Alameda County
Social Services
Agency

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The following information is being provided in response to the requirements of ACL 10-62. The following is used for determining specialized care increments (SCI) for a foster child placed within Alameda County.

The SCI Rate

The SCI is based on the emotional and behavioral care needs of the child or youth. Alameda County uses Special Care Rate Behavioral Checklists (the Checklist) to determine the amount of the SCI based on the qualifying factors that apply for the child or youth. The forms are specific to the child's age (a form for children ages 0 – 2 and another form for children ages 3 – 5, etc).

After reviewing the Checklist, and all of the needs (items) are identified for the child on the form, the total number of items for each level are multiplied by a specific factor (a factor of 2 for level 1 items, 5 for level 2 items, and 10 for level 3). Those subtotals are added together, and that total is multiplied by $6.00. The following chart provides an example of a calculation.

A child may be approved for more than one level or item within the same category (e.g. both a level 2 and level 3 item in the category of Respiratory Problems), as long as the different items do not overlap and cover the same emotional or behavioral need.

Example of rate calculation for SCI

Item Level	# Of Approved Items	Factor	Total
1	**3**	2	**6**
2	**4**	5	**20**
3	**1**	10	**10**
Total Points			**36**
Total Point Dollars (Rounded down to the nearest dollar)	**36 x $6.00 = $216.00**		

The amount determined by the above calculation can be increased if the SCI will cover transportation costs, special diet, or food supplement costs. The total of these amounts is the SCI.

Eligibility for the SCI and Payment Information

Licensed foster parents (i.e. county foster homes not FFA homes), relatives, and NREFM's who qualify for AFDC-FC funding are eligible for a special care rate. A Special Care Rate may also be provided for a youth in a non-related and non-dependent legal guardianship, Extended Foster Care (EFC), or carry over to Kin-GAP or AAP. Children or NMDs in a FFA home, group home, or SILP are not eligible for special care rates.

The approved SCI may be in effect for no more than 12 consecutive months before renewal is required. The rate will expire at the end of the approved SCI effective period. However, the Child Welfare Worker (CWW) may initiate a new assessment/review by submitting a completed Checklist and other required documents to the Rate Setter.
SCI's may be re-evaluated by the CWW at any time during the approval period. If there is a change in the child's special needs, a new SCI packet must be submitted to the Rate Setter.

- If there are changes with the child (behavioral, physical, etc) that justify a change to the rate during the time period of an existing SCI, the CWW should submit a new SCI packet.

SCI's apply to the child and are based on the caregiver's response to the child's needs. Therefore, the SCI does not move with the child when a change in placement occurs. A new SCI must be resubmitted when a child changes placements, after the CWW and new caregiver have discussed the child's needs and determined how the new caregiver will attend to those needs.

- Note that documentation from the last SCI may be used for the new rate after a placement change, as long as the information still meets the requirements for documentation (discussed below under the Criteria and Methodology Used to Determine the Increments heading).

If a child has a condition that is not likely to change (i.e.: in the case of a chronic medical condition; retardation, blindness, deafness, a diagnosed psychiatric condition, or scarring from severe burns that require ongoing treatment) an exception to the SCI process can be made. In this situation only, documentation of the condition made in the initial SCI request will stand for the duration of the minor's stay in placement. For yearly reviews, the CWW need only submit a completed Form 34-9 (Authorization To Pay Specialized Care Rate For Children In Out Of Home Placement). New documentation must be provided if an increase in rate is requested. The Rate Setter will determine and inform the CWW if the exception rule is to be applied.

Criteria and Methodology Used to Determine the Increments

1. The CWW initiates the process of determining the SCI. The CWW assesses the child's special needs with the child's caregiver and discusses with the caregiver what is expected of him or her in order to receive the SCI. After completing this assessment, the CWW will discuss with their supervisor whether a SCI for the child is justified. If it is, the CWW will complete the Special Care Rate Behavioral Checklist that is for the child's age group.
    - CWW is not to discuss a dollar amount with the caregiver until the Rate Setter has set the special rate.
2. After completing the checklist, the CWW must collect documentation for each item identified in the Checklist as an emotional or behavioral need of the child. There are two kinds of documentation used: supporting and collateral.
    - Supporting documentation can be in the form of CWS/CMS case dictation (with the specific behavioral issues noted in detail) or the most recent court report, both of which must be dated within 6 months of the effective date of the special rate.
    - Collateral documentation can be in the form of a psychological/medical evaluation, and/or a statement from a treating practitioner such as a therapist, pediatrician, psychiatrist, etc. Collateral documentation is required for the approval of statements made in supporting documentation which outline the child's medical, developmental or psychological diagnosis. Collateral documentation must be dated within 12 months of the effective date of the special rate.

3. Forward the special care rate packet to supervisor for review. If the request is more than 2 months overdue, the Program Manager will review the request and sign off on form 34-9 prior to submission, in addition to CWS signature.
4. Forward the completed Special Rate Behavioral Checklist, a completed 34-9 form, and the supporting documentation to the Rate Review Team. The team consists of one Management Analyst and a Supervising Program Specialist (the Rate Setter). Each SCI request is reviewed to confirm that each item selected for the child on the Special Rate Behavioral Checklist is corroborated by documentation, as required. The reviewer also confirms that the child qualifies for each requested item, based on the information provided, and adds additional qualifying items as necessary.
5. CWW will review the response from the Rate Setter. If the SCI is approved:
    - The CWW will receive the pink copy of the 34-9 and form 34-12, Rate Setter Authorization Report.
    - If there are needed corrections or changes to the requested rate:
        a. The CWW will receive Form SCR 34-11, and will have 12 business days to submit additional supporting documentation to justify the approval of the identified item(s).
    - If the SCI packet is incomplete:
        a. The CWW will receive the SCR packet and form 34-10. The form will identify the needed changes to the packet in order for it to be approved by the Rate Setter.
6. If necessary, the CWW will resubmit the SCI packet or submit additional supporting documentation.
7. Once approved, the CWW will file a copy of the SCI packet in the case file. A copy of form 34-9 with Rate Setter signature and the amount of the SCI will be returned to the CWW for filing in the case file.

Descriptions of the Qualifying Factors for Each SCI Level

Please refer to the Special Rate Behavioral Checklist forms. Each includes descriptions of the behavioral and emotional care items that can be included in the SCI. The forms, and the factors included in each, are age specific.

Special Rate Request Behavioral Checklist- Child's age Birth through 2 Years

Child's name	DOB	CWW

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor child for seizure activity	▯ History, but none currently or no more than monthly ▯ No loss of consciousness	▯ At least weekly ▯ Loss of consciousness less than 10 minutes; no apnea	▯ At least daily ▯ Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop
INFECTIOUS DISEASE FP must use the following hygiene precautions.	▯ Known or suspected, but usual hygiene measure adequate ▯ Increased risk for contracting, but able to go out to medical appointments, etc.	▯ Known or suspected, and more than usual hygiene measures needed ▯ Increased risk for contracting, so should remain in home as much as possible	▯ Known requiring specialized handling of all body fluids. ▯ Great risk for contracting- specialized handling of food, contacts, toys, etc is needed
FEEDING FP must use special handling or procedure for feeding. Child's food intake must be monitored	▯ Some choking; occasional special handling needed ▯ Takes 31-40 minutes to feed ▯ Every 4 hours with night feeding ▯ Occasional vomiting, not serious ▯ Special diet/food preparation	▯ Chokes or gags easily; frequent special handling needed ▯ Takes 41-50 minutes to feed ▯ Every 3 hours with night feedings ▯ Vomits at least twice daily; or requires medication for vomiting	▯ Requires feedings by N/G, GTT, JT and/or pump ▯ Takes 51+ minutes to feed ▯ Every 2 hours with night feedings ▯ Same as Level 2; and affecting adequate weight gain
ELIMINATION FP must use special handling or procedure according to child's needs.	▯ Prone to urinary tract infections, needs increased fluids ▯ Chronic constipation-occasional suppository	▯ Crede needed to empty bladder ▯ Chronic diarrhea/ runny stools; or constipated and needs daily program	▯ Has vesicostomy/ uretrostomy/ ilial conduit ▯ Colostomy/ ileostomy
SLEEP PATTERN FP must comfort child during night time	▯ Wakes at least 2 times per night	▯ Wakes at least 3 to 4 times per night	▯ Wakes more than 4 times per night
MUSCLE TONE FP must spend extra time handling child and work with child to improve muscle functioning	▯ Impacts on care and/or some developmental delay; need to monitor	▯ Requires special handling; follow up with therapy recommendations at home	▯ Same at Level 2; and requires special equipment for feeding, positioning, bathing, etc.
MEDICALLY FRAGILE FP must constantly monitor child's medical condition, respond immediately to child's medical needs. FP must insure child receives ongoing medical care to address medically fragile condition.	N/A	▯ Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	▯ Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care. ▯ High SIDS risk

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE (cont'd)

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
RESPIRATORY PROBLEMS FP must monitor child's condition and follow appropriate medical procedure to address respiratory condition.	[] Frequent colds, respiratory infections including ear infections	[] Asthma	[] BPD
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist child in the areas listed.	[] Apnea monitor, splints, cast, braces or positioning equipment	[] Aspiration, suctioning, ventilator or mist tent	[] Oxygen, Pulmonaide, Broviac Catheter, tracheotomy
MEDICATIONS FP must administer and monitor medications prescribed by child's doctor. Non prescription medication is not included.	[] Intermittent or as needed basis	[] 1-3 per day	[] 3+ medications per day
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	[]	[]	[]

FOR CHILDREN UP TO 18 MONTHS OF AGE

LEVEL OF FP INTERVENTION BEHAVIOR	LEVEL 1 MILD: Can be readily controlled with specialized intervention	LEVEL 2 MODERATE: Is difficult to control, but will respond to sustained specialized intervention.	LEVEL 3 SEVERE: Requires almost continuous specialized intervention
IRRITABILITY Poor state changes, prolonged periods of crying	[]	[]	[]
HYPERFLEXIA Exaggerated startle reflex, or response to stimuli, arching	[]	[]	[]
TREMORS Jerky movements	[]	[]	[]
POOR SOCIAL INTERACTIONS Poor eye contact, doesn't cuddle, not responsive	[]	[]	[]

Special Rate Request Behavioral Checklist- Child's age Birth through 2 Years

FOR CHILDREN OVER 18 MONTHS OF AGE

LEVEL OF FP INTERVENTION BEHAVIOR	LEVEL 1 MILD: Can be readily controlled with specialized intervention	LEVEL 2 MODERATE: Is difficult to control, but will respond to sustained specialized intervention.	LEVEL 3 SEVERE: Requires almost continuous specialized intervention
SHORT ATTENTION SPAN: Inability to persist in attending to any one object, person or activity. Can't play alone	▯	▯	▯
EXCESSIVE ACTIVITY: Constant movement, over-excitability and restlessness, won't sit still	▯	▯	▯
POOR TOLERANCE FOR CHANGE: Restlessness or disruption of typical functioning, cries when FP is not present	▯	▯	▯
AGGRESSION TOWARD OTHERS: Violent episodes, injury to others or destruction of property.	▯	▯	▯
AGGRESSION TOWARD SELF: Purposefully injuring self; no concept of danger.	▯	▯	▯

TRANSPORTATION:

The basic rate a Foster Parent receives covers routine transportation of a child. This would include transportation to well child medical appointments, therapy once per week, transportation to recreational events, providing a child with funds to take public transportation and other transportation needs that would not be considered excessive. This would include taking a child to a birthday party, pick a child up from a bus stop, taking a child to the hospital in the case of emergency, etc.

Excessive transportation that is part of a child's case plan and has been approved by the Child Welfare Worker can be reimbursed at a rate of $.34 per mile. This may include transporting a child to weekly parental or family visits, therapy more than once per week, excessive medical appointments or taking a child to/from school at the request of the Child Welfare Worker. Cost for transportation that has not been deemed necessary by the Child Welfare Worker will not be reimbursed. The Child Welfare Worker must approve the need for the transportation reimbursement and must monitor the Foster Parent's compliance in this regard. Transportation must be required for a minimum of one year or for the entire time designed by the Effective Dates of the rate.

_____ X $.34 /mile = _____
Miles per month Monthly reimbursement

Special Rate Request Behavioral Checklist- Child's age Birth through 2 Years

SPECIAL DIET OR FOOD SUPPLEMENT COSTS

The basic rate covers the cost of feeding a child. If a child requires a supplement to their regular food intake or requires special food or formula, a Foster Parent can be reimbursed for the purchase of these items. A copy of a prescription from the child's doctor, dietician or nutritionist must be attached. There will be no reimbursement without a prescription. In the case of a diet supplement, the entire cost of the supplement can be reimbursed. In the case of the special food or formula, you must first determine the normal food cost for your age child and subtract that from the cost of the special food or formula. The Foster Parent can be reimbursed for the difference.

Monthly cost of food or supplement_____

Child Welfare Worker comments:

Special Rate requested by: _____
Child Welfare Worker signature

Special Rate Request Approved: _____
Child Welfare Supervisor signature

CALCULATIONS:

Number of Items checked: _____ X 2 = _____ +
Level 1

_____ X 5 = _____ +
Level 2

_____ X 10 = _____
Level 3

Total: _____

Total points from levels 1, 2, and 3_____ X $6.00 = $ _____

BASIC RATE $_____

SPECIAL RATE $_____

SPECIAL NEEDS $_____

TOTAL MONTHLY RATE $_____

Rate set by: _____

Date: _____

Exception Rule applied: _____

Rater's comments:

Special Rate Request Behavioral Checklist- Child's age 3 through 5 Years

Child's name	DOB	CWW

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor child for seizure activity.	▯ History, but note currently or no more than monthly. ▯ No loss of consciousness	▯ Partially controlled. Close supervision needed. Medication changing. ▯ At least weekly ▯ Loss of consciousness, less than 10 minutes; no apnea.	▯ Uncontrolled; constant supervision needed; care following seizures needed. ▯ At least daily. ▯ Loss of consciousness more than 10 minutes, with apnea; or medical treatment needed to stop.
INFECTIOUS DISEASE FP must use the following hygiene precautions.	▯ Known or suspected, but usual hygiene measure adequate. ▯ Increased risk for contracting, but able to go out to medical appointments., etc.	▯ Needs specialized hygienic procedures; e.g. STD ▯ Known or suspected, and more than usual hygiene measures needed. ▯ Increased risk sore contracting, so should remain in home as much as possible.	▯ Needs extreme hygienic procedures; e.g. hepatitis. ▯ Known, requiring specialized handling of all body fluids. ▯ Great risk for contracting; specialized handling of food, contacts, toys, etc. is needed.
FEEDING FP must use special handling or procedure for feeding. Child's food intake must be monitored.	▯ Must be hand fed ▯ Some choking, occasional special handling needed. ▯ Occasional vomiting, not serious ▯ Special diet/food preparation	▯ Chokes or gags easily; frequent special handling or special food preparation needed. ▯ Vomits daily; or requires medication for vomiting	▯ Requires feedings by N/G, GTT, JT, and/or pump. ▯ Same as Level 2 **and** affecting adequate weight gain.
BLADDER/BOWEL FUNCTION FP must use special handling or procedure according to child's needs.	▯ Prone to urinary tract infections, needs increased fluids ▯ Chronic constipation/occasional suppository	▯ Crede needed to empty bladder ▯ Chronic diarrhea/ runny stools; or constipated and needs daily program	▯ Has vesicostomy/ uretrostomy/ ilial conduit ▯ Colosotomy/ileostomy
DEVELOPMENTAL DELAY FP 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.	▯ Can learn some self-care with constant repetitive training and instruction. i.e. toilet training, speech delay.	▯ Cannot perform age appropriate functions or can only do so with assistance. Specify: _____	▯ Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper.

Special Rate Request Behavioral Checklist- Child's age 3 through 5 Years

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE (con't)

APPOINTMENTS FP must take child to medical/ therapy appointments; or insure child's attendance at medical/ therapy appointments	[] Average one per week	[] Above average appointments	[] Frequent emergencies.
MEDICALLY FRAGILE FP must constantly monitor child's medical condition, respond immediately to child's medical needs. FP must insure child receives ongoing medical care to address medically fragile condition.	N/A	[] Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	[] Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care
RESPIRATORY PROBLEMS FP must monitor child's condition and follow appropriate medical procedure to address respiratory condition.	[] Frequent colds, respiratory infections including ear infections	[] Asthma	[] BPD
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist child in the areas listed.	[] Splints, cast, braces or positioning equipment	[] Aspiration, suctioning, ventilator.	[] Oxygen, Pulmonaide, Mist tent, Broviac Catheter, Tracheostomy
PHYSICAL THERAPY FP performs physical therapy exercises with child as prescribed by physical therapist or doctor on a daily basis.	**N/A**	[] Requires at least one hour per day of regimen prescribed by physical therapist or doctor.	[] Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor.
NON-AMBULATORY FP must monitor child's condition; assist with or perform functions the child is incapable of performing.	**N/A**	[] With help, can perform some self care functions, can move with assistance of special equipment, e.g. motorized wheelchair.	[] Needs total care. [] Same as Level 2; **and** requires special equipment for feeding, positioning, bathing, etc.
MEDICATIONS	[] Intermittent or as needed basis	[] 1-3 per day	[] 3+ medications per day
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	[]	[]	[]

Special Rate Request Behavioral Checklist- Child's age 3 through 5 Years

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING FP must provide the child with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed	[] Demanding, clinging, constant crying, reversion to infantile behavior. FP must provide extra comfort and attention. [] Tantrums: the child is not easily distracted from tantrum behavior.	[] At least daily tantrums-very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting.	**N/A**
ABNORMAL STRUCTURE/ SUPERVISION FP must provide the child with a level of structure higher than appropriate to the child's chronological age.	[] Child cannot play alone or with peers for any period of time without adult supervision. Activities must be closely monitored.	[] Child extremely anxious when not involved in structured activity, upset when change in routine. FP must supervise regimented routine.	[] FP can never leave child unattended; must give constant direction to child and supervise all activities
SLEEP DISTURBANCE FP must comfort child during night sleep time.	[] Nightmares weekly, child needs comforting to get back to sleep.	[] Nightmares/night terrors every night.	[] Child terrified of sleeping, becomes very agitated at bedtime, acts out etc.
ENURESIS FP must monitor, assist child with gaining control; extra laundry.	[] Nightly loss of control [] Daytime loss of control	**N/A**	**N/A**
ENCOPRESIS FP must monitor, assist child with gaining control; extra laundry.	**N/A**	[] At least weekly. Extra laundry and cleaning.	[] Pattern of smearing feces.
AGGRESSIVE TO OTHERS/ PROPERTY FP must monitor aggressive behavior; intervene to reduce or extinguish aggressive behavior; protect of children; replace property	**N/A**	[] Aggressive/ assault. FP must protect other children.	[] Same at Level 2; and chronic, extreme destruction of property Specify:_____
SEXUAL BEHAVIOR FP must monitor child's behavior, intervene to reduce or extinguish inappropriate sexual behavior, protect child from exploitation.	[] Inappropriate; needs guidance. [] Masturbates excessively	[] Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults. FP must monitor closely.	[] Child has a history of initiating sexual activity with other children on more than one occasion; sexually aggressive and FP must supervise peer contact to protect other children.

Special Rate Request Behavioral Checklist- Child's age 3 through 5 Years

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC (con't)

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
SCHOOL PROBLEMS FP maintains contact with school personnel; attends school meetings and/or IEP's. FP to assist child with school work and/or homework; insure child's educational needs and objectives are met.	▯ Child presents discipline problems, needs special education. FP has school contact at least weekly around behavioral issues.	▯ Child presents discipline problems, needs special education classes. FP has school contact at least 3 times weekly. Child may need to be restrained or sent for time out.	▯ Child requires Day Treatment or Special Day School.
EMOTIONALLY DISTURBED FP must know and understand child's mental health needs; monitor and intervene as necessary, assist and/or obtain assistance for child; follow through with therapy recommendations; monitor for suicidal behavior.	▯ Excessively dependent; or passive with lack of response. ▯ Minor or periodic depression. ▯ Child lies to avoid consequences.	▯ Suicidal ideation; inappropriate behaviors, unresponsive and withdrawn. FP must monitor closely; work with therapist. ▯ Child steals at home or in the community	▯ Extreme; bizarre behavior; suicidal; severe chronic depressions or danger to others or self. FP must monitor, control medications and be in constant contact with therapist. ▯ Diagnosed autism, or Mental Health problem.
FP PARTICIPANT IN PSYCHOTHERAPY	▯ At least every other week.	▯ At least weekly	▯ At least twice weekly.
HYPERACTIVE FP must constantly monitor and redirect child's behavior; must make child's environment safe to insure child does not injure self.	▯ Highly active and demanding of attention from family members. No medication necessary.	▯ Activity level can be controlled with medications. Cannot function without medication.	▯ Constant movement and restlessness. Cannot be controlled with medication. Child up at night, wanders through the house.
RETARDATION	▯ Mild	▯ Moderate	▯ Severe
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	▯	▯	▯

Special Rate Request Behavioral Checklist- Child's age 3 through 5 Years

TRANSPORTATION:

The basic rate a Foster Parent receives covers routine transportation of a child. This would include transportation to well child medical appointments, therapy once per week, transportation to recreational events, providing a child with funds to take public transportation and other transportation needs that would not be considered excessive. This would include taking a child to a birthday party; pick a child up from a bus stop, taking a child to the hospital in the case of emergency, etc.

Excessive transportation that is part of a child's case plan and has been approved by the Child Welfare Worker can be reimbursed at a rate of $ .34 per mile. This may include transporting a child to weekly parental or family visits, therapy more than once per week, excessive medical appointments or taking a child to/from school at the request of the Child Welfare Worker. Cost for transportation that has not been deemed necessary by the Child Welfare Worker will not be reimbursed. The Child Welfare Worker must approve the need for the transportation reimbursement and must monitor the Foster Parent's compliance in this regard. Transportation must be required for a minimum of one year or for the entire time designed by the Effective Dates of the rate.

_____ X $.34 /mile = _____
Miles per month Monthly reimbursement

SPECIAL DIET OR FOOD SUPPLEMENT COSTS

The basic rate covers the cost of feeding a child. If a child requires a supplement to their regular food intake or requires special food or formula, a Foster Parent can be reimbursed for the purchase of these items. A copy of a prescription from the child's doctor, dietician or nutritionist must be attached. There will be no reimbursement without a prescription. In the case of a diet supplement, the entire cost of the supplement can be reimbursed. In the case of the special food or formula, you must first determine the normal food cost for your age child and subtract that from the cost of the special food or formula. The Foster Parent can be reimbursed for the difference.

Monthly cost of food or supplement_____

Child Welfare Worker comments:

Special Rate requested by: _____
Child Welfare Worker signature

Special Rate Request Approved: _____
Child Welfare Supervisor signature

Special Rate Request Behavioral Checklist- Child's age 3 through 5 Years

CALCULATIONS:

Number of Items checked: _____ X 2 = _____
Level 1 +

_____ X 5 = _____
Level 2 +

_____ X 10 = _____
Level 3

Total: _____

Total points from levels 1,2, and 3_____ X $6.00 = $ _____

BASIC RATE $_____

SPECIAL RATE $_____

SPECIAL NEEDS $_____

TOTAL MONTHLY RATE $_____

Rate set by: _____

Date: _____

Exception Rule applied: _____

Rater's comments:

Special Rate Request Behavioral Checklist- Child's age 6 through 11 Years

Child's name	DOB	CWW

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor child for seizure activity.	[] History, but note currently or no more than monthly. [] No loss of consciousness	[] Partially controlled. Close supervision needed. Medication changing. [] Loss of consciousness, less than 10 minutes; no apnea.	[] Uncontrolled; constant supervision needed; care following seizures needed. [] Loss of consciousness more than 10 minutes, with apnea; or medical treatment needed to stop.
INFECTIOUS DISEASE FP must use the following hygiene precautions.	[] Known or suspected, but usual hygiene measure adequate. [] Increased risk for contracting, but able to go out to medical appts., etc.	[] Needs specialized hygienic procedures; e.g. STD [] Known or suspected, and more than usual hygiene measures needed. [] Increased risk for contracting, so should remain in home as much as possible.	[] Needs extreme hygienic procedures; e.g. hepatitis. [] Known, requiring specialized handling of all body fluids. [] Great risk for contracting; specialized handling of food, contacts, toys, etc. is needed.
FEEDING FP must use special handling or procedure for feeding. Child's food intake must be monitored.	[] Needs some help cutting up food [] Some choking, occasional special handling needed. [] Occasional vomiting, not serious [] Special diet/food preparation	[] Must be hand fed [] Chokes or gags easily; frequent special handling or special food preparation needed. [] Vomits at least twice daily; or requires medication for vomiting	[] Requires feedings by N/G, GTT, JT, and/or pump. [] Same as level 2 **and** affecting adequate weight gain.
BLADDER/BOWEL FUNCTION FP must use special handling or procedure according to child's needs.	[] Prone to urinary tract infections, needs increased fluids [] Chronic constipation-occasional suppository	[] Crede needed to empty bladder [] Chronic diarrhea/ runny stools; or constipated and needs daily program	[] Has vesicostomy/ uretrostomy/ ilial conduit [] Colostomy /ileostomy
DEVELOPMENTAL DELAY FP 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.	[] Can learn some self-care with constant repetitive training and instruction. i.e. toilet training, speech delay.	[] Cannot perform age appropriate functions or can only do so with assistance. Specify: _____	[] Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper.

Special Rate Request Behavioral Checklist- Child's age 6 through 11 Years

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE (con't)

APPOINTMENTS FP must take child to medical/ therapy appointments; or insure child's attendance at medical/ therapy appointments	[] Average one per week	[] Above average appointments	[] Daily medical treatment required (comment on anticipated duration)
MEDICALLY FRAGILE FP must constantly monitor child's condition, and respond immediately to child's medical needs. FP must insure child receives ongoing medical care to address medically fragile condition.	N/A	[] Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	[] Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care
RESPIRATORY PROBLEMS FP must monitor child's condition and follow appropriate medical procedure to address respiratory condition.	[] Frequent colds, respiratory infections including ear infections	[] Asthma	[] BPD
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist child in the areas listed.	[] Splints, cast, braces or positioning equipment	[] Aspiration, suctioning, ventilator	[] Oxygen, Pulmonaide, Mist tent, Broviac Catheter, Tracheotomy
PHYSICAL THERAPY FP performs physical therapy exercises with child as prescribed by physical therapist or doctor on a daily basis.	N/A	[] Requires at least one hour per day of regimen prescribed by physical therapist or doctor.	[] Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor.
NON-AMBULATORY FP must monitor child's condition; assist with or perform functions the child is incapable of performing.	[] Needs some help with dressing and attending to personal hygiene.	[] With help, can perform some functions; can move with assistance of special equipment,	[] Requires total care. [] Same as Level 2; **and** requires special equipment for feeding, positioning, bathing, etc.
MEDICATIONS FP must administer and monitor medications prescribed by child's doctor. Non prescription medication not included.	[] Intermittent or as needed basis	[] 1-3 per day	[] 3+ medications per day
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	[]	[]	[]

Special Rate Request Behavioral Checklist- Child's age 6 through 11 Years

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING FP must provide the child with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed	[] Demanding, clinging, constant crying, sleep disturbances, reversion to infantile behavior. FP must provide extra comfort and attention. [] Tantrums: the child is not easily distracted from tantrum behavior.	[] At least daily tantrums-very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting.	**N/A**
ABNORMAL STRUCTURE/ SUPERVISION FP must provide the child with a level of structure higher than appropriate to the child's chronological age.	[] Activities must be closely monitored.	[] FP must supervise regimented routine. Follow through with behavior contracts.	[] Child regularly put self in dangerous situations. [] FP can never leave child unattended
ENURESIS FP must monitor, assist child with gaining control; extra laundry.	[] Once or twice weekly [] Nightly loss of control [] Daytime loss of control	**N/A**	**N/A**
ENCOPRESIS FP must monitor, assist child with gaining control; extra laundry.	**N/A**	[] At least weekly. Extra laundry and cleaning.	[] Pattern of smearing feces.
AGGRESSIVE TO OTHERS/ PROPERTY FP must monitor aggressive behavior; intervene to reduce or extinguish aggressive behavior; protect of children; replace property	[] Verbally aggressive to peers or adults	[] Aggressive/ assaultive. FP must protect other children.	[] Same at Level 2; **and** chronic, extreme destruction of property [] History of fire setting with damage to property
SEXUAL BEHAVIOR FP must monitor child's behavior, intervene to reduce or extinguish inappropriate sexual behavior, protect child from exploitation.	[] Inappropriate; needs guidance. [] Masturbates excessively	[] Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults. FP must monitor closely.	[] Child has a history of initiating sexual activity with other children on more than one occasion; sexually aggressive and FP must supervise peer contact to protect other children.

Special Rate Request Behavioral Checklist- Child's age 6 through 11 Years

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC (con't)

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
SCHOOL PROBLEMS FP maintains contact with school personnel; attends school meetings and/or IEP's. FP to assist child with school work and/or homework; insure child's educational needs and objectives are met.	[] Child presents discipline problems; special education. FP must provide help with lessons, and has school contact at least weekly around behavioral issues. [] Assist with school and/or homework 2 times weekly.	[] Child presents discipline problems, special education classes. FP has school contact at least 3-4 times weekly. [] Assist with school and/or homework every day.	[] Child requires Day Treatment or Special Day School.
EMOTIONALLY DISTURBED FP must know and understand child's mental health needs; monitor and intervene as necessary, assist and/or obtain assistance for child; follow through with therapy recommendations; monitor for suicidal behavior.	[] Excessively dependent; or passive with lack of response. [] Minor or periodic depression. [] Child lies to avoid consequences.	[] Suicidal ideation; inappropriate behaviors, unresponsive and withdrawn. FP must monitor closely; work with therapist. [] Fascination with fire.	[] Extreme; bizarre behaviors; suicidal; severe chronic depressions or danger to others or self. FP must monitor, control medications and be in constant contact with therapist. [] Diagnosed autism, or Mental Health problem.
LAW VIOLATIONS FP 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 it is not stolen; monitor for drug use and intervene as necessary.	[] AWOL behavior that puts child at risk.	[] Pattern of truancy; stealing in the home or community; minor antisocial behavior.	[] Alcohol/drug use; major theft; assaultive; weapons possession.
FP PARTICIPANT IN PSYCHOTHERAPY	[] At least every other week.	[] At least weekly	[] At least twice weekly.
HYPERACTIVE FP must constantly monitor and redirect child's behavior; may administer medication; must make child's environment safe to insure child does not injure self.	[] Very active; energy must be directed into positive channels. No medications.	[] Can be controlled with medication. Cannot function without medication.	[] Constant movement and restlessness. Cannot be controlled with medication. Child up at night, wanders through the house.
RETARDATION	[] Mild	[] Moderate	[] Severe
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	[]	[]	[]

Special Rate Request Behavioral Checklist- Child's age 6 through 11 Years

TRANSPORTATION:

The basic rate a Foster Parent receives covers routine transportation of a child. This would include transportation to well child medical appointments, therapy once per week, transportation to recreational events, providing a child with funds to take public transportation and other transportation needs that would not be considered excessive. This would include taking a child to a birthday party; pick a child up from a bus stop, taking a child to the hospital in the case of emergency, etc.

Excessive transportation that is part of a child's case plan and has been approved by the Child Welfare Worker can be reimbursed at a rate of $.34 per mile. This may include transporting a child to weekly parental or family visits, therapy more than once per week, excessive medical appointments or taking a child to/from school at the request of the Child Welfare Worker. Cost for transportation that has not been deemed necessary by the Child Welfare Worker will not be reimbursed. The Child Welfare Worker must approve the need for the transportation reimbursement and must monitor the Foster Parent's compliance in this regard. Transportation must be required for a minimum of one year or for the entire time designed by the Effective Dates of the rate.

_____ X $.34 /mile = _____
Miles per month Monthly reimbursement

SPECIAL DIET OR FOOD SUPPLEMENT COSTS

The basic rate covers the cost of feeding a child. If a child requires a supplement to their regular food intake or requires special food or formula, a Foster Parent can be reimbursed for the purchase of these items. A copy of a prescription from the child's doctor, dietician or nutritionist must be attached. There will be no reimbursement without a prescription. In the case of a diet supplement, the entire cost of the supplement can be reimbursed. In the case of the special food or formula, you must first determine the normal food cost for your age child and subtract that from the cost of the special food or formula. The Foster Parent can be reimbursed for the difference.

Monthly cost of food or supplement_____

Child Welfare Worker comments:

Special Rate requested by: _____
Child Welfare Worker signature

Special Rate Request Approved: _____
Child Welfare Supervisor signature

Special Rate Request Behavioral Checklist- Child's age 6 through 11 Years

CALCULATIONS:

Number of Items checked: _____ X 2 = _____
Level 1 +

_____ X 5 = _____
Level 2 +

_____ X 10 = _____
Level 3

Total: _____

Total points from levels 1,2, and 3_____ X $6.00 = $ _____

BASIC RATE $_____

SPECIAL RATE $_____

SPECIAL NEEDS $_____

TOTAL MONTHLY RATE $_____

Rate set by: _____

Date: _____

Exception Rule applied: _____

Rater's comments:

Special Rate Request Behavioral Checklist- Child's age 12 and Older

Child's name	DOB	CWW

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
SEIZURES FP must monitor child for seizure activity.	▯ History, but note currently or no more than monthly. ▯ No loss of consciousness	▯ Partially controlled. Close supervision needed. Medication changing. ▯ At least weekly ▯ Loss of consciousness, less than 10 minutes; no apnea.	▯ Uncontrolled; constant supervision needed; care following seizures needed. ▯ At least daily ▯ Loss of consciousness more than 10 minutes, with apnea; or medical treatment needed to stop.
INFECTIOUS DISEASE FP must use the following hygiene precautions.	▯ Known or suspected, but usual hygiene measure adequate. ▯ Increased risk for contracting, but able to go out to medical appointments., etc.	▯ Needs specialized hygienic procedures; e.g. STD ▯ Known or suspected, and more than usual hygiene measures needed. ▯ Increased risk for contracting, so should remain in home as much as possible.	▯ Needs extreme hygienic procedures; e.g. hepatitis. ▯ Known, requiring specialized handling of all body fluids. ▯ Great risk for contracting; specialized handling of food, contacts, toys, etc. is needed.
FEEDING FP must use special handling or procedure for feeding. Child's food intake must be monitored.	▯ Needs some help cutting up food ▯ Some choking, occasional special handling needed. ▯ Occasional vomiting, not serious ▯ Special diet/food preparation	▯ Must be hand fed ▯ Chokes or gags easily; frequent special handling or special food preparation needed. ▯ Vomits at least twice daily; or requires medication for vomiting	▯ Requires feedings by N/G, GTT, JT, and/or pump. ▯ Same as level 2 **and** affecting adequate weight gain.
BLADDER/BOWEL FUNCTION FP must use special handling or procedure according to child's needs.	▯ Prone to urinary tract infections, needs increased fluids ▯ Chronic constipation-occasional suppository	▯ Crede needed to empty bladder ▯ Chronic diarrhea/ runny stools; or constipated and needs daily program	▯ Has vesicostomy/ ureterostomy/ ilial conduit ▯ Colostomy /ileostomy
DEVELOPMENTAL DELAY FP 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.	▯ Can learn some self-care with constant repetitive training and instruction. i.e. toilet training, speech delay.	▯ Cannot perform age appropriate functions or can only do so with assistance. Specify: _____	▯ Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper.

Special Rate Request Behavioral Checklist- Child's age 12 and Older

PHYSICAL CARE NEEDS QUALIFYING FOR SPECIAL RATE (cont')

APPOINTMENTS FP must take child to medical/ therapy appointments; or insure child's attendance at medical/ therapy appointments	[] Average more than one per week	[] Above average appointments	[] Frequent emergencies
MEDICALLY FRAGILE FP must constantly monitor child's medical condition, and respond immediately to child's medical needs. .FP must insure child receives ongoing medical care to address medically fragile condition.	N/A	[] Born with serious defects having long-term implications. Close monitoring and medical supervision needed.	[] Born with major defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care
RESPIRATORY PROBLEMS FP must monitor child's condition and follow appropriate medical procedure to address respiratory condition.	[] Frequent colds, respiratory infections including ear infections	[] Asthma	[] Frequent bouts of pneumonia or other lung disease requiring periodic hospitalization.
SPECIALIZED EQUIPMENT FP must be trained in the use of technology needed to assist child in the areas listed.	[] Splints, cast, braces or positioning equipment	[] Aspiration, suctioning, ventilator	[] Oxygen, Pulmonaide, Mist tent, Broviac Catheter, tracheotomy
PHYSICAL THERAPY FP performs physical therapy exercises with child as prescribed by physical therapist or doctor on a daily basis.	**N/A**	[] Requires at least one hour per day of regimen prescribed by physical therapist or doctor.	[] Requires 2-3 hours per day of exercise regimen prescribed by physical therapist or doctor.
NON-AMBULATORY FP must monitor child's condition; assist with or perform functions the child is incapable of performing.	[] Needs some help with dressing and attending to personal hygiene.	[] With help, can perform some functions. [] Requires special handling; follow up with therapy recommendations at home.	[] Requires total care. [] Same as Level 2; **and** requires special equipment for feeding, positioning, bathing, etc.
MEDICATIONS FP must administer and monitor medications prescribed by child's doctor. Non prescription medication is not included.	**N/A**	[] 1-3 per day	[] 3+ medications per day
OTHER Child has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	[]	[]	[]

Special Rate Request Behavioral Checklist- Child's age 12 and Older

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING FP must provide the child with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed	[] Demanding, clinging, constant crying, sleep disturbances, reversion to infantile behavior. FP must provide extra comfort and attention.	[] Frequent verbal outbursts; defiant, refusal to follow basic rules. FP must provide constant limit setting.	[] constant challenging and criticism of FP actions; attempts to undermine FP authority in home, child has know-it-all attitude; uses arrogance as primary defense. [] Primary attachment to caretaker, few friends or peer activities; wants total attention of caretaker, overly jealous of other children in home.
ABNORMAL STRUCTURE/ SUPERVISION FP must provide the child with a level of structure higher than appropriate to the child's chronological age.	[] Child is restless and cannot initiate own activities without direction, activities must be closely monitored.	[] Child becomes anxious and acts out whenever there is no structure or an established routine is changed; FP must supervise regimented routine and follow through with behavior contract.	[] Regularly puts self in dangerous situations. [] FP can never leave child unattended
ENURESIS FP must monitor, assist child with gaining control; extra laundry.	[] Once or twice weekly [] Nightly loss of control [] Daytime loss of control	**N/A**	**N/A**
ENCOPRESIS FP must monitor, assist child with gaining control; extra laundry.	**N/A**	[] At least weekly. Extra laundry and cleaning.	[] At least twice weekly. Extra laundry and cleaning.
AGGRESSIVE TO OTHERS/ PROPERTY FP must monitor aggressive behavior; intervene to reduce or extinguish aggressive behavior; protect of children; replace property	[] Verbally aggressive to peers or adults	[] Aggressive/ assaultive. FP must protect other children.	[] Same at Level 2; **and** chronic, extreme destruction of property [] History of fire setting with damage to property
SEXUAL BEHAVIOR FP must monitor child's behavior, intervene to reduce or extinguish inappropriate sexual behavior, protect child from exploitation; discuss safe sex practices, birth control, appropriate dating, risk factors associated with unprotected sex.	[] Inappropriate; needs guidance. [] Masturbates excessively	[] Child's conversations often revolves around sexual topics; child is sexually provocative with both adults and peers; FP must monitor closely.	[] Child has been sexually aggressive to peers or younger children or has initiated sexual involvement with adults; FP must monitor interactions with adults and supervise interactions with peers and younger children to protect them. [] Promiscuous; at risk for STD and HIV.

Special Rate Request Behavioral Checklist- Child's age 12 and Older

EMOTIONAL CARE NEEDS QUALIFYING FOR DOC (con't)

PROBLEMS	LEVEL 1	LEVEL 2	LEVEL 3
SCHOOL PROBLEMS FP maintains contact with school personnel; attends school meetings and/or IEP's. FP to assist child with school work and/or homework; insure child's educational needs and objectives are met.	[] Child presents discipline problems; special education. FP must provide help with lessons, and has school contact at least weekly around behavioral issues. [] Assist with school and/or homework 2 times weekly.	[] Child presents discipline problems, special education classes. FP has school contact at least 3-4 times weekly. [] Assist with school and/or homework every day.	[] Child requires Day Treatment or Special Day School.
EMOTIONALLY DISTURBED FP must know and understand child's mental health needs; monitor and intervene as necessary, assist and/or obtain assistance for child; follow through with therapy recommendations; monitor for suicidal behavior.	[] Excessively dependent; or passive with lack of response. [] Minor or periodic depression. [] Child lies to avoid consequences.	[] Suicidal ideation; inappropriate behaviors, unresponsive and withdrawn. FP must monitor closely; work with therapist. [] Fascination with fire.	[] Extreme; bizarre behaviors; suicidal; severe chronic depressions or danger to others or self. FP must monitor, control medications and be in constant contact with therapist. [] Diagnosed autism. [] Diagnosed eating disorder; e.g. anorexia, bulimia, etc. [] Other diagnosed mental health problem.
LAW VIOLATIONS FP 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 it is not stolen; monitor for drug use and intervene as necessary.	[] AWOL behavior that puts child at risk.	[] Pattern of truancy; stealing in the home or community; minor antisocial behavior.	[] Alcohol/drug use; major theft; assaultive; weapons possession.
FP PARTICIPANT IN PSYCHOTHERAPY	[] At least every other week.	[] At least weekly	[] At least twice weekly.
RETARDATION	[] Mild	[] Moderate	[] Severe
OTHER Child has emotional need not covered above that requires FP to perform activities that differ from those listed. Indicate condition and additional FP activities.	[]	[]	[]

Special Rate Request Behavioral Checklist- Child's age 12 and Older

TRANSPORTATION:

The basic rate a Foster Parent receives covers routine transportation of a child. This would include transportation to well child medical appointments, therapy once per week, transportation to recreational events, providing a child with funds to take public transportation and other transportation needs that would not be considered excessive. This would include taking a child to a birthday party; pick a child up from a bus stop, taking a child to the hospital in the case of emergency, etc.

Excessive transportation that is part of a child's case plan and has been approved by the Child Welfare Worker can be reimbursed at a rate of $.34 per mile. This may include transporting a child to weekly parental or family visits, therapy more than once per week, excessive medical appointments or taking a child to/from school at the request of the Child Welfare Worker. Cost for transportation that has not been deemed necessary by the Child Welfare Worker will not be reimbursed. The Child Welfare Worker must approve the need for the transportation reimbursement and must monitor the Foster Parent's compliance in this regard. Transportation must be required for a minimum of one year or for the entire time designed by the Effective Dates of the rate.

_____ X $.34 /mile = _____
Miles per month Monthly reimbursement

SPECIAL DIET OR FOOD SUPPLEMENT COSTS

The basic rate covers the cost of feeding a child. If a child requires a supplement to their regular food intake or requires special food or formula, a Foster Parent can be reimbursed for the purchase of these items. A copy of a prescription from the child's doctor, dietician or nutritionist must be attached. There will be no reimbursement without a prescription. In the case of a diet supplement, the entire cost of the supplement can be reimbursed. In the case of the special food or formula, you must first determine the normal food cost for you age child and subtract that from the cost of the special food or formula. The Foster Parent can be reimbursed for the difference.

Monthly cost of food or supplement_____

Child Welfare Worker comments:

Special Rate requested by: _____
Child Welfare Worker signature

Special Rate Request Approved: _____
Child Welfare Supervisor signature

Special Rate Request Behavioral Checklist- Child's age 12 and Older

CALCULATIONS:

Number of Items checked: _____ X 2 = _____
Level 1 +

_____ X 5 = _____
Level 2 +

_____ X 10 = _____
Level 3

Total: _____

Total points from levels 1, 2, and 3_____ X $6.00 = $ _____

BASIC RATE $_____

SPECIAL RATE $_____

SPECIAL NEEDS $_____

TOTAL MONTHLY RATE $_____

Rate set by: _____

Date: _____

Exception Rule applied: _____

Rater's comments:

AUTHORIZATION TO PAY SPECIAL CARE INCREMENT FOR CHILDREN IN OUT-OF-HOME PLACEMENT

(Part I) To be completed by Child Welfare Worker (CWW)/Deputy Probation Officer (DPO)

Type of Special Care Request: ☐ **Initial** ☐ **Review** ☐ **Initial w/Exception Rule** ☐ **Provider Amendment**

Child's Name: _____ DOB: _____ Case Name: _____

Case Number: _____ ET #: _____ Foster Parent Name: _____

Start Date: _____ End Date: _____ County Where Child is Placed: _____

CWW/DPO Signature: _____ Worker #: _____ Telephone: _____

CWW/DPO Supervisor Signature: _____ Date: _____

CFS Program Manager Signature: _____ Date: _____

(Part II) To be completed by Rate Setter

FC Basic Rate: _____ Specialized Payment: _____ (Inc. mlg. _____) Total Rate: _____

Rate Setter Signature: _____ Date: _____

ALAMEDA COUNTY SOCIAL SERVICES AGENCY
CHILDREN AND FAMILY SERVICES (CFS)

SPECIAL RATE RETURN NOTICE

TO CWW/ JPO: _____ **FROM:** _____ **DATE:** _____

_____ **INCOMPLETE Form # 34-9** (See highlighted area(s))

_____ **INCOMPLETE Form # 30-107, 30-108, 30-109 or 30-110** (nothing marked)

_____ **HOST COUNTY FORM REQUIRED**

_____ **DOCUMENTATION NEEDED (See Below)**

_____ **CHILD DOES NOT QUALIFY FOR SPECIAL RATE UNDER GUIDELINES**

_____ **OTHER:** (See details below)

Return Requested Items to Account Specialist Worker #: _____ **QIC:** _____

FORM # 34-9

Complete Part I, the **Start Date** is the date you wish the Special Rate payment to begin. The **End Date** cannot exceed one year minus one day from the start date.

FORM # 30-107, 30-108, 30-109, or 30-110

You must attach the age appropriate Alameda County Special Rate Request form. If you wish to add information do so only in the area marked **OTHER** or in areas requiring specific information such as: mileage, diet/food supplements and worker comments.

HOST COUNTY

If the child is placed out of county, you must complete the host county special rate request form with Form # 34-9 and provide supporting documentation. You may obtain host county forms from CFS Program Managers.

For Placement Outside Of California, you must contact that State and request their rate information. If that State does not have Special Rate Forms, you may request that the host State send you a letter on official stationary, verifying the rate the child would be eligible for as a dependant of that county. Submit their letter/forms, with Form # 34-9 and supporting documentation.

DOCUMENTATON

The documentation requirements are the same no matter where the child is placed. Please follow the guidelines in Procedure # 34-0.9, dated Effective 10-1-03. You may submit court reports, case dictation, school reports, medical documents and police reports. Items not documented will not be considered in the determination of special care.

OTHER: _____

_____

_____

_____

Alameda County Social Services Agency
Children and Family Services

Rate Setter Authorization Report Age 0 to 2 Years

Child's Name:	DOB:	CWW/JPO #	Date:

The Special Care Rate Request for this minor has been processed and the following items <u>could not be approved for the following reasons:</u>

Physical Care Needs Not Approved

Problem	Code/Level			Problem	Code/ Level		
	1	2	3		1	2	3
Seizures				Appointments			
Infectious Disease				Medically Fragile			
Feeding				Respiratory Problems			
Elimination				Specialized Equipment			
Sleep Pattern				Medications			
Muscle Tone				Other:			

Behavioral Care Needs Not Approved

Children Under 18 Months	Code/Level			Children Over 18 Months	Code/Level		
Problem	1	2	3	Problem	1	2	3
Irritability				Short Attention Span			
Hyperreflexia				Excessive Activity			
Tremors				Poor Tolerance Change			
Encopresis				Aggression Toward Others			
Poor Social Interaction				Aggression Toward Self			

Reason Code Key
(C) Covered: The item requested is included in a higher level category of the same/overlapping need (problem).
(ID) Insufficient Documentation: A special rate has been approved for this minor, however, there is insufficient documentation to support the approval of this item. **Please submit further documentation for consideration of this need within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**
(ND) No Documentation: There is no documentation provided to substantiate an approval of the request for this need. **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**
(NCD) No Collateral Documentation: Collateral documentation is required for approval of this item. (ie: psychological/medical evaluation, and/or a statement from a treating practitioner such as a Therapist, Pediatrician, Psychiatrist, etc). **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**

Alameda County Social Services Agency
Children and Family Services

Rate Setter Authorization Report Age 3 to 5 Years

Child's Name:	DOB:	CWW/JPO #	Date:

The Special Care Rate Request for this minor has been processed and the following items could not be approved for the following reasons:

Physical Care Needs Not Approved

Problem	Code/Level			Problem	Code/ Level		
	1	2	3		1	2	3
Seizures				Respiratory Problems			
Infectious Disease				Specialized Equipment			
Feeding				Physical Therapy			
Bladder/Bowel Functioning				Non-Ambulatory			
Developmental Delay				Medications			
Appointments				Other:			
Medically Fragile							

Emotional Care Needs Not Approved

Problem	Code/Level			Problem	Code/Level		
	1	2	3		1	2	3
Attention Seeking				School Problems			
Abnormal Structure/Supervision				Emotionally Disturbed			
Sleep Disturbance				FP Participant in Psycho-Therapy			
Enuresis				Hyperactive			
Encopresis				Retardation			
Aggressive to others/Property				Other:			
Sexual Behavior							

Reason Code Key
(C) Covered: The item requested is included in a higher level category of the same/overlapping need (problem).
(ID) Insufficient Documentation: A special rate has been approved for this minor, however, there is insufficient documentation to support the approval of this item. **Please submit further documentation for consideration of this need within 12 business days from the date from this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**
(ND) No Documentation: There is no documentation provided to substantiate an approval of the request for this need. **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**
(NCD) No Collateral Documentation: Collateral documentation is required for approval of this item. (ie: psychological/medical evaluation, and/or a statement from a treating practitioner such as a Therapist, Pediatrician, Psychiatrist, etc). **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**

Alameda County Social Services Agency
Children and Family Services

Rate Setter Authorization Report Age 6 to 11 Years

Child's Name:	DOB:	CWW/JPO #	Date:

The Special Care Rate Request for this minor has been processed and the following items could not be approved for the following reasons:

Physical Care Needs Not Approved

Problem	Code/Level			Problem	Code/ Level		
	1	2	3		1	2	3
Seizures				Respiratory Problems			
Infectious Disease				Specialized Equipment			
Feeding				Physical Therapy			
Bladder/Bowel Functioning				Non-Ambulatory			
Developmental Delay				Medications			
Appointments				Other:			
Medically Fragile							

Emotional Care Needs Not Approved

Problem	Code/Level			Problem	Code/Level		
	1	2	3		1	2	3
Attention Seeking				Emotionally Disturbed			
Abnormal Structure/Supervision				Law Violations			
Enuresis				FP Participant in Psycho-Therapy			
Encopresis				Hyperactive			
Aggressive to others/Property				Retardation			
Sexual Behavior				Other:			
School Problems							

Reason Code Key
(C) Covered: The item requested is included in a higher level category of the same/overlapping need (problem).
(ID) Insufficient Documentation: A special rate has been approved for this minor, however, there is insufficient documentation to support the approval of this item. **Please submit further documentation for consideration of this need within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**
(ND) No Documentation: There is no documentation provided to substantiate an approval of the request for this need. **Please submit documentation within 12 business days from the date of the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**
(NCD) No Collateral Documentation: Collateral documentation is required for approval of this item. (ie: psychological/medical evaluation, and/or a statement from a treating practitioner such as a Therapist, Pediatrician, Psychiatrist, etc). **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**

Alameda County Social Services Agency
Children and Family Services

Rate Setter Authorization Report Age 12 to 18 Years

Child's Name:	DOB:	CWW/JPO #	Date:

The Special Care Rate Request for this minor has been processed and the following items <u>could not be approved for the following reasons:</u>

Physical Care Needs Not Approved

Problem	Code/Level			Problem	Code/ Level		
	1	2	3		1	2	3
Seizures				Respiratory Problems			
Infectious Disease				Specialized Equipment			
Feeding				Physical Therapy			
Bladder/Bowel Functioning				Non-Ambulatory			
Developmental Delay				Medications			
Appointments				Other:			
Medically Fragile							

Emotional Care Needs Not Approved

Problem	Code/Level			Problem	Code/Level		
	1	2	3		1	2	3
Attention Seeking				Emotionally Disturbed			
Abnormal Structure/Supervision				Law Violations			
Enuresis				FP Participant in Psycho-Therapy			
Encopresis				Retardation			
Aggressive to others/Property				Other:			
Sexual Behavior							
School Problems							

Reason Code Key
(C) Covered: The item requested is included in a higher level category of the same/overlapping need (problem).
(ID) Insufficient Documentation: A special rate has been approved for this minor, however, there is insufficient documentation to support the approval of this item. **Please submit further documentation for consideration of this need within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**
(ND) No Documentation: There is no documentation provided to substantiate an approval of the request for this need. **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**
(NCD) No Collateral Documentation: Collateral documentation is required for approval of this item. (ie: psychological/medical evaluation, and/or a statement from a treating practitioner such as a Therapist, Pediatrician, Psychiatrist, etc). **Please submit documentation within 12 business days from the date of this notification. If no new information is received Rate Setter will consider the request for this item as "withdrawn per CWW request".**

Alameda County Social Services Agency
Children and Family services

Special Care Rate Worksheet

Minor's Name: _____ **Case Number:** _____

Foster Care Monthly Basic Rates By Age				
Infant to 4 Yr.	5 to 8 Yr.	9 to 11 Yr.	12 to 14 Yr.	15 to 18 Yr.
$425	$462	$494	$546	$597

Levels	# Of Approved Items	Factor	Total	# Of Requested Items
1		2		
2		5		
3		10		
Total Points				
Total Point Dollars (Rounded down to the nearest dollar)				

Special Care Rate Breakdown	
Special Care Increment	
Mileage	+
Prescription Diet	+
Basic Rate	+
Total Special Care Rate	=

Item Not Approved	Level/Reason Code		
	1	2	3

Reason Key

(C) Covered: The item requested is included in a higher level category of the same need (problem).

(ND)No Documentation: There is no documentation provided to substantiate an approval of the request for this need.

(NCD) No Collateral Documentation: Collateral documentation is required for approval of this item.

(ID) Insufficient Documentation: There is insufficient documentation to support the approval of this item.