



Human Services Department
COUNTY OF SONOMA



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February 14, 2011

Julia Takeuchi
California Department of Social Services
Foster Care Support Services
744 P Street
Sacramento, CA 95814

Julia,

Attached please find the information requested in ACL 10-62 regarding Sonoma County's Special Care Increment:

- The SCI rate (supplemental amount above basic foster care rate);
- Criteria and methodology used to determine the increment at each payment level;
- Descriptions of the qualifying factors for each SCI level and
- Any forms used for SCI approval or denial."

Sincerely,

Francine Conner
Sonoma County Human Services
Family Youth & Children's Services
PO Box 1539
Santa Rosa CA 95402
707-565-4348

DIFFICULTY OF CARE BEHAVIORAL CHECKLIST – CHILD’S AGE BIRTH THROUGH 5 YEARS

CHILD’S NAME	D. O. B.	CASE NUMBER
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PHYSICAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES	<input type="checkbox"/> History, but none currently or no more than monthly <input type="checkbox"/> No loss of consciousness <input type="checkbox"/>	<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"/>	<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 <input type="checkbox"/>
INFECTIOUS DISEASE	<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"/>	<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"/>	<input type="checkbox"/> Needs extreme hygienic procedures; e.g., hepatitis <input type="checkbox"/> Known or suspected, requiring specialized handling of all body fluids <input type="checkbox"/> Great risk for contracting - specialized handling of food, contacts, toys, etc. needed <input type="checkbox"/>
FEEDING	<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"/> Takes 31 - 40 minutes to feed <input type="checkbox"/> Every 4 hours with night feeding	<input type="checkbox"/> Chokes or gags easily; frequent special handling or special food preparation needed <input type="checkbox"/> Increased risk for contracting, so should remain in home as much as possible <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 feeding by N/G, GTT, JT and pump <input type="checkbox"/> Same as Level 2; <u>and</u> affecting adequate weight gain <input type="checkbox"/> Takes 51 + minutes to feed <input type="checkbox"/> Every 2 hours with night feedings
BLADDER/BOWEL FUNCTIONING	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation/occasional suppository <input type="checkbox"/>	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea/runny stools; or constipated and needs daily program <input type="checkbox"/>	<input type="checkbox"/> Has vesicotomy/uretrostomy/ileal conduit <input type="checkbox"/> Colostomy/ileostomy <input type="checkbox"/>
DEVELOPMENTAL DELAY	<input type="checkbox"/> Can learn some self-care with constant repetitive training and instruction <input type="checkbox"/>	<input type="checkbox"/> Cannot perform age - appropriate functions or can only do so with assistance - Specify _____ _____ <input type="checkbox"/>	<input type="checkbox"/> Requires total care. Cannot communicate verbally. Foster parent must bathe, dress, diaper <input type="checkbox"/>
MEDICAL APPOINTMENTS, THERAPY, EMERGENCIES	<input type="checkbox"/> Average more than one per week	<input type="checkbox"/> Frequent emergencies in addition to above average appointments	<input type="checkbox"/> Daily medical treatment required (Comment on anticipated duration)
MEDICALLY FRAGILE	N/A	<input type="checkbox"/> Born with serious congenital defects having long-term implications. Close monitoring and medical supervision needed <input type="checkbox"/> High SIDS risk	<input type="checkbox"/> Born with major congenital defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care <input type="checkbox"/>
RESPIRATORY PROBLEMS	<input type="checkbox"/> Frequent colds, respiratory infections including ear infections	<input type="checkbox"/> Asthma <input type="checkbox"/>	<input type="checkbox"/> BPD <input type="checkbox"/>
SPECIALIZED EQUIPMENT	<input type="checkbox"/> Splints, cast, braces or positioning equipment apnea <input type="checkbox"/> Monitor	<input type="checkbox"/> Aspiration, Suctioning, Ventilator <input type="checkbox"/>	<input type="checkbox"/> Oxygen, Pulmonaid, Broviac catheter, Tracheostomy <input type="checkbox"/>
PHYSICAL THERAPY	N/A	<input type="checkbox"/> Requires at least one hour per day of regimen prescribed by physical therapist <input type="checkbox"/>	<input type="checkbox"/> Requires 2 - 3 hours per day of exercise regimen prescribed by physical therapist <input type="checkbox"/>
NON AMBULATORY	N/A	<input type="checkbox"/> With help, can perform some self-care functions; I can move with assistance of special equipment; e.g., motorized wheelchair <input type="checkbox"/> Requires special handling; follow up with therapy recommendations at home <input type="checkbox"/>	<input type="checkbox"/> Needs total care <input type="checkbox"/> Same as Level 3; <u>and</u> requires special equipment for feeding, positioning, bathing, etc.

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
SLEEP PATTERN (11:00 P.M. - 6:00 A.M.)	<input type="checkbox"/> Under 6 months of age <u>and</u> up 4 times/night <input type="checkbox"/> Over 6 month of age <u>and</u> up 2 times/night	<input type="checkbox"/> Under 6 months of age <u>and</u> up 5 times/night <input type="checkbox"/> Over 6 months of age <u>and</u> up 3 times/night <input type="checkbox"/>	<input type="checkbox"/> Under 6 months of age <u>and</u> up 6 times/night or more <input type="checkbox"/> Over 6 months of age <u>and</u> up 4 times/night or more
MUSCLE TONE	<input type="checkbox"/> Impacts on care and/or some developmental delay, need to monitor <input type="checkbox"/>	<input type="checkbox"/> Requires special handling; follow up with therapy recommendations at home <input type="checkbox"/>	<input type="checkbox"/> Same as Level 2; <u>and</u> requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
MEDICALLY FRAGILE	N/A	<input type="checkbox"/> Born with serious congenital defects having long-term implications. Close monitoring and medical supervision needed <input type="checkbox"/> High SIDS risk <input type="checkbox"/>	<input type="checkbox"/> Born with major congenital defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care <input type="checkbox"/>
OTHER	<input type="checkbox"/>		

_____ Sub-Total _____ Sub-Total _____ Sub-Total

**DIFFICULTY OF CARE BEHAVIORAL CHECKLIST – CHILD’S AGE BIRTH THROUGH 5 YEARS
EMOTIONAL CARE NEEDS QUALIFYING FOR DOC**

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING	<input type="checkbox"/> Demanding, clinging, constant crying, reversion to infantile behavior. FP must provide extra comfort and attention <input type="checkbox"/> Tantrums more than 3 times/week and is not easily distracted from tantrum behavior <input type="checkbox"/>	<input type="checkbox"/> At least daily tantrums - very difficult to get child to cease behavior, refusal to follow basic rules. FP must supervise regimented routine. <input type="checkbox"/>	N/A
ABNORMAL STRUCTURE/SUPERVISION	<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"/>	<input type="checkbox"/> Child extremely anxious when not involved in structured activity; upset when change in routine. FP must provide supervise regimented routine <input type="checkbox"/>	<input type="checkbox"/> FP can never leave child unattended; must give constant direction to child and supervise all activities. <input type="checkbox"/>
SLEEP DISTURBANCE	<input type="checkbox"/> Nightmares 2 - 5 times/week; child needs comforting to get back to sleep <input type="checkbox"/>	<input type="checkbox"/> Nightmares/night terrors every night <input type="checkbox"/>	<input type="checkbox"/> Child terrified of sleeping – becomes very agitated at bedtime, acts out, etc. <input type="checkbox"/>
ENURESIS	<input type="checkbox"/> Nightly loss of control <input type="checkbox"/> Daily loss of control	N/A	N/A
ENCOPRESIS	N/A	<input type="checkbox"/> At least weekly. Extra laundry and cleaning <input type="checkbox"/>	<input type="checkbox"/> Pattern of smearing feces <input type="checkbox"/>
AGGRESSIVE TO OTHERS	N/A	<input type="checkbox"/> Aggressive/assaultive. FP must protect other children <input type="checkbox"/>	<input type="checkbox"/> Same as level 2 and chronic, extreme destruction of property Specify: _____ <input type="checkbox"/>
SEXUAL BEHAVIOR	<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"/>	<input type="checkbox"/> Child has a history of initiating sexual activity with other children on more than 1 occasion; sexually aggressive and FP must supervise peer contact to protect other children <input type="checkbox"/>
SCHOOL OR PRE-SCHOOL PROBLEMS	<input type="checkbox"/> Child presents discipline problems, needs special education. FP has school contact at least weekly around behavioral issues <input type="checkbox"/>	<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"/>	N/A
EMOTIONALLY DISTURBED	<input type="checkbox"/> Excessively dependent; or passive with lack of response <input type="checkbox"/>	<input type="checkbox"/> Suicidal ideation; inappropriate behaviors, unresponsive and withdrawn. FP must monitor closely, work with therapist <input type="checkbox"/>	<input type="checkbox"/> Extreme, bizarre behavior; suicidal, severe chronic depressions or danger to others. FP must monitor control medications and be in constant contact with therapist. <input type="checkbox"/> Diagnosed autism <input type="checkbox"/>
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	<input type="checkbox"/> Diagnosed Attention Deficit Disorder - highly active and demanding of attention from family members <input type="checkbox"/>	<input type="checkbox"/> Activity level can be controlled with medication. Cannot function without medication <input type="checkbox"/>	<input type="checkbox"/> Constant movement and restlessness. Cannot be controlled with medication. Child up at night wanders through house <input type="checkbox"/>
DRUGS AND ALCOHOL	LEVEL 1	LEVEL 2	LEVEL 3
	<input type="checkbox"/> Known or suspected exposure	<input type="checkbox"/> Known or suspected exposure physical/behavioral needs require more than usual care and/or supervision	<input type="checkbox"/> Verified prolonged exposure with physical/behavioral attributed to exposure <input type="checkbox"/> Newborn/infant who tests positive for heroin or other substance in bloodstream <input type="checkbox"/> Displays symptoms of fetal alcohol syndrome

_____ Sub-Total _____ Sub-Total _____ Sub-Total
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DOMESTIC VIOLENCE	LEVEL 1	LEVEL 2	LEVEL 3
	<input type="checkbox"/> Known or suspected exposure to the effects of domestic violence	<input type="checkbox"/> History of exposure to domestic violence and known or suspected exposure immediately prior to removal	<input type="checkbox"/> History of exposure to domestic violence. Child displays symptoms of trauma or acts out physically

DIFFICULTY OF CARE BEHAVIORAL CHECKLIST – CHILD'S AGE BIRTH THROUGH 5 YEARS (CONT'D)

FOR CHILDREN UP TO 18 MONTHS OF AGE

BEHAVIOR	LEVEL 1	LEVEL 2	LEVEL 3
	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"/>
HYPERREFLEXIA: Exaggerated startle reflex, a 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 INTERACTION: Poor eye contact, does not cuddle, not responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHILDREN OVER 18 MONTHS OF AGE

BEHAVIOR	LEVEL 1	LEVEL 2	LEVEL 3
	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYPERACTIVITY: Constant movement, over-excitability and restlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POOR TOLERANCE TO CHANGE: Restiveness or disruption of typical functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AGGRESSION TOWARD OTHERS: Violent episodes, injury to others or destruction of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AGGRESSION TOWARD SELF: Purposefully injuring self; no concept of danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ Sub-Total _____ Sub-Total _____ Sub-Total

**Difficulty of Care Checklist
Specialized Care Increment**

	Column 1	Column 2	Column 3
Total from all Pages:			

Level One Payment: \$158

- 3-5 items in Column 1 OR
- 1-3 items and Column 1 and 1 item in Column 2 OR
- 2-3 items in Column 2 OR
- 1 item in Column 2 and 1 in Column 3 OR
- 2 item in Column 3

Level Two Payment: \$315

- 6 items in Column 1 OR
- 4-5 items in Column 1 and 1-3 in Column 2 OR
- 3-4 items in Column 2 OR
- 2 items in Column 2 and 2 in Column 3 OR
- 3 items in Column 3

Level Three Payment: \$420

- 7+ items in Column 1 OR
- 5+ items in Column 1 and 4+ in Column 2
- 5+ items in Column 2 OR
- 3 items in Column 2 and 3 items in Column 3
- 4+ items in Column 3

Amount Calculated: \$ _____

Social Worker Signature

Date

Section Manager Signature

Date

DIFFICULTY OF CARE BEHAVIORAL CHECKLIST – CHILD'S AGE 6 THROUGH 11 YEARS

Child's Name	D.O.B.	CASE NUMBER
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PHYSICAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES	<input type="checkbox"/> History, but none currently or no more than monthly <input type="checkbox"/> No loss of consciousness <input type="checkbox"/>	<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"/>	<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 <input type="checkbox"/>
INFECTIOUS DISEASE	<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"/>	<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"/>	<input type="checkbox"/> Needs extreme hygienic procedures; e.g., hepatitis <input type="checkbox"/> Known or suspected, requiring specialized handling of all body fluids <input type="checkbox"/> Great risk for contracting - specialized handling of food, contacts, toys, etc. is needed <input type="checkbox"/>
FEEDING	<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"/>	<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"/>	<input type="checkbox"/> Requires feeding by N/G, GTT, JT, and/or pump <input type="checkbox"/> Same as Level 2; <u>and</u> affecting adequate weight gain <input type="checkbox"/>
BLADDER/BOWEL FUNCTIONING	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation/occasional suppository <input type="checkbox"/>	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea/runny stools; or constipated and needs daily program <input type="checkbox"/>	<input type="checkbox"/> Has vesicotomy/ureterostomy/ileal conduit <input type="checkbox"/> Colostomy/ileostomy <input type="checkbox"/>
DEVELOPMENTAL DELAY	<input type="checkbox"/> Can learn some self-care with constant repetitive training and instruction <input type="checkbox"/>	<input type="checkbox"/> Cannot perform age-appropriate functions or can only do so with assistance. Specify: _____ <input type="checkbox"/>	<input type="checkbox"/> Requires total care. Cannot communicate verbally. Foster parent must bathe, dress, diaper <input type="checkbox"/>
MEDICAL APPOINTMENTS, THERAPY, EMERGENCIES	<input type="checkbox"/> Average more than one per week <input type="checkbox"/>	<input type="checkbox"/> Frequent emergencies in addition to above average appointments <input type="checkbox"/>	<input type="checkbox"/> Daily medical treatment required (Comment on anticipated duration) <input type="checkbox"/>
MEDICALLY FRAGILE	N/A	<input type="checkbox"/> Born with serious congenital defects having long-term implications. Close monitoring and medical supervision needed <input type="checkbox"/>	<input type="checkbox"/> Born with major congenital defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care <input type="checkbox"/>
RESPIRATORY PROBLEMS	<input type="checkbox"/> Frequent colds, respiratory infections including ear infections <input type="checkbox"/>	<input type="checkbox"/> Asthma <input type="checkbox"/>	<input type="checkbox"/> Frequent bouts of pneumonia or other lung disease requiring periodic hospitalization <input type="checkbox"/> BPO <input type="checkbox"/>
SPECIALIZED EQUIPMENT	<input type="checkbox"/> Splints, cast, braces or positioning equipment <input type="checkbox"/>	<input type="checkbox"/> Aspiration, Suctioning, Ventilator <input type="checkbox"/>	<input type="checkbox"/> Oxygen, Pulmanaid, Mist Tent, Broviac Catheter, Tracheostomy <input type="checkbox"/>
PHYSICAL THERAPY	N/A	<input type="checkbox"/> Requires at least one hour per day of regimen prescribed by physical therapist <input type="checkbox"/>	<input type="checkbox"/> Requires 2 - 3 hours per day of exercise regimen prescribed by physical therapist <input type="checkbox"/>
NON AMBULATORY	<input type="checkbox"/> Needs some help with dressing and attending to personal hygiene <input type="checkbox"/>	<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"/>	<input type="checkbox"/> Needs total care <input type="checkbox"/> Same as Level 2; <u>and</u> requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
DIABETES	<input type="checkbox"/> Diabetes under control and child takes primary responsibility. FP supervises diet, blood sugar monitoring and injections <input type="checkbox"/>	<input type="checkbox"/> Diabetes under control but child does not take primary responsibility. FP responsible for child's diet, blood sugar testing and injections <input type="checkbox"/>	<input type="checkbox"/> Brittle diabetic. Need for ongoing medical follow-up <input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ Sub-Total _____ Sub-Total _____ Sub-Total _____

DIFFICULTY OF CARE BEHAVIORAL CHECKLIST – CHILD’S AGE 6 THROUGH 11 YEARS

Child's Name	D.O.B.	CASE NUMBER
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EMOTIONAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING	<input type="checkbox"/> Demanding, clinging, constant crying, sleep disturbances, reversion to infantile behavior. FP must provide extra comfort and attention <input type="checkbox"/> Tantrums more than 3 times/week and is not easily distracted from tantrum behavior <input type="checkbox"/> Verbally aggressive to peers and/or adults <input type="checkbox"/>	<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 <input type="checkbox"/>	N/A
ABNORMAL STRUCTURE/ SUPERVISION	<input type="checkbox"/> Activities must be closely monitored <input type="checkbox"/>	<input type="checkbox"/> FP must supervise regimented routine <input type="checkbox"/>	<input type="checkbox"/> Regularly puts self in dangerous situations <input type="checkbox"/> FP can never leave child unattended <input type="checkbox"/>
ENURESIS	<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	N/A	<input type="checkbox"/> At least weekly. Extra laundry and cleaning	<input type="checkbox"/> Pattern of smearing feces
AGGRESSIVE TO OTHERS/ PROPERTY	N/A	<input type="checkbox"/> Aggressive/assaultive. FP must protect other children <input type="checkbox"/>	<input type="checkbox"/> Same as level 2 and chronic, extreme destruction of property <input type="checkbox"/> History of starting fires with damage to property <input type="checkbox"/>
SEXUAL BEHAVIOR	<input type="checkbox"/> Inappropriate; need 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"/>	<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 and protect other children <input type="checkbox"/>
SCHOOL PROBLEMS	<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"/> Tutoring 2 times weekly <input type="checkbox"/>	<input type="checkbox"/> Child presents discipline problems, special education classes. FP has school contact at least 3 - 4 times weekly <input type="checkbox"/> Daily tutoring for at least one hour <input type="checkbox"/>	N/A
EMOTIONALLY DISTURBED	<input type="checkbox"/> Excessively dependent; or passive with lack of response	<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"/>	<input type="checkbox"/> Extreme, bizarre behaviors; suicidal; severe chronic depressions or danger to others. FP must monitor, control medications and be in constant contact with therapist <input type="checkbox"/> Diagnosed autism <input type="checkbox"/>
LAW VIOLATIONS	N/A	<input type="checkbox"/> Truant; minor infractions; pattern of shoplifting. Needs close supervision <input type="checkbox"/>	<input type="checkbox"/> Alcohol or drug use/abuse; assaultive; theft. FP has constant contact with police, school, probation. Handles community complaints <input type="checkbox"/>
FR PRCPT. IN PSYCHOTHERAPY	<input type="checkbox"/> At least every other week	<input type="checkbox"/> At least weekly	<input type="checkbox"/> At least twice weekly
HYPERACTIVE	<input type="checkbox"/> Diagnosed Attention Deficit Disorder - very active; energy must be directed into positive channels <input type="checkbox"/>	<input type="checkbox"/> Can be controlled with medication. Cannot function without medication <input type="checkbox"/>	<input type="checkbox"/> Constant movement and restlessness. Cannot be controlled with medication. Child up at night, wanders through house <input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ Sub-Total _____ Sub-Total _____ Sub-Total

For each category such as “Seizures”, “Infectious Disease,” etc., only one level can be allowed (level 1, 2, or 3).

If more than 1 box is checked in each level, count only 1 in total.

DRUGS AND ALCOHOL	LEVEL 1	LEVEL 2	LEVEL 3
	<input type="checkbox"/> Known or suspected exposure	<input type="checkbox"/> Known or suspected exposure physical/behavioral needs require more than usual care and/or supervision	<input type="checkbox"/> Verified prolonged exposure with physical/behavioral attributed to exposure
			<input type="checkbox"/> Newborn/infant who tests positive for heroin or other substance in blood stream
			<input type="checkbox"/> Displays symptoms of fetal alcohol syndrome

DOMESTIC VIOLENCE	LEVEL 1	LEVEL 2	LEVEL 3
	<input type="checkbox"/> Known or suspected exposure to the effects of domestic violence	<input type="checkbox"/> History of exposure to domestic violence and known or suspected exposure immediately prior to removal	<input type="checkbox"/> History of exposure to domestic violence. Child displays symptoms of trauma or acts out physically

**Difficulty of Care Checklist
Specialized Care Increment**

	Column 1	Column 2	Column 3
Total from all Pages:			

Level One Payment: \$158

- 3-5 items in Column 1 OR
- 1-3 items in Column 1 and 1 item in Column 2 OR
- 2-3 items in Column 2 OR
- 1 item in Column 2 and 1 in Column 3 OR
- 2 item in Column 3

Level Two Payment: \$315

- 6 items in Column 1 OR
- 4-5 items in Column 1 and 1-3 in Column 2 OR
- 3-4 items in Column 2 OR
- 2 items in Column 2 and 2 in Column 3 OR
- 3 items in Column 3

Level Three Payment: \$420

- 7+ items in Column 1 OR
- 5+ items in Column 1 and 4+ in Column 2
- 5+ items in Column 2 OR
- 3 items in Column 2 and 3 items in Column 3
- 4+ items in Column 3

Amount Calculated: \$ _____

Social Worker Signature

Date

Section Manager Signature

Date

DIFFICULTY OF CARE BEHAVIORAL CHECKLIST – CHILD’S AGE 12 THROUGH 18 YEARS

CHILD’S NAME	D.O.B.	CASE NUMBER
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PHYSICAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES	<input type="checkbox"/> History, but none currently or no more than monthly <input type="checkbox"/> No loss of consciousness <input type="checkbox"/>	<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"/>	<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 <input type="checkbox"/>
INFECTIOUS DISEASE	<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"/>	<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"/>	<input type="checkbox"/> Needs extreme hygienic procedures; e.g., hepatitis <input type="checkbox"/> Known or suspected, requiring specialized handling of all body fluids <input type="checkbox"/> Great risk for contracting - specialized handling of food, contacts, toys, etc. is needed <input type="checkbox"/>
FEEDING	<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"/>	<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"/>	<input type="checkbox"/> Requires feeding by N/G, GTT, JT, and/or pump <input type="checkbox"/> Same as Level 2; and affecting adequate weight gain <input type="checkbox"/>
BLADDER/BOWEL FUNCTIONING	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation/occasional suppository <input type="checkbox"/>	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea/runny stools; or constipated and needs daily program <input type="checkbox"/>	<input type="checkbox"/> Has vesicotomy/ureterostomy/ileal conduit <input type="checkbox"/> Colostomy/ileostomy <input type="checkbox"/>
DEVELOPMENTAL DELAY	<input type="checkbox"/> Can learn some self-care with constant repetitive training and instruction <input type="checkbox"/>	<input type="checkbox"/> Cannot perform age-appropriate functions or can only do so with assistance. Specify: _____ <input type="checkbox"/>	<input type="checkbox"/> Requires total care. Cannot communicate verbally. Foster parent must bathe, dress, diaper <input type="checkbox"/>
MEDICAL APPOINTMENTS, THERAPY, EMERGENCIES	<input type="checkbox"/> Average more than one per week	<input type="checkbox"/> Frequent emergencies in addition to above average appointments	<input type="checkbox"/> Daily medical treatment required (Comment on anticipated duration)
MEDICALLY FRAGILE	N/A	<input type="checkbox"/> Born with serious congenital defects having long-term implications. Close monitoring and medical supervision needed <input type="checkbox"/>	<input type="checkbox"/> Born with major congenital defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care <input type="checkbox"/>
RESPIRATORY PROBLEMS	<input type="checkbox"/> Frequent colds, respiratory infections including ear infections <input type="checkbox"/>	<input type="checkbox"/> Asthma <input type="checkbox"/>	<input type="checkbox"/> Frequent bouts of pneumonia or other lung diseases requiring periodic hospitalization <input type="checkbox"/>
SPECIALIZED EQUIPMENT	<input type="checkbox"/> Splints, cast, braces or positioning equipment <input type="checkbox"/>	<input type="checkbox"/> Aspiration, Suctioning, Ventilator <input type="checkbox"/>	<input type="checkbox"/> Oxygen, Pulmanaid, Mist Tent, Broviac Catheter, Tracheostomy <input type="checkbox"/>
PHYSICAL THERAPY	N/A	<input type="checkbox"/> Requires at least one hour per day of regimen prescribed by physical therapist <input type="checkbox"/>	<input type="checkbox"/> Requires 2 - 3 hours per day of exercise regimen prescribed by physical therapist <input type="checkbox"/>
NON-AMBULATORY	<input type="checkbox"/> Needs some help with dressing and attending to personal hygiene <input type="checkbox"/>	<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"/>	<input type="checkbox"/> Needs total care <input type="checkbox"/> Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
DIABETES	<input type="checkbox"/> Diabetes under control and child takes primary responsibility. FP supervises diet, blood sugar monitoring and injections <input type="checkbox"/>	<input type="checkbox"/> Diabetes under control but child does not take primary responsibility. FP responsible for child’s diet, blood sugar testing and injections <input type="checkbox"/>	<input type="checkbox"/> Brittle diabetic. Need for ongoing medical follow-up <input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIFFICULTY OF CARE BEHAVIORAL CHECKLIST – CHILD’S AGE 12 THROUGH 18 YEARS

Child's Name	D.O.B.	CASE NUMBER
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EMOTIONAL CARE NEEDS QUALIFYING FOR DOC

PROBLEM	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING	<input type="checkbox"/> Demanding, clinging, constant crying, sleep disturbances, reversion to infantile behavior. FP must provide extra comfort and attention <input type="checkbox"/>	<input type="checkbox"/> Frequent verbal outbursts; defiant refusal to follow basic rules. FP must provide constant and consistent limit setting <input type="checkbox"/>	<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 <input type="checkbox"/> Primary attachment to caretaker, few friends or peer activities; wants total attention of caretaker, overly jealous of other children in home <input type="checkbox"/>
ABNORMAL STRUCTURE/SUPERVISION	<input type="checkbox"/> Child is restless and cannot initiate own activities without direction; activities must be closely monitored <input type="checkbox"/>	<input type="checkbox"/> Child becomes anxious and acts out whenever there is no structure or an established routine changes; FP must supervise regimented routine <input type="checkbox"/>	<input type="checkbox"/> Regularly puts self in dangerous situations <input type="checkbox"/> FP can never leave child unattended <input type="checkbox"/>
ENURESIS	<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	N/A	<input type="checkbox"/> At least weekly. Extra laundry and cleaning	<input type="checkbox"/> At least twice weekly. Extra laundry and cleaning
AGGRESSIVE TO OTHERS/PROPERTY	<input type="checkbox"/> Verbally aggressive to peers and/or adults <input type="checkbox"/>	<input type="checkbox"/> Aggressive/assaultive. FP must protect other children <input type="checkbox"/>	<input type="checkbox"/> Same as level 2 and chronic, extreme destruction of property <input type="checkbox"/> History of fire setting with damage to property <input type="checkbox"/>
SEXUAL BEHAVIOR	<input type="checkbox"/> Inappropriate; need guidance <input type="checkbox"/> Masturbates excessively	<input type="checkbox"/> Child's conversation often revolves around sexual topics; child is sexually provocative with both adults and peers; FP must monitor closely <input type="checkbox"/>	<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 <input type="checkbox"/> Promiscuous; at risk for STD and HIV <input type="checkbox"/>
SCHOOL PROBLEMS	<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"/> Tutoring 2 times weekly <input type="checkbox"/>	<input type="checkbox"/> Child presents discipline problems, special education classes. FP has school contact at least 3 - 4 times weekly <input type="checkbox"/> Daily tutoring for at least one hour <input type="checkbox"/>	<input type="checkbox"/> Child has serious attendance problems – frequently truant
EMOTIONALLY DISTURBED	<input type="checkbox"/> Excessively dependent; or passive with lack of response	<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"/>	<input type="checkbox"/> Extreme, bizarre behaviors; suicidal; severe chronic depressions or danger to others. 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.,
LAW VIOLATIONS	N/A	<input type="checkbox"/> Truant; minor infractions; shoplifting. Needs close supervision <input type="checkbox"/>	<input type="checkbox"/> Alcohol or drug use/abuse; assaultive; theft. FP has constant contact with police, school, probation. Handles community complaints <input type="checkbox"/>

_____ Sub-Total _____ Sub-Total _____ Sub-Total

**For each category such as “Seizures”, “Infectious Disease,” etc., only one level can be allowed (level 1, 2, or 3).
 If more than 1 box is checked in each level, count only 1 in total.**

DRUGS AND ALCOHOL	LEVEL 1	LEVEL 2	LEVEL 3
	<input type="checkbox"/> Known or suspected exposure	<input type="checkbox"/> Known or suspected exposure physical/behavioral needs require more than usual care and/or supervision	<input type="checkbox"/> Verified prolonged exposure with physical/behavioral attributed to exposure
			<input type="checkbox"/> Newborn/infant who tests positive for heroin or other substance in blood stream
			<input type="checkbox"/> Displays symptoms of fetal alcohol syndrome

DOMESTIC VIOLENCE	LEVEL 1	LEVEL 2	LEVEL 3
	<input type="checkbox"/> Known or suspected exposure to the effects of domestic violence	<input type="checkbox"/> History of exposure to domestic violence and known or suspected exposure immediately prior to removal	<input type="checkbox"/> History of exposure to domestic violence. Child displays symptoms of trauma or acts out physically

**Difficulty of Care Checklist
Specialized Care Increment**

	Column 1	Column 2	Column 3
Total from all Pages:			

Level One Payment: \$158

- 3-5 items in Column 1 OR
- 1-3 items and Column 1 and 1 item in Column 2 OR
- 2-3 items in Column 2 OR
- 1 item in Column 2 and 1 in Column 3 OR
- 2 item in Column 3

Level Two Payment: \$315

- 6 items in Column 1 OR
- 4-5 items in Column 1 and 1-3 in Column 2 OR
- 3-4 items in Column 2 OR
- 2 items in Column 2 and 2 in Column 3 OR
- 3 items in Column 3

Level Three Payment: \$420

- 7+ items in Column 1 OR
- 5+ items in Column 1 and 4+ in Column 2
- 5+ items in Column 2 OR
- 3 items in Column 2 and 3 items in Column 3
- 4+ items in Column 3

Amount Calculated: \$ _____

Social Worker Signature

Date

Section Manager Signature

Date