

STANISLAUS COUNTY COMMUNITY SERVICES AGENCY

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Mailing Address

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SPECIALIZED CARE

All specialized care requires that the caregivers provide extra time, extra transportation, and extra expenses to maintain the specialized care increment for which the child has been approved. Levels of Care available to county licensed foster homes and approved relatives or non-relative extended family members (NREFM's) receiving AFDC-FC payments include:

CATEGORY A – Medically Fragile Children – Levels I to IV. Conditions could include but not limited to the following:

Drug exposed by history or positive toxicology screen; Alcohol exposure (Fetal Alcohol Syndrome, Fetal Alcohol Effect); Respiratory Difficulties (Asthma, Bronchopulmonary Dysphasia, Premature Respiratory Distress Syndrome, Respiratory Distress Syndrome, Reactive Airway Disease, Cystic Fibrosis, etc.); Failure to Thrive – neglect vs. inborn error of metabolism; Diabetes; Heart Disease; Hemophilia; Oncology; HIV-AIDS; Seizures; Organ Failure-Transplant candidate; Sickle Cell Anemia.

Level I (\$139)	Level II (\$292)	Level III (\$525)	Level IV (\$961)
<ol style="list-style-type: none"> 1. 1-3 appointments per month not including routine dental or physical examinations with caregiver providing transportation. 2. Long term prescription medications (medication needed on a daily basis for a period of 1 or more months). 1-2 medications not including prescription vitamins or short term antibiotics. 3. Mild breathing difficulties requiring prescription medication with close supervision. 4. Sickle Cell SF (Sickle hemoglobin FS-HPFH, Asymptomatic). 5. Diabetes with special diet – no insulin or medication needed. 6. Symptomatic respiratory difficulties requiring use of nebulizer breathing treatments. 	<ol style="list-style-type: none"> 1. 3-6 appointments per month not including routine physical or dental examinations with caregiver providing transportation 2. Failure to thrive due to mile feeding difficulties. 3. Seizure disorder (abnormal EEG, medication required for seizure activity). 4. Heart disease requiring close monitoring, no intervention, special treatment or diet. 5. HIV positive, clinically well. 6. GAE (Fetal Alcohol Effect/Exposure) 7. Sickle Cell-SB + Thal, Mild Symptoms. 8. Apnea monitor required (when discontinued, rate to be reduced to appropriate level. 9. Diabetes with special diet and oral medications. Stable condition child complaint with prescribed program. 10. Positive toxicology screen at birth (level should be reduced at 6 months review if baby is not exhibiting any symptoms or difficulties). 11. Confirmed, by maternal history, drug and/or alcohol exposure prenatal with symptoms. (Level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties). 	<ol style="list-style-type: none"> 1. 6-8 appointments per month not including routine physical or dental examinations with caregiver providing transportation 2. AIDS (asymptomatic, stable) 3. FAS with moderate to severe complications (verifiable medical diagnosis) 4. Conditions requiring daily at home P.T (Physical Therapy, O.T (occupational Therapy) in addition to weekly or bi weekly therapy sessions. 5. Moderate feeding difficulties requiring therapy or special feeding techniques. 6. Severe respiratory difficulties requiring multiple medications, breathing treatments (not to include use of inhalers), CPT (Chest Physical Therapy) on a daily basis. 7. Severe feeding problems, excessive crying, sleep disruptions, etc. due to drug/alcohol exposure 8. Medical diagnosis of FAS (Fetal Alcohol Syndrome). Not the same pre-natal alcohol exposure/Fetal Alcohol Effect (FAE). 9. Shunt placement-functioning stable. 10. Sickle Cell, SB Thal, Moderate Symptoms. 11. Minor requires 1-3 injections per week (i.e.: growth hormones, asthma, etc.) 12. Extreme breathing difficulties requiring 4 or more breathing treatments daily and multiple prescriptions/medication (not including inhalers) 13. Continuous oxygen 14. Diabetes with special diet close monitoring of daily blood sugar levels, insulin injections, etc. Minor is compliant with program. 	<ol style="list-style-type: none"> 1. 9 or more appointments per month not including routine physical or dental examinations (i.e: PT, OT, Speech Therapy, Early Intervention Program, etc.). 2. Symptomatic AIDS with complications. 3. Extensive involvement with physicians due to multiple complications 4. Tracheotomy 5. Seizure disorder requiring close monitoring and multiple medications to control. 6. Diabetes – same as level IV except child is non-compliant with prescribed program. Requires extremely close monitoring and supervision. 7. Broviac line 8. Colostomy, Ileostomy 9. Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would otherwise requires placement in an institutional facility. 10. Tube feedings (i.e.: GI, OG, NGO, Bolus feeding or continuous feeding (12 hours or less per day). 11. Hemophiliac requiring close monitoring to prevent injury. 12. Minor requires 4 or more injections per week (i.e. growth hormones, asthma, etc.) 13. Sickle Cell, SC, Severe Symptoms. 14. Child Receiving Chemotherapy. 15. Sickle Cell, SS, Extreme Symptoms, Life Threatening. 16. Tube Feedings in excess of 12 hours per day.
<p><u>**If three (3) or more of these conditions listed above exist, rate will be increased to the next higher level.</u></p>	<p><u>**If three (3) or more of these conditions listed above exist, rate will be increased to the next higher level.</u></p>	<p><u>**If three (3) or more of these conditions listed above exist, rate will be increased to the next higher level.</u></p>	<p><u>**If three (3) or more of these conditions listed above exist, rate will be increased to the next higher level.</u></p>

CATEGORY B – Physically Challenged Children – Levels I to IV. Conditions could include but not limited to the following:

Diagnosis of Cerebral Palsy (CP); Brain injury (abuse or accidental); visually/hearing impaired (birth, abuse or accidental); Cleft Lip and/or Palate; Other physical disability or injury requiring surgical intervention for partial or complete correction; Orthopedic abnormalities (birth or abuse) i.e.: scoliosis; Severe burns.

<u>Level I (\$139)</u>	<u>Level II (\$292)</u>	<u>Level III (\$525)</u>	<u>Level IV (\$961)</u>
<ol style="list-style-type: none"> 1. 1-3 appointments per month not including routine dental or physical examinations with caregiver providing transportation. 2. Mild Cerebral Palsy requiring minimal additional assistance. 3. Minimal brain injury requiring minimal additional observations and guidelines. No shunt required. 4. Condition is stable and infrequent intervention is needed. 5. Minimal bracing equipment needed (i.e.: AFO's). 6. Visual impairment or abnormality requiring daily intervention (i.e.: daily eye drops or eye patches). 7. Hearing impairment requiring hearing aid to correct hearing to the normal range. 8. Scoliosis requiring unassisted daily exercises. No bracing. <p><u>**If three (3) or more of these conditions listed above exist, rate will be increased to the next higher level.</u></p>	<ol style="list-style-type: none"> 1. 4-6 appointments per month not including routine physical or dental examinations with caregiver providing transportation 2. Moderate Cerebral Palsy or physical disability requiring some additional help with feeding, dressing, bathing, etc. 3. Moderate brain injury with stable shunt requiring no medical intervention. 4. Cleft lip requiring surgical intervention and special feeding assistance. 5. Physical abnormalities requiring surgical intervention. 6. Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. 7. 2nd degree burns requiring daily dressing changes. This generally applies to children 8 and over who can cooperate with the treatment plan. 8. Visually impaired requiring minimal assistance with daily living (i.e.: special education, mobility, etc.). 9. Hearing impaired requiring moderate assistance (i.e.: specialized communication techniques, speech therapy, and special school program). 10. Scoliosis requiring assisted daily exercise and/or bracing. <p><u>**If three (3) or more of these conditions listed above exist, rate will be increased to the next higher level.</u></p>	<ol style="list-style-type: none"> 1. 5-6 appointments per month not including routine physical or dental examinations with caregiver providing transportation 2. Visually or hearing impaired requiring foster parent assistance with daily living activities and/or adaptive home environment. 3. Severe Cerebral Palsy or physical disability requiring adaptive equipment (ambulatory). 4. 2nd degree burns requiring daily dressing changes. Generally will apply to children under age 7. 5. Hearing impaired requiring assistance with daily living including foster parent signing abilities if necessary for specific child <p><u>**If three (3) or more of these conditions listed above exist, rate will be increased to the next higher level.</u></p>	<ol style="list-style-type: none"> 1. 9 or more appointments per month not including routine physical or dental with caregiver providing transportation. 2. Combination of cleft lip/palate. 3. Severe Cerebral Palsy or physical disability requiring adaptive equipment and extensive assistance with daily care (non-ambulatory). 4. Severe brain injury requiring total assistance with activities of daily living (i.e.: near drowning, shaken baby syndrome, battered child syndrome, accidents, etc.). 5. Visually impaired requiring total assistance with daily living. 6. Extensive 2nd or 3rd degree burns. 7. Scoliosis requiring surgical intervention and extensive rehabilitation. <p><u>**If three (3) or more of these conditions listed above exist, rate will be increased to the next higher level.</u></p>

CATEGORY C – Emotionally Challenged Children – Levels I to IV. Conditions could include but not limited to the following:

ADHD, Sexual acting out, Dysfunctional/Aggressive behavior, Chronic non-compliance, Anti-social behavior, Eneuresis and/or Encopresis (Wetting or Soiling)

<u>Level I (\$139)</u>	<u>Level II (\$292)</u>	<u>Level III (\$525)</u>	<u>Level IV (\$961)</u>
<ol style="list-style-type: none"> 1. The child exhibits mild disruptive behaviors which occasionally places minor and/or other minors at risk, but can be minimized or eliminated by close supervision. 2. Close supervision is necessary to minimize risk and/or reduce potential for disruption. 3. Close supervision of child and psychotropic medication may be required with close supervision may be required. 4. Appointments to counseling 2 or 3 times per week 	<ol style="list-style-type: none"> 1. Child exhibits behaviors that place self and others at risk of physical harm when not supervised and monitored. 2. Behaviors are notably disruptive to entire household and required significant time and skills to stabilize. Disruptive behavior can place care provider property at risk of damage. 3. Psychotropic medications are frequently prescribed at this level and their monitoring is needed. 4. High level of counseling and mental health follow up. 5. More than 4 monthly visits to counselors and health providers other than routine visits. 6. Excessive anti-social behaviors that limit social interaction without close supervision. 7. Appointments to counseling 4 to 10 times per week 	<p>Same as Level II with these additional factors.</p> <ol style="list-style-type: none"> 1. The child is at a high risk to self and/or others 2. Behaviors frequently are disruptive to household, school and in other social interactions. Stabilization of disruptive behaviors, special intervention and discipline strategies. Provider should have special training and participate in counseling with minor to accomplish this. 3. 601 behaviors frequently exhibited at this level. 4. Chronic resistance to behavior modification strategies. Personal property of others in home at a high risk. Excessive anti-social behaviors which strictly limited unsupervised social interaction. 5. Hospitalizations 6. TBS services 7. ED Certified. <p><u>**If three (3) or more of these conditions listed above exist, rate will be increased to the next higher level.</u></p>	<p>Consistent with Level III characteristics. In addition, therapeutic plan is required to address the minor's disruptive and dangerous high risk behaviors.</p> <ol style="list-style-type: none"> 1. Behaviors can be stabilized and reduced. Active participation in all areas of counseling and intervention is required by care provider in order to facilitate therapy and treatment. 2. 601 and 602 behaviors can exhibit themselves at this level. 3. Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed. 4. Minors at this level qualify for group home placement in professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances.

CATEGORY D – Developmental Disabilities/Delays – Levels I to IV. Conditions could include but not limited to the following:

Syndromes resulting in developmental disability (i.e.: Down Syndrome, Shaken Baby Syndrome, Tourette’s Syndrome); Intraventricular Hemorrhage (IVH), grade I-IV; Hydrocephalic, Acephalic, Microcephalic; Brain Trauma (abuse or accidental); Encephalitis, meningitis, etc.; Learning Disabled (i.e.: Educational abilities do not match potential)

NOTE: For Dual Agency Child, see PAM #08-17 and PAM #09-12 for Dual rate requirements.

<u>Level I (\$139)</u>	<u>Level II (\$292)</u>	<u>Level III (\$525)</u>	<u>Level IV (\$961)</u>
<ol style="list-style-type: none"> Mild to moderate learning disability/delay resulting from educational neglect or prolonged illness. Requires daily foster parent assistance. Mildly mentally retarded (IQ 50-65) 	<ol style="list-style-type: none"> Moderate learning disabilities/delays with secondary behavioral problems. Special education placement. Mild mental retardation (IQ 50-65) with behavioral problems. VMRC client 0-3 years of age, included in Early Intervention Program (i.e.: Lori Ann Infant Stimulation, EPU Exceptional Parents Unlimited). Documentation required from either Early Intervention Program or VMRC social worker. 	<ol style="list-style-type: none"> Severe learning disabilities/delays requiring extensive daily assistance from a foster parent (i.e.: homework, involvement with teachers and/or psychologists). Moderate to severe mental retardation (IQ 20-50), VMRC client documentation required from VMRC social worker. Children with any of the above disabilities and also diagnosed with Low Incident Disability (blind, deaf, orthopedically impaired) will be considered. 	<ol style="list-style-type: none"> Severe learning disabilities/delays requiring extensive daily assistance from a foster parent & secondary behavioral problems requiring assistance from a behavioralist. Profound mental retardation (IQ below 20). Multiply impaired, less than 18 months developmentally, non-ambulatory. VMRC client with documentation provided by the VMRC social worker.

SPECIALIZED CARE RATE (SCI)

Category A,B,C, D	Rate
Level I	\$139.00
Level II	\$ 292.00
Level III	\$525.00
Level IV	\$ 961.00

Stanislaus County SCI-Rate Methodologies

The social worker will complete the Child Needs Questionnaire with the foster parents/caregiver. The social worker will consult with his/her supervisor to discuss placement and request for SCI. The social worker will complete the CWS 12A –Request for Higher level Payment for Specialized Care and collect all the documents that relate to the child and arrange for a staffing with the BIG III committee.

The BIG III committee is consists of two placement supervisors and a mental health coordinator. This committee will review with the social worker the needs of the child and available suitable placements to meet those needs. Approval/denial of the request is noted on the CWS 12A (BIG III form).

Any specialized care placement in a county foster home, relative home, foster family agency home, or group home is "time-limited" and reviewed by the Big III Committee at specified intervals to determine that the placement continues to meet the child's needs. The Big III Committee may elect to continue the higher level of care to maintain the child's improved behavior and to support the stability of the placement if the caregiver is continuing to provide the additional level of care and support. For placement in group homes, the case will be reviewed at the Interagency Placement Committee at least every six months. For all other levels of care, the case shall be reviewed by the Big III Committee every six months for Level I Transportation only and yearly for all other Levels of Care (recommended time is during the eligibility renewal).

SEE FORMS BELOW:

Request for Higher Level Payment for Specialized Foster Care Group Home/Foster Family Agency Staffing Stanislaus County

Initial Request Renewal 6 Month Review

Date:	Case Name:
Minor:	Case Number:
Age:	Social Worker:
Date Placed:	Clinician:

Participants:

Shannyn McDonald Phil Reilly R. Allen/J. Davis Jean Little SW: _____

Type of level or placement requested:

A-Medically Fragile B-Physically Challenged C-Emotionally Challenged, D-Developmental

Proposed Level of Specialized Foster Care: L1 , L2 , L3 , L4

FFA Group Home ITFC: Level Requested: _____ Other _____

COPY OF BEHAVIORAL CHECKLIST

Previous Placements:

1.	Reason for Termination:
2.	Reason for Termination:
3.	Reason for Termination:

Current Foster Home or Proposed Placement Facility:

Estimated length of placement: _____

Reason for Higher Level Payment/Placement in FFA or Group Home:

No County Home (*list homes attempted*): _____

Transportation for Non Medical/Counseling Needs (*estimated number of hours of extra work per month*): _____

Category A: Medical Diagnosis _____

Medical exam by: _____ Date: _____

Verification of medical condition: Yes No

Category B: Physical Challenge: _____

Category C: Emotional Challenged: _____

Psychological Exam by: _____ **List Meds** _____

Court Approval: Yes No

Category D: Developmental Delayed: _____

VMRC Eligible Yes No **If yes, please provide verification letter (Is this needed?)**

<input type="checkbox"/> Keep siblings together (if siblings are separated, give reason):
<input type="checkbox"/> Other

Treatment needs of the child:

Treatment components of the facility that meet the above needs:

Post Placement Plan:

Participants comments:

<u>FOR COUNTY FOSTER HOME REQUEST HIGHER LEVEL</u>	
<p>The above statements are true to the best of my knowledge and belief. I agree to execute that tasks associated with the higher level of care. I also acknowledge that the need for a higher rate will be reviewed every six months or less to determine whether or not the conditions that necessitated the higher level of care still exists.</p>	
Foster Parent Name: _____	Date: _____
Signature: _____	

Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Category: L1 <input type="checkbox"/> , L2 <input type="checkbox"/> , L3 <input type="checkbox"/> , L4 <input type="checkbox"/> , L5 <input type="checkbox"/>
Reason: <input type="checkbox"/> Behavioral Difficulties <input type="checkbox"/> Health Issues <input type="checkbox"/> Sexual Behavior Issues <input type="checkbox"/> Transportation	
Effective Date:	Review Date:

SWSII Signatures:	
_____ Shannyn McDonald	_____ Richard Allen/Jeff Davis
_____ Phil Reilly	_____ Jean Little

**CHILD NEEDS QUESTIONNAIRE
STANISLAUS COUNTY**

Child's Name	DOB:	Date Form Completed:
Caregiver:	Phone #:	Date placed:
Social Worker:	District #:	Phone #:

Signature of person completing the form:	Date form completed:
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SECTION ONE:

Please complete this form completely.

		Yes/No
(1)	Has the child seen a doctor while in you care? (a) If yes, please give doctor's names, profession (psychiatrist, psychologist, neurologist ...), telephone numbers, and date of last appointment for each. _____ _____ _____	
(2)	Is the child on medication? (a) If yes, what medication, doctor that prescribed the medication, date started, and estimated duration. _____ _____ _____ _____	
(3)	Does the child have a special medical problem and/or equipment needs? (a) If yes, what? _____ _____	
(4)	Does the child follow a specific treatment plan? (a) If yes, what? _____ _____ _____ (b) What assistance, if any, do you provide? _____ _____ _____ _____	
(5)	How many appointments per month, excluding routine dental and medical appointments, do you transport the child per month?	
(6)	Are there any upcoming medical procedures for the child? (a) If yes, please give procedure, doctor and date of procedure. _____ _____ _____	
(7)	Does the child complain of earaches?	
(8)	Does the child appear to or has a diagnosed problem with his eyesight? (a) If yes, what? _____	
(9)	Does the child appear to or has a diagnosed problem with his hearing?	

	(b) If yes, what? _____	
(10)	Does the child appear to or has a diagnosed problem with his speech? (c) If yes, what? _____	
(11)	Does the child perform the following activities normally for his/her age? (a) Please circle the problem areas. CRAWLS SITS STANDS WALKS RUNS JUMPS	

		Yes/No	Times per day	Duration
(12)	Does the child complain of headaches?			
(13)	Does the child complain of dizziness?			
(14)	Does the child stare into space, seem preoccupied or has fainting spells?			

		Yes/No
(15)	Does the child exhibit any unusual eating habits for his/her age? (a) If yes, please explain. _____ _____	
(16)	Does the child refuse to eat?	
(17)	Does the child overeat?	
(18)	Has the child experienced excessive weight gain/weight loss?	
(19)	Does the child feed himself/herself age appropriately?	
(20)	Is the child on any special diet? (a) If yes, what? _____	
(21)	Is the child in need of an adaptive home environment? (a) If yes, explain what adaptations were made. _____ _____ _____	
(22)	Does the child require in-home care from out of home providers (physical therapy, occupational therapy ...)? (a) If yes, please list providers, services provided, and schedule. _____ _____ _____ _____	
(23)	Does the child sleep too much? (a) If yes, please explain. _____ _____	
(24)	Is the child excessively active?	
(25)	Does the child crave physical contact with adults?	
(26)	Does the child try to avoid physical contact with adults?	
(27)	Does the child show excessive fear or anxiety?	
(28)	Is the child disturbed excessively by any changes in routines?	

(29)	Is the child easily frustrated?	
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		Yes/No	Times per day	Duration
(30)	Does the child repeatedly bang his/her head?			
(31)	Does the child repeatedly rock head or body?			
(32)	Does the child scream or cry a lot?			
(33)	Does the child vomit or throw up without medical cause?			

(34)	How does the child respond before, during, and after visitations with family? _____ _____ _____
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SECTION TWO

Please complete for children from birth through 2 years of age only.

		Yes/No
(1)	Does the child cry excessively?	
(2)	Does the child arch his/her back when being held?	
(3)	Does the child avoid eye contact?	
(4)	Does the child bite?	
(5)	Does the child scratch himself/herself or others?	
(6)	Does the child experience startled awakening from sleep?	
(7)	Does the child shake uncontrollably?	
(8)	Does the child smear or play with bowel movements?	
(9)	Does the child whine excessively?	
(10)	Does the child get too upset when separated from caregiver?	
(11)	How many times does the child wake up throughout the night?	

SECTION THREE

Please complete for children from 3 years of age and over.

		Yes/No
(1)	Does the child still need toilet training?	

		Yes/No	Times per day
(2)	Does the child wet himself/herself during the day?		
(3)	Does the child soil himself/herself during the day?		

		Yes/No
(4)	Does the child need help dressing himself/herself?	
(5)	Are there any cultural issues effecting the child's adjustment to the placement? (a) If yes, please explain. _____ _____ _____ _____	

		Yes/No	Times per night
(6)	Does the child often get up after being put to bed?		
(7)	Does the child have nightmares?		
(8)	Does the child walk in her/her sleep?		

		Yes/No
(9)	Is the child able to go to sleep at bed time? (a) If no, what time does he go to sleep? _____	
(10)	Does the child have difficulties playing with other children?	
(11)	Does the child hit or fight with other children? (a) If yes, how often? _____	
(12)	Is the child destructive with toys, games, and/or possessions? (a) If yes, please explain? _____ _____ _____	
(13)	Does the child have a history of suicide or suicidal ideation?	
(14)	Does the child currently report suicidal ideations? (a) If yes, does the child report a plan? _____ (b) What is the plan? _____ _____ _____	
(15)	Does the child express recurrent thoughts of, or preoccupations with death?	
(16)	Is the child cruel to animals? (a) If yes, please explain. _____ _____	

		Yes/No
(17)	Is the child cruel to people? (a) If yes, please explain. _____ _____ _____ _____	

		Yes/No	How often
(18)	Does the child hurt himself/herself? (a) If yes, please explain. _____ _____ _____		

(19)	Does the child destroy property?		
(20)	Does the child have a history of and/or currently plays with fire and/or starts fires?		
(21)	Does the child take things that are not his/hers?		
(22)	Does the child frequently tell lies?		
(23)	Does the child run away and/or threaten to run away?		
(24)	Does the child feel that it is necessary to get back at others for wronging him/her?		
(25)	Does the child refuse to do the chores he/she is told to do?		
(26)	Is the child verbally aggressive (talks back, swears at, or argues with others)?		
(27)	Does the child fail to finish assigned tasks?		

Yes/No

(28)	Does the child show little or no respect for authority?	
(29)	Does the child require or do better with close supervision? (a) If yes, please explain the extra supervision being supplied. _____ _____ _____ _____	
(30)	Is the child currently unable to attend school? (a) If yes, please explain. _____ _____ _____	
(31)	Does the child resist going to school?	
(32)	Does the child have behavioral problems at school? (a) If yes, please explain. _____ _____ _____ _____	
(33)	Does the child have an IEP? (a) If yes, please give date of last IEP and certification (ED, LH, SLH). _____ _____	
(34)	Does the child have any learning disabilities/delays? (a) If yes, please explain or describe. _____ _____ _____ _____ _____	
(35)	Has the child been assessed by a Regional Center (VMRC) or is currently a client? (a) If yes, please give date assessed and worker assigned. _____ _____ _____	

