



Tulare County Health & Human Services Agency

John Davis, Agency Director

Mental Health Department ▪ Cheryl L. Duerksen, Ph.D., Director

January 19, 2011

Specialized Care Rates Policy and Procedure, Including:

1. SCI Rate (Supplemental Amount above basic foster care rate)
2. Criteria and methodology used to determine the increment at each payment level
3. Descriptions of the qualifying factors for each SCI level
4. Forms used for SCI approval and denial

I PURPOSE

This policy outlines a uniform process for assessing the appropriateness of granting Specialized Foster Care Rates for children in out-of-home care. Several Special Rates Determination Worksheets are used to uniformly establish the need for additional care/supervision for children in out-of-home care. Additionally, this protocol outlines social worker preparation for staffings, the substitute care provider role and the role of the Review Committee in considering requests.

II SCOPE

This policy applies to all CWS Division staff.

III AUTHORITY

Authority for this policy is found in Administrative Standards for Eligibility and Assistance Standards - AFDC Foster Care Rates, Section 11-400 and **All-County Letter (ACL) 08-01 dated January 17, 2008.**

IV POLICY

It is the policy of the CWS Division that a uniform standard be used in assessing a child's physical/emotional care needs to establish payment under the Specialized Foster Care Rates program. To this end, Tulare County has adopted Special Rates Determination Worksheets (see attached copies) to help CWS Division staff uniformly and accurately assess and document the need for Specialized Foster Care Rates for qualifying children.



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V PROCEDURES:

- A. Rate Levels: The following are the Specialized Foster Care Rates in effect as of **January 01, 2008:**
1. Level I - Actual Costs - **Max. \$538:** This Level may provide payment to foster parents for actual expenses for the specific needs of the child. This can include special diets resulting in a significant increase in expenses or transportation costs relative to medical or behavioral needs of the child above and beyond "normal and routine". Example: frequent trips from remote areas of the county into major towns or from one major town to another. NOTE: Transportation for visits and non-medical or behavioral needs are not allowable expenses under the Specialized Foster Care Rates system.
 2. Level II - **\$210** per month.
 3. Level III - **\$422** per month.
 4. Level IV - **\$633** per month
- B. Social workers must use the one of the four available Special Rates Determination Worksheets, as appropriate, to address the physical and emotional care needs of the child (copies attached).
1. Special Rates Determination Worksheet – Child's Age: Birth through 2 Years (Physical Care Needs Qualifying for Special Rates).
 - a. For substance exposed children/infants, the social worker and Unit Nurse must complete and attach the Substance-Exposed Infant Risk Assessment Checklist (copy attached) with each Level IV request for Drug Exposed Infants (DEI).
 2. Special Rates Determination Worksheet – Child's Age: 3 through 5 Years (Emotional Care and Physical Care Needs Qualifying for Special Rates).
 - a. For substance exposed children/infants, the social worker and/or the Unit Nurse must complete and attach the Substance-Exposed Infant Risk Assessment Checklist (copy attached) with each Level IV request for Drug Exposed Infants (DEI).
 - b. For children who are exhibiting, or who have a history of emotional and/or behavioral care issues, the social worker must request that the Unit Clinician conduct an assessment.
 3. Special Rates Determination Worksheet – Child's Age: 6 through 11 Years (Emotional Care and Physical Care Needs Qualifying for Special Rates).



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- a. For children who are exhibiting, or have a history of emotional and/or behavioral care issues, the social worker must request that the Unit Clinician conduct an assessment.
4. Special Rates Determination Worksheet – Child's Age: 12 through 18 Years (Emotional Care and Physical Care Needs Qualifying for Special Rates).
 - a. For children who are exhibiting, or have a history of emotional and/or behavioral care issues, the social worker must request that the Unit Clinician conduct an assessment.
- C. Social workers shall assess the emotional care and physical care needs of the child, using information from the foster parent, doctors/therapists (as applicable), from direct worker contact with the child and any other collateral information that may help establish the proper level of emotional/physical care required by the child.
- D. The Special Rates Staffing Committee members include:
 1. A Unit Manager who is appointed on a rotational basis and who will Chair the Staffings.
 2. A CWS Nurse and/or Clinician as assigned.
 3. A representative from the Licensing Unit as appointed by their Unit Manager.
 4. A representative for the Foster Parent Association as selected by the current Association President.

VI REQUESTING AND PROCESSING REQUESTS FOR SPECIAL RATES

- A. The Initial Request:
 1. The social worker or the foster parent may request special rates. The social worker will schedule the Special Rates Staffing **via the assigned Office Assistant from the Specialized Unit.** (See attached Optional form).
 2. Prior to the Special Rates Staffing, the social worker will conduct the following activities:
 - a. Complete an assessment of the child's emotional / physical care needs.
 1. For children with physical (health/medical conditions) care needs and where Special Rates may be indicated and / or requested, the social worker must staff the case with the Unit Nurse.



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2. For children who are exhibiting, or who have a history of emotional / behavioral care needs, and where Special Rates may be indicated / requested, the social worker must staff the case with the Unit Clinician.
 - b. Request any needed verification / reports from the schools, doctors, therapists, et cetera.
 - c. Advise the foster parent of the date and time of the child's Special Rates Hearing. The social worker shall advise the foster parent that they must attend the Special Rates Staffing.
3. Prior to the Special Rates Staffing appointment, the social worker must complete the following forms and bring the completed forms to the Staffing:
 - a. The age-appropriate Special Rates Determination Worksheets for each child who is being considered for a Specialized Foster Care Rate Increment.
 - b. 1758-S: Specialized Foster Care Rate Agreement.
 - c. 1759-S: Specialized Foster Care Rate Payment Authorization.
4. The social worker and/or the case carrying social worker's Team Leader must attend the Special Rates Staffing. The Unit Clinician or Unit Nurse shall also attend as appropriate.
 - a. Telephone Staffings are not allowable for Special Rates requests.
5. At the Staffing, the Special Rates Committee will consider each request based upon the appropriate Special Rates Determination Worksheet, a presentation of supporting reports/evidence submitted by the social worker / Team Leader and the foster parent.
 - a. Following the Special Rates Staffing, the Special Rates Staffing Chairperson shall sign the completed form number 1759-S - Specialized Foster Care Rate Payment Authorization and submit it to the Foster Care Unit eligibility worker.
 - b. The Special Rates Staffing Committee will schedule the next Special Rates Staffing, as appropriate. The next review period shall be calendared for a period not to exceed six months.
 1. The Special Rates Committee may call for a 90 day review for cases where the child's care needs are temporary or transitional.



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- c. Following the Staffing, the social worker / Team Leader shall provide the foster parent with copies of the form 1760-S Specialized Foster Care Rate Monthly Report to coincide with the period of time for which Specialized Foster Care Rates have been approved (not to exceed six months).
 - d. After the Special Rates Staffing, the Foster Care Unit Eligibility Worker will issue the appropriate Notice of Action (NOA).
6. Post Hearing Responsibilities:
- a. The Foster Parent must submit monthly reports (Form #1760-S) to document services provided to the child and to address any training attended.
 - b. The social worker, Nurse or Unit Clinician will be responsible for making monthly contacts with the child and the foster parent as long as the foster parent needs and receives a Specialized Foster Care Rate increment.
 1. When the CWS Nurse or Clinician make the visits, they will submit written reports of the contacts with the child to the social worker. The purpose of the monthly contact is:
 - a. To monitor the child's emotional/physical care needs.
 - b. To provide the foster parent with additional information as needed.
 - c. To liaison between the foster parent and medical providers when issues arise regarding the physical care/supervision of a child.
 - d. To evaluate the appropriateness of continuing the special rates beyond the next scheduled review period.
 1. As a child's condition improves/worsens, the social worker, Unit Clinician, or Unit Nurse will recommend that the Special Rates Level be adjusted upward, downward or discontinued.
 2. The social worker, Unit Clinician, or Unit Nurse will request a review of the case.



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7. For Subsequent Staffings / Continuation of Special Rates:
 - a. Social workers shall adhere to the same procedures as outlined above in preparing for the Initial Special Rates Staffing.
 1. When a social worker, or his or her Team Leader, will not be at the Staffing, the worker's Unit Manager will assure that someone presents the case and is present to accompany the foster parent to the Staffing.
 2. No telephone staffing will be allowed.
 - b. The social worker shall confirm that the foster parent is notified of the scheduled appointment for the staffing and confirm that the foster parent shall be in attendance.
 1. If on the day of the scheduled Staffing, the foster parent is unable to make the appointment, the social worker shall advise the Special Rates Chairperson at the beginning of the Staffing. The social worker and the foster parent shall agree as to the Level being requested and the results of the Assessments conducted to establish the need for Special Rates. The social worker shall present the recommendation to the Special Rates Committee for consideration.
8. Children who are placed out of County:
 - a. For children who are placed outside the county, Tulare County must pay the host county's Special Rates. Social workers should obtain the host county's payment rates by contacting the Income Maintenance Foster Care Unit eligibility worker.
 - b. Social Workers should notify the Foster Care Eligibility Worker once Special Rates have been approved for the child.



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**SPECIALIZED FOSTER CARE RATES
REQUEST FORM (Optional Form)**

Date: _____ Contact By: () Phone () In-Person () Other

Case Name: _____ Case Number: _____

FOSTER PARENT: _____

ADDRESS: _____

PHONE NUMBER: (Home) _____ (Work) _____ (Other) _____

MINOR'S NAME AND DATE OF BIRTH: _____

ASSIGNED SOCIAL WORKER: _____

Reason(s) For The Request (Cite specific reasons for Special Rates): _____

HEARING SCHEDULED FOR (Date/Time): _____

REPORTS/VERIFICATION NEEDED/REQUESTED: _____

SOCIAL WORKER NOTIFIED: _____

FOSTER PARENT ADVISED OF HEARING: _____

Form Completed By

Date



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CHILD'S NAME _____
SOCIAL WORKER/NURSE: _____

CASE NUMBER _____
DATE: _____

Check All that apply.

SUBSTANCE-EXPOSED INFANT RISK ASSESSMENT CHECKLIST			
INFANTS			
FACTOR	LOW RISK	INTERMEDIATE RISK	HIGH RISK
1. Infant's drug withdrawal symptoms.	Withdrawal Symptoms: <input type="checkbox"/> Apparent <input type="checkbox"/> Not Apparent	Withdrawal or distress symptoms: <input type="checkbox"/> Mild Tremors; <input type="checkbox"/> Sleeps @ least 3 hours after feeding; <input type="checkbox"/> Feeding well; <input type="checkbox"/> Normal stools; <input type="checkbox"/> Positive toxicology screen.	Withdrawal or distress symptoms: <input type="checkbox"/> Vomiting; <input type="checkbox"/> Watery stools; <input type="checkbox"/> Fever; <input type="checkbox"/> Sleeps less than 2 hours after feeding; <input type="checkbox"/> Marked tremors; <input type="checkbox"/> Poor feeding; <input type="checkbox"/> High pitched cry; <input type="checkbox"/> Seizures; <input type="checkbox"/> Lethargic; <input type="checkbox"/> On meds for drug withdrawal.
2. Special medical and/or physical problems.	Medical Problems: <input type="checkbox"/> Apparent <input type="checkbox"/> Not Apparent	Medical Problems. <input type="checkbox"/> Minor not effecting vital life functions or physical & intellectual development.	<input type="checkbox"/> Pre-term infant (born less than 37 weeks); <input type="checkbox"/> Physical or medical problems which impact vital life; <input type="checkbox"/> Cardiac defect; <input type="checkbox"/> Apnea monitor; <input type="checkbox"/> Visual impairment; <input type="checkbox"/> Hearing impairment; <input type="checkbox"/> Seizure disorder. <input type="checkbox"/> Respiratory disorders.
3. Special care needs of child.	<input type="checkbox"/> Routine pediatric care; <input type="checkbox"/> No medicine; <input type="checkbox"/> No special equipment.	<input type="checkbox"/> Requires monthly pediatrician visits; <input type="checkbox"/> No medicine; <input type="checkbox"/> No special equipment.	<input type="checkbox"/> Requires 2 or more monthly visits for pediatrician; <input type="checkbox"/> Special equipment; <input type="checkbox"/> Medication.



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SPECIAL RATES DETERMINATION WORKSHEET – Age: Birth through 2 Years

Child's Name:	DOB:	Age:	Social Worker:
Substitute Care Provider's (SCP) Name:		Case Number:	
Initial Placement Date:	# of Placements:	Date of this Placement:	

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATES

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
SEIZURES: SCP must monitor minor for seizure activity.	<input type="checkbox"/> N/A	<input type="checkbox"/> History, but none currently or no more than monthly <input type="checkbox"/> No loss of consciousness	<input type="checkbox"/> At least weekly <input type="checkbox"/> Loss of consciousness less than 10 minutes; no apnea	<input type="checkbox"/> At least daily <input type="checkbox"/> Loss of consciousness more than 10 minutes; with apnea, or medical treatment needed to stop
INFECTIOUS DISEASE: SCP must use the following hygiene precautions.	<input type="checkbox"/> Universal precautions should be used with all children <input type="checkbox"/> Common childhood diseases (i.e.: chicken pox)	<input type="checkbox"/> Known or suspected, but usual hygiene adequate. <input type="checkbox"/> Increased risk for contracting, but able to go out to medical appointments, etc.	<input type="checkbox"/> Known or suspected and more than usual hygiene measures needed <input type="checkbox"/> Increased risk for contracting, so should remain in home as much as possible	<input type="checkbox"/> Known requiring specialized handling of all body fluids <input type="checkbox"/> Great risk for contracting - specialized handling of food, contacts, toys, etc., is needed
FEEDING: SCP must use special handling or procedure for feeding. Minor's food intake must be monitored.	<input type="checkbox"/> Monitor food intake <input type="checkbox"/> Set limits about what kind of food	<input type="checkbox"/> Some choking, occasional special handling needed <input type="checkbox"/> Takes 31-40 minutes to feed <input type="checkbox"/> Every 4 hours with night feeding <input type="checkbox"/> Occasional vomiting, not serious <input type="checkbox"/> Special diet/food preparation	<input type="checkbox"/> Chokes or gags easily, frequent special handling needed <input type="checkbox"/> Takes 41-50 minutes to feed <input type="checkbox"/> Every 3 hours with night feedings <input type="checkbox"/> Vomits at least twice daily, or requires medication for vomiting	<input type="checkbox"/> Requires feedings by N/G, GTT, JT and/or pump Takes 51+ minutes to feed <input type="checkbox"/> Every 2 hours with night feedings <input type="checkbox"/> Same as Level 2; <u>and</u> affecting adequate weight gain
ELIMINATION: SCP must use special handling or procedure according to child's need. SCP has received training on these procedures? Date: _____	<input type="checkbox"/> Occasional constipation	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation - occasional suppository	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea - runny stools; or constipated and needs daily program	<input type="checkbox"/> Has vesicostomy - uretostomy - ilial conduit <input type="checkbox"/> Colostomy - ileostomy
SLEEP PATTERN: SCP must comfort child during night sleep time.	<input type="checkbox"/> Wakes occasionally at night	<input type="checkbox"/> May wake up several times nightly	<input type="checkbox"/> Prolonged periods of crying creating sleep disturbance	<input type="checkbox"/> Averages less than 2-3 hours of sleep nightly <input type="checkbox"/> Inconsolable crying



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: Birth through 2 Years

Physical care needs qualifying for special rates - Continued

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
MUSCLE TONE: SCP must spend extra time handling child and work with child to improve muscle function	<input type="checkbox"/> N/A	<input type="checkbox"/> Impacts on care and/or some developmental delay, need to monitor	<input type="checkbox"/> Requires special handling, follow up with therapy recommendations at home	<input type="checkbox"/> Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc.
APPOINTMENTS: SCP must take child to medical/therapy appointments; or insure child's attendance at medical/therapy appointments.	<input type="checkbox"/> N/A	<input type="checkbox"/> 1-4 appointments per month	<input type="checkbox"/> 5 or more appointments monthly	<input type="checkbox"/> Frequent need for immediate appointments
MEDICALLY FRAGILE: SCP must constantly monitor child's medical needs. SCP must insure child receives ongoing medical care to address medically fragile condition.	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> Born with serious defects. Close monitoring and medical supervision needed. <input type="checkbox"/> High SIDS risk	<input type="checkbox"/> Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care
RESPIRATORY PROBLEMS: SCP must monitor child's condition and follow appropriate medical procedure to address respiratory condition	<input type="checkbox"/> Common cold; occasional ear infections	<input type="checkbox"/> Frequent colds, respiratory infections, including ear infections requiring medication	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchial Pulmonary Disease
SPECIALIZED EQUIPMENT: SCP must be trained in the use of technology needed to assist child in the areas listed.	<input type="checkbox"/> N/A	<input type="checkbox"/> Splints, case, braces, or positioning equipment	<input type="checkbox"/> Aspiration, suctioning, ventilator, or mist tent <input type="checkbox"/> Apnea monitor	<input type="checkbox"/> Oxygen, pulmonoid, broviac catheter, tracheostomy
MEDICATIONS: SCP must administer and monitor medications prescribed by child's doctor. Non-prescription medication not included.	<input type="checkbox"/> Occasional need for medication	<input type="checkbox"/> Consistent need for medication	<input type="checkbox"/> 1-3 medications per day	<input type="checkbox"/> 4+ medications per day



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: Birth through 2 Years

Physical care needs qualifying for special rates - Continued

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
OTHER: Child has physical need not covered above that requires SCP to perform activities that differ from those listed. Indicate condition and additional SCP activities.	<input type="checkbox"/> List	<input type="checkbox"/> List	<input type="checkbox"/> List	<input type="checkbox"/> List
DRUG EXPOSED - AT RISK: DEI Trained SCP	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> Acute / Long term with: <input type="checkbox"/> Uncoordinated fine motor skills <input type="checkbox"/> Sensory input problems <input type="checkbox"/> Jitteriness <input type="checkbox"/> Poor feeding / reflux <input type="checkbox"/> Hyper / hypotonicity <input type="checkbox"/> Muscle weakness	<input type="checkbox"/> Acute withdrawal (opiates and methadone) <input type="checkbox"/> Finnegan Scoring <input type="checkbox"/> Meds <input type="checkbox"/> Diagnosis of acute gastro-esophageal reflux <input type="checkbox"/> Cardiac anomalies <input type="checkbox"/> Seizure activity <input type="checkbox"/> Projectile vomiting <input type="checkbox"/> Severe diarrhea <input type="checkbox"/> Infectious disease precautions <input type="checkbox"/> Increased rate of SIDS with cocaine and heroin



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: Birth through 2 Years

FOR CHILDREN UP TO 18 MONTHS OF AGE

LEVEL OF SCP INTERVENTION BEHAVIOR	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
IRRITABILITY: Poor state changes, prolonged periods of crying	<input type="checkbox"/> Occasional tantrums, need for soothing	<input type="checkbox"/> MILD: Can be readily controlled with specialized intervention	<input type="checkbox"/> MODERATE: Is difficult to control, but will respond to sustained specialized intervention	<input type="checkbox"/> SEVERE: Requires almost continuous specialized intervention
HYPER-REFLEXIA:	<input type="checkbox"/> N/A	<input type="checkbox"/> MILD: Can be readily controlled with specialized intervention	<input type="checkbox"/> MODERATE: Is difficult to control, but will respond to sustained specialized intervention	<input type="checkbox"/> SEVERE: Requires almost continuous specialized intervention
TREMORS:	<input type="checkbox"/> N/A	<input type="checkbox"/> MILD: Can be readily controlled with specialized intervention	<input type="checkbox"/> MODERATE: Is difficult to control, but will respond to sustained specialized intervention	<input type="checkbox"/> SEVERE: Requires almost continuous specialized intervention
POOR SOCIAL INTERACTION:	<input type="checkbox"/> Some extra nurturing	<input type="checkbox"/> MILD: Can be readily controlled with specialized intervention	<input type="checkbox"/> MODERATE: Is difficult to control, but will respond to sustained specialized intervention	<input type="checkbox"/> SEVERE: Requires almost continuous specialized intervention
OTHER (Please describe):	<input type="checkbox"/> N/A	<input type="checkbox"/> MILD: N/A	<input type="checkbox"/> MODERATE: N/A	<input type="checkbox"/> SEVERE: N/A



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: Birth through 2 Years

FOR CHILDREN OVER 18 MONTHS OF AGE

LEVEL OF SCP INTERVENTION BEHAVIOR	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
SHORT ATTENTION SPAN:	<input type="checkbox"/> Some assistance with finding appropriate activity. Some insecurity when caretaker leaves room	<input type="checkbox"/> MILD: Can be readily controlled with specialized intervention	<input type="checkbox"/> MODERATE: Is difficult to control, but will respond to sustained specialized intervention	<input type="checkbox"/> SEVERE: Requires almost continuous specialized intervention
EXCESSIVE ACTIVITY:	<input type="checkbox"/> Some over-excitability and restlessness; some periods of not sitting still	<input type="checkbox"/> MILD: Can be readily controlled with specialized intervention	<input type="checkbox"/> MODERATE: Is difficult to control, but will respond to sustained specialized intervention	<input type="checkbox"/> SEVERE: Requires almost continuous specialized intervention
POOR TOLERANCE FOR CHANGE:	<input type="checkbox"/> Some periods of restlessness or disruptions of typical functioning	<input type="checkbox"/> MILD: Can be readily controlled with specialized intervention	<input type="checkbox"/> MODERATE: Is difficult to control, but will respond to sustained specialized intervention	<input type="checkbox"/> SEVERE: Requires almost continuous specialized intervention
AGGRESSION TOWARD OTHERS:	<input type="checkbox"/> N/A	<input type="checkbox"/> MILD: Can be readily controlled with specialized intervention	<input type="checkbox"/> MODERATE: Is difficult to control, but will respond to sustained specialized intervention	<input type="checkbox"/> SEVERE: Requires almost continuous specialized intervention
AGGRESSION TOWARD SELF:	<input type="checkbox"/> N/A	<input type="checkbox"/> MILD: Can be readily controlled with specialized intervention	<input type="checkbox"/> MODERATE: Is difficult to control, but will respond to sustained specialized intervention	<input type="checkbox"/> SEVERE: Requires almost continuous specialized intervention
OTHER (Please explain):	<input type="checkbox"/> N/A			



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**SPECIAL RATES DETERMINATION WORKSHEET
Age Birth through 2 Years**

Signature

Care Provider
Signature: _____

Date: _____

Social Worker Signature: _____

Date: _____

Nurse/Clinician
Signature: _____

Date: _____

UM/TL Signature: _____

Date: _____



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SPECIAL RATES DETERMINATION WORKSHEET – Age: 3 through 5 Years

Child's Name:	DOB:	Age:	Social Worker:
Substitute Care Provider's (SCP) Name:		Case Number:	
Initial Placement Date:	# of Placements:	Date of This Placement:	

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATES

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
SEIZURES: SCP must monitor minor for seizure activity.	<input type="checkbox"/> N/A	<input type="checkbox"/> History, but none currently or no more than monthly <input type="checkbox"/> No loss of consciousness	<input type="checkbox"/> At least weekly <input type="checkbox"/> Loss of consciousness less than 10 minutes; no apnea	<input type="checkbox"/> At least daily <input type="checkbox"/> Loss of consciousness more than 10 minutes; with apnea, or medical treatment needed to stop
INFECTIOUS DISEASE: SCP must use the following hygiene precautions.	<input type="checkbox"/> Universal precautions should be used with all children <input type="checkbox"/> Common childhood diseases i.e.,: chicken pox	<input type="checkbox"/> Known or suspected, but usual hygiene adequate. <input type="checkbox"/> Increased risk for contracting, but able to go out to medical appointments, etc.	<input type="checkbox"/> Known or suspected and more than usual hygiene measures needed <input type="checkbox"/> Increased risk for contracting, so should remain in home as much as possible	<input type="checkbox"/> Known - requiring specialized handling of all body fluids <input type="checkbox"/> Great risk for contracting - specialized handling of food, contacts, toys, etc., is needed
FEEDING: SCP must use special handling or procedure for feeding. Child's food intake must be monitored.	<input type="checkbox"/> Picky eater <input type="checkbox"/> Low-level hoarding <input type="checkbox"/> SCP must monitor food intake <input type="checkbox"/> SCP must set limits about what kind of food child eats	<input type="checkbox"/> Some choking, occasional special handling needed <input type="checkbox"/> Takes 31-40 minutes to feed <input type="checkbox"/> Every 4 hours with night feeding <input type="checkbox"/> Occasional vomiting, not serious <input type="checkbox"/> Special diet/food preparation	<input type="checkbox"/> Chokes or gags easily, frequent special handling needed <input type="checkbox"/> Takes 41-50 minutes to feed <input type="checkbox"/> Every 3 hours with night feedings <input type="checkbox"/> Vomits at least twice daily, or requires medication for vomiting	<input type="checkbox"/> Requires feedings by N/G, GTT, JT and /or pump <input type="checkbox"/> Takes 51+ minutes to feed <input type="checkbox"/> Every 2 hours with night feedings <input type="checkbox"/> Same as Level 2; <u>and</u> affecting adequate weight gain
BLADDER/BOWEL FUNCTIONING: SCP must use special handling or procedure according to child's need. SCP has received training on these procedures? Date: _____	<input type="checkbox"/> May need night time diapering <input type="checkbox"/> May have occasional toileting accidents	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation - occasional suppository	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea - runny stools; or constipated and needs daily program	<input type="checkbox"/> Has vesicostomy - uretostomy - ilial conduit <input type="checkbox"/> Colostomy - ileostomy



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 3 through 5 years

Physical care needs qualifying for special rates - Continued

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
DEVELOPMENTAL DELAY: SCP must monitor child's development and assist child in the formation of age-appropriate self-help and developmental skills and/or perform such skills the child is incapable of.	<input type="checkbox"/> NA	<input type="checkbox"/> Can learn some self-care with constant repetitive training and instruction, toilet-training, speech delay	<input type="checkbox"/> Cannot perform age-appropriate functions or can only do so with assistance. Specify: _____ _____	<input type="checkbox"/> Requires total care. Cannot communicate verbally. SCP must bathe, dress, diaper.
APPOINTMENTS: SCP must take child to medical/therapy appointments; or insure child's attendance at medical/therapy appointments.	<input type="checkbox"/> An average of 1-4 local appointments per month	<input type="checkbox"/> Average of 5 or more appointments, locally, or 1-4 appointments out of town, monthly	<input type="checkbox"/> More than 6 appointments monthly	<input type="checkbox"/> Frequent need for immediate appointments
MEDICALLY FRAGILE: SCP must constantly monitor child's medical needs. SCP must insure minor receives ongoing medical care to address medically fragile condition.	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	<input type="checkbox"/> Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care
RESPIRATORY PROBLEMS: SCP must monitor child's condition and follow appropriate medical procedure to address respiratory condition	<input type="checkbox"/> Common cold; occasional ear infections	<input type="checkbox"/> Frequent colds, respiratory infections, including ear infections requiring medication	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchial Pulmonary Disease
SPECIALIZED EQUIPMENT: SCP must be trained in the use of technology needed to assist child in the areas listed.	<input type="checkbox"/> N/A	<input type="checkbox"/> Splints, case, braces, or positioning equipment	<input type="checkbox"/> Aspiration, suctioning, ventilator, or mist tent <input type="checkbox"/> Apnea monitor	<input type="checkbox"/> Oxygen, pulmonaid, broviac catheter, tracheostomy
MEDICATIONS: SCP must administer and monitor medications prescribed by child's doctor. Non-prescription medication not included.	<input type="checkbox"/> Occasional need for medication	<input type="checkbox"/> Consistent need for medication	<input type="checkbox"/> 1-3 medications per day	<input type="checkbox"/> 4+ medications per day



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 3 through 5 years

Physical care needs qualifying for special rates - Continued

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
PHYSICAL THERAPY / OCCUPATIONAL THERAPY / SPEECH THERAPY: SCP performs physical therapy exercises with child as prescribed by physical therapist or doctor.	<input type="checkbox"/> N/A	<input type="checkbox"/> 1-4 times a month	<input type="checkbox"/> Requires at least 1 hour per day of exercise regimen prescribed by physical therapist or doctor.	<input type="checkbox"/> Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor
NON-AMBULATORY : SCP must monitor child's condition; assist with or perform functions the child is incapable of performing	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> With help, can perform some self-care functions, can move with assistance of special equipment, e.g.: motorized wheelchair.	<input type="checkbox"/> Needs total care. Same as level 2; and requires special equipment for feeding, positioning, bathing, etc.
OTHER: Child has physical need not covered above that requires SCP to perform activities that differ from those listed. Indicate condition and additional SCP activities.				
DRUG EXPOSED - AT RISK: DEI Trained SCP	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> CNS disturbance <input type="checkbox"/> Metabolic/respiratory disturbance <input type="checkbox"/> GI disturbance	<input type="checkbox"/> Diagnosis of FAS/FAE or other history of in utero drug exposure



**Tulare County
Health & Human Services Agency**

John Davis, Agency Director

Mental Health Department • Cheryl L. Duerksen, Ph.D., Director

**SPECIAL RATES DETERMINATION WORKSHEET
Age 3 through 5 years
Physical Care Needs**

Signature

Care Provider
Signature:

Date:

Social Worker Signature:

Date:

Nurse/Clinician
Signature:

Date:

UM/TL Signature:

Date:



Tulare County Health & Human Services Agency

John Davis, Agency Director

Mental Health Department • Cheryl L. Duerksen, Ph.D., Director

SPECIAL RATES DETERMINATION WORKSHEET - Age: 3 through 5 Years

Child's Name:	DOB:	Age:	Social Worker:
Substitute Care Provider Name:		Case Number:	
Initial Placement Date:	# of Placements:	Date of This Placement:	

EMOTIONAL CARE NEEDS QUALIFYING FOR SPECIAL RATES

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
ATTENTION SEEKING: SCP must provide child with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed.	<input type="checkbox"/> Occasional clinginess <input type="checkbox"/> Occasional tantrums	<input type="checkbox"/> Demanding, clinging, constant crying, regression to infantile behavior. SCP must provide extra comfort and attention. <input type="checkbox"/> Tantrums and is not easily distracted from tantrum behavior.	<input type="checkbox"/> At least daily tantrums. Very difficult to get child to cease behavior, refusal to follow basic rules. SCP must provide constant limit setting.	<input type="checkbox"/> Tantrums requiring professional intervention.
ABNORMAL STRUCTURE / SUPERVISION: SCP must provide child with a level of structure higher than appropriate to child's chronological age.	<input type="checkbox"/> SCP must closely monitor child	<input type="checkbox"/> Child cannot play alone or with peers for any period of time without adult supervision	<input type="checkbox"/> Child requires regimented routine in order to maintain appropriate behavior.	<input type="checkbox"/> Child can never be left unattended.
SLEEP DISTURBANCE: SCP must comfort child during night sleep time.	<input type="checkbox"/> Occasional night terrors and need for comforting.	<input type="checkbox"/> Weekly nightmares. Child needs comforting to get back to sleep.	<input type="checkbox"/> Nightmares and night terrors every night.	<input type="checkbox"/> Child terrified of sleeping, becomes very agitated at bedtime, acts out, etc.
ENURISIS: SCP must monitor, assist child with gaining control; extra laundry.	<input type="checkbox"/> May need night-time diapering <input type="checkbox"/> May have occasional toileting accidents.	<input type="checkbox"/> Loss of bladder control at night	<input type="checkbox"/> Loss of bladder control	<input type="checkbox"/> Need for medical intervention to gain bladder control.
ENCOPRIISIS: SCP must monitor, assist child with gaining control; extra laundry.	<input type="checkbox"/> May have occasional toileting accidents.	<input type="checkbox"/> Frequent toileting accidents.	<input type="checkbox"/> Daily toileting accidents.	<input type="checkbox"/> Pattern of smearing feces <input type="checkbox"/> Need for medical interventions to gain bowel control.
AGGRESSIVE TO OTHERS / PROPERTY: SCP must monitor aggressive behavior; intervene to reduce or eliminate aggressive behavior; protect other children, replace property	<input type="checkbox"/> Occasional need to intervene with physical conflict with other children <input type="checkbox"/> Occasional minor destruction of property	<input type="checkbox"/> Emerging pattern of physical aggression with peers <input type="checkbox"/> Emerging pattern of property destruction	<input type="checkbox"/> Regularly aggressive / assaultive SCP must protect other children and property	<input type="checkbox"/> Same as Level 2 and chronic, extreme destruction of property. Specify _____ _____



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 3 through 5 years

Emotional care needs qualifying for special rates - Continued

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
SEXUAL BEHAVIOR: SCP must monitor child's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect child from exploitation	<input type="checkbox"/> SCP may need to monitor for sexual play with peers <input type="checkbox"/> Child may masturbate	<input type="checkbox"/> Redirection of overly-sexualized behavior <input type="checkbox"/> Preoccupation with masturbation and sexual activity	<input type="checkbox"/> Child initiates talk of sex, sees daily activities in sexual terms, is inappropriate with adults, SCP must monitor closely. <input type="checkbox"/> May require counseling	<input type="checkbox"/> Same as Level 2 and history of initiating sexual activity with other children on more than one occasion; sexually aggressive and SCP must supervise peer contact to protect other children
SCHOOL PROBLEMS: SCP maintains contact with pre-school / school personnel; attends pre-school / school meetings and/or IEP's assist child with schoolwork and/or homework; insure child's educational needs and objectives are met.	<input type="checkbox"/> SCP needs to maintain regular communication with school personnel	<input type="checkbox"/> Child presents discipline problems; may need services from Resource Specialist Program, specialized tutoring	<input type="checkbox"/> Same as Level 1 and needs assessment for special education services	<input type="checkbox"/> Child will need special day class or intensive special education support to achieve educational objectives
EMOTIONAL AND BEHAVIORAL CONCERNS: SCP must know and understand child's mental health needs; monitor and intervene as necessary; assist and/or obtain assistance for child; follow-thru with therapy recommendations.	<input type="checkbox"/> Child may exhibit situational, temporary moodiness	<input type="checkbox"/> Behavior indicates need for assessment by mental health professional <input type="checkbox"/> Unit Clinician assessed child for need for services on _____ (list date here)	<input type="checkbox"/> Unresponsive and withdrawn; SCP must monitor closely; work with therapist	<input type="checkbox"/> Suicidal ideation; need for ongoing or intensive therapy
SUBSTITUTE CARE PROVIDER (SCP) IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS	<input type="checkbox"/> SCP may be asked to participate in an occasional session	<input type="checkbox"/> At least every other week	<input type="checkbox"/> At least weekly	<input type="checkbox"/> At least twice weekly



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 3 through 5 years

Emotional care needs qualifying for special rates - Continued

HYPERACTIVE: SCP must constantly monitor and redirect the child's behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	<input type="checkbox"/> Child may have periods of being excessively energetic	<input type="checkbox"/> Highly active and demanding of attention from family members. No medication necessary.	<input type="checkbox"/> Activity level must be controlled with medication.	<input type="checkbox"/> Constant movement and restlessness. Cannot be controlled with medication. <input type="checkbox"/> Child up at nights wandering through the house.
OTHER: Child has emotional need that is not covered above that requires the SCP to perform activities differing from those above.				



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**SPECIAL RATES DETERMINATION WORKSHEET
Age 3 through 5 years
Emotional Care Needs**

Signature

Care Provider Signature: _____ Date: _____

Social Worker Signature: _____ Date: _____

Nurse/Clinician Signature: _____ Date: _____

UM/TL Signature: _____ Date: _____



**Tulare County
Health & Human Services Agency**

John Davis, Agency Director

Mental Health Department - Cheryl L. Duerksen, Ph.D., Director

SPECIAL RATES DETERMINATION WORKSHEET - Age: 6 through 11 Years

Child's Name:	DOB:	Age:	Social Worker:
Substitute Care Provider's (SCP) Name:		Case Number:	
Initial Placement Date:	# of Placements:	Date of This Placement:	

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATES

PROBLEMS	Not Special Rates Eligible	LEVEL 2	LEVEL 3	LEVEL 4
SEIZURES: SCP must monitor child for seizure activity.	<input type="checkbox"/> N/A	<input type="checkbox"/> History, but none currently or no more than monthly <input type="checkbox"/> No loss of consciousness	<input type="checkbox"/> At least weekly <input type="checkbox"/> Loss of consciousness less than 10 minutes; no apnea	<input type="checkbox"/> At least daily <input type="checkbox"/> Loss of consciousness more than 10 minutes; with apnea, or medical treatment needed to stop
INFECTIOUS DISEASE: SCP must use the following hygiene precautions.	<input type="checkbox"/> Universal precautions should be used with all children <input type="checkbox"/> Common childhood diseases i.e.,: chicken pox	<input type="checkbox"/> Known or suspected, but usual hygiene adequate. <input type="checkbox"/> Increased risk for contracting, but able to go out to medical appointments, etc.	<input type="checkbox"/> Known or suspected and more than usual hygiene measures needed <input type="checkbox"/> Increased risk for contracting, so should remain in home as much as possible	<input type="checkbox"/> Known - requiring specialized handling of all body fluids <input type="checkbox"/> Great risk for contracting - specialized handling of food, contacts, toys, etc., is needed
FEEDING: SCP must use special handling or procedure for feeding. Child's food intake must be monitored.	<input type="checkbox"/> Picky eater <input type="checkbox"/> Low-level hoarding <input type="checkbox"/> SCP must monitor food intake <input type="checkbox"/> SCP must set limits about what kind of food child eats	<input type="checkbox"/> Some choking, occasional special handling needed <input type="checkbox"/> Takes 31-40 minutes to feed <input type="checkbox"/> Every 4 hours with night feeding <input type="checkbox"/> Occasional vomiting, not serious <input type="checkbox"/> Special diet/food preparation	<input type="checkbox"/> Chokes or gags easily, frequent special handling needed <input type="checkbox"/> Takes 41-50 minutes to feed <input type="checkbox"/> Every 3 hours with night feedings <input type="checkbox"/> Vomits at least twice daily, or requires medication for vomiting	<input type="checkbox"/> Requires feedings by N/G, GTT, JT and /or pump <input type="checkbox"/> Takes 51+ minutes to feed <input type="checkbox"/> Every 2 hours with night feedings <input type="checkbox"/> Same as Level 2; and affecting adequate weight gain
BLADDER/BOWEL FUNCTIONING: SCP must use special handling or procedure according to child's need. SCP has received training on these procedures? Date: _____	<input type="checkbox"/> May have occasional lapse of bladder control	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation - occasional suppository	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea - runny stools; or constipated and needs daily program	<input type="checkbox"/> Has vesicostomy - uretostomy - ilial conduit <input type="checkbox"/> Colostomy - ileostomy



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 6 through 11 years

Physical care needs qualifying for special rates - Continued

PROBLEMS	Not Special Rates Eligible	LEVEL 2	LEVEL 3	LEVEL 4
DEVELOPMENTAL DELAY: SCP must monitor child's development and assist child in the formation of age-appropriate self-help and developmental skills and/or perform such skills the child is incapable of performing.	<input type="checkbox"/> NA	<input type="checkbox"/> Can learn some self-care with constant repetitive training and instruction, i.e.: toilet-training, speech delay	<input type="checkbox"/> Cannot perform age-appropriate functions or can only do so with assistance. Specify: _____	<input type="checkbox"/> Requires total care. Cannot communicate verbally. SCP must bathe, dress, diaper.
APPOINTMENTS: SCP must take child to medical/therapy appointments; or insure child's attendance at medical/therapy appointments.	<input type="checkbox"/> An average of 1-4 local appointments per month	<input type="checkbox"/> Average of 5 or more appointments, locally, or 1-4 appointments out of town, monthly	<input type="checkbox"/> More than 6 appointments monthly	<input type="checkbox"/> Frequent need for immediate appointments
MEDICALLY FRAGILE: SCP must constantly monitor child's medical needs. SCP must insure child receives ongoing medical care to address medically fragile condition.	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	<input type="checkbox"/> Born with major defects that are life-threatening. <input type="checkbox"/> Constant care and supervision needed; surgery pending or post surgical care
RESPIRATORY PROBLEMS: SCP must monitor child's condition and follow appropriate medical procedure to address respiratory condition.	<input type="checkbox"/> Common cold; occasional ear infections	<input type="checkbox"/> Frequent colds, respiratory infections, including ear infections requiring medication	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchial Pulmonary Disease
SPECIALIZED EQUIPMENT: SCP must be trained in the use of technology needed to assist child in the areas listed.	<input type="checkbox"/> N/A	<input type="checkbox"/> Splints, case, braces, or positioning equipment	<input type="checkbox"/> Aspiration, suctioning, ventilator, or mist tent <input type="checkbox"/> Apnea monitor	<input type="checkbox"/> Oxygen, pulmonoid, broviac catheter, tracheostomy
MEDICATIONS: SCP must administer and monitor medications prescribed by child's doctor. Non-prescription medication not included.	<input type="checkbox"/> Occasional need for medication	<input type="checkbox"/> Consistent need for medication	<input type="checkbox"/> 1-3 medications per day	<input type="checkbox"/> 4+ medications per day



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 6 through 11 years

Physical care needs qualifying for special rates - Continued

PROBLEMS	Not Special Rates Eligible	LEVEL 2	LEVEL 3	LEVEL 4
PHYSICAL THERAPY / OCCUPATIONAL THERAPY / SPEECH THERAPY: SCP performs physical therapy exercises with child as prescribed by physical therapist or doctor.	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> Requires at least 1 hour per day of exercise regimen prescribed by physical therapist or doctor.	<input type="checkbox"/> Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor
NON-AMBULATORY : SCP must monitor child's condition; assist with or perform functions the child is incapable of performing	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> With help, can perform some self-care functions, can move with assistance of special equipment, e.g.: motorized wheelchair.	<input type="checkbox"/> Needs total care. Same as level 2; and requires special equipment for feeding, positioning, bathing, etc.
OTHER: Child has physical need not covered above that requires SCP to perform activities that differ from those listed. Indicate condition and additional SCP activities.				
DRUG EXPOSED - AT RISK: DEI Trained SCP	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> CNS disturbance <input type="checkbox"/> Metabolic/respiratory disturbance <input type="checkbox"/> GI disturbance	<input type="checkbox"/> Diagnosis of FAS/FAE or other history of in utero drug exposure



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**SPECIAL RATES DETERMINATION WORKSHEET
Age 6 through 11 years
Physical Care Needs**

Signature

Care Provider
Signature:

Date:

Social Worker Signature:

Date:

Nurse/Clinician
Signature:

Date:

UM/TL Signature:

Date:



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SPECIAL RATES DETERMINATION WORKSHEET – Age: 6 through 11 Years

Child's Name:	DOB:	Age:	Social Worker:
Substitute Care Provider (SCP) Name:		Case Number:	
Initial Placement Date:	# of Placements:	Date of This Placement:	

EMOTIONAL CARE NEEDS QUALIFYING FOR SPECIAL RATES

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
ATTENTION SEEKING: SCP must provide child with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed.	<input type="checkbox"/> Occasional clinginess <input type="checkbox"/> Occasional tantrums	<input type="checkbox"/> Demanding, clinging, constant crying, regression to infantile behavior. SCP must provide extra comfort and attention. <input type="checkbox"/> Tantrums and is not easily distracted from tantrum behavior.	<input type="checkbox"/> At least daily tantrums. Very difficult to get child to cease behavior, refusal to follow basic rules. SCP must provide constant limit setting.	<input type="checkbox"/> Tantrums requiring professional intervention.
ABNORMAL STRUCTURE / SUPERVISION: SCP must provide child with a level of structure higher than appropriate to child's chronological age	<input type="checkbox"/> SCP must closely monitor child	<input type="checkbox"/> Child cannot play alone or with peers for any period of time without adult supervision	<input type="checkbox"/> Child requires regimented routine in order to maintain appropriate behavior.	<input type="checkbox"/> Child can never be left unattended.
SLEEP DISTURBANCE: SCP must comfort child during night sleep time	<input type="checkbox"/> Occasional night terrors and need for comforting	<input type="checkbox"/> Weekly nightmares. Child needs comforting to get back to sleep	<input type="checkbox"/> Nightmares and night terrors every night.	<input type="checkbox"/> Child terrified of sleeping, becomes very agitated at bedtime, acts out, etc.
ENURISIS: SCP must monitor, assist child with gaining control; extra laundry.	<input type="checkbox"/> May have occasional lapses in bladder control	<input type="checkbox"/> Loss of bladder control at night	<input type="checkbox"/> Loss of bladder control during the day	<input type="checkbox"/> Need for medical intervention to gain bladder control.
ENCOPRIISIS: SCP must monitor, assist child with gaining control; extra laundry	<input type="checkbox"/> N/A	<input type="checkbox"/> Frequent toileting accidents	<input type="checkbox"/> Daily toileting accidents	<input type="checkbox"/> Pattern of smearing feces <input type="checkbox"/> Need for medical interventions to gain bowel control
AGGRESSIVE TO OTHERS / PROPERTY: SCP must monitor aggressive behavior; intervene to reduce or eliminate aggressive behavior; protect other children, replace property	<input type="checkbox"/> Occasional need to intervene with physical conflict with other children <input type="checkbox"/> Occasional minor destruction of property	<input type="checkbox"/> Emerging pattern of physical aggression with peers <input type="checkbox"/> Emerging pattern of property destruction	<input type="checkbox"/> Regularly aggressive or assaultive SCP must protect other children and property	<input type="checkbox"/> Same as Level 2 and chronic, extreme destruction of property. Specify <hr/> <hr/>



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 6 through 11 years

Emotional care needs qualifying for special rates - Continued

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
SEXUAL BEHAVIOR: SCP must monitor child's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect child from exploitation	<input type="checkbox"/> SCP may need to monitor for sexual play with peers <input type="checkbox"/> Child may masturbate	<input type="checkbox"/> Redirection of overly-sexualized behavior <input type="checkbox"/> Preoccupation with masturbation and sexual activity	<input type="checkbox"/> Child initiates talk of sex, sees daily activities in sexual terms, is inappropriate with adults, SCP must monitor closely. <input type="checkbox"/> May require counseling	<input type="checkbox"/> Same as Level 2 and history of initiating sexual activity with other children on more than one occasion; sexually aggressive and SCP must supervise peer contact to protect other children
SCHOOL PROBLEMS: SCP maintains contact with pre-school / school personnel; attends pre-school/school meetings and/or IEP to assist child with schoolwork and/or homework; insure child's educational needs and objectives are met.	<input type="checkbox"/> SCP needs to maintain regular communication with school personnel	<input type="checkbox"/> Child presents discipline problems; may need services from Resource Specialist Program, specialized tutoring	<input type="checkbox"/> Same as Level 1 and needs assessment for special education services	<input type="checkbox"/> Child will need special day class or intensive special education support to achieve educational objectives
EMOTIONAL AND BEHAVIORAL CONCERNS: SCP must know and understand child's mental health needs; monitor and intervene as necessary; assist and/or obtain assistance for child; follow-thru with therapy recommendations.	<input type="checkbox"/> Child may exhibit situational, temporary moodiness	<input type="checkbox"/> Behavior indicates need for assessment by mental health professional	<input type="checkbox"/> Unresponsive and withdrawn; SCP must monitor closely; work with therapist	<input type="checkbox"/> Suicidal ideation; need for ongoing or intensive therapy
SUBSTITUTE CARE PROVIDER IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS	<input type="checkbox"/> SCP may be asked to participate in an occasional session	<input type="checkbox"/> At least every other week	<input type="checkbox"/> At least weekly	<input type="checkbox"/> At least twice weekly



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 6 through 11 years

Emotional care needs qualifying for special rates - Continued

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
HYPERACTIVE: SCP must constantly monitor and redirect the child's behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	<input type="checkbox"/> Child may have periods of being excessively energetic	<input type="checkbox"/> Highly active and demanding of attention from family members. No medication necessary.	<input type="checkbox"/> Activity level must be controlled with medication.	<input type="checkbox"/> Constant movement and restlessness. Cannot be controlled with medication. <input type="checkbox"/> Child up at nights wandering through the house.
OTHER: Child has emotional need that is not covered above that requires the SCP to perform activities differing from those above.				



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**SPECIAL RATES DETERMINATION WORKSHEET
Age 6 through 11 years
Emotional Care Needs**

Signature

Care Provider
Signature:

Date:

Social Worker
Signature:

Date:

Nurse/Clinician
Signature:

Date:

UM/TL Signature:

Date:



Tulare County Health & Human Services Agency

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SPECIAL RATES DETERMINATION WORKSHEET - Age: 12 through 18 Years

Child's Name:	DOB:	Age:	Social Worker:
Substitute Care Provider Name		Case Name:	
Begin Date:	Initial Plan:	Update:	

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATES

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
SEIZURES: SCP must monitor child for seizure activity.	<input type="checkbox"/> N/A	<input type="checkbox"/> History, but none currently or no more than monthly <input type="checkbox"/> No loss of consciousness	<input type="checkbox"/> At least weekly <input type="checkbox"/> Loss of consciousness less than 10 minutes; no apnea	<input type="checkbox"/> At least daily <input type="checkbox"/> Loss of consciousness more than 10 minutes; with apnea, or medical treatment needed to stop
INFECTIOUS DISEASE: SCP must use the following hygiene precautions.	<input type="checkbox"/> Universal precautions should be used with all children <input type="checkbox"/> Common childhood diseases i.e.,: chicken pox)	<input type="checkbox"/> Known or suspected, but usual hygiene adequate. <input type="checkbox"/> Increased risk for contracting, but able to go out to medical appointments, etc.	<input type="checkbox"/> Known or suspected and more than usual hygiene measures needed <input type="checkbox"/> Increased risk for contracting, so should remain in home as much as possible	<input type="checkbox"/> Known - requiring specialized handling of all body fluids <input type="checkbox"/> Great risk for contracting - specialized handling of food, contacts, toys, etc., is needed
FEEDING: SCP must use special handling or procedure for feeding. Child's food intake must be monitored.	<input type="checkbox"/> Picky eater <input type="checkbox"/> Low-level hoarding SCP must monitor food intake <input type="checkbox"/> SCP must set limits about what kind of food child eats	<input type="checkbox"/> Occasional vomiting, not serious <input type="checkbox"/> Special diet/food preparation	<input type="checkbox"/> Diagnosis and treatment of : Anorexia Obesity Bulimia	<input type="checkbox"/> Requires feedings by N/G, GTT, JT and/or pump <input type="checkbox"/> Takes 51+ minutes to feed <input type="checkbox"/> Every 2 hours with night feedings <input type="checkbox"/> Same as Level 2; and affecting adequate weight gain
BLADDER/BOWEL FUNCTIONING: SCP must use special handling or procedure according to child's need.	<input type="checkbox"/> N/A	<input type="checkbox"/> Prone to urinary tract infections, needs increased fluids <input type="checkbox"/> Chronic constipation - occasional suppository	<input type="checkbox"/> Crede needed to empty bladder <input type="checkbox"/> Chronic diarrhea - runny stools; or constipated and needs daily program	<input type="checkbox"/> Has vesicostomy - uretostomy - ilial conduit <input type="checkbox"/> Colostomy - ileostomy



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 12 through 18 years

Physical care needs qualifying for special rates - Continued

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
DEVELOPMENTAL DELAY: SCP must monitor child's development and assist child in the formation of age-appropriate self-help and developmental skills and/or perform such skills the child is incapable of performing	<input type="checkbox"/> NA	<input type="checkbox"/> Can learn some self-care with constant repetitive training and instruction, i.e.: toilet-training, speech delay	<input type="checkbox"/> Cannot perform age-appropriate functions or can only do so with assistance. Specify: _____ _____	<input type="checkbox"/> Requires total care. Cannot communicate verbally. SCP must bathe, dress, diaper.
APPOINTMENTS: SCP must take child in for medical/therapy appointments; or insure child's attendance at medical/therapy appointments.	An average of 1-4 local appointments per month	Average of 5 or more appointments, locally, or 1-4 appointments out of town, monthly	More than 6 appointments monthly	<input type="checkbox"/> Frequent need for immediate appointments
MEDICALLY FRAGILE: SCP must constantly monitor child's medical needs. SCP must insure child receives ongoing medical care to address medically fragile condition.	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	<input type="checkbox"/> Born with major defects that are life-threatening. <input type="checkbox"/> Constant care and supervision needed; surgery pending or post surgical care
RESPIRATORY PROBLEMS: SCP must monitor child's condition and follow appropriate medical procedure to address respiratory condition	<input type="checkbox"/> Common cold; occasional ear infections	<input type="checkbox"/> Frequent colds, respiratory infections, including ear infections requiring medication	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchial Pulmonary Disease
SPECIALIZED EQUIPMENT: SCP must be trained in the use of technology needed to assist child in the areas listed.	<input type="checkbox"/> N/A	<input type="checkbox"/> Splints, case, braces, or positioning equipment	<input type="checkbox"/> Aspiration, suctioning, ventilator, or mist tent <input type="checkbox"/> Apnea monitor	<input type="checkbox"/> Oxygen, pulmonaid, broviac catheter, tracheostomy
MEDICATIONS: SCP must administer and monitor medications prescribed by child's doctor. Non-prescription medication not included.	<input type="checkbox"/> Occasional need for medication	<input type="checkbox"/> Consistent need for medication	<input type="checkbox"/> 1-3 medications per day	<input type="checkbox"/> 4+ medications per day



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 12 through 18 years

Physical care needs qualifying for special rates - Continued

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
PHYSICAL THERAPY / OCCUPATIONAL THERAPY / SPEECH THERAPY: SCP performs physical therapy exercises with child as prescribed by physical therapist or doctor.	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> Requires at least 1 hour per day of exercise regimen prescribed by physical therapist or doctor.	<input type="checkbox"/> Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor
NON-AMBULATORY : SCP must monitor child's condition; assist with or perform functions the child is incapable of performing	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> With help, can perform some self-care functions, can move with assistance of special equipment, e.g.: motorized wheelchair.	<input type="checkbox"/> Needs total care. Same as level 2; and requires special equipment for feeding, positioning, bathing, etc.
OTHER: Child has physical need not covered above that requires SCP to perform activities that differ from those listed. Indicate condition and additional SCP activities.				
DRUG EXPOSED - AT RISK:	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> CNS disturbance <input type="checkbox"/> Metabolic/respiratory disturbance <input type="checkbox"/> GI disturbance	<input type="checkbox"/> Diagnosis of FAS/FAE or other history of in utero drug exposure



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**SPECIAL RATES DETERMINATION WORKSHEET
Age 12 through 18 years
Physical Care Needs**

Signature

Care Provider
Signature:

Date:

Social Worker
Signature:

Date:

Nurse/Clinician
Signature:

Date:

UM/TL Signature:

Date:



**Tulare County
Health & Human Services Agency**

John Davis, Agency Director

Mental Health Department • Cheryl L. Duerksen, Ph.D., Director

SPECIAL RATES DETERMINATION WORKSHEET - Age: 12 through 18 Years

Child's Name:	DOB:	Age:	Social Worker:
Substitute Care Provider Name:		Case Name:	
Begin Date:	Initial Plan:		Update:

EMOTIONAL CARE NEEDS QUALIFYING FOR SPECIAL RATES

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
ATTENTION SEEKING: SCP must provide child with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed.	<input type="checkbox"/> SCP must provide extra comfort and attention from time to time.	<input type="checkbox"/> Frequent verbal outbursts <input type="checkbox"/> Defiant <input type="checkbox"/> Refusal to follow basic rules	<input type="checkbox"/> Constant challenge and criticism of SCP's actions. Attempts to undermine SCP's authority in home. <input type="checkbox"/> Wants total attention of SCP; overly jealous of other children in the home	<input type="checkbox"/> Attention seeking behaviors require professional intervention
ABNORMAL STRUCTURE / SUPERVISION: SCP must provide child with a level of structure higher than appropriate to child's chronological age	<input type="checkbox"/> SCP may need to provide extra guidance to help child to develop sound judgment	<input type="checkbox"/> Difficulty initiating own activities without direction	<input type="checkbox"/> Child becomes anxious or acts out in the absence of structure or established routine	<input type="checkbox"/> Child requires regimented routine in order to maintain appropriate behavior
SLEEP DISTURBANCE: SCP must comfort child during night sleep time	<input type="checkbox"/> Occasional night terrors and need for comforting	<input type="checkbox"/> Weekly nightmares. Child needs comforting to get back to sleep	<input type="checkbox"/> Nightmares and night terrors every night.	<input type="checkbox"/> Child terrified of sleeping, becomes very agitated at bedtime, acts out, etc.
ENURISIS: SCP must monitor, assist child with gaining control; extra laundry.	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> Loss of bladder control	<input type="checkbox"/> Need for medical intervention to gain bladder control.
ENCOPRIISIS: SCP must monitor, assist child with gaining control; extra laundry	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> Toileting accidents	<input type="checkbox"/> Pattern of smearing feces <input type="checkbox"/> Need for medical interventions to gain bowel control



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 12 through 18 years

Emotional care needs qualifying for special rates - Continued

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
<p>AGGRESSIVE TO OTHERS / PROPERTY: SCP must monitor aggressive behavior; intervene to reduce or eliminate aggressive behavior; protect other children, replace property</p>	<p><input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Emerging pattern of physical aggression with peers <input type="checkbox"/> Emerging pattern of property destruction</p>	<p><input type="checkbox"/> Regularly aggressive or assaultive SCP must protect other children and property</p>	<p><input type="checkbox"/> Same as Level 2 and chronic, extreme destruction of property. Specify _____ _____ _____</p>
<p>SEXUAL BEHAVIOR: SCP must monitor child's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect child from exploitation</p>	<p><input type="checkbox"/> SCP may need to provide guidance as child begins to explore his/her sexuality</p>	<p><input type="checkbox"/> Redirection of overly-sexualized behavior <input type="checkbox"/> Preoccupation with masturbation and sexual activity</p>	<p><input type="checkbox"/> Child initiates talk of sex, sees daily activities in sexual terms, is inappropriate with adults, SCP must monitor closely. <input type="checkbox"/> May require counseling.</p>	<p><input type="checkbox"/> Same as Level 2 and history of initiating sexual activity with other children on more than one occasion; sexually aggressive and SCP must supervise peer contact to protect other children</p>
<p>SCHOOL PROBLEMS: SCP maintains contact with pre-school / school personnel; attends pre-school / school meetings and/or IEP assist minor with schoolwork and/or homework; insure child's educational needs and objectives are met.</p>	<p><input type="checkbox"/> SCP needs to maintain regular communication with school personnel <input type="checkbox"/> SCP will need to provide assistance with homework</p>	<p><input type="checkbox"/> Child presents discipline problems; may need services from Resource Specialist Program, specialized tutoring</p>	<p><input type="checkbox"/> Same as Level 1 and needs assessment for special education services</p>	<p><input type="checkbox"/> Child will need special day class or intensive special education support to achieve educational objectives</p>
<p>EMOTIONAL AND BEHAVIORAL CONCERNS: SCP must know and understand child's mental health needs; monitor and intervene as necessary; assist and/or obtain assistance for child; follow-thru with therapy recommendations.</p>	<p><input type="checkbox"/> Child may exhibit situational, temporary moodiness</p>	<p><input type="checkbox"/> Behavior indicates need for assessment by mental health professional</p>	<p><input type="checkbox"/> Unresponsive and withdrawn; SCP must monitor closely; work with therapist</p>	<p><input type="checkbox"/> Suicidal ideation; need for ongoing or intensive therapy</p>



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SPECIAL RATES DETERMINATION WORKSHEET – AGE: 12 through 18 years

Emotional care needs qualifying for special rates - Continued

PROBLEMS	NOT SPECIAL RATES ELIGIBLE	LEVEL 2	LEVEL 3	LEVEL 4
SCP IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS	<input type="checkbox"/> SCP may be asked to participate in an occasional session	<input type="checkbox"/> At least every other week	<input type="checkbox"/> At least weekly	<input type="checkbox"/> At least twice weekly
HYPERACTIVE: SCP must constantly monitor and redirect the child's behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	<input type="checkbox"/> Child may have periods of being excessively energetic	<input type="checkbox"/> Highly active and demanding of attention from family members. No medication necessary.	<input type="checkbox"/> Activity level must be controlled with medication.	<input type="checkbox"/> Constant movement and restlessness. Cannot be controlled with medication. <input type="checkbox"/> Child up at nights wandering through the house.
LAW VIOLATIONS: SCP must be aware of the child's behavior in the community; has constant contact with police or probation; handle community complaints; monitor child's property to insure that it isn't stolen; monitor drug use and intervene as necessary	<input type="checkbox"/> N/A	<input type="checkbox"/> AWOL behavior that puts child at risk	<input type="checkbox"/> Pattern of truancy; stealing in the home or community; minor antisocial behavior	<input type="checkbox"/> Alcohol / drug use; major theft; assaultive; weapons possessions
OTHER: Child has emotional need that is not covered above that requires the SCP to perform activities differing from those above.				



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**SPECIAL RATES DETERMINATION WORKSHEET
Age 12 through 18 years
Physical Care Needs**

Signature

Care Provider
Signature:

Date:

Social Worker
Signature:

Date:

Nurse/Clinician
Signature:

Date:

UM/TL Signature:

Date:
