

**TULARE COUNTY HEALTH & HUMAN SERVICES**  
**Child Welfare Services Division**  
**Policies and Procedures Manual**

Supersedes  
Section: 70-05  
Effective: 03/01/2008

SECTION: 70-05  
Effective: 09/13/13  
Page: 1 of 10

**FOSTER CARE SPECIALIZED CARE RATES**

*This Policy eliminates Program Memo 23.*

**I PURPOSE**

This policy outlines a uniform process for assessing the appropriateness of granting Specialized Foster Care Rates for a child or Non-Minor Dependent (NMD) placed in a Tulare County Licensed Foster Home, Non-Relative Guardianship and/or in an approved Relative/Non-Relative Extended Family Member (NREFM) placement. This policy outlines the role and responsibilities of the social worker, the care provider, Specialized Rates Committee, and the supervisor in considering Specialized Care Rates requests.

**II SCOPE**

This policy applies to all CWS Division staff.

**III AUTHORITY**

Authority for this policy is found in the following:

- Administrative Standards for Eligibility and Assistance Standards - AFDC Foster Care Rates, Section 11-401.2 -11-401.4
- All-County Letter (ACL) 08-01
- All County Information Notice (ACIN) 113-00
- Welfare and Institutions Code (WIC) 11460(e), and 11461(e)

**IV POLICY**

Tulare County Child Welfare Services (CWS) will offer Specialized Care Rates to those families who meet criteria for consideration of this payment. These Specialized Care Rates will assist those families who care for a child or NMD whose needs fall outside the scope of "typical" care.

Families must demonstrate the following:

- A need for additional funds to better meet the needs of the child or NMD
- A willingness to use those funds to better meet the needs of the child or NMD
- A willingness to accept services to assist with meeting the unique needs of the child or NMD
- A willingness to attend additional training to assist with meeting the unique needs of the child or NMD

CWS will offer timely reviews of requests, written justification for level selections or denials, an appeal process, and instructions to care providers on review and re-assessment requirements. Tulare County has adopted Specialized Care Rates Determination Worksheets to help CWS Division staff to uniformly and accurately assess and document the need for Specialized Care Rates for a qualifying child or NMD.

**V DEFINITIONS**

<b>Care Provider</b>	For purposes of this policy, care provider will refer to County
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	Foster Parents, Non-Relative Legal Guardians, and approved relative/Non-Relative Extended Family Member (NREFM) home.
<b>Host County</b>	The county in which the child or NMD is placed.
<b>Placing County</b>	The county with payment responsibility in regards to the child or NMD.
<b>Median</b>	The middle number in a given sequence of numbers that are placed in sequential order.
<b>Specialized Care Rates Committee</b>	This committee evaluates requests for Specialized Care Rates for Foster Care Placements. At minimum, this committee includes the following members: <ul style="list-style-type: none"> <li>• Program Manager who is appointed and is the Chair for the Hearing.</li> <li>• Representative from the Licensing Unit, as appointed by their Program Manager.</li> <li>• Representative from the Foster Parent Association as selected by the current Association President.</li> </ul>

## VI RATES

**Specialize Care Rates** Effective January 1, 2008 Specialized Care Rates for Foster Care are as follows:

Level 1 Mild	\$210 per month
Level 2 Moderate	\$422 per month
Level 3 Severe	\$633 per month

**NOTE:** *Specialized Care Rates are not subject to Cost Of Living Adjustment Increases.*

## VII PROCEDURES

**Eligibility Requirements** To be eligible for a Specialize Care Rate a child or NMD must meet the following criteria:

- Be eligible to receive basic Foster Care rates.
- Require special care and supervision.
- Be placed in a Tulare County Licensed Foster Home, an approved relative/Non-Relative Extended Family Member (NREFM) home or Non-Relative Legal Guardian home.

**Non-Eligible Criteria:** The following situations describe typical care and supervision and will not qualify for a Specialized Care Rate:

- A child or NMD receiving Central Valley Regional Center (CVRC) Vendorized rates, or placed in a Foster Family Agency (FFA), Group Home, Supervised Independent Living Placement (SILP) or Educational Placement rates are not eligible.
- The child or NMD is within the normal range for physical development for his/her age.

- The child or NMD is within the normal range for emotional, social and behavioral development.
- The child or NMD shows an expected level of separation anxiety from family and friends surrounding his/her removal from the home.
- The child or NMD shows expected, mild symptoms in response to abuse and neglect experienced.
- The child or NMD has minor academic problems which may require additional assistance with homework, communication with school personnel, or placement in special education settings.
- The child or NMD has no severe chronic medical/dental problems or conditions. The child or NMD has expected illnesses and medical/dental appointments, which require attention and treatment by general pediatricians or physicians (i.e. chickenpox, ear infections, colds, flu, and allergies).
- The child or NMD has expected behavioral problems that are consistent with his/her age and developmental level and responds to effective parenting strategies.
- The child or NMD has medical conditions and/or mental illnesses that have been stabilized with medication and/or therapeutic intervention.
- The child or NMD has dietary needs that require basic monitoring and meal planning.
- The child or NMD is toilet trained by the age of six, but may have occasional toileting accidents numbering once per week or less. The child's or NMD's toileting accidents can be controlled with medication. A child or NMD over the age of 6 years may have toileting accidents once per month or less.
- The child or NMD has occasional temper tantrums (one-two per week), which may result in occasional destruction to property, minor self-injurious behavior (i.e. hair pulling, head banging, hitting), aggressiveness to others in the vicinity (i.e. hitting, biting), verbal outbursts, pouting, moodiness, and withdrawal.
- The child or NMD has an age-appropriate or abuse specific need for monitoring and guidance for sexual play, exploration, and knowledge (i.e. supervision with other children/NMDs, masturbation, and sex-related questions).
- The child or NMD displays age-appropriate clinginess, shyness, mood, and energy levels.
- The child or NMD requires regular mental health, sexual abuse, and/or drug treatment services (once per week).
- The child or NMD has regular sleep patterns as expected for developmental age, which includes occasional soothing at night (one to two times per week).
- Transportation costs are not eligible to be paid through Specialized Care Rates.

## INITIAL REQUESTS

### CWS Social Worker Duties

The CWS Social Worker shall:

Step	Action
1	Combine personal observation with on-going communication

	<p>with the child's or NMD's care provider and other pertinent collaterals in order to evaluate the child's or NMD's behavior, emotional well-being, physical and developmental health to assess for qualification for Specialized Care Rates Payment.</p> <p><b>NOTE:</b> <i>A Relative/NREFM, Non-Relative Legal Guardian (NRLG,) and/or Tulare County Foster Parent may request a Specialized Rate hearing at any time. The assigned social worker shall schedule a hearing and never deny the care provider the opportunity for a full assessment for Specialized Care Rates.</i></p>
2	Contact the Licensing Office Assistant to schedule a Specialized Rates Hearing.
3	<p>Inform the care provider of the hearing date and time, and verify their attendance to the hearing.</p> <p><b>NOTE:</b> <i>The care provider must be present at the hearing in order to authorize payment <u>unless</u> they reside outside Tulare County (see Specialized Notes on page 9).</i></p>
4	Discuss with the care provider prior to Specialized Rate Hearing the child's or NMD's situation and advise them of the Specialized Care Rate you will be recommending to the committee.
5	Obtain documentation from <u>accredited professionals</u> verifying the child's or NMD's condition, diagnoses, and/or behavior as indicated on the Specialized Care Rate Determination Worksheet.
6	<p>Complete the Specialized Care Rate Determination Packet prior to the hearing. The Specialized Care Rate Determination Packet includes:</p> <ul style="list-style-type: none"> <li>• Specialized Care Rate Determination Worksheet (Attachment 1)</li> <li>• Specialized Foster Care Rate Agreement, 1758-S (Attachment 2)</li> <li>• Specialized Foster Care Rate Payment Authorization, 1759-S (Attachment 3)</li> <li>• Reports from service providers verifying the child's or NMD's special needs</li> </ul>
7	Submit the Specialized Care Rate Determination packet to your CWS Supervisor for approval and signatures.
8	Staff any medical or mental health related issues with the assigned CWS Nurse or CWS Clinician.
9	Attend the Specialized Care Rates Hearing.
10	Present the case to the Committee and provide the Committee members with the Specialized Rates Determination packet.

**CWS  
Supervisor  
Duties**

The CWS Supervisor shall:

Step	Action
1	Review the Specialized Care Rate Determination Worksheet

	prior to the hearing as submitted by the Social Worker.
2	Conducts a thorough analysis of the situation, considering whether the CWS Social Worker's recommendations parallel the information contained in the assessment and are supported by documentation from accredited professionals involved in treatment for the child or NMD.
3	Approve the request rate <b>OR</b> provide feedback regarding the thoroughness of the assessment and request information. If the Supervisor is in agreement they shall sign the Specialized Foster Care Rate Agreement (1758-S).

**Specialized  
Care Rates  
Committee  
Duties**

The Specialized Care Rates Committee shall:

Step	Action
1	Consider each request based upon the information provided within the Specialized Care Rates Determination Packet, as well as the presentation by the CWS Social Worker and the care provider.
2	Grant the Specialized Care Rates Request as submitted <b>OR</b> provide feedback regarding the thoroughness of the assessment and request modifications prior to approval. Each criteria is designated a number: Mild = 1 Moderate = 2 Severe = 3 <b>IF</b> the child's or NMD's needs vary across all Specialized Care Rates levels than the median level shall be granted.
3	Explain to the care provider that if they do not agree with the reduction or termination of the Specialized Care Rate they will receive a Notice of Action and instructions on how to file for a State Hearing.
4	Schedule the next Specialized Care Rate review hearing as appropriate, not to exceed six months. A hearing may be set for a 90 day review if the child's or NMD's needs are temporary or transitional.
5	Ensure all paperwork is completed in its entirety.
6	Provide the care provider with the Specialized Foster Care Rate Monthly Report, 1760-S (Attachment 4) and self addressed stamped envelopes, addressed to the Office Assistance in the Licensing Unit.

**Care Provider  
Role**

The care provider shall:

Step	Action
1	Attend the Specialized Care Rates Hearing. A telephone appearance will be permitted if the care provider resides outside Tulare County (see Special Notes, pages 10-11).
2	Present the needs of the child during the Specialized Care Rates Hearing to support the need for the Specialized Care rate.
3	Sign the Specialized Foster Care Rate Agreement Form during

	the Specialized Rates Hearing.
4	Submit the Specialized Foster Care Rate Monthly Report on a monthly basis to the Office Assistant in the Licensing Unit, utilizing the self addressed stamped envelope provided during the Specialized Care Rates Hearing.
5	Maintain a record of training hours, in accordance with Foster Care Licensing Regulations.  <b>Note:</b> <i>Licensed Foster Parents who receive Specialized Care Rates are required to complete 40 hours of training per calendar year; trainings shall be parallel to the needs of the children placed in the home.</i>
6	Follow through with supportive services in order to continue to be eligible for Specialized Care Rates.

**Licensing  
Office  
Assistant  
Duties**

The Licensing Office Assistant shall:

Step	Action
1	Maintain a schedule of Specialized Care Rate Hearings.
2	Schedule all Specialized Care Rate Hearings within 45 days of the request from the assigned Social Worker.
3	Send email reminders to CWS Staff of upcoming Specialized Care Rate Hearings.
4	Send the Specialized Foster Care Rate Monthly Report (1760-S) to the appropriate CWS Social Service Worker upon receipt from the care provider.
5	Maintain a file for each child or NMD receiving Specialized Care Rates. The file should contain the following items: <ul style="list-style-type: none"> <li>• Specialized Care Rate Determination Worksheet.</li> <li>• Specialized Foster Care Rate Agreement (1758-S).</li> <li>• Specialized Foster Care Rate Payment Authorization (1759-S).</li> <li>• Specialized Foster Care Rate Monthly Report (1760-S).</li> <li>• Documentation provided by the care provider.</li> </ul>
6	Attend the Specialized Care Rate Hearing.
7	Send the Specialized Foster Care Rates Payment Authorization (1759-S) to the assigned Foster Care SSC, following the Specialized Rates Hearing. Ensure proper distribution of documents specified: Distribute the paperwork as follows: <ul style="list-style-type: none"> <li>• Specialized Foster Care Rate Payment Authorization (1759-S): <ul style="list-style-type: none"> <li>○ Original to the appropriate Foster Care Unit Self Sufficiency Counselor (SSC).</li> <li>○ Copy to Specialized Rates Folder.</li> <li>○ Copy to case file.</li> </ul> </li> <li>• Specialized Care Rate Determination Worksheet <ul style="list-style-type: none"> <li>○ Original to case file.</li> <li>○ Copy to Specialized Rates Folder.</li> </ul> </li> <li>• Specialized Foster Care Rate Agreement (1758-S).</li> </ul>

	<ul style="list-style-type: none"> <li>○ Original to case file.</li> <li>○ Copy to Specialized Rates Folder.</li> <li>○ Copy to care provider.</li> <li>• Reports from service providers verifying the child's or NMD's special needs. <ul style="list-style-type: none"> <li>○ Original to case file.</li> <li>○ Copy to Specialized Rates Folder.</li> </ul> </li> </ul>
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## REASSESSMENTS

### CWS Social Worker Duties

The CWS Social Worker shall:

Step	Action
1	<p>Continually assess the child or NMD through personal observation and on-going communication with the child's or NMD's care provider and other pertinent collaterals in order to evaluate the child's or NMD's behavior, emotional well-being, physical and developmental health to assess for qualification for Specialized Care Rates Payment.</p> <p><b>NOTE:</b> <i>A Relative/NREFM, Non-Relative Legal Guardian (NRLG,) and/or Tulare County Foster Parent may request a Specialized Rate hearing at any time. The assigned social worker shall schedule a hearing and never deny the care provider the opportunity for a full assessment for Specialized Care Rates.</i></p>
2	<p>Verify that the care provider will attend the Specialized Rates Hearing that was scheduled during the previous Specialized Rates Hearing. If the CWS case is no longer assigned to you, e-mail the current Social Worker, their CWS Supervisor, and their CWS Manager advising them of this hearing. If this hearing needs to be vacated and/or rescheduled, please do so and advise the care provider and Licensing Unit Office Assistant.</p> <p><b>NOTE:</b> <i>The care provider must be present at the hearing in order to authorize payment unless they reside outside Tulare County (see Special Notes on page 9).</i></p>
3	<p>Discuss with the care provider prior to the date of the Special Rate Hearing the child's or NMD's situation and advise them of the Specialized Care Rate you will be recommending to the committee.</p>
4	<p>Obtain documentation from <u>accredited professionals</u> verifying the child's or NMD's condition, diagnoses, and/or behavior as indicated on the Specialized Care Rate Determination Worksheet.</p>
5	<p>Complete the Specialized Care Rate Determination Packet prior to the hearing. The Specialized Care Rate Determination Packet includes:</p> <ul style="list-style-type: none"> <li>• Specialized Care Rate Determination Worksheet.</li> <li>• Specialized Foster Care Rate Agreement (1758-S).</li> </ul>

	<ul style="list-style-type: none"> <li>Specialized Foster Care Rate Payment Authorization (1759-S).</li> <li>Reports from service providers verifying the child's or NMD's special needs.</li> </ul>
6	Submit the Specialized Care Rate Determination packet to your CWS Supervisor for approval and signatures.
7	Staff any medical or mental health related issues with the assigned CWS Nurse or CWS Clinician.
8	Attend the Specialized Care Rates Hearing.
9	Present the case to the Committee and provide the Committee members with the Specialized Rates Determination packet.

**CWS  
Supervisor  
Duties**

The CWS Supervisor shall:

Step	Action
1	Review the Specialized Care Rate Determination Worksheet prior to the hearing as submitted by the Social Worker.
2	Conduct a thorough analysis of the situation, considering whether the CWS Social Worker's recommendations parallel the information contained in the assessment and are supported by documentation from accredited professionals involved in treatment for the child or NMD.
3	Approve the request rate <b>OR</b> provide feedback regarding the thoroughness of the assessment and request information. If the Supervisor is in agreement they shall sign the Specialized Foster Care Rate Agreement (1758-S).

**Specialized  
Care Rates  
Committee  
Duties**

The Specialized Care Rates Committee shall:

Step	Action
1	Consider each request based upon the information provided within the Specialized Care Rates Determination Packet, and the presentation by the CWS Social Worker and the care provider.
2	Grant the Specialized Care Rates Request as submitted <b>OR</b> provide feedback regarding the thoroughness of the assessment and request modifications prior to approval. <b>IF</b> the child's or NMD's needs vary across all Specialized Care Rates levels than the median level shall be granted.
3	Explain to the care provider that if they do not agree with the reduction or termination of the Specialized Care Rate they will receive a Notice of Action and instructions on how to file for a State Hearing.
4	Schedule the next Specialized Care Rate Review Hearing as appropriate, not to exceed six months. A hearing may be set for a 90 day review if the child's or NMD's needs are temporary or transitional.
5	Ensure all paperwork is completed in its entirety.
6	Provide the care provider with the Specialized Foster Care Rate Monthly Report (1760-S) and self addressed stamped

	envelopes, addressed to the Office Assistance in the Licensing Unit.
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**Care Provider Role**

The care provider shall:

Step	Action
1	Attend the Specialized Care Rates Hearing. A telephone appearance will be permitted if the care provider resides outside Tulare County (see Special Notes, pages 10-11).
2	Present the needs of the child or NMD during the Specialized Care Rates Hearing to support the need for the Specialized Care rate.
3	Sign the Specialized Foster Care Rate Agreement Form during the Specialized Rates Hearing.
4	Submit the Specialized Foster Care Rate Monthly Report on a monthly basis to the Office Assistant in the Licensing Unit utilizing the self addressed stamped envelope provided during the Specialized Care Rates Hearing.
5	Maintain a record of training hours, in accordance with Foster Care Licensing Regulations.
6	Follow through with supportive services in order to continue to be eligible for Specialized Care Rates.

**Licensing Office Assistant Duties**

The Licensing Office Assistant shall:

Step	Action
1	Maintain a schedule of Specialized Care Rate Hearings.
2	Schedule all Specialized Care Rate hearings within 45 days of the request from the assigned Social Worker.
3	Send email reminders to CWS Staff of upcoming Specialized Care Rate Hearings.
4	Send the Specialized Foster Care Rate Monthly Report (1760-S) to the appropriate CWS Social Service Worker upon receipt from the care provider.
5	Maintain a file for each child or NMD receiving Specialized Care Rates. The file should contain the following items: <ul style="list-style-type: none"> <li>• Specialized Care Rate Determination Worksheet</li> <li>• Specialized Foster Care Rate Agreement (1758-S)</li> <li>• Specialized Foster Care Rate Payment Authorization (1759-S)</li> <li>• Specialized Foster Care Rate Monthly Report(1760-S)</li> <li>• Documentation provided by the care provider</li> </ul>
6	Attend the Specialized Care Rate Hearing.
7	Send the Specialized Foster Care Rates Payment Authorization (1759-S) to the assigned Foster Care Eligibility Worker, following the Specialized Rates Hearing. Ensure proper distribution of documents: <ul style="list-style-type: none"> <li>• Specialized Foster Care Rate Payment Authorization (1759-S): <ul style="list-style-type: none"> <li>○ Original to the appropriate Foster Care Unit SSC.</li> <li>○ Copy to Specialized Rates Folder</li> <li>○ Copy to case file</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Specialized Care Rate Determination Worksheet <ul style="list-style-type: none"> <li>○ Original to case file</li> <li>○ Copy to Specialized Rates Folder</li> </ul> </li> <li>• Specialized Foster Care Rate Agreement (1758-S). <ul style="list-style-type: none"> <li>○ Original to case file</li> <li>○ Copy to Specialized Rates Folder</li> <li>○ Copy to care provider</li> </ul> </li> <li>• Reports from service providers verifying the child's or NMD's special needs. <ul style="list-style-type: none"> <li>○ Original to case file</li> <li>○ Copy to Specialized Rates Folder</li> </ul> </li> </ul>
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**Special Notes** **Child or NMD placed outside of Tulare County** - The county with payment responsibility shall pay the host county's Specialized Care Rate utilizing the host county's methodology, criteria and rates. If the host county has no Specialized Care Rate plan, then the county with payment responsibility will pay using its own Specialized Care Rates and determination criteria.

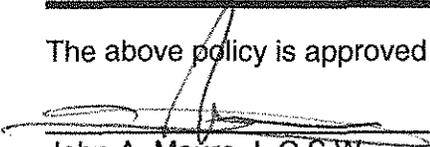
**Telephone Attendance** – Telephonic attendance to a Specialized Care Rate Hearings is acceptable if the care provider resides outside Tulare County and traveling to the hearing would be considered a hardship.

**Attachments**

1. Specialized Care Rate Determination Worksheet
2. Specialized Foster Care Rate Agreement (1758-S)
3. Specialized Foster Care Rate Payment Authorization (1759-S)
4. Specialized Foster Care Rate Monthly Report (1760-S)

Authors: Allison Hendrix, Raul Lopez, Yadira Lopez, John Mauro, Lizette Saldivar, Natalie Bolin, Ronda Braithwaite, Kathleen Trevino, Darcy Stoeff, and Elizabeth McMaryion.

The above policy is approved for immediate implementation.

  
John A. Mauro, L.C.S.W.

Division Manager - Child Welfare Service  
Title

9/13/13  
Date

# Specialized Care Rate Determination Worksheet

Child or Non-Minor Dependent (NMD)'s Name: _____
DOB: _____ Gender: _____
Date of Assessment: _____ Case #: _____ Case Name: _____
Care Provider: _____
Telephone Number: _____
Address: _____
Type of Assessment: <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment

## INSTRUCTIONS

1. The Care Provider will complete the Specialized Care Rate Determination Worksheet in an effort to obtain a Specialized Rate for your child or NMD whom have displayed a need for care and supervision above and beyond what is expected for "typical" care. Basic AFDC-FC funds are for the daily supervision, care, food, clothing, shelter, school supplies, the child's personal incidentals, and liability insurance with respect to a child. The Specialized Care Rate is paid for the extra care and supervision required for a child with special needs.
2. The Care Provider will thoroughly examine eligibility requirements under each specialized foster care rate section and place a check mark next to each qualifying area after independent verification has been secured. Independent verification is defined as written documentation from qualified professionals to diagnose and treat medical or mental health conditions.
3. The assigned Social Worker will recommend the level of Specialized Care Rate most fitting to the child's or NMD's needs. It is possible that a child or NMD may fall within two or three rate levels; however, the recommendation and approval of a Specialized Care Rate will be made in accordance with the median level. The median is defined as the middle number in a given sequence of numbers, taken as the average of the two middle numbers when the sequence has an even number of numbers: *4 is the median of 1, 3, 4, 8, 9.*

The following situations describe typical care and supervision of a child or NMD that can be expected within the basic care rate and **will not qualify** for a specialized foster care rate:

- ◆ The child or NMD is within the normal range for physical development for his/her age.
- ◆ The child or NMD is within the normal range for emotional, social and behavioral development.
- ◆ The child or NMD shows an expected level of separation anxiety from family and friends proceeding removal from the home.
- ◆ The child or NMD shows expected, mild symptoms in response to abuse and neglect experienced.
- ◆ The child or NMD has minor academic problems, which may require additional assistance with homework, communication with school personnel, or placement in special education settings.
- ◆ The child or NMD has no chronic medical/dental problems or conditions. The child or NMD has expected illnesses and medical/dental appointments, which require attention and treatment by general pediatricians or physicians (i.e. Chickenpox, ear infections, colds, flu, and allergies).
- ◆ The child or NMD has expected behavioral problems according to age and developmental/mental level and responds to effective parenting strategies.
- ◆ The child or NMD has medical conditions and/or mental illnesses that have been stabilized with medication and/or therapeutic intervention.
- ◆ The child or NMD has dietary needs that require basic monitoring and meal planning.
- ◆ The child or NMD is toilet trained by the age of 6 years, but may have occasional toileting accidents numbering once per week or less. The child's or NMD's toileting accidents can be controlled with medication. A child or NMD over the age of six may have toileting accidents once per month or less.

- ◆ The child or NMD has occasional temper tantrums (one-two per week), which may result in occasional destruction to property, minor self-injurious behavior (i.e. hair pulling, head banging, hitting), aggressiveness to others in the vicinity (i.e. hitting, biting), verbal outbursts, pouting, moodiness, and withdrawal.
- ◆ The child or NMD has an age-appropriate or abuse specific need for monitoring and guidance for sexual play, exploration, and knowledge (i.e. supervision with other children/NMD, masturbation, and sex-related questions).
- ◆ The child or NMD displays age-appropriate clinginess, shyness, mood, and energy levels.
- ◆ The child or NMD requires regular mental health, sexual abuse, and/or drug treatment services (once per week).
- ◆ The child or NMD has regular sleep patterns as expected for developmental age, which includes occasional soothing at night (one to two times per week).
- ◆ Transportation costs are not eligible to be paid through Specialized Care Rates.

## **Level I: Mild Specialized Care Rate – Basic Rate +**

The child or NMD has a chronic, formally diagnosed medical or dental condition that is not controlled by medication and requires regular, specialized treatment (i.e. asthma, mild seizures, epilepsy, congenital heart defects, respiratory infections, and diabetes). The care provider will attend and participate in the treatment of this condition at least two or three times per month. ***In order to meet this requirement, independent verification of child's or NMD's condition and required appointments for a time period of the previous six months must be provided.***

The child or NMD has difficulties at school that are linked to a medical or mental health diagnosis, which require regular interventions from the care provider (i.e. once per week school meetings, suspensions once every three months). ***In order to meet this requirement, independent verification of required school meetings and suspensions must be provided.***

The child or NMD was/is a Drug Exposed Infant, has drug/alcohol/nicotine withdrawal symptoms, requires Methadone treatment, and/or has developmental delays due to drug exposure, which requires regular, weekly medical appointments and extra care and supervision by the care provider. ***In order to meet this requirement, independent verification of child's or NMD's prenatal drug exposure, drug withdrawal, Methadone treatment plan, and medical appointments for a time period of six months must be provided.***

The child or NMD has emotional outbursts to include, but not be limited to: constant crying or tearfulness, difficulty accepting change or instructions, prolonged separation anxiety (more than three months), nightmares (three to four weekly) or attention seeking. ***In order to meet this requirement, independent verification must be obtained from a therapist who has assessed and/or is treating the child or NMD.***

The child or NMD has special dietary needs that require dietary consultation, specialized meal preparation and food intake monitoring (i.e. to prevent choking). ***In order to meet this requirement, independent verification of the child's or NMD's dietary requirements must be provided from an individual authorized to evaluate nutrition and dietary needs.***

The child or NMD has requires professional behavior modification services which include, but not limited to: destruction to property, self-injurious behavior that causes minor injuries, aggression toward others that results in minor injuries, verbal assaults on others, defiance and running away. ***In order to meet this requirement, independent verification must be provided (i.e. law enforcement reports, school incident reports).***

The child or NMD has formally diagnosed behavioral, psychological, emotional or developmental problems that require three to four appointments per week with a therapist, psychiatrist, or other specialist. ***In order to meet this requirement, independent verification must be obtained from a therapist treating the child or NMD.***

The child or NMD is six years old or older and has toileting accidents once per week or less. The child or NMD is four to six years old and has toileting accidents two to three times per week. The child's or NMD's Encopresis and/or Enuresis are not completely controlled by medication, but have partial effects. ***In order to meet this requirement, independent verification must be provided from a Physician treating the child or NMD.***

The child or NMD has been formally diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) or Attention Deficit Disorder (ADD), is on medication, but continues to require added care and supervision. ***In order to meet this requirement, independent verification must be obtained from a therapist treating the child or NMD.***

## **Level 2: Moderate Specialized Care Rate - Basic Rate +**

The child or NMD has a chronic, formally diagnosed medical or dental condition that is not controlled by medication and requires regular, specialized treatment (i.e. asthma, mild seizures, epilepsy, congenital heart defects, respiratory infections and diabetes). The care provider will attend and participate in the treatment of this condition at least two to three times per week. ***In order to meet this requirement, independent verification of child's or NMD's condition and required appointments for a time period of six months must be provided.***

The child or NMD has difficulties at school that are linked to a medical or mental health diagnosis, which require regular interventions from the foster parent (i.e. twice per week school meetings, suspensions once per month). ***In order to meet this requirement, independent verification of required school meetings and suspensions must be provided.***

The child or NMD was/is a Drug Exposed Infant, has drug/alcohol/nicotine withdrawal symptoms, requires Methadone treatment, and/or has developmental delays due to drug exposure, which requires regular medical appointments two to four times per week and extra care and supervision by the care provider. ***In order to meet this requirement, independent verification of child's or NMD's prenatal drug exposure, drug withdrawal, Methadone treatment plan, and medical appointments for a time period of six months must be provided.***

The child or NMD has emotional outbursts to include, but not be limited to: constant crying or tearfulness, difficulty accepting change or instructions, prolonged separation anxiety (more than 6 months), nightmares (four times per week to daily) or attention seeking. ***In order to meet this requirement, independent verification must be obtained from a therapist who has assessed and/or is treating the child or NMD.***

The child or NMD has special dietary needs that require dietary consultation, specialized meal preparation and food intake supervision (i.e. to prevent choking, aspiration, and care for vomiting). ***In order to meet this requirement, independent verification of the child's or NMD's dietary requirements must be provided from an individual authorized to evaluate nutrition and dietary needs.***

The child or NMD requires professional behavior modification services which include but not limited to destruction to property, self-injurious behavior that causes minor injuries, aggression toward others that results in minor injuries, verbal assaults on others, defiance and running away. ***In order to meet this requirement, independent verification must be provided (i.e. law enforcement reports, school incident reports).***

The child or NMD has formally diagnosed behavioral, psychological, emotional or developmental problems that require five to seven appointments per week with a therapist, psychiatrist, or other specialist. ***In order to meet this requirement, independent verification must be obtained from a therapist treating the child or NMD.***

The child or NMD is six years old or older and has toileting accidents twice per week or more. The child or NMD is four to six years old and has toileting accidents four times per week or more. The child's or NMD's Encopresis and/or Enuresis are not controlled by medication, but have partial effects. The child or NMD may smear fecal matter on objects, self or others. ***In order to meet this requirement, independent verification must be provided from a Physician treating the child or NMD.***

The child or NMD has been formally diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) or Attention Deficit Disorder (ADD), which is not controlled by medication, thus requiring extensive care and supervision. ***In order to meet this requirement, independent verification must be obtained from a therapist treating the child or NMD.***

**Level 3: Severe Specialized Care Rate – Basic Rate +**

The child or NMD has been diagnosed with a severe medical and/or developmental problem, which requires in-home monitoring by medical professionals, direct medical treatments by the care provider and use of medical equipment (aspiration, suctioning, apnea monitor, mist tent, ventilator) three to four times per week. The care provider will attend and participate in the treatment of this condition at least three to four times per week. ***In order to meet this requirement, independent verification of child's or NMD's condition and required appointments for a time period of six months must be provided.***

The child or NMD has been formally diagnosed as Seriously Emotionally Disturbed and requires a specialized education setting, although the child or NMD has been able to reside with others. ***In order to meet this requirement, independent verification of the child's or NMD's SED diagnosis and SED educational placement must be provided.***

The child or NMD has been regularly hospitalized under Welfare and Institutions Code Section § 5150 due to being a danger to oneself or others in the past six months. The child or NMD requires specialized care and supervision due to suicidal ideation and threats. ***In order to meet this requirement, independent verification of the child's or NMD's 5150 status, his/her mental health diagnosis, pattern of hospitalizations and current suicidal ideation and threats must be provided.***

The child or NMD engages in risky behavior, which may jeopardize his/her safety and well-being without 24 hour supervision (prostitution/promiscuity, drug use/abuse, illegal activities, sexual perpetration, and self-injurious behavior resulting in serious injuries). The child or NMD cannot be around other children/NMD without constant monitoring and/or supervision. ***In order to meet this requirement, independent verification must be obtained from the child's or NMD's therapist, as well as supporting documentation from entities such as law enforcement, hospitals, and schools.***

The child or NMD has been formally diagnosed with a serious emotional, psychological and/or behavioral problem, which threatens the child's or NMD's ability to interact with others and lead a healthy lifestyle (i.e. substance addiction, Borderline Personality Disorder, Major Depression, Bipolar Disorder, Schizophrenia, Psychotic Disorder, repeated antisocial behavior). The child or NMD may be defiant, non-compliant, refuse to take regular medications, and aggressive to others. However, the child or NMD may be attending approximately 40% of scheduled therapy sessions and/or seeking crisis intervention services in the community, from the care provider, or from the assigned Social Worker. The child or NMD still shows an interest in some interaction with others and/or sources of enjoyment, which can be used to redirect the child or NMD. ***In order to meet this requirement, diagnosis and appointment verification must be obtained from the child's or NMD's therapist.***

The child or NMD is partially mobile due to long-term illnesses, developmental disabilities, and/or environmental influences, and can make attempts to bathe, toilet and feed oneself, although the child or NMD requires assistance with those tasks. The child or NMD may require weekly medical, therapeutic and consultation appointments. ***In order to meet this requirement, independent verification must be obtained from treating Physicians, Central Valley Regional Center, and/or treating hospitals.***

**Specialized Care Rate Recommendation:**

Date: \_\_\_\_\_

Child's or NMD's Basic Care Rate: \_\_\_\_\_ + Child's or NMD's Specialized Care Increment: \_\_\_\_\_ = Total Rate: \_\_\_\_\_

\_\_\_\_\_  
Social Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

**Tulare County Health & Human Services Agency  
Human Services Branch  
Specialized Foster Care Rate Agreement**

Child's or Non Minor Dependent (NMD)'s Name: \_\_\_\_\_

Child's or NMD's DOB: \_\_\_\_\_

A care provider who is being paid a Specialized Foster Care Rate is required to provide the following services (initial the items which apply):

\_\_\_\_\_ Will participate in therapy, medical appointments, etc., on a regular basis.

\_\_\_\_\_ Will provide close supervision for the child or NMD.

\_\_\_\_\_ Will be able to cope with and appropriately manage disruptive behaviors.

\_\_\_\_\_ Will accept frequent consultation and support from professionals while continually keeping them advised of the child's or NMD's behaviors.

\_\_\_\_\_ Will attend and participate in trainings to increase their knowledge of the child's or NMD's development, mental health and/or health diagnoses as well as increase their techniques in parenting and behavior modification. Licensed Foster Parents who receive Specialized Care Rates are required to complete 40 hours of training per calendar year; trainings shall be parallel to the needs of the child placed in the home.

\_\_\_\_\_ Will participate in therapy with a child or NMD as request by the therapist.

\_\_\_\_\_ Will cooperate in case planning with social worker.

\_\_\_\_\_ Other:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other:

\_\_\_\_\_  
\_\_\_\_\_

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Care Provider: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Supervisor: \_\_\_\_\_

CWS Manager: \_\_\_\_\_

**Tulare County Health & Human Services Agency  
Human Services Branch  
Specialized Foster Care Rate Payment Authorization**

Date: \_\_\_\_\_  
 Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Social Worker: \_\_\_\_\_ SSW #: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Child's or Non-Minor Dependent (NMD)'s Name: \_\_\_\_\_  
 Child's or NMD's DOB: \_\_\_\_\_

Care Provider's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Committee's Recommendation**

Beginning date of Specialized Foster Care Rate: \_\_\_\_\_  
 Ending date of Specialized Foster Care Rate: \_\_\_\_\_

Granting Criteria Code: \_\_\_\_\_

01 Criminal History	02 Learning Disability
03 Drug Effected Infant	04 Emotionally Disturbed
05 Medical Problems	06 Behavior Problems
07 Substance Abuse	08 Suicidal
09 Sexual Aggressive	

**Specialized Rate Level/Amount:**

Level 1 - \$210     Level 2 - \$422     Level 3 - \$633

Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Social Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 CWS Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tulare County Health & Human Services Agency  
Human Services Branch  
Specialized Foster Care Rate Monthly Report**

To: \_\_\_\_\_, SSW                      Date: \_\_\_\_\_  
From: \_\_\_\_\_, Care Provider  
Child or Non-Minor Dependent (NMD)'s Name: \_\_\_\_\_  
Child or Non-Minor Dependent (NMD)'s Age: \_\_\_\_\_  
Report Month/Year: \_\_\_\_\_

- Number of other foster children or NMD in the home during this reporting month: \_\_\_\_\_
- Of these, how many receive Specialized Foster Care Rates: \_\_\_\_\_
- How long has this child or NMD been in your home: \_\_\_\_\_

Please identify services and activities, by date that was provided/occurred in this reporting month.

- Dates of therapy: \_\_\_\_\_
- Dates participated in therapy with child or NMD: \_\_\_\_\_
- Dates of medical appointments: \_\_\_\_\_
- Dates consulted with child or NMD's school: \_\_\_\_\_
- According to Tulare County HHSA, CWS Division Policy Number 70-05 any licensed foster parent whom receives Specialized Care Rates is required to complete 40 hours of training per calendar year. Dates and titles of trainings you attended during this month (certification must be attached):  
\_\_\_\_\_  
\_\_\_\_\_

- Briefly describe problems you had with the child or NMD during this month and how you resolved them:  
\_\_\_\_\_  
\_\_\_\_\_

- Briefly describe the child's or NMD's activities during this month:  
\_\_\_\_\_  
\_\_\_\_\_

- Does this child or NMD have a diagnosis (medical and/or emotional) and what treatment was received during this month:  
\_\_\_\_\_  
\_\_\_\_\_

- What improvements has the child or NMD made during this month:  
\_\_\_\_\_  
\_\_\_\_\_

Instructions: Mail the original and yellow copy of this form and any supporting documents to: P.O. Box 671; Visalia, CA 93279-0671  
Keep the pink copy for your records

**NOTE: FAILURE TO PROVIDE THIS REPORT MAY RESULTS IN DELAY OR DISCONTINUANCE OF THE SPECIALIZED FOSTER CARE RATE.**