



FOSTER CARE PAYMENT TABLES

Effective July 1, 2013

Basic Foster Care, Relative/NREFM KG & LG, and Satellite Shelter Home Rates

Child's Age	Relative/NREFM KG & LG Licensed Basic Foster Care Rate	Satellite Shelter Home Allowance	Satellite Shelter Home Rate (Basic Rate plus Allowance)
0-4	\$657	\$158	\$815
5-8	\$711	\$158	\$869
9-11	\$748	\$171	\$919
12-14	\$783	\$184	\$967
15-20	\$820	\$184	\$1004

Note: SILP placements will receive the basic foster care rate above

Satellite Shelter Home (SSH) Sibling Rate (Three or more Children)

Child's Age	Satellite Shelter Sibling Rate Allowance	Satellite Shelter Sibling Rate (Basic FC Rate plus Allowance)
0-4	\$263	\$920
5-8	\$263	\$974
9-11	\$262	\$1010
12-14	\$263	\$1046
15-20	\$262	\$1082

Clothing Allowance Maximums

Initial Placement	Subsequent Allowance	Annual Allowance	Emergency Allowance
\$236	\$91	\$182	\$182

Infant Supplement

Group Home	Foster Family Home/FFA
\$890	\$411

Special Care Increment (SCI) Rate

Support Needed	Level 1 Rate	Level 2 Rate	Level 3 Rate	Level 4 Rate	Level 5 Rate
Emotional	\$106	\$176	\$317	\$529	\$776
Physical	\$106	\$176	\$317	\$529	\$776
Auxiliary	\$106	\$176	\$317		

SCI DETERMINATION AND AUTHORIZATION SHEET

Child's Name: _____	DOB: _____	Case #: _____
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Placement Type: Relative NREFM Long Term Foster Home Satellite Home
 Child has a health or behavioral problem requiring additional care and supervision **And** SCI provider is an alternative to child living in a higher level of care facility

VERIFICATION MUST BE PROVIDED FOR ALL BOXES CHECKED BELOW

EMOTIONAL CARE BEHAVIORS QUALIFYING FOR SCI			
<input type="checkbox"/> Level 1 Minimal	<input type="checkbox"/> Excessive dependency-not age appropriate <input type="checkbox"/> Excessively irritable, unable to be soothed <input type="checkbox"/> Hypertonus/poor tolerance to being held	<input type="checkbox"/> Special attention needs <input type="checkbox"/> Inability to bond <input type="checkbox"/> Hypersensitivity/external stimuli	<input type="checkbox"/> Excessive separation anxiety/rejection/guilt for family circumstances <input type="checkbox"/> Exhibits shrill cry/jitteriness/tremors/startles easily <input type="checkbox"/> Other
<input type="checkbox"/> Level 2 Moderate	<input type="checkbox"/> Excessive affection/attention needs <input type="checkbox"/> Consistent regressive behaviors <input type="checkbox"/> Extreme difficulty relating to peers <input type="checkbox"/> Constant repetition/follow-through on instructions/abnormal supervision, limit setting, discipline due to acting out behaviors	<input type="checkbox"/> Frequent enuresis <input type="checkbox"/> Frequent school problems <input type="checkbox"/> Other	<input type="checkbox"/> Requires structured, controlled program/environment <input type="checkbox"/> Changes in family life due to specific behaviors/needs
<input type="checkbox"/> Level 3 Intensive	<input type="checkbox"/> Excessive eating or sleeping disturbances <input type="checkbox"/> Extreme irritability <input type="checkbox"/> Extreme attention-seeking behavior-stealing/destructive/physically aggressive/drug use/frequent runaway/extreme hyperactivity/sexual acting-out, etc.	<input type="checkbox"/> Frequent encopresis <input type="checkbox"/> Prolonged periods of being inconsolable	<input type="checkbox"/> Other
<input type="checkbox"/> Level 4 Pre-Institution	<input type="checkbox"/> Very disturbed <input type="checkbox"/> Extreme bizarre behavior-depression, fantasizing, self-mutilating tendencies	<input type="checkbox"/> Self-destructive	<input type="checkbox"/> Requires exceptional care <input type="checkbox"/> Other
<input type="checkbox"/> Level 5 Institutional	<input type="checkbox"/> Severely disturbed <input type="checkbox"/> Depression, severe and chronic	<input type="checkbox"/> Continual runaway <input type="checkbox"/> Suicide attempted	<input type="checkbox"/> Dangerous to self and others <input type="checkbox"/> Other

PHYSICAL CARE NEEDS QUALIFYING FOR SCI			
<input type="checkbox"/> Level 1 Minimal	<input type="checkbox"/> Frequent disinfection of crib/changing area <input type="checkbox"/> Needs help with buttons/laces/braces/prosthetics but otherwise self-caring <input type="checkbox"/> Needs warm baths/massages/frequent changing position to relieve stiffness <input type="checkbox"/> Frequent diaper/clothes/bedding changes due to gastrointestinal problems, overactive sucking or sweating	<input type="checkbox"/> Needs frequent out of the ordinary holding/comforting <input type="checkbox"/> Dehydration/failure to thrive/distress signs of medically needy child <input type="checkbox"/> Other	
<input type="checkbox"/> Level 2 Moderate	<input type="checkbox"/> Requires constant attendance <input type="checkbox"/> Physical therapy up to 1 hour/day <input type="checkbox"/> Feeding problems (tube feeding, suctioning, poor suck reflex, etc.) <input type="checkbox"/> Airing of excoriated areas	<input type="checkbox"/> Needs help bathing/dressing/hygiene (not age appropriate) <input type="checkbox"/> Intensive supervision/implementation prescribed exercise/training/etc. <input type="checkbox"/> Special medical monitoring <input type="checkbox"/> Medication administered by tube or gavage	<input type="checkbox"/> Other
<input type="checkbox"/> Level 3 Intensive	<input type="checkbox"/> Non-ambulatory <input type="checkbox"/> Needs aspiration/suctioning/mist-tent/apnea monitor/pulmonary-aide machine	<input type="checkbox"/> Colostomy or ileal conduit <input type="checkbox"/> Other	
<input type="checkbox"/> Level 4 Pre-Institution	<input type="checkbox"/> Requires total custodial care <input type="checkbox"/> Daily therapy, 2 – 3 hours/day	<input type="checkbox"/> Needs 24 hour supervision <input type="checkbox"/> Uncontrollable seizures	<input type="checkbox"/> Other

AUXILIARY CARE NEEDS QUALIFYING FOR SCI		
<input type="checkbox"/> Level 1 Minimal	<input type="checkbox"/> Special diet or supplements <input type="checkbox"/> Other	<input type="checkbox"/> Regular monthly trips to physicians, therapists, specialists, etc.
<input type="checkbox"/> Level 2 Moderate	<input type="checkbox"/> Visits to therapists, physicians, specialists at least every two weeks <input type="checkbox"/> Use of special equipment or extraordinary adjustments (building ramps, installing lifts, obtaining special training)	<input type="checkbox"/> Other
<input type="checkbox"/> Level 3 Intensive	<input type="checkbox"/> Frequent trips to medical facilities &/or frequent hospitalizations	<input type="checkbox"/> Other

FC Rate: _____	Emotional Care Level: \$ _____	Physical Care Level: \$ _____	Auxiliary Care Level: \$ _____	Total SCI: \$ _____
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Initial Request Updated Request Annual Renewal Date of Next Review: _____
 SW Signature _____ Date _____ SWS Signature _____ Date _____
 CWDC Signature _____ Date _____ Deputy Director Signature _____ Date _____

**State AFDC-FC
Non-Related Legal
Guardians
establish prior to
5/1/11**

Child's Age	Birth 4	5-8	9-11	12-14	15-20
Rate	\$481	\$522	\$559	\$617	\$675

**Fed/Non-Fed
Kinship
Guardianship
Established prior
to 5/1/11**

Child's Age	Birth 4	5-8	9-11	12-14	15-20
Rate	\$481	\$522	\$559	\$617	\$675

**Dual Agency
Rates**

Age	Rates
Birth to 3 years	\$967
3 years and older	\$2162

**FFA
Non-Treatment
Program Rules**

Child's Age	Birth 4	5-8	9-11	12-14	15-20
Rate	\$481	\$522	\$559	\$617	\$675

**FFA Treatment
Program Rates**

Child's Age	Minimum Total to FFA Certified Home	Social Work	Administration	Total Rate
Birth-4	\$846	\$296	\$572	\$1,714
5-8	\$900	\$296	\$592	\$1789
9-11	\$937	\$296	\$611	\$1844
12-14	\$972	\$296	\$643	\$1911
15-20	\$1009	\$296	\$672	\$1977

**Intensive
Treatment Foster
Care
Multidimensional
Treatment Foster
Care (ITFC/MTFC)**

Service and Rate Level	In-Home Counselor Hours Per Month	Standard Rate	Minimum Reimbursement
Level I	81-114 hours	\$5,637	\$2,156
Level II	47-80 hours	\$4,854	\$2,156
Level II	Less than 47 hours	\$4090	\$2,156

Group Homes

RCL	Point Ranges	Standard Rate
1	Under 60	\$2,282
2	60-89	\$2,851
3	91-119	\$3,419
4	120-149	\$3,986
5	150-179	\$4,550
6	180-209	\$5,121
7	210-239	\$5,689
8	240-269	\$6,259
9	270-299	\$6,825
10	300-329	\$7,394
11	330-359	\$7,959
12	360-389	\$8,529
13	390-419	\$9,104
14	420 & Up	\$9,669

Wraparound Rates

RCL	Non-Federal Child	Federally Eligible Child
10/11	\$7,677	\$3,838
13	\$9,104	\$4,553

BURIAL ALLOWANCE: Consult with your Social Worker Supervisor for potential eligibility.