specialized handling of food, contacts, toys, etc. is needed.
<p>FEEDING FP must use special handling or procedure for feeding. Child's food intake must be monitored.</p>	<input type="checkbox"/> Needs some help cutting up food <input type="checkbox"/> Some choking, occasional special handling needed. <input type="checkbox"/> Occasional vomiting, not serious <input type="checkbox"/> Special diet/food preparation	<input type="checkbox"/> Must be hand fed <input type="checkbox"/> Chokes or gags easily; frequent special handling or special food preparation needed. <input type="checkbox"/> Vomits at least twice daily; or requires medication for vomiting	<input type="checkbox"/> Requires feedings by N/G, GTT, JT, and/or pump. <input type="checkbox"/> Same as level 2 and affecting adequate weight gain.
<p>BLADDER/BOWEL FUNCTION FP must use special handling or procedure according to child's needs.</p>	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation-occasional suppository	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea/ runny stools; or constipated and needs daily program	<input type="checkbox"/> Has vesicostomy/ uretostomy/ ilial conduit <input type="checkbox"/> Colostomy /ileostomy
<p>DEVELOPMENTAL DELAY FP must monitor child's development and assist child in the formation of age appropriate self help and developmental skills and/or perform such skills the child is incapable of performing.</p>	<input type="checkbox"/> Can learn some self-care with constant repetitive training and instruction. i.e. toilet training, speech delay.	<input type="checkbox"/> Cannot perform age appropriate functions or can only do so with assistance. Specify: _____	<input type="checkbox"/> Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper.

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE (con't)

APPOINTMENTS FP must take child to medical/therapy appointments; or insure child's attendance at medical/therapy appointments	<input type="checkbox"/> Average one per week	<input type="checkbox"/> Above average appointments	<input type="checkbox"/> Daily medical treatment required (comment on anticipated duration)
MEDICALLY FRAGILE FP must constantly monitor child's condition, and respond immediately to child's medical needs. FP must insure child receives ongoing medical care to address medically fragile condition.	N/A	<input type="checkbox"/> Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	<input type="checkbox"/> Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care
RESPIRATORY PROBLEMS FP must monitor child's condition and follow appropriate medical procedure to address respiratory condition.	<input type="checkbox"/> Frequent colds, respiratory infections including ear infections	<input type="checkbox"/> Asthma	<input type="checkbox"/> BPD
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist child in the areas listed.	<input type="checkbox"/> Splints, cast, braces or positioning equipment	<input type="checkbox"/> Aspiration, suctioning, ventilator	<input type="checkbox"/> Oxygen, Pulmonaide, Mist tent, Broviac Catheter, Tracheotomy
PHYSICAL THERAPY FP performs physical therapy exercises with child as prescribed by physical therapist or doctor on a daily basis.	N/A	<input type="checkbox"/> Requires at least one hour per day of regimen prescribed by physical therapist or doctor.	<input type="checkbox"/> Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor.
NON-AMBULATORY FP must monitor child's condition; assist with or perform functions the child is incapable of performing.	<input type="checkbox"/> Needs some help with dressing and attending to personal hygiene.	<input type="checkbox"/> With help, can perform some functions; can move with assistance of special equipment,	<input type="checkbox"/> Requires total care. <input type="checkbox"/> Same as Level 2; <u>and</u> requires special equipment for feeding, positioning, bathing, etc.
MEDICATIONS FP must administer and monitor medications prescribed by child's doctor. Non prescription medication not included.	<input type="checkbox"/> Intermittent or as needed basis	<input type="checkbox"/> 1-3 per day	<input type="checkbox"/> 3+ medications per day
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING FP must provide the child with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed	<input type="checkbox"/> Demanding, clinging, constant crying, sleep disturbances, reversion to infantile behavior. FP must provide extra comfort and attention. <input type="checkbox"/> Tantrums: the child is not easily distracted from tantrum behavior.	<input type="checkbox"/> At least daily tantrums-very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting.	N/A
ABNORMAL STRUCTURE/SUPERVISION FP must provide the child with a level of structure higher than appropriate to the child's chronological age.	<input type="checkbox"/> Activities must be closely monitored.	<input type="checkbox"/> FP must supervise regimented routine. Follow through with behavior contracts.	<input type="checkbox"/> Child regularly put self in dangerous situations. <input type="checkbox"/> FP can never leave child unattended
ENURESIS FP must monitor, assist child with gaining control; extra laundry.	<input type="checkbox"/> Once or twice weekly <input type="checkbox"/> Nightly loss of control <input type="checkbox"/> Daytime loss of control	N/A	N/A
ENCOPRESIS FP must monitor, assist child with gaining control; extra laundry.	N/A	<input type="checkbox"/> At least weekly. Extra laundry and cleaning.	<input type="checkbox"/> Pattern of smearing feces.
AGGRESSIVE TO OTHERS/PROPERTY FP must monitor aggressive behavior; intervene to reduce or extinguish aggressive behavior; protect of children; replace property	<input type="checkbox"/> Verbally aggressive to peers or adults	<input type="checkbox"/> Aggressive/ assaultive. FP must protect other children.	<input type="checkbox"/> Same at Level 2; and chronic, extreme destruction of property <input type="checkbox"/> History of fire setting with damage to property
SEXUAL BEHAVIOR FP must monitor child's behavior, intervene to reduce or extinguish inappropriate sexual behavior, protect child from exploitation.	<input type="checkbox"/> Inappropriate; needs guidance. <input type="checkbox"/> Masturbates excessively	<input type="checkbox"/> Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults. FP must monitor closely.	<input type="checkbox"/> Child has a history of initiating sexual activity with other children on more than one occasion; sexually aggressive and FP must supervise peer contact to protect other children.

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC (con't)

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
<p>SCHOOL PROBLEMS FP maintains contact with school personnel; attends school meetings and/or IEP's. FP to assist child with school work and/or homework; insure child's educational needs and objectives are met.</p>	<p><input type="checkbox"/> Child presents discipline problems; special education. FP must provide help with lessons, and has school contact at least weekly around behavioral issues.</p> <p><input type="checkbox"/> Assist with school and/or homework 2 times weekly.</p>	<p><input type="checkbox"/> Child presents discipline problems, special education classes. FP has school contact at least 3-4 times weekly.</p> <p><input type="checkbox"/> Assist with school and/or homework every day.</p>	<p><input type="checkbox"/> Child requires Day Treatment or Special Day School.</p>
<p>EMOTIONALLY DISTURBED FP must know and understand child's mental health needs; monitor and intervene as necessary, assist and/or obtain assistance for child; follow through with therapy recommendations; monitor for suicidal behavior.</p>	<p><input type="checkbox"/> Excessively dependent; or passive with lack of response.</p> <p><input type="checkbox"/> Minor or periodic depression.</p> <p><input type="checkbox"/> Child lies to avoid consequences.</p>	<p><input type="checkbox"/> Suicidal ideation; inappropriate behaviors, unresponsive and withdrawn. FP must monitor closely; work with therapist.</p> <p><input type="checkbox"/> Fascination with fire.</p>	<p><input type="checkbox"/> Extreme; bizarre behaviors; suicidal; severe chronic depressions or danger to others or self. FP must monitor, control medications and be in constant contact with therapist.</p> <p><input type="checkbox"/> Diagnosed autism, or Mental Health problem.</p>
<p>LAW VIOLATIONS FP must be aware of the child's behavior in the community; has constant contact with police or probation; handle community complaints; monitor child's property to insure it is not stolen; monitor for drug use and intervene as necessary.</p>	<p><input type="checkbox"/> AWOL behavior that puts child at risk.</p>	<p><input type="checkbox"/> Pattern of truancy; stealing in the home or community; minor antisocial behavior.</p>	<p><input type="checkbox"/> Alcohol/drug use; major theft; assaultive; weapons possession.</p>
<p>FP PARTICIPANT IN PSYCHOTHERAPY</p>	<p><input type="checkbox"/> At least every other week.</p>	<p><input type="checkbox"/> At least weekly</p>	<p><input type="checkbox"/> At least twice weekly.</p>
<p>HYPERACTIVE FP must constantly monitor and redirect child's behavior; may administer medication; must make child's environment safe to insure child does not injure self.</p>	<p><input type="checkbox"/> Very active; energy must be directed into positive channels. No medications.</p>	<p><input type="checkbox"/> Can be controlled with medication. Cannot function without medication.</p>	<p><input type="checkbox"/> Constant movement and restlessness. Cannot be controlled with medication. Child up at night, wanders through the house.</p>
<p>RETARDATION</p>	<p><input type="checkbox"/> Mild</p>	<p><input type="checkbox"/> Moderate</p>	<p><input type="checkbox"/> Severe</p>
<p>OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

TRANSPORTATION:

The basic rate a Foster Parent receives covers routine transportation of a child. This would include transportation to well child medical appointments, therapy once per week, transportation to recreational events, providing a child with funds to take public transportation and other transportation needs that would not be considered excessive. This would include taking a child to a birthday party; pick a child up from a bus stop, taking a child to the hospital in the case of emergency, etc.

Excessive transportation that is part of a child's case plan and has been approved by the Child Welfare Worker can be reimbursed at a rate of \$.34 per mile. This may include transporting a child to weekly parental or family visits, therapy more than once per week, excessive medical appointments or taking a child to/from school at the request of the Child Welfare Worker. Cost for transportation that has not been deemed necessary by the Child Welfare Worker will not be reimbursed. The Child Welfare Worker must approve the need for the transportation reimbursement and must monitor the Foster Parent's compliance in this regard. Transportation must be required for a minimum of one year or for the entire time designed by the Effective Dates of the rate.

$$\frac{\text{Miles per month}}{\text{Miles per month}} \times \$.34 / \text{mile} = \frac{\text{Monthly reimbursement}}{\text{Monthly reimbursement}}$$

SPECIAL DIET OR FOOD SUPPLEMENT COSTS

The basic rate covers the cost of feeding a child. If a child requires a supplement to their regular food intake or requires special food or formula, a Foster Parent can be reimbursed for the purchase of these items. A copy of a prescription from the child's doctor, dietician or nutritionist must be attached. There will be no reimbursement without a prescription. In the case of a diet supplement, the entire cost of the supplement can be reimbursed. In the case of the special food or formula, you must first determine the normal food cost for your age child and subtract that from the cost of the special food or formula. The Foster Parent can be reimbursed for the difference.

Monthly cost of food or supplement _____

Child Welfare Worker comments:

Special Rate requested by: _____
Child Welfare Worker signature

Special Rate Request Approved: _____
Child Welfare Supervisor signature

Child's name	DOB	CWW
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**PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE
AGE 12 TO 18 YEARS**

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
<p>SEIZURES FP must monitor child for seizure activity.</p>	<input type="checkbox"/> History, but note currently or no more than monthly. <input type="checkbox"/> No loss of consciousness	<input type="checkbox"/> Partially controlled. Close supervision needed. Medication changing. <input type="checkbox"/> At least weekly <input type="checkbox"/> Loss of consciousness, less than 10 minutes; no apnea.	<input type="checkbox"/> Uncontrolled; constant supervision needed; care following seizures needed. <input type="checkbox"/> At least daily <input type="checkbox"/> Loss of consciousness more than 10 minutes, with apnea; or medical treatment needed to stop.
<p>INFECTIOUS DISEASE FP must use the following hygiene precautions.</p>	<input type="checkbox"/> Known or suspected, but usual hygiene measure adequate. <input type="checkbox"/> Increased risk for contracting, but able to go out to medical appointments., etc.	<input type="checkbox"/> Needs specialized hygienic procedures; e.g. STD <input type="checkbox"/> Known or suspected, and more than usual hygiene measures needed. <input type="checkbox"/> Increased risk for contracting, so should remain in home as much as possible.	<input type="checkbox"/> Needs extreme hygienic procedures; e.g. hepatitis. <input type="checkbox"/> Known, requiring specialized handling of all body fluids. <input type="checkbox"/> Great risk for contracting; specialized handling of food, contacts, toys, etc. is needed.
<p>FEEDING FP must use special handling or procedure for feeding. Child's food intake must be monitored.</p>	<input type="checkbox"/> Needs some help cutting up food <input type="checkbox"/> Some choking, occasional special handling needed. <input type="checkbox"/> Occasional vomiting, not serious <input type="checkbox"/> Special diet/food preparation	<input type="checkbox"/> Must be hand fed <input type="checkbox"/> Chokes or gags easily; frequent special handling or special food preparation needed. <input type="checkbox"/> Vomits at least twice daily; or requires medication for vomiting	<input type="checkbox"/> Requires feedings by N/G, GTT, JT, and/or pump. <input type="checkbox"/> Same as level 2 and affecting adequate weight gain.
<p>BLADDER/BOWEL FUNCTION FP must use special handling or procedure according to child's needs.</p>	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation-occasional suppository	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea/ runny stools; or constipated and needs daily program	<input type="checkbox"/> Has vesicostomy/ ureterostomy/ ilial conduit <input type="checkbox"/> Colostomy /ileostomy
<p>DEVELOPMENTAL DELAY FP must monitor child's development and assist child in the formation of age appropriate self help and developmental skills and/or perform such skills the child is incapable of performing.</p>	<input type="checkbox"/> Can learn some self-care with constant repetitive training and instruction. i.e. toilet training, speech delay.	<input type="checkbox"/> Cannot perform age appropriate functions or can only do so with assistance. Specify: _____	<input type="checkbox"/> Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper.

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE (cont')

APPOINTMENTS FP must take child to medical/therapy appointments; or insure child's attendance at medical/therapy appointments	<input type="checkbox"/> Average more than one per week	<input type="checkbox"/> Above average appointments	<input type="checkbox"/> Frequent emergencies
MEDICALLY FRAGILE FP must constantly monitor child's medical condition, and respond immediately to child's medical needs. .FP must insure child receives ongoing medical care to address medically fragile condition.	N/A	<input type="checkbox"/> Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	<input type="checkbox"/> Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care
RESPIRATORY PROBLEMS FP must monitor child's condition and follow appropriate medical procedure to address respiratory condition.	<input type="checkbox"/> Frequent colds, respiratory infections including ear infections	<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent bouts of pneumonia or other lung disease requiring periodic hospitalization.
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist child in the areas listed.	<input type="checkbox"/> Splints, cast, braces or positioning equipment	<input type="checkbox"/> Aspiration, suctioning, ventilator	<input type="checkbox"/> Oxygen, Pulmonaide, Mist tent, Broviac Catheter, tracheotomy
PHYSICAL THERAPY FP performs physical therapy exercises with child as prescribed by physical therapist or doctor on a daily basis.	N/A	<input type="checkbox"/> Requires at least one hour per day of regimen prescribed by physical therapist or doctor.	<input type="checkbox"/> Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor.
NON-AMBULATORY FP must monitor child's condition; assist with or perform functions the child is incapable of performing.	<input type="checkbox"/> Needs some help with dressing and attending to personal hygiene.	<input type="checkbox"/> With help, can perform some functions. <input type="checkbox"/> Requires special handling; follow up with therapy recommendations at home.	<input type="checkbox"/> Requires total care. <input type="checkbox"/> Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc.
MEDICATIONS FP must administer and monitor medications prescribed by child's doctor. Non prescription medication is not included.	N/A	<input type="checkbox"/> 1-3 per day	<input type="checkbox"/> 3+ medications per day
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
<p>ATTENTION SEEKING FP must provide the child with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed</p>	<p><input type="checkbox"/> Demanding, clinging, constant crying, sleep disturbances, reversion to infantile behavior. FP must provide extra comfort and attention.</p>	<p><input type="checkbox"/> Frequent verbal outbursts; defiant, refusal to follow basic rules. FP must provide constant limit setting.</p>	<p><input type="checkbox"/> constant challenging and criticism of FP actions; attempts to undermine FP authority in home, child has know-it-all attitude; uses arrogance as primary defense.</p> <p><input type="checkbox"/> Primary attachment to caretaker, few friends or peer activities; wants total attention of caretaker, overly jealous of other children in home.</p>
<p>ABNORMAL STRUCTURE/SUPERVISION FP must provide the child with a level of structure higher than appropriate to the child's chronological age.</p>	<p><input type="checkbox"/> Child is restless and cannot initiate own activities without direction, activities must be closely monitored.</p>	<p><input type="checkbox"/> Child becomes anxious and acts out whenever there is no structure or an established routine is changed; FP must supervise regimented routine and follow through with behavior contract.</p>	<p><input type="checkbox"/> Regularly puts self in dangerous situations.</p> <p><input type="checkbox"/> FP can never leave child unattended</p>
<p>ENURESIS FP must monitor, assist child with gaining control; extra laundry.</p>	<p><input type="checkbox"/> Once or twice weekly</p> <p><input type="checkbox"/> Nightly loss of control</p> <p><input type="checkbox"/> Daytime loss of control</p>	N/A	N/A
<p>ENCOPRESIS FP must monitor, assist child with gaining control; extra laundry.</p>	N/A	<p><input type="checkbox"/> At least weekly. Extra laundry and cleaning.</p>	<p><input type="checkbox"/> At least twice weekly. Extra laundry and cleaning.</p>
<p>AGGRESSIVE TO OTHERS/PROPERTY FP must monitor aggressive behavior; intervene to reduce or extinguish aggressive behavior; protect of children; replace property</p>	<p><input type="checkbox"/> Verbally aggressive to peers or adults</p>	<p><input type="checkbox"/> Aggressive/ assaultive. FP must protect other children.</p>	<p><input type="checkbox"/> Same at Level 2; and chronic, extreme destruction of property</p> <p><input type="checkbox"/> History of fire setting with damage to property</p>
<p>SEXUAL BEHAVIOR FP must monitor child's behavior, intervene to reduce or extinguish inappropriate sexual behavior, protect child from exploitation; discuss safe sex practices, birth control, appropriate dating, risk factors associated with unprotected sex.</p>	<p><input type="checkbox"/> Inappropriate; needs guidance.</p> <p><input type="checkbox"/> Masturbates excessively</p>	<p><input type="checkbox"/> Child's conversations often revolves around sexual topics; child is sexually provocative with both adults and peers; FP must monitor closely.</p>	<p><input type="checkbox"/> Child has been sexually aggressive to peers or younger children or has initiated sexual involvement with adults; FP must monitor interactions with adults and supervise interactions with peers and younger children to protect them.</p> <p><input type="checkbox"/> Promiscuous; at risk for STD and HIV.</p>

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC (con't)

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
SCHOOL PROBLEMS FP maintains contact with school personnel; attends school meetings and/or IEP's. FP to assist child with school work and/or homework; insure child's educational needs and objectives are met.	<input type="checkbox"/> Child presents discipline problems; special education. FP must provide help with lessons, and has school contact at least weekly around behavioral issues. <input type="checkbox"/> Assist with school and/or homework 2 times weekly.	<input type="checkbox"/> Child presents discipline problems, special education classes. FP has school contact at least 3-4 times weekly. <input type="checkbox"/> Assist with school and/or homework every day.	<input type="checkbox"/> Child requires Day Treatment or Special Day School.
EMOTIONALLY DISTURBED FP must know and understand child's mental health needs; monitor and intervene as necessary, assist and/or obtain assistance for child; follow through with therapy recommendations; monitor for suicidal behavior.	<input type="checkbox"/> Excessively dependent; or passive with lack of response. <input type="checkbox"/> Minor or periodic depression. <input type="checkbox"/> Child lies to avoid consequences.	<input type="checkbox"/> Suicidal ideation; inappropriate behaviors, unresponsive and withdrawn. FP must monitor closely; work with therapist. <input type="checkbox"/> Fascination with fire.	<input type="checkbox"/> Extreme; bizarre behaviors; suicidal; severe chronic depressions or danger to others or self. FP must monitor, control medications and be in constant contact with therapist. <input type="checkbox"/> Diagnosed autism. <input type="checkbox"/> Diagnosed eating disorder; e.g. anorexia, bulimia, etc. <input type="checkbox"/> Other diagnosed mental health problem.
LAW VIOLATIONS FP must be aware of the child's behavior in the community; has constant contact with police or probation; handle community complaints; monitor child's property to insure it is not stolen; monitor for drug use and intervene as necessary.	<input type="checkbox"/> AWOL behavior that puts child at risk.	<input type="checkbox"/> Pattern of truancy; stealing in the home or community; minor antisocial behavior.	<input type="checkbox"/> Alcohol/drug use; major theft; assaultive; weapons possession.
FP PARTICIPANT IN PSYCHOTHERAPY	<input type="checkbox"/> At least every other week.	<input type="checkbox"/> At least weekly	<input type="checkbox"/> At least twice weekly.
RETARDATION	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORTATION:

The basic rate a Foster Parent receives covers routine transportation of a child. This would include transportation to well child medical appointments, therapy once per week, transportation to recreational events, providing a child with funds to take public transportation and other transportation needs that would not be considered excessive. This would include taking a child to a birthday party; pick a child up from a bus stop, taking a child to the hospital in the case of emergency, etc.

Excessive transportation that is part of a child's case plan and has been approved by the Child Welfare Worker can be reimbursed at a rate of \$.34 per mile. This may include transporting a child to weekly parental or family visits, therapy more than once per week, excessive medical appointments or taking a child to/from school at the request of the Child Welfare Worker. Cost for transportation that has not been deemed necessary by the Child Welfare Worker will not be reimbursed. The Child Welfare Worker must approve the need for the transportation reimbursement and must monitor the Foster Parent's compliance in this regard. Transportation must be required for a minimum of one year or for the entire time designed by the Effective Dates of the rate.

$$\frac{\text{Miles per month}}{\text{Miles per month}} \times \$.34 / \text{mile} = \frac{\text{Monthly reimbursement}}{\text{Monthly reimbursement}}$$

SPECIAL DIET OR FOOD SUPPLEMENT COSTS

The basic rate covers the cost of feeding a child. If a child requires a supplement to their regular food intake or requires special food or formula, a Foster Parent can be reimbursed for the purchase of these items. A copy of a prescription from the child's doctor, dietician or nutritionist must be attached. There will be no reimbursement without a prescription. In the case of a diet supplement, the entire cost of the supplement can be reimbursed. In the case of the special food or formula, you must first determine the normal food cost for you age child and subtract that from the cost of the special food or formula. The Foster Parent can be reimbursed for the difference.

Monthly cost of food or supplement _____

Child Welfare Worker comments:

Special Rate requested by: _____
Child Welfare Worker signature

Special Rate Request Approved: _____
Child Welfare Supervisor signature

Form 34-9 (Rev. 10/03; MT)

Alameda County Social Services Agency

**AUTHORIZATION TO PAY SPECIAL CARE INCREMENT
FOR CHILDREN IN OUT-OF-HOME PLACEMENT**

(Part I) To be completed by Child Welfare Worker (CWW)/Deputy Probation Officer (DPO)

Type of Special Care Request: **Initial** **Review** **Initial w/Exception Rule** **Provider Amendment**

Child's Name: _____ DOB: _____ Case Name: _____

Case Number: _____ ET #: _____ Foster Parent Name: _____

Start Date: _____ End Date: _____ County Where Child is Placed: _____

CWW/DPO Signature: _____ Worker #: _____ Telephone: _____

CWW/DPO Supervisor Signature: _____ Date: _____

CFS Program Manager Signature: _____ Date: _____

(Part II) To be completed by Rate Setter

FC Basic Rate: \$ _____ Specialized Payment: \$ _____ (Inc. mlg. _____) Total Rate: \$ _____

Rate Setter Signature: _____ Date: _____

**ALAMEDA COUNTY SOCIAL SERVICES AGENCY
CHILDREN AND FAMILY SERVICES (CFS)**

SPECIAL RATE RETURN NOTICE

TO CWW/ JPO: _____ **FROM:** _____ **DATE:** _____

_____ **INCOMPLETE Form # 34-9** (See highlighted area(s))

_____ **INCOMPLETE Form # 30-107, 30-108, 30-109 or 30-110** (nothing marked)

_____ **HOST COUNTY FORM REQUIRED**

_____ **DOCUMENTATION NEEDED (See Below)**

_____ **CHILD DOES NOT QUALIFY FOR SPECIAL RATE UNDER GUIDELINES**

_____ **OTHER:** (See details below)

Return Requested Items to Account Specialist Worker #: _____ **QIC:** _____

FORM # 34-9

Complete Part I, the **Start Date** is the date you wish the Special Rate payment to begin. The **End Date** cannot exceed one year minus one day from the start date.

FORM # 30-107, 30-108, 30-109, or 30-110

You must attach the age appropriate Alameda County Special Rate Request form. If you wish to add information do so only in the area marked **OTHER** or in areas requiring specific information such as: mileage, diet/food supplements and worker comments.

HOST COUNTY

If the child is placed out of county, you must complete the host county special rate request form with Form # 34-9 and provide supporting documentation. You may obtain host county forms from CFS Program Managers.

For Placement Outside Of California, you must contact that State and request their rate information. If that State does not have Special Rate Forms, you may request that the host State send you a letter on official stationary, verifying the rate the child would be eligible for as a dependant of that county. Submit their letter/forms, with Form # 34-9 and supporting documentation.

DOCUMENTATON

The documentation requirements are the same no matter where the child is placed. Please follow the guidelines in Procedure # 34-0.9, dated Effective 10-1-03. You may submit court reports, case dictation, school reports, medical documents and police reports. Items not documented will not be considered in the determination of special care.

OTHER:

**Alameda County Social Services Agency
Children and Family Services**

Rate Setter Authorization Report Age 0 to 2 Years

Child's Name:	DOB:	CWW/JPO #	Date:
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The Special Care Rate Request for this minor has been processed and the following items could not be approved for the following reasons:

Physical Care Needs Not Approved

Problem	Code/Level			Problem	Code/Level		
	1	2	3		1	2	3
Seizures				Appointments			
Infectious Disease				Medically Fragile			
Feeding				Respiratory Problems			
Elimination				Specialized Equipment			
Sleep Pattern				Medications			
Muscle Tone				Other:			

Behavioral Care Needs Not Approved

Children Under 18 Months Problem	Code/Level			Children Over 18 Months Problem	Code/Level		
	1	2	3		1	2	3
Irritability				Short Attention Span			
Hyperreflexia				Excessive Activity			
Tremors				Poor Tolerance Change			
Encopresis				Aggression Toward Others			
Poor Social Interaction				<i>Aggression Toward Self</i>			

Reason Code Key

(C) Covered: The item requested is included in a higher level category of the same/overlapping need (problem).

(ID) Insufficient Documentation: A special rate has been approved for this minor, however, there is insufficient documentation to support the approval of this item. **Please submit further documentation for consideration of this need within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as “withdrawn per CWW request”.**

(ND) No Documentation: There is no documentation provided to substantiate an approval of the request for this need. **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as “withdrawn per CWW request”.**

(NCD) No Collateral Documentation: Collateral documentation is required for approval of this item. (ie: psychological/medical evaluation, and/or a statement from a treating practitioner such as a Therapist, Pediatrician, Psychiatrist, etc). **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as “withdrawn per CWW request”.**

**Alameda County Social Services Agency
Children and Family Services**

Rate Setter Authorization Report Age 3 to 5 Years

Child's Name:	DOB:	CWW/JPO #	Date:
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The Special Care Rate Request for this minor has been processed and the following items could not be approved for the following reasons:

Physical Care Needs Not Approved

Problem	Code/Level			Problem	Code/Level		
	1	2	3		1	2	3
Seizures				Respiratory Problems			
Infectious Disease				Specialized Equipment			
Feeding				Physical Therapy			
Bladder/Bowel Functioning				Non-Ambulatory			
Developmental Delay				Medications			
Appointments				Other:			
Medically Fragile							

Emotional Care Needs Not Approved

Problem	Code/Level			Problem	Code/Level		
	1	2	3		1	2	3
Attention Seeking				School Problems			
Abnormal Structure/Supervision				Emotionally Disturbed			
Sleep Disturbance				FP Participant in Psycho-Therapy			
Enuresis				Hyperactive			
Encopresis				Retardation			
Aggressive to others/Property				Other:			
Sexual Behavior							

Reason Code Key

(C) Covered: The item requested is included in a higher level category of the same/overlapping need (problem).

(ID) Insufficient Documentation: A special rate has been approved for this minor, however, there is insufficient documentation to support the approval of this item. **Please submit further documentation for consideration of this need within 12 business days from the date from this notification. If no new information is received Rate Setter will consider the request for this item as “withdrawn per CWW request”.**

(ND) No Documentation: There is no documentation provided to substantiate an approval of the request for this need. **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as “withdrawn per CWW request”.**

(NCD) No Collateral Documentation: Collateral documentation is required for approval of this item. (ie: psychological/medical evaluation, and/or a statement from a treating practitioner such as a Therapist, Pediatrician, Psychiatrist, etc). **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as “withdrawn per CWW request”.**

Alameda County Social Services Agency Children and Family Services

Rate Setter Authorization Report Age 6 to 11 Years

Child's Name:	DOB:	CWW/JPO #	Date:
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The Special Care Rate Request for this minor has been processed and the following items could not be approved for the following reasons:

Physical Care Needs Not Approved

Problem	Code/Level			Problem	Code/Level		
	1	2	3		1	2	3
Seizures				Respiratory Problems			
Infectious Disease				Specialized Equipment			
Feeding				Physical Therapy			
Bladder/Bowel Functioning				Non-Ambulatory			
Developmental Delay				Medications			
Appointments				Other:			
Medically Fragile							

Emotional Care Needs Not Approved

Problem	Code/Level			Problem	Code/Level		
	1	2	3		1	2	3
Attention Seeking				Emotionally Disturbed			
Abnormal Structure/Supervision				Law Violations			
Enuresis				FP Participant in Psycho-Therapy			
Encopresis				Hyperactive			
Aggressive to others/Property				Retardation			
Sexual Behavior				Other:			
School Problems							

Reason Code Key

(C) Covered: The item requested is included in a higher level category of the same/overlapping need (problem).

(ID) Insufficient Documentation: A special rate has been approved for this minor, however, there is insufficient documentation to support the approval of this item. **Please submit further documentation for consideration of this need within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as “withdrawn per CWW request”.**

(ND) No Documentation: There is no documentation provided to substantiate an approval of the request for this need. **Please submit documentation within 12 business days from the date of the date of this notification. If no new information is received Rate Setter will consider the request for this item as “withdrawn per CWW request”.**

(NCD) No Collateral Documentation: Collateral documentation is required for approval of this item. (ie: psychological/medical evaluation, and/or a statement from a treating practitioner such as a Therapist, Pediatrician, Psychiatrist, etc). **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as “withdrawn per CWW request”.**

**Alameda County Social Services Agency
Children and Family Services**

Rate Setter Authorization Report Age 12 to 18 Years

Child's Name:	DOB:	CWW/JPO #	Date:
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The Special Care Rate Request for this minor has been processed and the following items could not be approved for the following reasons:

Physical Care Needs Not Approved

Problem	Code/Level			Problem	Code/Level		
	1	2	3		1	2	3
Seizures				Respiratory Problems			
Infectious Disease				Specialized Equipment			
Feeding				Physical Therapy			
Bladder/Bowel Functioning				Non-Ambulatory			
Developmental Delay				Medications			
Appointments				Other:			
Medically Fragile							

Emotional Care Needs Not Approved

Problem	Code/Level			Problem	Code/Level		
	1	2	3		1	2	3
Attention Seeking				Emotionally Disturbed			
Abnormal Structure/Supervision				Law Violations			
Enuresis				FP Participant in Psycho-Therapy			
Encopresis				Retardation			
Aggressive to others/Property				Other:			
Sexual Behavior							
School Problems							

Reason Code Key

(C) Covered: The item requested is included in a higher level category of the same/overlapping need (problem).

(ID) Insufficient Documentation: A special rate has been approved for this minor, however, there is insufficient documentation to support the approval of this item. **Please submit further documentation for consideration of this need within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**

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(NCD) No Collateral Documentation: Collateral documentation is required for approval of this item. (ie: psychological/medical evaluation, and/or a statement from a treating practitioner such as a Therapist, Pediatrician, Psychiatrist, etc). **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**

**Alameda County Social Services Agency
Children and Family services**

Special Care Rate Worksheet

Minor's Name:

Case Number:

Foster Care Monthly Basic Rates By Age				
Infant to 4 Yr.	5 to 8 Yr.	9 to 11 Yr.	12 to 14 Yr.	15 to 18 Yr.
\$446	\$485	\$519	\$573	\$627

Levels	# Of Approved Items	Factor	Total	# Of Requested Items	Special Care Rate Breakdown	
1		2			Special Care Increment	
2		5			Mileage	+
3		10			Prescription Diet	+
Total Points					Basic Rate	+
Total Point Dollars (Rounded down to the nearest dollar)	*6.00=				Total Special Care Rate	=

Item Not Approved	Level/Reason Code			Reason Key
	1	2	3	
				<p>(C) Covered: The item requested is included in a higher level category of the same need (problem).</p> <p>(ND) No Documentation: There is no documentation provided to substantiate an approval of the request for this need.</p> <p>(NCD) No Collateral Documentation: Collateral documentation is required for approval of this item.</p> <p>(ID) Insufficient Documentation: There is insufficient documentation to support the approval of this item.</p>