LEVELS OF SPECIALIZED CARE INCREMENTS

<table>
<thead>
<tr>
<th>AGE</th>
<th>Moderate Documentation required.</th>
<th>Exceptional- SSI/P pending Medical required.</th>
<th>MTFC Placement authorization required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>79</td>
<td>171</td>
<td>1975</td>
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<tr>
<td>5-8</td>
<td>67</td>
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<td>9-11</td>
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<tr>
<td>12-14</td>
<td>40</td>
<td>130</td>
<td>1975</td>
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<tr>
<td>15-19</td>
<td>40</td>
<td>128</td>
<td>1975</td>
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* If any condition under the SSI/P Pending Level exists, an application for SSI/SSP must be made. **NOTE**: SSI/P amounts may be supplemented to meet placement needs with the exception of children placed with relatives. (These supplements are State, not Federal funds – cannot supplement a federally funded program with more federal funds - relatives are never eligible to receive State foster care funds.)

**SCI – Moderate Level**

**REVIEW DATES- 6 MONTHS OR DURATION OF NEED, WHICHERVER IS LESS**

The child requires additional care and supervision because of mild to moderate physical, mental, or developmental disability. The caregiver may qualify for this SCI if he/she is expected to provide additional time and **direct services beyond basic care expectations.** The child must have two (2) or more of the following conditions/needs.

**Examples include but are not limited to the following:**

- Child has impaired physiological/psychological functioning, motor control, or judgment.
- Child routinely requires supervision and administration of prescribed medication, and/or preparation of a medically prescribed special diet to treat or control conditions such as hyperactivity, epilepsy, diabetes, or schizophrenia.
- Participation in the child’s medical treatment or therapy programs and providing related services/activities at home is required.
Weekly transportation to medical/therapy appointments, special schools, school of origin or rehabilitation programs is provided.
Regular training or tutoring of the child due to mild mental impairment or developmental delay is provided.

Additional care and/or supervision of child due to medically documented developmentally inappropriate behavior, including biting, hitting, and enuresis is required.

Child is diabetic and is capable of self-administration of injections, but minimal monitoring and a special diet are required.

Premature infant requires a monitor or other special equipment or monitoring of medication for side effects, and/or bi-weekly medical appointments.

Child has serious behavioral disturbances or excessive tantrums requiring therapy and/or a therapeutic behavior modification plan.

Premature infant requires medical follow-up care and protection from common illness.

Child is in a cast with hairline fracture or simple limb injury.

Child has serious communicable disease which requires extensive medication, medical visits every 2 weeks or more often, protection of the child, protection of others, and extra supervision.

Child has burns (3 inches in diameter or larger) and requires dressing changes at least twice a day.

Child is on an apnea monitor with an occasional or infrequent alarm. The child had lice or scabies when placed and the caregiver needs to disinfect all of the children and clothing in the home.

**SCI – Exception Level**

**REVIEW DATES- 6 MONTHS OR DURATION OF NEED, WHICHEVER IS LESS**

The child requires both extensive supervision and personal services because of moderate to severe physical handicaps, mental retardation, or emotional problems.

Examples include but are not limited to the following:

Child needs daily assistance in eating, dressing, or personal hygiene, although he may occasionally or partly meet these needs.

Child needs daily assistance walking because the child is in braces or a wheelchair or is dependent on a cane or similar prosthetic device.

Child needs extensive supervision due to antisocial, destructive, or self-destructive behavior or inappropriate sexual behavior.
Child needs periodic intensive care due to severe allergies, epilepsy, diabetes, cyclical emotional problems, or developmental delay.

Child is diabetic and caregiver must administer daily blood tests and and give injections.

Premature infant requires close observation and frequent medical care due to neurological and health problems or apnea monitor, or any child, under age 5 with shunts.

Child is in care due to severe breaks or multiple fractures, and is not capable of age-appropriate self-care, or a small child in a body cast.

Child has serious communicable disease which requires close observation, extensive medication and/or weekly medical visits.

**SSI/P Pending Level**

**REVIEW DATES- 6 MONTHS OR DURATION OF NEED, WHICHERVER IS LESS**

The child requires intensive supervision, training, and personal care and the caregiver must have special skills and training because of acute to severe physical handicaps, developmental disability or delay, severely impaired judgment, psychosis, or physical helplessness. This category covers children who would otherwise require placement in an institutional setting. This level shall not be authorized unless verification of application for SSI/P is on file.

The child must meet the SSI/P Pending requirements and, in addition, require at least one of the following services.

Child always requires assistance and supervision in eating, dressing and personal hygiene because of disability.

Child always requires assistance walking and is not able to walk even with the help of a prosthetic device.

Child always requires intensive supervision and guidance and may not be left unattended due to anti-social or self-destructive behavior. Annual psychological or psychiatric evaluations are required.

Child is autistic or suffers from autistic-like behavior, as documented by a physician.

Child has ileostomy or colostomy and requires constant care, or is incapable or self-care.

Child is diabetic and has occasional medical emergencies or coma.

Child has a documented medical problem requiring 24-hour care and supervision, and the caregiver is capable and has agreed to provide the necessary care and supervision to avoid institutional placement.

Child is on renal dialysis.
Child has tracheotomy and requires extensive care and feeding.

Child is diabetic and experiences frequent medical emergencies and/or comas.

Child has dangerous propensities, which place him or the household at risk e.g. suicidal tendencies, self-inflicted injuries, starting fires, etc.

Child is in a full or partial body cast.

Child has severe, disfiguring burns, or may have a “burn suit,” or has extensive third degree burns.

Child receives non-oral chemotherapy.

Child has a serious communicable disease requiring around the clock observation, extensive medication, and medical visits more often than weekly, extraordinary care or specialized caregiver skills to avoid institutional placement.

**MTFC (Multidimensional Treatment Foster Care – (Letter of Placement Authorization from the MTFC Team required)**

The child requires additional care and supervision because he/she is currently placed, or at risk of being placed in a group home due to extreme behavior problems which present a risk to his/her current placement; have had multiple placements; and/or have had traumatic life changes. The caregiver may receive this SCI only if he/she is trained as a MTFC Foster Family Home. He/she is expected to provide additional time and direct services beyond basic care expectations.

The MTFC Team will review monthly for continued placement at this level.

**FEATURES OF THE MTFC PROGRAM:**

- Placement duration in MTFC will be 6 to 9 months
- Only one foster child is placed with a family at a time
- MTFC uses a team approach to treatment, with foster parents a part of the team along with program staff
- Foster parents in the MTFC program implement a structured program customized for each youth under the guidance of a program supervisor
- Foster parents receive an enhanced level of support from the program staff including 24 hours a day, 7 days a week
- Foster parents meet regularly with other foster parents in the program to support and learn from each other
- Foster parents receive a daily phone call from program staff to check on the youth’s behavior
- Foster parents receive an enhanced reimbursement rate while a child is placed in their home
- In MTFC the foster parents and the foster home environment are considered to be the therapeutic agents of change
Children & Family Services
SPECIAL CARE RATE – MEDICAL INFORMATION FORM

Child’s Name: ______________________   Foster Parent: ______________________
Case: ______________________________   Social Worker: _____________________
Date: ______________________________   Phone: ____________________________

Dear Doctor: ____________________________________

A special foster care rate has been requested for the child named above. Please answer the questions below;
in order to help determine the appropriate rate of pay. Return this questionnaire in the enclosed self-addressed envelope. Thank you for your assistance.

1. What is the child’s diagnosis or condition? ________________________________________________

Please check all that are applicable:

GI
  _____ GI tube
  _____ NG tube
  _____ Colostomy/ileostomy
  _____ Bladder/bowel control
  _____ Special diet (specify diet need/help feeding)

RESPIRATORY
  _____ Trach
  _____ O2
  _____ Respirator
  _____ Chronic lung disease
  _____ Asthma
  _____ Breathing treatments

NEUROLOGY
  _____ Shunt
  _____ Seizures, controlled
  _____ Seizures, uncontrolled
  _____ CP
  _____ Para/Quadriplegic

CARDIOVASCULAR
  _____ Heart disease
  _____ Restricted activity

BURNS/CAST
  Degree of burn
  Frequency of changing
  Frequency of dressing
  Body suit ______ Yes ______ No
  Type of cast

SPECIAL DISEASE CARE
  _____ Diabetes
  _____ Sickle Cell
  _____ Arthritis
  _____ Kidney Dialysis
  _____ Catheter
  _____ Immune Deficiency
  _____ Hemophilia

MEDICATIONS
  _____ Oral
  _____ IV
  _____ Number of medications
  _____ Frequency of medications

OTHER NEEDS
Equipment

ADDITIONAL NEEDS
Frequency of medical appointments
Additional Information

___________________________   ______________________
Physician/Practitioner Signature    Date
Specialized Care Increments Authorization

Case Name: _____________________________________________________________
Child’s Name: ___________________________________________________________
SCP Name: _____________________________________________________________
Effective Date: ___________________________________________________________

☐ Moderate Level ☐ Exception Level (Signed Medical Diagnosis)
(Form SC 1 Attached)

Justification: (Describe child’s disability, limitations and level of functioning)

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________
5. _______________________________________________________________________

Eligibility Criteria: (Describe specific services and frequency which the substitute care provider is expected to provide)

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<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
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<td>2.</td>
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<td>3.</td>
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Social Worker: ________________________________________________
Social Worker Supervisor: ______________________ Approved Denied
Program Manager: _______________________________ Approved Denied

(SCI Authorization 10/07)