

**Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates**

Section 4: Appendix: Attachments to State Profiles

List of Attachments:

- Alabama**.....
 - 1. Alabama Department of Human Resources Foster Care Board Rates.
 - 2. TFC Policy
- Alaska**
 - 1. 6.2.2.3.A. Augmented/Difficulty of Care Rates for Children in Foster Care or Fostering Independence Assistance
 - 2. State of Alaska-Department of Health and Social Services, Orca Foster Care Rate Schedule, Effective July 1, 2008
 - 3. Office of Children’s Services Special Needs Spending Matrix.
- Arizona**
 - 1. State of Arizona Administration for Children, Youth & Families, Family Foster Home Care Rates and Fees Schedule, Rates effective March 1, 2009
- Arkansas**
 - 1. Instructions, Justification for Levels of Care Special Board Rate Form CFS-304
 - 2. Justification for Special Board Rate Form
- Delaware**
 - 1. Division of Family Services, Foster Care Model
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 - 1. Guide for Specialized Foster Care
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- Louisiana**
 - 1. Louisiana Department of Social Services, Office of Community Services: Chapter 6. Foster Care, Part 16. Payments, Expenditures and Approvals, Section 6-1605 Board Payments for Foster Children
 - 2. Louisiana Department of Social Services, Office of Community Services: Chapter 6. Foster Care, Part 16. Payments, Expenditures and Approvals, Section 6-160 Subsidy Payments for Specialized Foster Family Home
 - 3. Louisiana Department of Social Services, Office of Community Services: Chapter 6. Foster Care, Part 5. Placement in Certified Family Foster Homes and Other Programs, Section 6-525 Treatment Foster Homes Alternate Family Care/Therapeutic Foster Care Program
 - 4. Louisiana Department of Social Services, Office of Community Services, Chapter 9. Home Development, Part 5. Certification Process, Section Certification Process, 9-555 Certification of Specialized Family Foster Homes
 - 5. Louisiana Department of Social Services, Office of Community Services, Chapter 9. Home Development, Part 5. Certification Process, Section Certification Process, 9-560 Certification of Diagnostic and Assessment Homes
- Maryland**
 - 1. Policy Guidance on Application for Intermediate Foster Care Rate
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 - 1. DSS Policy #89-002 Supplemental Reimbursement Policy
- Michigan**
 - 1. FOM 903-3 Payment for Foster Family Care
 - 2. Assessment of Determination of Care for Medically Fragile Children in Foster Care
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5. FOM 903-0 Non Scheduled Payments DHS-634

Minnesota

1. Difficulty of Care Assessment Schedule

Nebraska

1. Response to Senator Dubas: LR236 Attachment A
2. Response to Senator Dubas: LR236 Attachment B

Nevada

1. Title IV-E Foster Care Maintenance Payment Program

New Jersey

1. Resource Family Rate Assessment

New Mexico

1. PR 8.10.8.8 – PR 8.10.8.30 Permanency Planning Procedures
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New York

1. Program Manual: Standards of Payment for Foster Care of Children, Sections B-8 – B-10; B1
2. Program Manual: Standards of Payment for Foster Care of Children, Sections B-2 – B-7

North Dakota

1. Therapeutic Family Foster Care 624-05-20-15
2. SFN 1865-NDDHS

Ohio

1. 5101:2-47-18 Foster Care Maintenance Program Reimbursability: Reimbursements Related to the Difficulty of Care Needs of a Child Placed in a Foster Home, Relative Home, or Pre-Finalized Adoptive Home

Oklahoma

1. Children and Family Services Division Rates Schedule

Oregon

1. CANS Screening and Enhanced Supervision – OAR
2. Personal Care Services – OARs
3. Foster Care Payments for a Child or Young Adult Living With a Certified Family or Living Independently – OAR

Rhode Island

1. RICHIST Foster Care Rate Setting Tool

Texas

1. Appendix 6340-A: Definitions of Service Levels CPS September 2005

Utah

1. State of Utah Out of Home Special Payments Effective July 1, 2001
2. Placement Structure – Levels of Care

Virginia

1. Virginia Enhanced Maintenance Assessment Tool (VEMAT)

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1. Foster Care Rate Assessment Tool

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1. Uniform Foster Care Rate Policy
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3. Wisconsin Administrative Code Ch.DCF 56 Foster Home Care For Children

*Casey Child Welfare Financing Survey:
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Attachments for: ALABAMA

**ALABAMA DEPARTMENT
OF HUMAN RESOURCES
FOSTER CARE BOARD RATES**

October 1, 2007

Monthly Rates

BASIC FOSTER CARE RATE: age 0-2 \$432
Age 3-5 \$445
Age 6-12 \$456
Age 13-18 \$468

The basic rate covers food, clothing, shelter and all the other usual expenses. An initial clothing allowance of \$200 is sometimes given. Extra-ordinary expenses can be reimbursed if agree on in advance.

MEDICALLY FRAGILE RATE: all ages \$1080

The medically Fragile rate is for children with medical conditions that require special training for the foster parents in order to care for the child.

THERAPEUTIC FOSTER CARE RATE: TFC board payment(see below) plus \$27.50 per day supplement.

0-2 \$230
3-5 \$243
6-12 \$254
13-18 \$266
18-21 \$266

Therapeutic board rate is for children with serious mental or emotional problems that require specialized training and additional interventions to deal with. Child must have a DSM-IV diagnosis.

d. Therapeutic Foster Care

Therapeutic Foster Care (TFC) exists to serve children and youth whose special emotional needs lead to behaviors, that in the absence of such programs, they would be at risk of placement into restrictive settings, e.g. hospitals, psychiatric centers, correctional facilities, or residential treatment programs. A DSM-IV Axis I diagnosis as documented by a current psychological or psychiatric evaluation within 24 months without the associated behaviors is not necessarily an entrance criterion into the TFC placements. A child may not be placed in TFC or moderate residential care with an IQ below 65. Children with IQ's below 65 should be referred to mental retardation developmentally delayed placements. TFC also aims to serve the families of the children that are placed within the program, supporting child-family relationships consistent with the permanency goals outlined in the family's ISP.

There are two levels of TFC services. All children who meet the criteria for TFC will enter at the Comprehensive TFC level. Children in TFC placements will be assessed semi-annually by the Multi-dimensional Assessment Tool (MAT) to determine their continued need for TFC services. Step-down TFC is a reduced level of service need identified by the MAT. This level is identified for children who no longer need comprehensive TFC services but may require more services than offered in a traditional foster home setting. For step-down procedures refer to the **Therapeutic Foster Care Manual** Core Services section.

Out-of-Region TFC placements are approved by the county consultant in the Office of Child Welfare Consultation, if the assigned consultant can not be contacted, intake in the Office of Child Welfare Consultation gives approval. The Office of Permanency must be contacted for approval for placement under the age of six (6) in TFC.

Refer to **Therapeutic Foster Care Manual Revised October 2005** for further information. The manual is located on the web-site

C. Clothing

Clothing and other personal possessions contribute significantly to the child's feelings of normalcy, self-esteem and dignity. If at all possible, a child should bring with him into foster care his/her own clothing and personal items. Parents should be encouraged to have these items ready. This is helpful to parents and children in that they are actively participating in the plan, as well as knowing they are providing needed items.

If the parents are unable to provide an adequate initial supply of clothing or if the Department is unable to provide this through some other source, the foster parents should be authorized to purchase an initial specified amount of clothing to be paid for from local public or private funds when such is available. Workers and foster families can assist accordingly.

Eight percent (8 %) of the board payment should be allotted each month for clothing expenses. This may not always meet the ongoing need for clothing as children outgrow or clothes need to be replaced; therefore, counties are allowed through Local Fund Policies to spend up to \$500.00 per year for clothing. (Refer to Local Funds Policy) The foster care facility (foster family boarding home, therapeutic foster home) is expected to provide clothes for the child from the board payment as long as the child remains in foster care.

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: ALASKA

6.2.2.3.A AUGMENTED/DIFFICULTY OF CARE RATES FOR CHILDREN IN FOSTER CARE OR FOSTERING INDEPENDENCE ASSISTANCE

AUTHORITY:

- AS 47.14.100 Powers and Duties of Department Over Care of Child
- 7 AAC 53.050 Ongoing Direct Costs
- 7 AAC 53.060 Specialized Foster Care Services
- 7 AAC 53.120 Foster Care Rates Paid Out of State

PURPOSE: To provide additional financial support for children whose specific needs require more intensive care and supervision beyond those covered by the foster care/fostering independence assistance base rate.

BACKGROUND INFORMATION:

- A. Federal Law: States are required to grant an opportunity for a fair hearing before the State agency to any individual whose claims for Title IV-E foster care maintenance payments is denied or is not acted upon with reasonable promptness.
- B. State Regulations:
 - 1. The basic foster care rate may be augmented for children placed by the Office of Children's Services (OCS) if the level of care a child requires has been assessed and determined by OCS to exceed the basic level of care provided in a foster home licensed under 7 AAC 50.050 – 7 AAC 50.990.
 - 2. A foster parent who is not satisfied with OCS' decision to deny, suspend, reduce, or terminate a foster care payment may request a first-level review and/or an evidentiary hearing.

POLICY:

- A. The level of augmented rates is determined by identifying specific needs and behaviors of children by using the foster care rate setting in ORCA. Approval of augmented care rates will be authorized only on regional office approval, based upon documented need and funding ability of OCS. If appropriate to support the case plan, additional payments may be authorized through special needs, on an as-needed basis, for ongoing or direct costs as outlined in section 6.2.2.7 Request for Special Needs Funds.
- B. Augmented care rates may be authorized in the following situations:
 - 1. It has been determined that the child needs Specialized or Structured foster care or fostering independence assistance:
 - a. Specialized Care: Children who qualify for the specialized care rate have identified special needs that require more intensive care and supervision from the foster parent.

- b. Structured Care: Children who qualify for the structured care rate have identified severe problems that require specialized training by the care provider and a structured environment and their needs are more than can be provided through basic or specialized care, but residential care placements are not required to meet their needs.
 - c. See difficulty of care definitions at the end of this section.
- 2. A teen parent and baby are placed together in the same foster home or the teen is pregnant and in at least her second trimester.
 - 3. A child is medically fragile.
 - 4. A child in an out-of-state placement has been assessed to require a higher level of care and supervision from the foster parent.
- C. Care must be taken to distinguish between augmented care rates, which are to provide for a child's need for additional care and supervision beyond basic care, and ongoing direct costs and/or one-time or short-term expenditures which are payable through Requests for Funds. (For ongoing direct costs and one-time/short-term expenditures, see section 6.2.2.7 Request for Special Needs Funds).
- D. Assistance from the ORCA Help Desk is available and should be utilized for any questions about ORCA placement documentation.

PROCEDURE:

- A. Augmented difficulty of care rates are determined on an individual basis, and pre-authorization is required. Pre-authorization is documented by the worker as a financial case note in ORCA and should be supported by the case plan.
- 1. Specialized or Structured Care: To determine if the foster care/fostering independence assistance rate for a child should be augmented based on the child's need for specialized or structured care, the worker must complete an Initial Rate Setting through the Foster Care Rate Setting page in ORCA. If it has been determined that the child needs specialized or structured care, the rate setting page in ORCA is forwarded to the worker's supervisor for review and then to the Children's Services Manager (CSM) or designee for final approval. The augmentation for Specialized Foster Care is \$7.50 per day, and for Structured Foster Care \$15.00 per day above the base rate for foster care/fostering independence assistance.
 - 2. Teen Parent/Baby: When a teen parent and baby are placed together in the same foster home, the worker, with the assistance of the ORCA Help Desk, will:
 - a. If the teen parent is in custody, augment the teen parent's foster care/ fostering independence assistance rate with the appropriate rate based on the age of the baby, using the Teen Baby Augmentation service in ORCA.

- b. If the baby is in custody, but the teen parent is not, augment the baby's foster care rate with the appropriate rate for the teen parent using the Teen Baby Augmentation Service in ORCA, except if the baby is placed with the teen parent's biological/legal mother/father in which case payment can be made only for the baby and not augmented for teen parent.
- c. If the teen parent and baby are both in custody:
 - 1) document the foster care placement for the teen parent in the ORCA case where the teen parent is the named child; and
 - 2) document the foster care placement for the baby in the ORCA case where the teen parent is named as the reference person and the baby is the named child.
- d. A pregnant teen's foster care base rate may, on a case by case basis, be augmented starting with the second trimester. The augmentation is documented in ORCA using the Teen Baby Augmentation Service and the 0-29 month foster care base rate. The augmentation requires review and approval by the CSM or their designee. For the appropriate payment once the baby has been born, see a - c above.

See section 6.2.2.3.C Pregnant and Parenting Teens for additional information.

3 Medically Fragile Children:

- a. The child must be on a Division of Senior and Disability Services (DSDS) waiver wait list.
- b. The worker should include verification that the child has been placed on a DSDS waiver list prior to submitting the request (the information must be documented in the case plan). Other documentation supporting the augmentation request should include what services are being provided by DSDS, Adult Public Assistance (APA), Division of Health Care Services (HCS), or other community service agencies to provide assistance. This may include personal care attendant services, respite care, medical, or therapeutic services.
- c. The medically fragile augmented care may not include any services provided by other agencies or third parties such as the Medicaid program and may only include reimbursement to the foster parent for the additional intensive care, supervision, and management skills that they provide in maintaining a medically fragile child in a home environment. (If augmentation is available, file must document services provided by current waiver.)
- d. Any additional medical or therapeutic services or products not provided by the Medicaid program or other agencies but that are necessary to maintain the child in a home environment should be requested by the worker through a Request for Funds.

- e. When approved, the worker will document the placement using the DSDS Waiver service, in ORCA with the approved rate and forward to the CSM or their designee for approval.
- B. The worker will determine if augmented care rates are appropriate but make no commitment to foster parents prior to approval by the CSM or their designee. The designee may not be delegated below a Social Worker V.
- C. The worker will submit each request through the supervisor to the Staff Manager and the CSM. Requests are reviewed and evaluated on a case-by-case basis, and are subject to the approval of the CSM or their designee.
- D. The worker/supervisor will notify the foster parent in writing of the outcome of the augmentation assessment.
- E. Review of Augmented Difficulty of Care Rate: Augmented rates must be reassessed by the worker every six months (at a minimum) to ensure the augmentation level is still accurate. The review must be made when a change in the child's status or placement occurs. The worker must complete a new rate setting or enter a new augmentation service in ORCA for each review. At that time, the worker will make any changes necessary to reflect a change in the child's need for augmented care rates. The Provider Payments Unit will notify the provider of approved rates and expiration date at least 30 days prior to the six months expiration.
- F. Out-of-State Augmented Difficulty of Care Rate: Foster home care rates paid to foster parents residing in other states will be the standard foster care rate established by the city, county, and state in which the foster parents reside. Augmented difficulty of care rates are paid according to what the state of residence would pay if the child was from that state or at the Alaska assessed rate, whichever will best meet the needs of the child. The foster family must be licensed or approved as a foster home in the state where they reside.
 - 1. The worker will submit a copy of the foster care license and the foster care rate tables from the other state must be submitted to the Provider Payments Unit in State Office (See 6.2.2.3.3 Foster Care/Fostering Independence Assistance Payments).
 - 2. For augmented difficulty of care rates:
 - a. At the out-of-state rates: The worker will coordinate the rate augmentation with the worker in the other state and obtain documentation from that worker which details the need for rate augmentation. This documentation is usually a letter from the worker in the other state and a copy of the completed assessment tool used by the other state. The worker will submit the request through the regional approval process to the Provider Payments Unit in State Office who will document in ORCA.
 - b. At the Alaska rates: The worker will complete the Alaska augmentation assessment through the Foster Care Rate Setting page in ORCA to determine the appropriate level of augmentation, structured or specialized. The rate setting page in ORCA is forwarded to the worker's supervisor for review and then to the CSM or their designee for final approval.

3. For Alaska providers who are moving out of state with a child in state custody:
 - a. Providers who are licensed in the receiving state will be paid the out-of-state rate no later than 30 days after the family is residing in the new state.
 - b. OCS will pay the Alaska rate for up to 60 days after the date of departure from the Alaska residence if the provider is not yet licensed in the receiving state.
 - c. OCS will pay the Alaska rate an additional 60 days, for a total not to exceed a total of 120 days, if the family is seeking licensure in the new state or the family is completing the adoption process for the foster child in their care.
 - d. If the provider does not become licensed within the time frames described in (b) and (c) above, OCS will cease payments after the applicable number of days until the provider becomes licensed.
 4. Foster parents approved to vacation outside Alaska with a foster child will continue to receive Alaska rates for up to 30 days. Vacations expected to last longer than 30 days requires written approval by the worker. Vacation is a temporary departure, and the foster parents maintain their licensed residence in Alaska.
 5. In all cases, the worker must be notified by the foster parent that the child is leaving the state. The worker must notify the licensing worker and the Provider Payments Unit when a provider is moving out of state.
 6. See ICPC Chapter for procedures for placement, and section 6.5.10 Trips for a Child in Custody for procedures for approval of travel.
- G. Denied Augmentation Appeal Process: If a foster parent disagrees with an assessment which denies or reduces an augmentation, they have the opportunity to appeal the decision and request a first level review and/or an evidentiary hearing.

DEFINITION:

Difficulty of care augmented levels - basic assessment guidelines:

- A. If the answer to one or more of the following questions is yes, the child is only eligible for the basic rate.
 1. Is the child on a waiver?
 2. Is the child receiving extensive services outside of school?
 3. Does the foster parent receive funding through other specialized programs?
- B. The frequency and severity of problems are used to determine if a foster care difficulty of care augmentation is appropriate due to more intensive care and supervision required beyond those covered by the foster care/fostering independence assistance base rate. Behaviors must be present within the last six months.

| PROBLEM AREA | BASIC | SPECIALIZED | STRUCTURED |
|---|---|--|--|
| Court Record | <ul style="list-style-type: none"> Misdemeanor Status offenses | <ul style="list-style-type: none"> Misdemeanors, 2 to 5 within the last year | <ul style="list-style-type: none"> Misdemeanors, 6 or more within last year Felony offense(s) within last year |
| Developmental delays Mental retardation | <ul style="list-style-type: none"> Mild developmental delays | <ul style="list-style-type: none"> Moderate to substantial difficulties with conceptual, social and practical adaptive skills | <ul style="list-style-type: none"> Severe problems with conceptual, social and practical adaptive skills |
| Developmental delays with Communication/Affect | <ul style="list-style-type: none"> Mild developmental delays | <ul style="list-style-type: none"> Moderate impairment in communication, condition or expressions of affect | <ul style="list-style-type: none"> Severe impairment in communication, condition or expressions of affect |
| School - Performance or Disciplinary Issues | <u>Low Severity:</u> <ul style="list-style-type: none"> Monthly intervention | <u>Moderate Severity:</u> <ul style="list-style-type: none"> Weekly intervention FP tutors for 2 or more hours per night | <u>Severe:</u> <ul style="list-style-type: none"> Daily intervention required |
| Enuresis/ Encopresis for children over 4 | <ul style="list-style-type: none"> Every 1-2- weeks Bed time | <ul style="list-style-type: none"> Several times a week | <ul style="list-style-type: none"> Daily |
| Therapeutic intervention required of the foster parent | | <ul style="list-style-type: none"> Twice per week | <ul style="list-style-type: none"> Three times per week or more |
| Physical Aggression | Aggressive, but low risk of injury: <ul style="list-style-type: none"> Monthly A few times a year | <ul style="list-style-type: none"> Superficial injury caused to self or others every 1-2 weeks Destructive to property Cruelty to animals | <ul style="list-style-type: none"> High risk of serious injury to self or others several days a week |
| Serious Medical Problems | <ul style="list-style-type: none"> Monitor monthly or less | <ul style="list-style-type: none"> Ambulatory with assistance Limited daily living and self care Monitor weekly or more | <ul style="list-style-type: none"> Life threatening Child with complicated medication regimen |
| Sexual Disorders | <ul style="list-style-type: none"> Sex abuse victim | <ul style="list-style-type: none"> Sex Perpetrator Sexually Reactive | <ul style="list-style-type: none"> Sex Perpetrator (multiple victims or predatory) Prostitution |
| Substance Abuse | <ul style="list-style-type: none"> Risk of substantial problems | <ul style="list-style-type: none"> Actively abusing alcohol and/or drugs on a weekly basis | <ul style="list-style-type: none"> Actively abusing alcohol and/or drugs on a daily basis |
| Suicide | | <ul style="list-style-type: none"> Suicidal ideation, threats | <ul style="list-style-type: none"> Suicidal Attempts within the past 6 months |
| Behaviors | <ul style="list-style-type: none"> Curfew violations Excessive crying and feeding problems | <ul style="list-style-type: none"> Chronic Runaway within 6 month Stealing from foster home on a weekly basis | <ul style="list-style-type: none"> Fire setting 2 attempts in the past year |

DETERMINATION OF AUGMENTED CARE LEVEL

| Problem Areas with Specialized Severity | Problem Areas with Structured Severity | Augmentation |
|--|---|---------------------|
| 2 or fewer | 0 | Basic |
| 0 | 2-3 | Specialized |
| 1 | 2 | Specialized |
| 2 | 1 | Specialized |
| 1 or fewer | 1 | Specialized |
| 3 or more | 0 | Specialized |
| any | 4 or more | Structured |
| 1 or more | 3 | Structured |
| 2 or more | 2 | Structured |
| 3 or more | 1 | Structured |

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STATE OF ALASKA - DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORCA FOSTER CARE RATE SCHEDULE
EFFECTIVE JULY 1, 2008

| VILLAGE NAME | GEO | FY2009 | FY2009 | FY2009 | FY2009 | OFFICE |
|--------------------|-------|-------------|-------------|-------------|--------------|----------------|
| | | 00 MO-29 MO | 30 MO-11 YR | 12 YR-19 YR | 1ST 10 DAY | |
| | MULTI | | | | EM SHELTER | |
| | | 30.74 @ 90% | 30.74 @ 80% | 30.74 @ 95% | 30.74 @ 120% | |
| ADAK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| AFOGNAK | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| AKHIOK | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| AKIACHAK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| AKIAK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| AKULURAK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| AKUTAN | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| ALAKANUK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | ST. MARY'S |
| ALAKNAGIK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| ALATNA | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | FAIRBANKS |
| ALEXANDER | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| ALLAKAKET | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | FAIRBANKS |
| AMBLER | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| ANAKTUVAK PASS | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| ANCHITKA | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| ANCHOR POINT | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| ANCHORAGE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| ANDERSON | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| ANDREAFSKI | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| ANGOON | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SITKA |
| ANIAK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| ANNETTE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| ANVIK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| ARCTIC VILLAGE | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | FORT YUKON |
| ATKA | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| ATMAUTHUAK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| ATTU | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| AUKE BAY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | JUNEAU |
| BELKOFISKY | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| BELL ISLAND | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| BELUGA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| BESSIE DREDGE #5 | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| BETHEL | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| BETTLES | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | FAIRBANKS |
| BIG DELTA | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | DELTA JUNCTION |
| BIG HORN | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | FAIRBANKS |
| BIG LAKE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| BILL MOORES SLOUGH | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| BIORKA ISLAND | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SITKA |
| BIRCH CREEK | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | FAIRBANKS |
| BIRCH LAKE | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | FAIRBANKS |
| BIRCHWOOD | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| BODENBURG BUTTE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| BOUNDARY | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | TOK |
| BRADFIELD CANAL | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | WRANGELL |
| BREVIG MISSION | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| BROAD PASS | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | FAIRBANKS |
| BUCKLAND | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| CAMPION | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | GALENA |

STATE OF ALASKA - DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORCA FOSTER CARE RATE SCHEDULE
EFFECTIVE JULY 1, 2008

| VILLAGE NAME | GEO | 00 MO-29 MO | 30 MO-11 YR | 12 YR-19 YR | 1ST 10 DAY | OFFICE |
|--------------------|-------|-------------|-------------|-------------|--------------|---------------|
| | MULTI | | | | EM SHELTER | |
| | | 30.74 @ 90% | 30.74 @ 80% | 30.74 @ 95% | 30.74 @ 120% | |
| CANDLE | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| CANTWELL | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| CANYON CITY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| CANYON VILLAGE | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | FORT YUKON |
| CAPE LISBURNE | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| CAPE NEWENHAM | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| CAPE POLE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| CAPE ROMANZOFF | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| CAPE YAKATAGA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | CORDOVA |
| CASWELL | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| CENTRAL HOUSE | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| CHALKYITSIK | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | FORT YUKON |
| CHANDALAR | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | FAIRBANKS |
| CHANLILIUT | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| CHASE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| CHATANIKA | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| CHEFORNAK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| CHENA HOT SPRINGS | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| CHENEGA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | CORDOVA |
| CHEVAK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| CHICHAGOF | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SITKA |
| CHICKALOON | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| CHICKEN | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | TOK |
| CHIGNIK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| CHIGNIK LAGOON | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| CHIGNIK LAKE | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| CHINIAK | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| CHISANA | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | COPPER CENTER |
| CHISTOCHINA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| CHITINA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| CHRISTIAN | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | FORT YUKON |
| CHUATHBALUK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | ANIAK |
| CHUGIAK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| CHULITNA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| CIRCLE | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | FAIRBANKS |
| CIRCLE HOT SPRINGS | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | FAIRBANKS |
| CLAM GULCH | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KENAI |
| CLARKS POINT | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| CLEAR | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| CLOVER PASS | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| COFFMAN COVE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| COHOE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KENAI |
| COLD BAY | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| COLDFOOT | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| COLLEGE | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| COPPER CENTER | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| COPPER LANDING | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SEWARD |
| CORDOVA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | CORDOVA |
| COUNCIL | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| CRAIG | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |

**STATE OF ALASKA - DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORCA FOSTER CARE RATE SCHEDULE
EFFECTIVE JULY 1, 2008**

| VILLAGE NAME | GEO | 00 MO-29 MO | 30 MO-11 YR | 12 YR-19 YR | 1ST 10 DAY | OFFICE |
|-----------------|-------|-------------|-------------|-------------|--------------|----------------|
| | MULTI | | | | EM SHELTER | |
| | | 30.74 @ 90% | 30.74 @ 80% | 30.74 @ 95% | 30.74 @ 120% | |
| CROOKED CREEK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | ANIAK |
| CURRY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| DANGER BAY | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| DEADHORSE | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| DEERING | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| DELTA JUNCTION | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | DELTA JUNCTION |
| DILLINGHAM | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| DIOMEDE | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| DOME | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| DOT LAKE | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | DELTA JUNCTION |
| DOUGLAS | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | JUNEAU |
| DUNBAR | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| DUTCH HARBOR | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| EAGLE | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | DELTA JUNCTION |
| EAGLE RIVER | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| EAGLE VILLAGE | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | DELTA JUNCTION |
| EDNA BAY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| EEK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| EGIGIK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| EIELSON | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| EKLUTNA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| EKUK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| EKWOK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| ELFIN COVE | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | JUNEAU |
| ELIM | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| ELLAMAR | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | CORDOVA |
| ELMENDORF AFB | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| EMMONAK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | ST. MARY'S |
| ENGLISH BAY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| ESKA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| ESTER | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| ETOLIN | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | WRANGELL |
| EUREKA LODGE | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| EVANSVILLE | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| EXCURSION INLET | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | JUNEAU |
| FAIRBANKS | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| FALSE ISLAND | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SITKA |
| FALSE PASS | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| FAREWELL | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | MCGRATH |
| FERRY | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| FIRE ISLAND | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| FLAT | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| FORT GREELY | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | DELTA JUNCTION |
| FORT RICHARDSON | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| FORT WAINWRIGHT | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| FORT YUKON | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | FORT YUKON |
| FOX | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| FRESHWATER BAY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | JUNEAU |
| FRITZ CREEK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| FUNTER BAY | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | JUNEAU |

**STATE OF ALASKA - DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORCA FOSTER CARE RATE SCHEDULE
EFFECTIVE JULY 1, 2008**

| VILLAGE NAME | GEO | 00 MO-29 MO | 30 MO-11 YR | 12 YR-19 YR | 1ST 10 DAY | OFFICE |
|-----------------|-------|-------------|-------------|-------------|--------------|----------------|
| | MULTI | | | | EM SHELTER | |
| | | 30.74 @ 90% | 30.74 @ 80% | 30.74 @ 95% | 30.74 @ 120% | |
| GAKONA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| GALENA | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | GALENA |
| GAMBELL | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| GEORGE INLET | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| GEORGETOWN | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| GIRDWOOD | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| GLENALLEN | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| GODDARD | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SITKA |
| GOLD CREEK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| GOLOVIN | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| GOODNEWS BAY | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| GRAEHL | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| GRAYLING | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| GULKANA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| GUSTAVUS | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | JUNEAU |
| HAINES | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | JUNEAU |
| HALIBUT COVE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| HAMILTON | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| HAMILTON ACRES | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| HARDING | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | DELTA JUNCTION |
| HAWK INLET | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | JUNEAU |
| HAYCOCK | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| HEALY | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| HEALY LAKE | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | DELTA JUNCTION |
| HERRING POINT | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| HOGATZA | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | GALENA |
| HOLIKACHUK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| HOLITNA RIVER | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| HOLLIS | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| HOLY CROSS | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| HOMER | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| HOONAH | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | JUNEAU |
| HOOPER BAY | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| HOPE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SEWARD |
| HOUSTON | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| HUGHES | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | GALENA |
| HURRICANE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| HUSLIA | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | GALENA |
| HYDABURG | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| HYDER | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| ICY BAY | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | CORDOVA |
| IDITAROD | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | MCGRATH |
| IGIUGIG | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| IGLOO | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| ILIAMNA | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| INDIAN | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| INDIAN MOUNTAIN | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | GALENA |
| IVANOFF BAY | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| JAKOLOF BAY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| JONESVILLE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |

**STATE OF ALASKA - DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORCA FOSTER CARE RATE SCHEDULE
EFFECTIVE JULY 1, 2008**

| VILLAGE NAME | GEO | 00 MO-29 MO | 30 MO-11 YR | 12 YR-19 YR | 1ST 10 DAY | OFFICE |
|-----------------|-------|-------------|-------------|-------------|--------------|---------------|
| | MULTI | | | | EM SHELTER | |
| | | 30.74 @ 90% | 30.74 @ 80% | 30.74 @ 95% | 30.74 @ 120% | |
| JUNEAU | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | JUNEAU |
| KACHEMAK BAY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| KAGUYAK | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| KAKE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PETERSBURG |
| KAKTOVIK | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| KALSKAG (LOWER) | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| KALSKAG (UPPER) | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| KALTAG | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | GALENA |
| KANAKANAK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| KARLUK | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| KASAAN | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| KASHWITNA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| KASIGLUK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| KASILOF | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KENAI |
| KENAI | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KENAI |
| KENNY LAKE | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| KETCHIKAN | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| KIANA | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| KING COVE | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| KING ISLAND | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| KING SALMON | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| KIPNUK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| KITOI BAY | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| KIVALINA | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| KIWALIK | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| KLAWOCK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| KLUCHEVA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| KLUKWAN | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | JUNEAU |
| KNIK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| KNUDSON COVE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| KOBUK | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| KODIAK | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| KODIAK NAVAL ST | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| KOKHANOK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| KOKRINES | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | GALENA |
| KOLIGANEK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| KONGIGANAK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| KOTLIK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| KOTZEBUE | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| KOYUK | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| KOYUKUK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | GALENA |
| KUPREANOF | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | WRANGELL |
| KVICHAK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| KWETHLUK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| KWIGILLINGOK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| KWIGUK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| KWINHAGAH | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| LABOUCHERE BAY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | WRANGELL |
| LAKE CLARK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| LAKE MINCHUMINA | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | FAIRBANKS |

STATE OF ALASKA - DEPARTMENT OF HEALTH AND SOCIAL SERVICES
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| VILLAGE NAME | GEO | 00 MO-29 MO | 30 MO-11 YR | 12 YR-19 YR | 1ST 10 DAY | OFFICE |
|---------------------|-------|-------------|-------------|-------------|--------------|---------------|
| | MULTI | | | | EM SHELTER | |
| | | 30.74 @ 90% | 30.74 @ 80% | 30.74 @ 95% | 30.74 @ 120% | |
| LARSEN BAY | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| LAZY BAY | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| LEMETA | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| LENA COVE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | JUNEAU |
| LEVELOCK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| LIME VILLAGE | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| LITTLE DIOMEDE | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| LITTLE PORT WALTER | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SITKA |
| LIVENGOOD | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| LONELY | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| LORING | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| LOST RIVER | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| LOWER TONSINA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| MANLEY HOT SPRINGS | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | FAIRBANKS |
| MANOKOTAK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| MARSHALL | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | ST. MARY'S |
| MAY CREEK | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| MCCARTHY | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| MCGRATH | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | MCGRATH |
| MCKINLEY PARK | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| MEAKERVILLE | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| MEDFRA | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | MCGRATH |
| MEKORYUK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| MENDELTONA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | COPPER CENTER |
| MENTASTA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| METLAKATLA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| MEYERS CHUCK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| MILLER HOUSE | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| MINTO | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | FAIRBANKS |
| MONTANA CREEK LODGE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| MOOSE CREEK | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| MOOSE PASS | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SEWARD |
| MOSER BAY | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| MOSES POINT | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| MOUNT DENALI | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | PALMER |
| MOUNT EDGE CUMBE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SITKA |
| MOUNTAIN POINT | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| MOUNTAIN VILLAGE | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | ST. MARY'S |
| MURPHY DOME | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| NABESNA | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | COPPER CENTER |
| NAKNEK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| NAPAIMUTE | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| NAPAKIAK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| NAPASKIAK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| NEETS BAY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| NELSON LAGOON | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| NENANA | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| NEW STUYAHOK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| NEWTOK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| NIGHTMUTE | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |

**STATE OF ALASKA - DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORCA FOSTER CARE RATE SCHEDULE
EFFECTIVE JULY 1, 2008**

| VILLAGE NAME | GEO | 00 MO-29 MO | 30 MO-11 YR | 12 YR-19 YR | 1ST 10 DAY | OFFICE |
|-------------------|-------|-------------|-------------|-------------|--------------|----------------|
| | MULTI | | | | EM SHELTER | |
| | | 30.74 @ 90% | 30.74 @ 80% | 30.74 @ 95% | 30.74 @ 120% | |
| NIKISHKA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| NIKOLAEVSK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| NIKOLAI | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | MCGRATH |
| NIKOLSKI | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| NINILCHIK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| NOATAK | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| NOHODKA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KENAI |
| NOME | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| NOORVIK | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| NORTH POLE | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| NORTH WHALE PASS | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| NORTHEAST CAPE | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| NORTHWAY JUNCTION | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | TOK |
| NORTHWAY VILLAGE | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | TOK |
| NUIQSAT | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| NULATO | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | GALENA |
| NUNAPITCHUK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| NUNIVAK ISLAND | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| NUSHAGAK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| NYAC | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | BETHEL |
| OHOAMIUTE | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| OLD HARBOR | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| OLNES | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | FAIRBANKS |
| OPHIR | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | MCGRATH |
| OSCARVILLE | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| PAIMIUT | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| PALMER | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| PASTOLIK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| PAULOFF HARBOR | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| PAXSON | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | DELTA JUNCTION |
| PEDRO BAY | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| PELICAN | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | SITKA |
| PENNOCK ISLAND | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| PERKINSVILLE | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| PERRYVILLE | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| PETERS CREEK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| PETERSBURG | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PETERSBURG |
| PETERSVILLE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| PILOT POINT | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| PILOT STATION | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | ST. MARY'S |
| PITKAS POINT | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | ST. MARY'S |
| PLATINUM | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| POINT BAKER | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | WRANGELL |
| POINT BARROW | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| POINT HOPE | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| POINT LAY | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| PORT ALEXANDER | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SITKA |
| PORT ALICE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| PORT ALSWORTH | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| PORT ARMSTRONG | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SITKA |

STATE OF ALASKA - DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORCA FOSTER CARE RATE SCHEDULE
EFFECTIVE JULY 1, 2008

| VILLAGE NAME | GEO | 00 MO-29 MO | 30 MO-11 YR | 12 YR-19 YR | 1ST 10 DAY | OFFICE |
|-----------------|--------------|--------------------|--------------------|--------------------|---------------------|----------------|
| | MULTI | | | | EM SHELTER | |
| | | 30.74 @ 90% | 30.74 @ 80% | 30.74 @ 95% | 30.74 @ 120% | |
| PORT ASHTON | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | CORDOVA |
| PORT CHILKOOT | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | JUNEAU |
| PORT CLARENCE | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| PORT GRAHAM | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| PORT HEIDEN | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| PORT LIONS | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| PORT MOLLER | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| PORT PROTECTION | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | WRANGELL |
| PORT WAKEFIELD | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| PORTAGE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | ANCHORAGE |
| PORTAGE CREEK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| PORTLOCK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| PRUDHOE BAY | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| RAMPART | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | FAIRBANKS |
| RED DEVIL | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| RIDGEWAY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KENAI |
| ROWAN BAY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PETERSBURG |
| RUBY | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | GALENA |
| RUSSIAN MISSION | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| SALAMATOF | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| SALCHAKET | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | DELTA JUNCTION |
| SANAK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| SAND POINT | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| SAVOONGA | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| SAXMAN | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| SCAMMON BAY | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| SCOTTY CREEK | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | TOK |
| SELAWIK | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| SELDOVIA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | HOMER |
| SEWARD | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SEWARD |
| SHAGELUK | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| SHAKTOOLIK | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| SHELDON POINT | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| SHEMYA | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| SHISHMAREF | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| SHUNGNAK | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | KOTZEBUE |
| SILVER TIP | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SEWARD |
| SITKA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SITKA |
| SKAGWAY | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | JUNEAU |
| SKWENTNA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| SLANA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| SLATERVILLE | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| SLEETMUTE | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | ANIAK |
| SNETTISHAM | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | JUNEAU |
| SOLDOTNA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KENAI |
| SOLOMON | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| SOURDOUGH | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| SOUTH NAKNEK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| SPARREVOHN | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| SQUAW HARBOR | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |

**STATE OF ALASKA - DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORCA FOSTER CARE RATE SCHEDULE
EFFECTIVE JULY 1, 2008**

| VILLAGE NAME | GEO | 00 MO-29 MO | 30 MO-11 YR | 12 YR-19 YR | 1ST 10 DAY | OFFICE |
|--------------------|-------|-------------|-------------|-------------|--------------|----------------|
| | MULTI | | | | EM SHELTER | |
| | | 30.74 @ 90% | 30.74 @ 80% | 30.74 @ 95% | 30.74 @ 120% | |
| ST LAWRENCE ISLAND | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| ST MICHAEL | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| ST. GEORGE ISLAND | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| ST. MARYS | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | BETHEL |
| ST. PAUL ISLAND | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| STEBBINS | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| STERLING | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KENAI |
| STEVENS VILLAGE | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | FAIRBANKS |
| STONY RIVER | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | ANIAK |
| SUMMIT | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | DELTA JUNCTION |
| SUNRISE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | SEWARD |
| SUNSHINE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| SUNTRANA | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| SUSITNA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| SUTTON | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| TAKOTNA | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | MCGRATH |
| TAKU HARBOR | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | JUNEAU |
| TALIDA | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | MCGRATH |
| TALKEETNA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| TANACROSS | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | TOK |
| TANANA | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | FAIRBANKS |
| TANUNAK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| TATALINA | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| TATITLEK | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | CORDOVA |
| TAZLINA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| TEE HARBOR | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | JUNEAU |
| TELLER | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| TENAKEE SPRINGS | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | JUNEAU |
| TETLIN | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | TOK |
| THORNE BAY | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| TIKIKLUK | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| TIN CITY | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| TOGIAC | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| TOK | 1.16 | 32.09 | 28.52 | 33.87 | 42.79 | TOK |
| TOKEEN | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| TOKSOOK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| TONSINA | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | COPPER CENTER |
| TRAPPERS CREEK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| TULUKSAK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| TUNTUTULIAK | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |
| TUSTUMENA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KENAI |
| TUXECAN | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| TWELVE MILE ARM | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| TWIN HILLS | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | DILLINGHAM |
| TWO RIVERS | 1.04 | 28.77 | 25.57 | 30.36 | 38.36 | FAIRBANKS |
| TYONEK | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| UGANIK BAY | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| UGASHIK | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | KODIAK |
| UMIAT | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| UMKUMUTE | 1.38 | 38.18 | 33.93 | 40.29 | 50.90 | BETHEL |

**STATE OF ALASKA - DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORCA FOSTER CARE RATE SCHEDULE
EFFECTIVE JULY 1, 2008**

| VILLAGE NAME | GEO | 00 MO-29 MO | 30 MO-11 YR | 12 YR-19 YR | 1ST 10 DAY | OFFICE |
|----------------|-------|-------------|-------------|-------------|--------------|------------|
| | MULTI | | | | EM SHELTER | |
| | | 30.74 @ 90% | 30.74 @ 80% | 30.74 @ 95% | 30.74 @ 120% | |
| UNALAKLEET | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| UNALASKA | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| UNGA | 1.27 | 35.14 | 31.22 | 37.08 | 46.85 | UNALASKA |
| USIBELLI | 1.20 | 33.20 | 29.50 | 35.04 | 44.26 | FAIRBANKS |
| UYAK | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| UZINKI | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| VALDEZ | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | VALDEZ |
| VENETIE | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | FORT YUKON |
| WAINWRIGHT | 1.42 | 39.29 | 34.91 | 41.46 | 52.38 | BARROW |
| WALES | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| WARD COVE | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | KETCHIKAN |
| WASILLA | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| WATERFALL | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | CRAIG |
| WHITE MOUNTAIN | 1.34 | 37.07 | 32.95 | 39.12 | 49.43 | NOME |
| WHITTIER | 1.11 | 30.71 | 27.29 | 32.41 | 40.94 | ANCHORAGE |
| WILLOW | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | PALMER |
| WISEMAN | 1.30 | 35.97 | 31.96 | 37.96 | 47.95 | FAIRBANKS |
| WOODY ISLAND | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| WRANGELL | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | WRANGELL |
| YAKUTAT | 1.05 | 29.05 | 25.81 | 30.66 | 38.73 | JUNEAU |
| ZACHER BAY | 1.09 | 30.16 | 26.80 | 31.82 | 40.21 | KODIAK |
| ZAREMBO ISLAND | 1.00 | 27.67 | 24.59 | 29.20 | 36.89 | WRANGELL |
| Average Rate | | 32.71 | 29.07 | 34.52 | 43.61 | |
| Low | | 27.67 | 24.59 | 29.20 | 36.89 | |
| High | | 39.29 | 34.91 | 41.46 | 52.38 | |

**Office of Children’s Services
Special Needs Spending Matrix**

| OUT-OF-HOME CARE – FOSTER CARE | |
|---|---|
| GUIDELINES | ALLOWABLE EXPENDITURES |
| <p>Referrals to appropriate assistance agencies completed Services and/or goods assessed on an as-needed and case-by-case basis Services and/or goods authorized and approved are supported by the client’s case plan Prior authorization and approval required</p> | |
| <p>non-employee travel.</p> <ul style="list-style-type: none"> ✓ A Memorandum of Agreement (MOA) and approved TA is required for non-employee travel when escorting a child. ✓ An Authority to Transport form (form 06-9717) is required for the non-employee traveler when escorting a child. ✓ Non-Employee is defined as any person who is a non-employee and who is not a Parent, Legal Guardian, or Indian Custodian of the child. ✓ Non-Employee mileage reimbursement for required client specific travel in excess of 50 miles per child, per week for <ul style="list-style-type: none"> ○ Frequent, scheduled home visits, or medical or therapeutic appointments such as physical therapy or psychiatric counseling; ○ Family contact; ○ Reasonable travel required for the child to remain in the school in which the child was enrolled at the time of out of home placement. ✓ Non-Employee mileage reimbursement criteria includes: <ul style="list-style-type: none"> ○ Travel must be essential for the child to meet case plan objectives ○ Travel is child specific ○ Mileage reimbursement form supports it is child specific and exceeds 50 miles per week. | <p>Non-Employee travel – TA Travel</p> <ul style="list-style-type: none"> • Escorts <ul style="list-style-type: none"> ○ Non-Treatment <ul style="list-style-type: none"> ▪ Family visitation ▪ Placements ○ Treatment <ul style="list-style-type: none"> ▪ Medicaid ▪ Non-Medicaid • Mileage Reimbursement (Mileage Reimbursement Form 06-96) |
| <ul style="list-style-type: none"> ✓ All court ordered goods or services must have a signed court order submitted with each request. | <p><u>COURT ORDERED</u></p> <ul style="list-style-type: none"> • Travel • Services • Goods • Procedures |
| <ul style="list-style-type: none"> ✓ There is no legal authority to authorize services to an out of home care provider (i.e., counseling or services recommended by a home study) | <p>OUT OF HOME CARE PROVIDER</p> <ul style="list-style-type: none"> • Not applicable |

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: ARIZONA

State of Arizona
Administration for Children, Youth & Families
Family Foster Home Care Rates and Fees Schedule
Rates effective March 1, 2009

| Licensed Foster Home Rates (Non-Relative and Kinship Foster Care) | | | | | Service Group: Foster Care | |
|---|-------------------------------|--------------|------------|--------------------------|----------------------------|-------------|
| Service Type Category | Service Type Description | Age Range | Daily Rate | Daily Clothing Allowance | Daily Personal Allowance | Daily Total |
| FAM FHM DAY/Basic | Foster Care | 0-12 mos. | \$19.68 | \$0.53 | \$2.10* | \$22.31 |
| FAM FHM DAY/Basic | Foster Care | 1-2 years | \$19.68 | \$0.53 | \$0.95** | \$21.16 |
| FAM FHM DAY/Basic | Foster Care | 3-5 years | \$19.68 | \$0.53 | \$0.10 | \$20.31 |
| FAM FHM DAY/Basic | Foster Care | 6-11 years | \$19.68 | \$0.79 | \$0.33 | \$20.80 |
| FAM FHM DAY/Basic | Foster Care | 12-18+ years | \$21.72 | \$1.02 | \$0.72 | \$23.46 |
| Rates for children approved at higher levels of care. | | | | | | |
| SP2 Level | Foster Care Special 2 | 0-12 mos. | \$23.52 | \$0.53 | \$2.10* | \$26.15 |
| SP2 Level | Foster Care Special 2 | 1-2 years | \$23.52 | \$0.53 | \$0.95** | \$25.00 |
| SP2 Level | Foster Care Special 2 | 3-5 years | \$23.52 | \$0.53 | \$0.10 | \$24.15 |
| SP2 Level | Foster Care Special 2 | 6-11 years | \$23.52 | \$0.79 | \$0.33 | \$24.64 |
| SP2 Level | Foster Care Special 2 | 12-18+ years | \$23.52 | \$1.02 | \$0.72 | \$25.26 |
| SP3 Level | Foster Care Special 3 | 0-12 mos. | \$29.94 | \$0.53 | \$2.10* | \$32.57 |
| SP3 Level | Foster Care Special 3 | 1-2 years | \$29.94 | \$0.53 | \$0.95** | \$31.42 |
| SP3 Level | Foster Care Special 3 | 3-5 years | \$29.94 | \$0.53 | \$0.10 | \$30.57 |
| SP3 Level | Foster Care Special 3 | 6-11 years | \$29.94 | \$0.79 | \$0.33 | \$31.06 |
| SP3 Level | Foster Care Special 3 | 12-18+ years | \$29.94 | \$1.02 | \$0.72 | \$31.68 |
| FAM FHM MED FRG FFMF | Foster Care Medically Fragile | 0-12 mos. | \$35.75 | \$0.53 | \$2.10* | \$38.38 |
| FAM FHM MED FRG FFMF | Foster Care Medically Fragile | 1-2 years | \$35.75 | \$0.53 | \$0.95** | \$37.23 |
| FAM FHM MED FRG FFMF | Foster Care Medically Fragile | 3-5 years | \$35.75 | \$0.53 | \$0.10 | \$36.38 |
| FAM FHM MED FRG FFMF | Foster Care Medically Fragile | 6-11 years | \$35.75 | \$0.79 | \$0.33 | \$36.87 |
| FAM FHM MED FRG FFMF | Foster Care Medically Fragile | 12-18+ years | \$35.75 | \$1.02 | \$0.72 | \$37.49 |

***For diapers and formula **For diapers**

Daily rates are determined by the age of the child on the first day of the month.

See *Children's Services Manual, Chapter 6, Section 21 Facilitating Payment to Resource Families Providing Foster Care* for more information.

Revision effective March 1, 2009

Unlicensed Kinship Foster Care (Relative Providers)

Service Group: Foster Care

| Service Type | Service Type Description | Age Range | Daily Clothing Allowance | Daily Personal Allowance | Daily Total |
|---|--------------------------|--------------|--------------------------|--------------------------|-------------|
| Kinship Foster Care (Unlicensed Relative) Or Kinship Foster Care Licensed applied for | URED | 0-12 mos. | \$0.53 | \$2.10* | \$2.63 |
| | | 1-2 years | \$0.53 | \$0.95** | \$1.48 |
| | URAD | 3-5 years | \$0.53 | \$0.10 | \$0.63 |
| | | 6-11 years | \$0.79 | \$0.33 | \$1.12 |
| | | 12-18+ years | \$1.02 | \$0.72 | \$1.74 |

*For diapers and formula

**For diapers

Unlicensed Non-Relative Providers

Service Group: Foster Care

| Service Type | Service Type Description | Age Range | Daily Clothing Allowance | Daily Personal Allowance | Daily Total |
|--------------------------|--------------------------|--------------|--------------------------|--------------------------|-------------|
| Unlicensed Non-Relatives | URN | 0-12 mos. | \$0.53 | \$2.10* | \$2.63 |
| | | 1-2 years | \$0.53 | \$0.95** | \$1.48 |
| | | 3-5 years | \$0.53 | \$0.10 | \$0.63 |
| | | 6-11 years | \$0.79 | \$0.33 | \$1.12 |
| | | 12-18+ years | \$1.02 | \$0.72 | \$1.74 |

*For diapers and formula

**For diapers

Auxiliary Payments and Special Allowances/Supplemental Financial Supports

Service Group: Allowances

| Service Type | Service Type Description | Uses, Maximum Amounts and Qualifiers Approval levels are designated in CHILDS. |
|-------------------|--|---|
| EMRG CLTH ALLOW | Emergency Clothing | \$150 maximum per state fiscal year. Independent Living Subsidy program youth are <i>not</i> eligible for this allowance. |
| EMRG CLTH EXTRA | Emergency Clothing - Extra | \$100 maximum per state fiscal year. (examples: Fire, Flood, Theft) Independent Living Subsidy program youth are <i>not</i> eligible for this allowance. |
| BOOKS/EDUCATION | Books Education Expenses | \$82.50 maximum per school year for <i>all dependent children</i> . For books, supplies, course fees, student services and physical education fees/equipment. May be approved for special pre-school and college level, technical and vocational classes. |
| SUPP SCH TUIT | Supplemental Extra School Tuition and Fees | \$165 maximum per session. For use during summer sessions or interim sessions at year round schools. |
| GRADUATION | Graduation Expenses | \$220 maximum. Available for High School only for cap, gown, ring, yearbook, and other graduation related fees. |
| SPECIAL NEEDS | Special Needs Allowance | \$22.50 maximum per state fiscal year. Available to assist foster parents with expenses such as holidays, birthdays, and special occasions. Independent Living Subsidy program youth are <i>not</i> eligible for this allowance. |
| CAMP AND VACATION | Camp and Vacation Allowance | Suspended. |
| PASSPORT | Passport Allowance | Reimbursement for the actual cost of obtaining a passport book or card. Receipts are required. Effective 1/1/09 and is a one time reimbursement per child. |
| DIAPERS-SPECIAL | Diapers - Special | \$62.50 maximum per month. This allowance must be authorized monthly. Available with medical documentation for children who require additional funds for diapers. |

Auxiliary Payments and Special Allowances/Supplemental Financial Supports are available to licensed family foster care providers and unlicensed kinship and non-relative providers.

See *Children's Services Manual, Chapter 21, Section 21 Facilitating Payment to Resource Families Providing Foster Care* for more information.

Revision effective March 1, 2009

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: ARKANSAS

INSTRUCTIONS

Justification for Levels of Care Special Board Rate Form

CFS-304

First determine the level of care required in each applicable category of need. Refer to the Point Chart to determine the assigned number of points per level and category. Refer to the Rate Chart to determine the dollar amounts corresponding to points assigned. Add the dollar amounts for each applicable category to the basic board rate (standard of age) to obtain the total monthly Special Board Rate.

The Division has foster family resources that are trained to provide Level III advanced services and Level IV master services. Level III foster parents provide emotional, physical and auxiliary services for Level A through C and the master level foster families provide services for emotional and physical Levels D and E and auxiliary Level D. For Auxiliary Level E (post-secondary board payment for IL students) there is no requirement for an advanced or master level foster family. Documentation to support the child's needs at this level must be provided. Documentation must reflect language identified in the levels listed below. Examples of documentation include: a UAMS assessment, a facility discharge plan, a treatment plan developed by the child's therapist, and/or a mental health assessment, etc. A child is not eligible for a level of care board payment without the required documentation. Level III Advance and Level IV Master foster parents are eligible for a transition payment of \$50.00 when they successfully step down two foster children.

There must be documentation from the child's therapist that the child has completed their step down plan. The transition payment can only be keyed after the court has determined that the child can be discharged from foster care, and on the day the child is to be discharged from the home.

The transition payment must be keyed prior to the second child being discharged from the home.

You must complete the CFS-304 for all SSI eligible children.

These are guidelines and do not replace professional judgment. If behaviors are more excessive than the example given consider the next level. Once approved, assure that the special board rate is reevaluated on a quarterly basis for continued appropriateness. Review documentation from the child's treatment plan to determine if the child should be stepped down to a more appropriate level of treatment. The child's treatment provider must provide documentation that supports the need for the child to step down and a step down plan.

Documentation of the completion of the step down plan must be in the child's case plan and record.

LEVELS OF REQUIRED CARE

I. Emotional/Behavioral Need Category

Level A. These are children who periodically exhibit excessive dependency, passivity, lack responsiveness and the ability to relate. (Examples: excessive crying and curfew violations)

Level B. Children at this level require abnormal amounts of attention and affection; have need for a regimented program such as behavior modification. Such children often have school problems, difficulty with peers, moodiness, and frequent enuresis. Foster parents often have to provide an abnormal amount of structure (e.g., constant repetition and follow-through on instructions). (Examples: social conflict and impulsive/hyperactive.)

Level C. These children exhibit extreme attention-seeking behavior, stealing, drug use, encopresis, destructive behavior, extreme hyperactivity, sexual acting-out, running away, withdrawal, etc. (Examples: aggressive, but low risk to injury and sexual abuse victim.)

Level D. These children show extreme, bizarre behavior, may be self-destructive and require exceptional care. (Examples: social conflict, substance abuse and adjudicated delinquent.)

Level E. Children at this level show severely disturbed behavior, such as frequent running away, depression, attempted suicide, thought disorder, excessive fantasizing, or inappropriate behavior. They may be dangerous to themselves or others, and cannot be maintained in a normal family setting. (Examples: physical aggression causing superficial injury to self and others, cruelty to animals, sexual perpetrator and runs away.)

II. Physical/Medical Need Category

Level A. These children need some help with putting on braces or prosthetic devices, some help with buttons, laces, etc., but basically self-caring.

Level B. These children need help with dressing, bathing, general toilet needs, as well as some help in ambulation. They exhibit feeding problems such as excessive intake, extremely slow and/or messy requiring help and/or supervision due to retardation or emotional or physical handicap. Need for tube or gavage feeding and physical therapy less than one hour per day. (Examples: incontinence/bowel problems, brushing teeth and combing hair.) Level C. These children need appliances for drainage or ileal conduit, or a colostomy. They might need aspiration, suctioning, mist tent, etc. They are nonambulatory, needing constant attendance, and/or prescribed physical therapy, 1-2 hours per day, by foster parent. (Examples: requires APNEA monitor, non-symptomatic HIV infection and needs nebulizer treatment three times a day or less.)

Level D. These children require custodial care, physical therapy 2-3 hours per day. They have uncontrolled seizures. (Examples: periodic uncontrolled seizures, use of feeding tubes and requires mist tent/oxygen.)

Level E. Due to the severity of their physical handicap, these children are unable to tolerate a normal family setting and require on going care. Such children possibly need 24-hour supervision. (Example: Symptomatic HIV requires assistance with mobility, eating disorders, Failure to thrive, fetal drug addiction, Fetal Alcohol Syndrome and Shaken Baby Syndrome.)

III. Auxiliary Need Category

Level A. These children require special diets or supplements that require extra expense and are not covered under any other program. Regular but infrequent (less than monthly) trips must be made to physician, psychiatrist, therapist, etc. (Examples: minor feeding problems, Juvenile diabetes [Must be monitored by parent], Day treatment, special education and resource class.)

Level B. Children require special equipment or a regular and consistent tutoring program at home. There is unusual wear and tear on the home, and need for occasional period of relief by an adult. Therapeutic appointments must be met every 2-4 weeks. (Examples: mental retardation and truancy [Requires special monitoring by foster parents].)

Level C. There is extreme wear and tear on the home, frequent hospitalizations; therapeutic visits every two weeks or more often.

Level D. These children exhibit either emotional or physical problems of such severity that the foster parents must make extraordinary adjustments in their family life style to accommodate the foster child. Such adjustments may include, but are not being limited to ongoing regular attendance at supportive group meetings physical changes in the home (such as building ramps, installing, lifts, etc.), ongoing consultation with child care professionals. These children require foster parents who have shown skill in adapting family life to the needs of each child. (Examples: requires assistance with mobility, suspension and excessive truancy [school missed four or more months].)

Level E. The post-secondary board payment for IL students who choose to remain in care, but not in a licensed foster care facility while pursuing their educational goals should be used primarily for the following expenses:

1. Living quarters rent or dorm room charges
2. Food or meal plan charges
3. Clothing needs
4. Personal needs
5. Utilities
6. Deposits (rent/utilities)

| POINT CHART | | | | | |
|-------------------------|----------|-----------|-----------|-----------|------------|
| CATEGORY OF NEED | A | B | C | D | E |
| Emotional | 5 | 15 | 30 | 60 | 175 |
| Physical | 5 | 15 | 30 | 60 | 175 |
| Auxiliary | 5 | 15 | 30 | 60 | 250 |

| RATE CHART | | | | | | |
|---------------------|-------------|-------------|--------------|--------------|--------------|-------------------------|
| Points | 5 | 15 | 30 | 60 | 175 | *250 |
| Monthly Rate | \$50 | \$70 | \$100 | \$160 | \$390 | \$630 Maximum |

* Applies to IL students only. The actual monthly amount depends on completion of a CFS-0025 (IL Budget Calculation).



Arkansas Department of Human Services
Division of Children and Family Services

JUSTIFICATION FOR SPECIAL BOARD RATE FORM

CHILD: _____ AGE (Years): _____

CASE NUMBER: _____

PROVIDER: _____ NUMBER: _____

I. EMOTIONAL

LEVEL (Letters A, B, C, D, E)
POINTS (5 to 240)
MONTHLY SPECIAL SERVICE RATE

II. PHYSICAL

LEVEL (Letters A, B, C, D, E)
POINTS (5 to 240)
MONTHLY SPECIAL SERVICE RATE

III. AUXILIARY

LEVEL (Letters A, B, C, D, E)
POINTS (5 to 250)
MONTHLY SPECIAL SERVICE RATE

BASIC BOARD..... \$ _____

EMOTIONAL..... \$ _____

PHYSICAL..... \$ _____

AUXILIARY \$ _____

TOTAL SPECIAL BOARD RATE:..... \$ _____

\$_____ IS THE CHILD'S OTHER MONTHLY INCOME.

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: DELAWARE

DIVISION OF FAMILY SERVICES
FOSTER CARE MODEL

Basic Level 1

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD'S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|--|--|---|--|---|---|--|
| <p>Children age 0-17</p> <ul style="list-style-type: none"> • Show minor or transient episodes of emotional, behavioral or physical problems • Fall within normal developmental levels | <p>Initial Assessment to include:</p> <ul style="list-style-type: none"> • Physical exam • Developmental screening • Educational screening • Emotional health screening • Foster parent observation and assessment tools administered by foster parents • Team meeting to provide assessment information to foster care staff responsible for matching | <p>Basic needs:</p> <ul style="list-style-type: none"> • Food • Clothing • Shelter • Supervision • Protection (safety) • Nurturing • Stability • Self esteem • Sense of hope • Connection to birth family and significant others • Permanency • Independent living skills • Education • Each child's plan to meet needs will be individualized & determined by the assessment | <p>Meet the child's basic needs (day to day)</p> <ul style="list-style-type: none"> • Food, clothing, shelter • Supervision • Protection • Nurturing • Stability <p>Meet developmental needs</p> <ul style="list-style-type: none"> • Physical • Emotional • Educational • Cultural • Social • Spiritual developmental • Address delays • Support connections with birth family & significant others • Facilitate visits • Support permanency plan • Participate in team-planning meetings • Attend school meetings • Arrange medical & dental appointments • Maintain life book • Provide recreational activities • Participate with child in mental health counseling as appropriate • Transportation • Teach independent living skills | <ul style="list-style-type: none"> • Foster PRIDE • First Aid & CPR • Module I - meeting the developmental needs of children at risk (12 hours) • 5 hours training per year | <p>\$17/day</p> <ul style="list-style-type: none"> • Medicaid (medical & dental coverage) • Foster Home Coordinator support • Mentors • Mental health counseling • Day care (employment related) • Respite care (10 days) • Funding for child's recreational, developmental activities • Crisis support after hours • Support group for children • Support group for foster families • In-home behavioral consultation as needed | <ul style="list-style-type: none"> • ↑ Availability of mental health • Counseling therapists trained in foster care and abuse/ neglect issues • ↑ Capacity for in-home consultations • ↑ Respite homes • ↑ Respite funds • ↑ Foster home coordinators for 1:24 • ↑ Crisis support after hours |

Moderate Level 2

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD’S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|---|---|---|--|---|---|---|
| <ul style="list-style-type: none"> • Children age 0-12 • Special education • Demands excessive attention • Mild to moderate developmental disabilities • Mild to moderate impulsive behavior and/or hyperactivity • Drug exposed babies • Emotionally disturbed, depressed, withdrawn • HIV (Symptomatic) | <ul style="list-style-type: none"> • Same as for Level I • Ongoing assessment of child used in planning 2x year in team meeting • Physical exam (annual) • Dental exam (annual) | <ul style="list-style-type: none"> • All of Level 1 plus • Additional supervision to keep child safe • Additional supports for education | <ul style="list-style-type: none"> • All of Level I plus • Accompanies child to appointments • Increased school involvement • Assists in implementing treatment plan • Provides role model for child’s family | All of Level 1 plus <ul style="list-style-type: none"> • Love and Logic • Working with Birth Parents • IEP Process and how to access services needed • Surrogate parent training as needed • Medications • Special training as needed • 12 hours training per year | \$25 day <ul style="list-style-type: none"> • All of Level 1 supports plus • Educational supports as needed • 15 days respite care • Access to doctors for medical review as needed • Training for staff re: IEP process and how to access treatment services • Additional caseworker support | Same as Level 1 <ul style="list-style-type: none"> • ↑ Educational supports (tutoring) |

Supports include those on previous page plus additional supports in the column.

Intensive Level 3

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD'S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|---|--|--|--|--|---|---|
| <p>Children age 0-17 Must exhibit at least 2 of the following:</p> <ul style="list-style-type: none"> • Moderate to severe developmental delays • Medical conditions needing constant caretaker attention and multiple doctor's visits (i.e., cerebral palsy, muscular dystrophy, etc.) • Severe impulsive and/or hyperactive behavior • Sexually abused • Encopretic • Eneuretic • Emotionally disturbed • May have had previous psychiatric hospitalizations • HIV (Symptomatic) | <ul style="list-style-type: none"> • Ongoing assessment used in quarterly team meetings • Physical exam (annual) • Dental exam (annual) | <p>All of Level 1,2 plus</p> <ul style="list-style-type: none"> • Foster parents with skills to meet child's special needs • Additional supervision to keep child safe | <p>All of Level 2</p> <ul style="list-style-type: none"> • Frequent and close communication with caseworker and coordinator • Observes and documents behavioral/ emotional functioning of child • Observes and documents patterns of behavior • Facilitates educational program • Facilitates behavioral change • Quarterly team reviews • Foster parent part of treatment team | <p>All of Level 1, 2 plus</p> <ul style="list-style-type: none"> • 15 hours training per year • Other specialized training as needed • Sexual abuse | <p>\$35 a day All of Level 1&2 supports plus</p> <ul style="list-style-type: none"> • Case worker/ coordinator support to child and foster family 2x month • Mental health services as needed; may include day hospital • Structured after school program/ activities • 21 day respite • Crisis respite beds • Aides for one-on-one | <ul style="list-style-type: none"> • Training for caseworker and coordinators to meet special needs of Level 3 children • Structured after school programs for difficult children • Case aides • ↑ Caseworkers coordinator support • Crisis respite beds • Reduced caseload for caseworkers |

Intensive Level 4

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD'S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|--|---|---|---|---|--|--|
| <p>Children aged 6 - 17 must exhibit at least 3 of the following:</p> <ul style="list-style-type: none"> • Moderate to severe developmental delays • Moderate to severe impulsive and/or hyperactive behavior • Sexually abused • Encopretic • Enueretic • May have had previous psychiatric hospitalizations or residential treatment • Episodes of delinquent behavior • Run away behaviors • Special ed. and/or other school problems • Episodes of depression and suicidal ideation • Pregnant teen or teen with baby | <ul style="list-style-type: none"> • Ongoing assessment of child used in quarterly team meetings | <p>All of Level 1,2,3 plus</p> <ul style="list-style-type: none"> • Additional supervision to keep child and others safe • More frequent more intensive therapy | <p>All of Level 1,2,3 plus</p> <ul style="list-style-type: none"> • Participates in multidisciplinary meetings • Emphasis is on helping child to function in a less intensive/ restrictive environment • Adapts home environment to meet child's needs | <p>FOSTER PRIDE All of Level 1,2,3 plus</p> <ul style="list-style-type: none"> • Depression/suicide • Specialized training as needed • 20 hours per year | <p>\$45 per day All of Level 1, 2, 3 supports plus</p> <ul style="list-style-type: none"> • No more than 2 foster children at this level • No more than 4 children total • 21 day respite • Day program for suspended youth needing supervision • Behavioral consultation • Increased caseworker and coordinator contacts (3x month) | <ul style="list-style-type: none"> • Structured after school program/ activities • Day Program for youth when suspended • Behavioral consultants • Lower case loads for caseworkers and coordinators |

Intensive Level 5 (Step Down from RTC or Psychiatric Hospital)

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD'S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|---|--|---|---|---|--|---|
| <p>Children aged 8-17 Must exhibit at least 4 of the following:</p> <ul style="list-style-type: none"> • Runs away frequently • History of firesetting • History of suicide attempts • Delinquent behavior • Diagnosed as conduct disorder • School problems and/or truancy • Assaultive behavior • Drug/alcohol use interfering with daily activities • Inappropriate sexual behavior, promiscuity, prostitution • History of failed placements • History of inpatient or residential treatment • Pregnant or teen parents | <ul style="list-style-type: none"> • Ongoing assessment of child used in monthly team meeting | <p>All of Level 1,2, 3,4 plus</p> <ul style="list-style-type: none"> • Additional supervision to keep child and others safe • More frequent more intensive therapy as needed • Behavioral consultation • Gradual step down from RTC or psych-hospital • Aides • Wraparound services at time of placement • Crisis respite beds | <p>All of Level 1,2,3,4 plus</p> <ul style="list-style-type: none"> • 1 foster parent or other approved adult with the child at all times • Have authority to call staffing on child • Participates in monthly team reviews and treatment planning | <p>All of Level 1-4</p> <ul style="list-style-type: none"> • Crisis intervention training • Additional training related to needs of child • 20 hours training per year | <p>\$55/day All of Level 1,2,3,4</p> <ul style="list-style-type: none"> • Individualized solutions for those youth whose needs are complex and cannot be served within the other resource categories • One child per home • 4x month caseworker contact • Planned respite 30 days/yr. • Wraparound services in place at time of placement | <p>All of Level 1,2,3,4 plus</p> <ul style="list-style-type: none"> • Lower caseloads for caseworker & coordinator (to offer additional support) |

EMERGENCY HOMES

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD’S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|---|--|--|---|---|---|---|
| <p>Children ages 0-17 who are entering family foster care</p> | <ul style="list-style-type: none"> • Physical and medical treatment as necessary • Developmental screening • Educational screening • Emotional health screening • Foster parent observation and assessment instruments administered by foster parents • Additional testing as indicated • Team meeting to provide assessment information to foster care staff matching needs of child to foster family skills | <ul style="list-style-type: none"> • Assurance of physical safety • Emotional support to child in trauma of separation from family • Information about foster care and what will happen next • Immediate medical needs met • Visits with birth family • Continuity for child as much as possible... same school community • Complete assessment to determine needs and best placement • At the same time foster family and professional staff are assessing needs of child, staff will assess family: <ul style="list-style-type: none"> • Strengths • Needs • Risks • Some prediction of length of placement | <ul style="list-style-type: none"> • Physical safety of child • Provide strong emotional support of child in trauma of separation from family • Explain foster care to child in age-appropriate manner • Transportation to/ support through emergency medical treatment • Support connection with birth family by facilitating visits • Maintain continuity for child as much as possible... school, friendships, etc. • Assess child’s needs through observation • Administer assessment instruments • Participate in meetings to assess and make recommendations for best placement • Available by phone/pager at all times • Accept youth of all ages/sex/ race for up to 14 days unless family safety is at risk • Provides enriched environment and recreational opportunities | <ul style="list-style-type: none"> • Three years experience as foster parent or comparable experience • Foster PRIDE • First Aid and CPR • 45 hours of in-service training including: <ul style="list-style-type: none"> • PRIDE - Module I • Sexual Abuse • Teens • Identifying developmental needs and delays • Medications Depression/suicide • Specialized training in assessment • 12 hours of in-service training per year required | <ul style="list-style-type: none"> • In-home consultation with behavioral specialist • 24 hour crisis access • Transportation (as back up) • Foster Care team • Caseworker contact - 1x/week • Foster Home Coordinator contact 2x/month • 5 days per month off | <ul style="list-style-type: none"> • Behavioral consultants • Financial support to recruit and train • Foster parents for assessment homes • Respite providers for this special population of children • Assessment tools • Access to evaluations as needed |

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: IDAHO

Guide for Specialized Foster Care
Level 3: Mild/ Moderate/ Severe
Treatment Foster Care: Mild/ Moderate/ Severe

Purpose:

The Specialized Foster Care form aides in the identification of both a child’s needs, as well as the interventions resource parent(s) must have in place so that a child can receive needed services in the resource/foster home and prevent the need for placement in a higher level of care.

Format:

The form reviews needs and behaviors in six categories. The categories are:

- Safety and Risk
- Mental Health
- Behavioral Status
- Medical Status
- Education
- Transportation

The “Specialized Foster Care form” is completed by the social worker/clinician with assistance from resource parent(s) or others with knowledge of the child/youth. This form is intended to document behaviors and/or needs over the past 30 days only. When a behavior and/or need is identified, the main reasons for the identification should be included in the area provided, clarifying what happens, how often it occurs, and what has been tried to address it. All of this information will then be used in the payment decision-making process.

While strongly encouraged for Level 3 placements, the CALOCUS must be administered on all children/youth being considered for placement in a treatment foster home. The CALOCUS composite score must be at Level 5 (23-27) or higher for a child/youth to be placed in Treatment Foster Care. An exception to this requirement would be where a child/youth is transitioning into a lower level of care.

Process:

In cases where resource parent(s) and the social worker/clinician decide “Specialized Foster Care” may be appropriate, the following steps should be followed:

Document Behavior The social worker/clinician will complete the form, with the assistance of the resource parent or other involved parties, to document the child/youth’s behaviors and/or needs over the past thirty days. This form could be completed at any point where Specialized Foster Care is being considered. If a portion of the form is not relevant to the child, complete that portion with an “n/a” or “not applicable”.

Create an Action Plan The resource parent(s) and social worker/clinician will review the form together and will create an **action plan** (included on the form) to address the identified needs. The resource parent should also get a copy of the action plan. This plan identifies the child’s needs and behaviors, and what actions the resource parent(s) will take to address the child’s needs and behaviors. For Level III placements, the plan also includes how the department will support the resource parent(s) in the implementation of the plan, such as training or information, monitors, providing lock boxes for medications or sharp objects, more frequent contact, etc. The “support needed” section is

not applicable for Treatment Foster Care placements as on-going support to the resource parents is already incorporated as part of the Treatment Foster Care model. In reviewing the information, the resource parent(s) and social worker/clinician will make a mutual decision whether or not to request Specialized Foster Care

Incorporate a Safety Plan

Once a child's needs are identified, there is a responsibility to address those needs. Therefore, resource parent(s) will be expected to follow the actions of the action plan whether or not Specialized Foster Care payment is approved. Depending on the case, a safety plan may be incorporated as part of the action plan. A **safety plan** is an organized system of rules and guidelines used to supervise and structure time and space, due to the behavior and/or needs of the child. A safety plan is for the safety and well-being of the child, as well as for the other members of the family, pets, and property.

Check the safety plan box in if the item is part of the Safety Plan. Remember to share the safety plan with all caregivers, including short term babysitters.

Program Manager Review

The social worker/clinician will submit the Specialized Foster Care form to the Program Manager for approval.

On-going Authorization

Level III Foster Care payments will be reviewed at least every six (6) months, though regions may decide to review payments at shorter intervals. Treatment Foster Care payments will be reviewed at least every three (3) months.

When approved, the Specialized Foster Care form will identify the date the authorization expires. For Specialized Foster Care placements, when authorization has expired, payment will resume at the foster care base rate unless the social worker/clinician has requested and received a renewal of Specialized Foster Care prior to the date of expiration.

Level III Specialized Foster Care Payment Schedule Guideline:

Please refer to the following distinctions for Level III Specialized Foster Care as they are identified in IDAPA 16.06.01.484. Determinations of mild/ moderate / severe are based on these distinctions:

| | |
|----------------------------------|--|
| <u>Level III Mild</u> | For children that require the resource parents to expend <u>extra amounts</u> of time and energy to meet the child's needs. <ul style="list-style-type: none">• chronic medical problems |
| Base Rate + \$90 | <ul style="list-style-type: none">• frequent time-consuming transportation for parental visits or appointment• behaviors requiring extra supervision and control• the need for preparation for independent living |
| <u>Level III Moderate</u> | For children with conditions which require <u>considerable amounts</u> of time, energy and commitment on the part of the resource parents to meet the child's needs. <ul style="list-style-type: none">• ongoing major medical problems |

- Base Rate
- + \$150
- behaviors which require immediate action or control
- alcohol or drug abuse

Level III Severe For children with conditions which will require **extraordinary amounts** of time, energy and commitment on the part of the resource parents to meet the child's needs.

- Base Rate
- + \$240
- Axis I Diagnosis
- severe developmental disability
- severe physical disability such as quadriplegia

Treatment Foster Care Payment Schedule Guideline:

IDAPA _____ states that the range for payment for Treatment Foster Care is up to \$1,800. However, actual payment amount will be based on the services, interventions, and supervision provided by the treatment foster parent in order to meet the safety and well-being of the child and prepare the child for permanency. Treatment Foster Care has been divided into three levels: treatment mild, treatment moderate, and treatment severe. These levels provide guidance for statewide consistency in developing Treatment Foster Care payment schedules.

All children considered for Treatment Foster Care must score a Level 5 (23-27) or higher on the CALOCUS. The social worker/clinician and treatment resource parents must develop a strategic intervention plan designed to meet the child's needs and prepare the child to be successful in a less restrictive environment. This plan will be implemented by the treatment resource parents, and monitored by both the social worker/clinician and treatment resource parents.

Treatment Mild The needs of the child at this level would necessitate additional supervision and/or intervention by the treatment foster parent that would extend beyond Level III Severe. Treatment Mild Level may include:

- \$800 -
- \$1,000
- Coordinating intervention strategies with multiple service providers and involving multiple systems, which would also include working with the child/youth's parent/guardian.
- Safety plans are in place and monitored by the resource parent
- Weekly behavioral tracking of the child and documentation by the resource parent

Support by the CFS social worker/clinician or contracted designee that would included a minimum of one monthly face-to-face contact with the child and treatment resource parent, and phone contact with the treatment resource parent at least every seven days. This pattern of contact may be more frequent if determined necessary by the Department based on the needs of the child/youth.

Treatment Moderate The needs of the child at this level would necessitate additional supervision and/or intervention by the treatment resource parent that may involve:

- \$1,200 –
- Coordinating comprehensive intervention strategies with multiple service providers and involving multiple systems, which would also include

\$1,400

working with the child/youth's parent/guardian.

- Daily behavioral tracking and documentation
- Support by the CFS social worker/clinician or contracted designee that would include a minimum of face-to-face contacts with the child and treatment resource parent every other week, and phone contact with the treatment resource parent at least every seven days. This pattern of contact may be more frequent if determined necessary by the Department based on the needs of the child/youth.

Treatment
Severe

The needs of the child at this level would necessitate constant supervision and or intervention by the treatment resource parent that may involve:

\$1,600 -
\$1,800

- Coordinating comprehensive intervention strategies with multiple service providers and involving multiple systems, which would also include working with the child/youth's parent/guardian. The complexity of the child's needs would necessitate an intervention plan that was highly flexible, creative, and adaptive while maintaining communication with all relevant individuals so that interventions are consistent throughout the child's experience.
- A safety plan that is not intermittent, but must be continuously maintained throughout the placement period
- Behavioral tracking and documentation that monitors incremental periods throughout the day (ie. Hourly)
- Support by the CFS social worker/clinician or contracted designee that would include face-to-face contacts with the child and treatment resource parent at least every seven days, and an additional phone contact with the treatment resource parent at least every seven days. This pattern of contact may be more frequent if determined necessary by the Department based on the needs of the child/youth.

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: IOWA

Foster Child Behavioral Assessment

Identifying Information

| | |
|----------------------|--|
| Child's name | Date of birth |
| FACS number | SID number |
| Date completed | |
| Resource family name | Date child placed in this resource foster home |

Type of Assessment (check one)

- Initial (within first 30 days of initial entry into foster care)
- Significant behavior change
- Placement change
- Termination of parental rights, in preparation for negotiating an adoption subsidy or presubsidy
- Court hearing on guardianship subsidy (highest level paid is level 2: basic + \$9.62 a day)

Checklist Summary

Total points from the attached checklist: ____

- 0 to 11 points = basic rate
- 12 to 19 points = level 1 (basic + \$ 4.81 a day)
- 20 to 35 points = level 2 (basic + \$ 9.62 a day)
- 36 points and above = level 3 (basic + \$14.44 a day)

Approved Daily Rate

\$ _____ Basic daily rate for a child this age
 + _____ For level _____
 = \$ Total daily rate Effective date of rate: _____
 (Cannot be before the first 30 days or before date supervisor signs.)

Worker's signature

Date

Supervisor's signature

Date

** In order to have a valid assessment, check items that apply in every category – minimal, moderate, and intensive.**

Emotional Care Needs

MINIMAL

- 1) Demands excessive attention
- 2) Nervous
- 3) High strung
- 4) Impulsive
- 5) Displays temper tantrums
- 6) Restless
- 7) Hyperactive
- 8) Short attention span
- 9) Occasionally wets during the night
- 10) Low self-esteem and confidence
- 11) Periodically withdrawn and unresponsive, avoids feelings
- 12) Occasionally whines, argues, swears, manipulates, etc.
- 13) Exhibits other characteristics which correspond in extent or degree

Specify:

2 or more checks = 4 points

MODERATE

- 1) Frequently requires close supervision
- 2) Habitually resistive
- 3) Frequent difficulty in communicating with others
- 4) Frequent failure to do what is expected
- 5) Frequently responds with apathy
- 6) Serious attachment problems in establishing and maintaining relationships
- 7) Displays cultural and social conflicts
- 8) Frequent night bed wetter or occasionally soils
- 9) Displays excessive active behaviors
- 10) Exhibits other characteristics which correspond in extent or degree

Specify:

2 or more checks = 8 points

INTENSIVE

- 1) Requires constant and intensive supervision, daily structure
- 2) Infantile personality
- 3) Wets or soils during the daytime several times a week
- 4) Severe hyperactivity to the point of destructiveness
- 5) Chronically withdrawn, anxious, and depressed
- 6) Self-injurious behavior
- 7) Foster parent training is required to manage child's behavior
- 8) Bizarre or severely disturbed behavior
- 9) Anorexia, bulimia or other eating disorders
- 10) Exhibits other characteristics which correspond in extent or degree

Specify:

1 or more checks = 12 points

Behavioral Care Needs

MINIMAL

- 1) Disappears or "runs away" for short periods (hours) and intends to return
- 2) Occasionally skips classes or has behavior which requires parent/school contact or extra help
- 3) Occasionally acts out sexually (i.e., public masturbation, sexual language, sexual behavior)
- 4) Occasionally experiments with drugs or alcohol or both
- 5) Infrequent hostile conflicts with parents, community, authority figures
- 6) Occasional problems with stealing, petty theft, vandalism
- 7) Infrequent but severe conflicts with friends
- 8) Occasionally aggressive with people (i.e., biting, hitting, throwing objects at another)
- 9) Has played with matches or lighters more than once
- 10) Exhibits other characteristics which correspond in extent or degree

Specify:

2 or more checks = 4 points

MODERATE

- 1) Frequently runs away or disappears for longer periods of time, needs encouragement to return
- 2) Frequently truant or exhibits behavior which creates a disturbance in the classroom
- 3) Exhibits sexual activity harmful to others, disruptive to family and community
- 4) Frequently uses drugs or alcohol or both
- 5) Occasionally involved in non-violent crimes against property, arson, burglary
- 6) Frequent aggressive behavior toward people (i.e., hitting, kicking, biting, throwing)
- 7) Frequent self-abusive behavior (i.e., head banging, self-mutilating, self-biting...)
- 8) One occurrence of deliberate fire setting behavior
- 9) Exhibits other characteristics which correspond in extent or degree

Specify:

2 or more checks = 8 points

INTENSIVE

- 1) Habitually runs away for days at a time
- 2) Habitually creates disturbances in the classroom, on the bus, habitually truant requiring daily parent/school contact
- 3) Exhibits sexual deviance of a violent or non-consenting nature
- 4) Habitually uses drugs or alcohol
- 5) Repeated, uncontrolled behavior resulting in delinquency status (i.e., property offenses, assault)
- 6) Daily aggressive behavior (i.e., biting, hitting, kicking, throwing objects...)
- 7) Constant self abusive behavior (i.e., head banging, eye poking, biting self...)
- 8) Severe eating disorders
- 9) Has deliberately set a fire more than once
- 10) Child exhibits other characteristics which correspond in extent or degree

Specify:

1 or more checks = 12 points

Physical and Personal Care Needs

MINIMAL

- 1) Has a disability which needs some assistance but is mainly self-caring
- 2) Has seizures, motor dysfunctions which are controlled by medication
- 3) Requires therapy for fine or gross motor skills
- 4) Requires special diet preparation
- 5) Requires daily supervision or assistance with personal hygiene and medication compliance
- 6) Child exhibits other characteristics which correspond in extent or degree

Specify:

1 or more checks = 4 points

MODERATE

- 1) Requires help dressing, bathing, and general toilet needs, including maintenance procedures (i.e., catheter, devices or prostheses, diapering)
- 2) Needs assistance to care and maintain physical assistance devices
- 3) Exhibits eating or feeding problems which requires help and supervision
- 4) Requires tube or gavage feeding
- 5) Requires frequent special care to prevent or remedy problems (i.e., bedsores, serious skin conditions)
- 6) Requires daily feeding, prescribed physical therapy, one to two hours per day
- 7) Child exhibits other characteristics which correspond in extent or degree

Specify:

1 or more checks = 8 points

INTENSIVE

- 1) Non-ambulatory
- 2) Uncontrollable seizures
- 3) Needs appliances for drainage, colostomy, aspiration, suctioning, mist tent, etc.
- 4) Impaired vision, speech or hearing functions which require caregiver training
- 5) Requires caregiver to daily administer prescribed exercise routines
- 6) Requires prevention procedures (i.e., daily irrigation)
- 7) Requires excessive cleaning/laundry and control of body waste
- 8) Orthopedic care at a level demanding excessive amounts of time, care, and responsibility
- 9) Requires two to three hours daily of prescribed physical therapy
- 10) Child exhibits other characteristics which correspond in extent or degree

Specify:

1 or more checks = 12 points

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| | Dates | Issue/Reissued | May 2009 | Replacing |

6-1605 BOARD PAYMENTS FOR FOSTER CHILDREN

Monthly board rates are made to foster parents and relatives whose homes are certified for children in the custody of the State. Board rates are intended to help meet the daily needs of the child for shelter, food, clothing, allowance and incidental expenses. The board rates shall not be used by foster parents or relatives for expenditures that are not part of the needs of the child.

A. REGULAR BOARD RATES FOR FOSTER FAMILY HOMES

A breakdown of the average monthly payment, based on a thirty day month, giving the amount generally intended for the various items, established by the Office of Community Services for payment to OCS certified foster family homes is as follows:

- For a child birth up to age two years:

\$313.77 – room and board
 61.50 – diapers and formula
 61.50 – clothing
 9.72 – child’s monthly allowance
 15.37 – personal items
 5.54 – gift allowance

 \$467.40 = average monthly payment (\$15.58 per day)

- For a child age two through age five years:

\$314.76 – room and board
 61.50 – clothing
 9.93 – child’s monthly allowance
 15.38 – personal items
 5.53 – gift allowance

 \$407.10 = average monthly payment (\$13.57 per day)

- For a child age six years through age 12 years:

\$324.47 – room and board
 73.80 – clothing
 29.62 – child’s monthly allowance
 15.37 – personal items
 5.54 – gift allowance

 \$448.80 = average monthly payment (\$14.96 per day)

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- For a child age 13 years of age or older:

\$351.31 – room and board
 80.38 – clothing
 46.70 – child’s monthly allowance
 16.33 – personal items
 6.28 – gift allowance

 \$501.00 = average monthly payment (\$16.70 per day)

B. PROCEDURE FOR PAYMENT OF PLACEMENTS AND TRACKING PLACEMENT HISTORY FOR PAYABLE AND NON-PAYABLE PLACEMENTS

This information shall be coordinated with TIPS procedures for data entering client information for a foster child and authorizing and paying for a certified foster family care or other placements. Steps to initiate an automatic monthly board rate payment for a child placed in a foster family home are as follows:

- The child shall be correctly entered into the Foster Care Program with the TIPS 100 (Client Information Form). Refer to Foster Care Appendix D. TIPS LARE Data Entry Foster Child and TIPS Procedural Manual Appendix D. TIPS Forms for instruction on completion of the TIPS 100.
- The ***provider**** data must be entered into TIPS or TIPS/LARE TIPS provider number ***must**** be assigned. Home Development enters data for certified foster homes. Refer to the OCS Form 431 (for private agency foster homes) for information to be entered on certified foster homes in TIPS/LARE. State Office enters data for private child care provider agencies and then Home Development enters data on private foster families for those agencies. Refer to the TIPS 300 for required information to be entered on private ***providers**** and vendors. The Foster Care Worker enters non-certified caregivers into TIPS or completes the TIPS 300 for data entry according to local office procedures.

The 106b or FAST III placement authorization must be data entered within five working days of the placement or the last day of the month when the necessary placement provider data has been entered. For the payment to be automatically generated by TIPS, the data must be entered by the first of the month following the month in which payment is due. Board rates, if applicable, are paid in arrears, with payment being mailed on or around the seventh of the month following the month for which payment is made. When the placement provider data is not entered timely for the board authorization to be entered, a payment can be made using the TIPS Form 211 to manually enter the data for the placement.

Manual payments are not necessary unless through error, an automatic board was not authorized by the cut-off date in the month following the month in which the service was provided or an

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error on the provider record prevented automatic payment. Refer to the TIPS Manual for the TIPS Form 211 and instructions for payments.

- The placement is authorized for payment and/or placement history tracking by data entry of the Foster Care Client Service Authorization Form, TIPS 106b or FAST III or direct TIPS entry by the worker who signs a copy of the screen printout verifying accuracy of the data entry and authorizing the placement.

The placement authorization has a begin and end date and a major/minor service code, which the system uses to automatically generate a payment on a monthly basis, if applicable, and/or track placement history. The begin date is the first day of the placement. The exact end date of placement may not be known at the time of placement. The end date is initially entered according to the expected length of placement, but shall not exceed 12 months. A monthly TIPS report (Worker Service Authorization Report) is issued to notify the worker of service authorizations due to expire. The authorization must be extended if the child remains in the same placement beyond the maximum placement authorization period. The authorization can be extended in the month it expires, by changing the end date of the existing service authorization to the new end date of the expected placement period. Placement needs assessment codes must be entered in order to extend authorization period. The end date is the last full day the child remained in the placement, not the day of departure from the placement. Two placements can not be paid for caring for the same child on the same date due to a prohibition on duplicate board payments except in the following circumstances:

- When payments is made for respite care, refer to Section [6-920](#) Respite; or
- When a bed is being held for a child receiving drug or psychiatric treatment (not to exceed 60 days), refer to Section [6-1135 C](#) regarding retainer homes for psychiatric hospitalization.

Refer to the TIPS Procedural Manual for TIPS 106b Form and instructions or the Forms Manual for FAST III and instructions.

C. FOSTER PARENT SPECIAL BOARD RATES

In addition to receiving the regular board rate, OCS foster homes, Private Foster Care (PFC) Homes and Specialized Family Foster Homes may receive a special board compensation for their foster child(ren).

If a child is in a medical facility for a calendar month, the board payment can be paid providing the foster parent is planning to have the child returned to their home. However, special board cannot be paid during this time. The authorization is to stop and the special board can be reassessed when the child has been discharged from the hospital.

Alternate Family Care (AFC) may receive a special board only under specific circumstances. *** Refer to AFC protocol for special board in Section 6-525 B. and to

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Section 6-525 D. regarding special board protocol for Therapeutic Foster Care (TFC) homes. Diagnostic and Assessment (D&A) homes do not receive a special board.

A special board will require assessment of the time, efforts and events that a foster parent spends based on the special needs of the child, which is over the normal amount of time for a child within their appropriate developmental stage. The special board shall be assessed within the first 30 days of placement in a certified foster home and be documented on the case staffing form or CR-8. It is time-limited, not to exceed a six-month period at any given time and the child’s special needs should be identified within the case plan. The special board approvals should coincide with the case plan timeframes. The time, tasks and efforts of the foster parents to interact, support and/or provide services to ameliorate the “special needs” of the child should, with the approval of the Supervisor, District Manager, Regional Placement Specialist or Regional Program Specialist (both positions will be referred to as RPS throughout the rest of this section of policy) and/or State Office be reflected in the special board compensation. Supporting documentation of the child’s special needs should be filed in the case record, which could include an Individual Education Plan (IEP), speech needs, physical therapy, etc.

Also when considering special board for Specialized Homes, AFC and TFC, the foster parent is already being compensated for the placement of the child through their monthly stipend. The children placed in these homes are expected to have a higher level of needs. The special need of the child and the time and efforts of the foster parent should exceed Level 1 and perhaps Level 2 before a special board is requested.

The progress of the child and the amount of time, tasks and efforts that the foster parent spends should be reviewed on an on-going basis. Progress or lack there of should be addressed in the compliance section of the case plan. Some special need may be due to a deteriorating condition that would require the foster parent to spend time and efforts to support or maintain the child’s level of functioning. When the need has improved or no longer exists, the special board should be adjusted accordingly.

The special board compensation is paid automatically each month. It must be renewed at least every six months at the time of the Family Team Conference (FTC) and reauthorized commensurate with the total rate and type of certification. It is not considered taxable income for the foster parent.

The foster care worker shall write a memorandum to request a special board. The following is to be included in the memorandum:

- Foster child’s name, birth date and TIPS number;
- Foster family’s name, TIPS number, and type of certification;
- A description of the current disabling condition, need or difficulty of care is required by:
 1. Documenting each problem area;
 2. Attaching any pertinent information; and

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3. Providing an explanation of the foster parent’s time, tasks, efforts and services being provided to remedy or resolve the problem;
- A statement concerning the level of care recommended:
 1. For Specialized, Alternate and Therapeutic Foster Homes, the circumstances supporting the need for a special board over the difficulty of care subsidy; and
 2. Resources explored and/or approved to meet the child’s special needs such as Early Periodic Screening Diagnostic Treatment (EPDST), Waiver, Personal Care Services and Personal Care Attendant, etc.; if resources have been approved, list the specific services provided by the resource;
 - Recommended beginning and end dates with appropriate authorizations; and
 - A statement explaining a payment request is retroactive as retroactive payment requests will only be approved for two months prior to date of request. A worker should assess the child’s special needs and time and effort of the foster parent during each contact. When a foster parent must exert time and effort beyond what is expected for the developmental functioning of a child and the time and efforts are expected to last over two months, special board should be assessed and a request for retroactive payment should be made.

1. Regular and Private Foster Care Homes Approval Levels and Authorization

For regular OCS and PFC homes, using TIPS major/minor code 010 010 for up to \$300 total monthly special board requires a Supervisor’s approval and signature on the special board memorandum. If approved, disapproved or modified, the signed memo shall be placed in the child’s record. A computer printout of the service authorization, with the approval signature, or a copy of the signed 106b shall be filed in the child’s financial record.

\$300.01 to \$600 total monthly special board using the major/minor code 010 011 requires a Supervisor’s approval and signature on the special board memorandum. The memo is submitted to the District Manager or RPS for approval, signature and entry into TIPS for OCS foster and PFC homes. If approved or modified, a computer printout of the service authorization, with the approval signatures, or a copy of the signed 106b shall be attached to the memo and placed in the child’s record.

Over \$600 total monthly special board using the major/minor code 010 017 requires a Supervisor’s and District Manager’s or RPS’ approval and signature on the special board memorandum. The memo shall be submitted to State Office ***Division of Foster Care Services**** for approval, signature and entry into TIPS for OCS foster homes. The PFC special board request shall be submitted to State Office ***Division of Foster Care Services.**** The signed memo shall be returned to the referring Supervisor approved, disapproved or modified and shall be placed in the child’s record. If approved or modified, a computer printout of the service authorization, with the approval signature, or a copy of the signed 106b shall be attached to the memo and placed in the child’s record.

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2. Specialized Homes Approval Levels and Authorization

For Specialized Homes, using the major/minor 010 015 for up to \$300 requires the Supervisor's approval and signature on the special board memorandum. The memo is submitted to the District Manager for approval, signature and entry into TIPS. If approved or modified, a computer printout of the service authorization, with the approval signatures, or a copy of the signed 106b shall be attached to the memo and placed in the child's record.

For all special board requests above \$300, a memorandum must have the Supervisor and District Manager's approvals and signatures and the memorandum must be sent to State Office ***Division of Foster Care Services**** for approval, signature and entry into TIPS using major/minor code 010 017. The signed memo shall be returned to the referring Supervisor approved, disapproved, or modified and placed in the child's record with a copy provided to the District Manager. If approved or modified, a computer printout of the service authorization, with the approval signature, or a copy of the signed 106b shall be attached to the memo.

3. Alternate Family Care Homes Approval Levels and Authorization

For AFC Homes special board requests up to \$300, using the major minor 010 009, requires the District Manager's approval and signature. For all special board requests above \$300, a* memorandum for all AFC homes must have the Supervisor and District Manager's approvals and signatures. The memo must be sent to State Office ***Division of Foster Care Services**** for approval, signature and entry into TIPS using major/minor codes 010 017. The signed memo shall be returned to the referring Supervisor approved, disapproved, or modified and shall be placed in the child's record with a copy provided to the District Manager. If approved or modified, a computer printout of the service authorization, with the approval signature, or a copy of the signed 106b shall be attached to the memo.

4. Therapeutic Foster Care Homes Approval Levels and Authorization

TFC Homes special board request, using the major/minor 010 013 for up to \$300, requires the RPS' approval and signature.

For TFC special board request above \$300, a memorandum must have the Supervisor and the Regional Placement Specialist's approvals and signatures. The memo must be submitted to State Office ***Division of Foster Care Services**** for approval, signature and entry into TIPS, using major/minor codes 010 016. The signed memo shall be returned to the referring Supervisor approved, disapproved or modified and placed in the child's record, with a copy to the RPS. If approved or modified, a computer printout of the approved authorization, with the approval signature, or a copy of the signed 106b shall be attached to the memo and placed in the child's fiscal record.

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Approval Levels and TIPS Codes

| Foster Children | Up to \$300 | \$300.01-\$600 | Over \$600 |
|--|---------------------------------|---------------------------------------|-------------------------|
| Regular Foster Home Private Foster Care | 010-010 Supervisor | 010-011 District Manager or RPS | 010-017 State Office |
| Specialized Home | 010-015 District Manager | 010-017 State Office | 010-017 State Office |
| AFC | 010- *009 District Manager** | 010-017 State Office | 010-017 State Office |
| TFC | 010-013 RPS | 010-016 State Office | 010-016 State Office |
| D&A Home | None | None | None |
| All special boards for Young Adults are approved at the State Office level using the same codes as listed above. | | | |

5. Determining the Amount of Special Board for Special Needs

An assessment is required to determine the special board rate appropriate to meet the child's needs and the foster parent's time, tasks and efforts in helping the child with special needs. The table for the special board is a guide to assist staff in determining eligibility for and deriving an amount for a special board. Foster care staff should include foster parents in the assessment for determining the appropriate special board based on the individualized needs of the child and the services required of the foster parent to meet those needs. When services are provided by other agencies through such programs as EPSDT, waivers, personal care services, the special board should be adjusted to reflect the services.

Specialized, TFC and AFC home assessments are to exceed Level 1 and perhaps Level 2 for a special board request. The table that follows lists the areas to be considered and the amounts for special board. If the child is functioning below his/her developmental stage in relation to his/her chronological age for House Care, Supervision and/or Education, the following table is a good reference to accurately assess the child's delays. A brief description will precede each category.

Education

This category assesses the average number of hours per week the foster parent is required to spend with the child providing assistance to improve specific, identified deficiencies in the child's development or education.

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| TYPE OF CARE | LEVEL 1 | LEVEL 2 | LEVEL 3 | LEVEL 4 |
|--------------|---|--|--|---|
| EDUCATION | Is behind in school and requires extra help at home of an average of 5 hours per week -or- Help a pre-schooler who is behind in self help skills at least one hour a day -or- An adolescent that the foster parent is actively helping learn independent living skills (\$34.50) | Is behind at least one grade level and requires extra help at home of an average of 5 hours per week and contact with the teacher and other professional educators 1-2 times per week (\$62.00) | Is behind at least two grade levels or in pre-category school for interventions, requires extra help at least 8 hours a week at home, contact with the teacher and going to school concerning educational issues and behaviors 3-4 times per week and an IEP has been completed (\$87.00) | Home Bound and foster parent spends a minimum of 20 hours per week working with child, receiving assistance from school as directed by an IEP to help alleviate the deficiencies –or- 20 hours per week working with the child due to expressive language delay, learning sign language to assist the child’s communication skills and must be directed by an IEP (\$137.50) |

House Care

This category is for extraordinary house care maintenance caused by the foster child’s conduct and/or condition. A certain level of destructiveness, cleaning and repairs are normal for all children, for example, young children are particularly messy at the table as they learn to feed themselves. Children who are developmentally delayed in their fine motor skills are also messy at the table and the cleaning required would be considered extraordinary house care. If a child’s damage can be prevented by supervision, then a plan should be developed to remedy the situation and should not be counted under House Care. When the social assessment determines that the child can learn new self help skills and/or should be participating in the cleaning, then a judgment must be made regarding the appropriateness of the application of this category and/or the length of time it should be applied.

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| TYPE OF CARE | LEVEL 1 | LEVEL 2 | LEVEL 3 | LEVEL 4 |
|-------------------|---|--|--|---|
| HOUSE CARE | <p>The foster parent's daily house care maintenance is increased by <u>four</u> hours per week due to the foster child's maladaptive behavior, developmental delays, and/or physical condition.</p> <p>Examples: additional laundry and/or clothes due to enuresis/encopresis, cleaning child, table, floor after every meal due to developmental delays or lack of social training, cleaning bathroom after child's use. (\$24.50)</p> | <p>The foster parent's daily house care maintenance is increased by <u>eight</u> hours per week due to the foster child's maladaptive behavior, developmental delays, and/or physical condition.</p> <p>Example: excessive laundry for children over three years old (\$44.50)</p> | <p>The foster parent's daily house care maintenance is increased by <u>14</u> hours per week due to the foster child's maladaptive behavior, developmental delays, and/or physical condition.</p> <p>(\$87.00)</p> | <p>The foster parent's daily house care maintenance is increased by 20 hours per week due to the foster child's maladaptive behavior, developmental delays and/or physical condition.</p> <p>Examples: child between ages 3-10 in diapers; adolescent who urinates or defecates where cleaning is over and beyond the norm at least three times per week. (\$125)</p> |

Treatment

This category assesses the amount of time that a foster parent is required to participate in scheduled appointments with or on behalf of the child with professionals engaged to work regarding physical, emotional, and psychological problems of the child. The giving of medication would only count in exceptional situations that consistently take prolonged periods of time.

| TYPE OF CARE | LEVEL 1 | LEVEL 2 | LEVEL 3 | LEVEL 4 |
|------------------|--|--|---|---|
| TREATMENT | <p>At least one trip a week that the foster parent is required to participate in appointments (counseling, speech, physical therapy, etc.) or therapy completed in the home with participation; Giving of medication as defined above (\$15)</p> | <p>At least two trips per week that the foster parent provides transportation and the foster parent participates in the treatment; Implementing a behavioral plan to assist the child as recommended by the therapist (\$30)</p> | <p>At least three trips a week that the foster parent provides transportation and is available to participate in the treatment; Implementing a behavior plan by a professional's recommendation and using techniques to assist the child in making changes (\$50)</p> | <p>Over 12 trips a month that the foster parent provides transportation and is available to participate and daily use some of the techniques (speech, physical therapy, etc.) at home (\$100)</p> |

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Birth Family Involvement

This category involves the time and task that the foster parent provides between the child and the biological family. It requires the foster parent to be available and/or participate in the visit and not just drop the child off for the visit.

| TYPE OF CARE | LEVEL 1 | LEVEL 2 | LEVEL 3 | LEVEL 4 |
|---------------------|---|---|---|---|
| BIRTH FAMILY | Foster parent brings child to visit with biological family and participates at least one time per month (\$10) | Foster parent brings child to visit and participates in visit at least twice per month (modeling) (\$20) | Foster parent has biological family come to their home at least once a month, models parenting to the family and participates in other family visitations (\$40) | Foster parent has biological family come to home for extended visits of at least 4 hours that occur more than once per month and foster parent mentors or foster parent brings child to biological family home and mentors/parents in providing safety, well-being and nurturance to the child. (\$70) |

Supervision

The supervision category of difficulty of care assessment provides documentation to support the impact on the foster parents and the foster home due to the foster child's extraordinary needs and/or behavior.

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| TYPE OF CARE | LEVEL 1 | LEVEL 2 | LEVEL 3 | LEVEL 4 |
|--------------------|--|---|--|--|
| SUPERVISION | Foster parent must provide at least hourly supervision which is above that required for a normal age and developmental child (\$35) | Foster parent must have eye contact with the child every 30 minutes during the day and several times at night due to the child's disruptive behaviors (\$70) | Foster parent must provide direct supervision every 15 minutes during the day because of disruptive behaviors and inability to get along with others and supervision at night for sexually acting out, stealing, violence, runaway behaviors, and sneaking out at night (\$105) | Child must be in constant eye contact with foster parent due to child's behaviors or due to the child's medical condition and being dependent on a device that the foster parent must monitor and maintain and provides many of the functions of a Personal Care Attendant . Example: lifts the child from the bed to a wheelchair to a vehicle for service trips. (\$150) |

D. PAYMENTS TO FOSTER HOMES OUT-OF-STATE

OCS will provide a monthly board rate to foster homes in another state in the following circumstances.

1. Receiving State Requests Board Rates for Home OCS Selects

If the home in which the foster child is placed in another state requests a board rate, the home must meet certification standards for foster homes in that state before a board rate can be authorized. A need for financial assistance shall be part of the assessment made prior to placement of the child.

When the assessment for placement includes a need for financial assistance, the worker shall request through the Interstate Compact on the Placement of Children (ICPC) procedure, documentation that the home being considered meets the certification standards for foster homes for that state. Once this documentation is received, the worker shall submit a report to the Regional Home Development Unit that the home be certified in TIPS.

The request to Home Development shall include identifying information on the home and copies of any home studies and/or evaluations.

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The home is certified and entered on TIPS by the Home Development Unit; when the child is placed in the home, board payment can be made to the home. Payment authorization is made via a TIPS 106b or FAST III by the child’s worker.

If the child’s case is carried in a different parish from the family’s (SP) case, the child’s case shall be transferred immediately after placement to the parish carrying the family’s case. The worker carrying the family’s case shall be assigned the child’s case.

All of the policies concerning regular board rates and special board compensation apply for foster homes out-of-state.

2. Receiving State Requests Board Rate for One of Their Homes

There are situations that arise in which a Louisiana foster child may be placed in a foster home belonging to another state. This can happen when a placement made by OCS in the parent’s home or relative’s home out-of-state breaks down and the child needs to be removed immediately. As a service to Louisiana, the other state makes a temporary placement for the child in one of their homes, until OCS can make arrangements to return the child to Louisiana.

The other state expects that OCS will pay their foster parents’ room and board for the child. The amount to be paid can be the Louisiana board rate or the other state’s board rate, whichever the other state prefers. Payment shall be based on a daily rate and calculated on the number of days the child was in the home.

The worker is responsible for obtaining identifying information on the out-of-state foster parents and requesting that the Regional Home Development Unit certify the out-of-state foster parents in TIPS once ICPC approval is received.

Home Development shall notify the worker of the TIPS provider number when the home is certified so that payment can be made. The worker is responsible for authorizing payment to the provider (foster home). Payment shall be authorized via TIPS 106b or FAST III for automatic payments although manual payments are required for payment in arrears.

In some instances the other state will pay their foster home directly and request that Louisiana reimburse their central or state office. Such payments should be made with a TIPS 212 with the other state being paid as a vendor.

3. OCS Foster Home Moves to Another State with Foster Child

When ICPC approval from the receiving state is given for Louisiana foster parents to move to another state with their foster child, board rates to them shall continue in the regular manner. The child’s case record shall be maintained by the parish carrying the family’s case. If there

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is no SP case, the child's record and foster parent record should be maintained by the parish having court of jurisdiction. Refer to ICPC for further information on out-of-state placement of foster children.

4. Payments to a Louisiana Foster Home by Another State

If a child in the custody of another state is placed in a Louisiana approved foster home, payments for the child's care should be made directly to the foster parent by the other state. The Foster Care Worker assigned to the child's case is responsible for making this arrangement with the other state. The amount to be paid can be the Louisiana rate or the other state's board rate, whichever seems appropriate.

Any payment problems that occur shall be brought to the attention of the Deputy Compact Administrator of the Interstate Compact on the Placement of Children (ICPC). The staff in the ICPC Unit shall work with their counterparts in the sending state to resolve the situation. The only expenses for these children other than worker reimbursement of mileage is for pre-service and in-service training and related babysitting and the renewal physical examination.

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| | Section No./Name | 6-160 Subsidy Payments for Specialized Foster Family Home | | |
| | Dates | Issue/Reissued | March 2004 | Replacing |

6-1610 SUBSIDY PAYMENTS FOR SPECIALIZED FOSTER FAMILY HOME

Foster parents who are approved to receive a subsidy are paid \$800.00 a month in addition to the regular board rate, any special board rates, and any reimbursable for which the child or foster parent is eligible. These are foster homes which are specialized to provide a certain type of care and service. The subsidy is a fee for the services of the foster parents and for their maintaining the spaces for use by the agency. Refer to Part 3 of this chapter for a description of the different types of subsidized homes and to Chapter 9, Home Development 9-555 for a discussion of the certification procedures. The Home Development Unit has responsibility for completing the specialized home study and securing authorization of the Home Development District Supervisor for specialized board payment. The subsidy is paid automatically each month. Requests for subsidies must be renewed annually. Families already certified by OCS may be converted to specialized foster family homes based on needs of the region, the number of specialized home slots in the region and the results of the specialized home study.

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6-525 TREATMENT FOSTER HOMES: ALTERNATE FAMILY CARE/THERAPEUTIC FOSTER CARE PROGRAM

Both the Alternate Family Care Program (AFC), which OCS administers, and the Therapeutic Foster Care Program (TFC), which is privately administered, are designed to provide treatment in a family setting. Treatment foster homes are to provide therapeutic foster family care and comprehensive services to foster children with extraordinary physical, mental, or developmental disabilities or emotional/behavior problems. An AFC or TFC certification requires all children placed in the home to meet the extraordinary needs/problems requirement unless it is a sibling or an infant of the foster child.

TFC services are provided through written agreement, the OCS Form 427 G and Form 527, with private provider agencies for foster homes that they recruit and certify. The OCS foster parent provides services through written agreement, OCS 427 and OCS 427 Supplement E, Foster Family Care Agreement. Therapeutic Family Care programs provide treatment and family home care services for foster children who have a diagnosed condition resulting in a severe level of physical or behavioral impairment. The primary focus of this placement type is children with emotional disturbance and/or severe behavior or physical disorders which prevent placement in regular and/or OCS specialized foster homes. The intent is to move foster children currently in restrictive care settings into less restrictive family treatment homes and, in some instances, to prevent their entry into residential placement.

The presence of a diagnosed condition is not sufficient for referral to a Treatment Foster Home or a more restrictive environment, if a foster family is available which can reasonably be expected to meet the child's needs. A comprehensive assessment must result in identified needs for the development of a treatment plan to prevent or reduce difficulties the child experiences in a home environment.

When all other OCS foster care settings have been considered and an appropriate placement is not available to meet the special needs of the child, a Treatment Foster Home should be considered. Specific treatment needs must be identified to prevent or reduce difficulties the child experiences in a home environment. A child shall not be placed in a Treatment Foster Home only because no other resources are available in the child's region. When the child does not have a higher level of need, a foster home in another region shall be sought.

***All treatment foster homes must have placement or availability for placement of one to two children with qualifying extraordinary physical, mental or developmental disabilities or emotional/behavior problems. No prior approval is needed to care for only one child.**

In order to keep siblings together or an infant with his mother who is in foster care, related children may be placed in the same home with the child who requires Treatment Foster Home placement with the approval of State Office ***Division of Foster Care Services.*** *** Only regular foster home placement and care is provided to the sibling or infant, except as related to treatment plan for the child in the need of the Treatment Foster Home placement.

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A. TREATMENT FOSTER HOME AND RESPITE CARE

Respite care must be provided for foster parents in accordance with the child's treatment plan of care for alternative temporary care of the child, relieving the foster family of the responsibility for continuous care. Also, respite care may be used to preserve a placement at risk of disruption when a difficulty arises. Respite used to prevent placement disruption in a TFC requires immediate notification of the OCS Worker and a Treatment Plan of Care Meeting to address measures to preserve the placement. The TFC private provider must provide respite homes for Treatment Foster Homes within their agency.

Respite care must be provided in a certified Treatment Foster Home. Respite services may be arranged in a Treatment Foster Home recruited and retained only for respite care or in another certified foster home that can meet the child's needs. There must be a placement available in the Treatment Foster Home respite home, unless another arrangement is approved at the Regional level. The Treatment Foster Home must be an appropriate placement to meet the child's needs. The Treatment Foster Home for which respite services are being provided may not offer respite services to another child during the respite period. There must be a plan to transition the child from the Treatment Foster Home to respite and, when feasible, to allow the child to visit prior to entering respite care.

Respite care is limited to 25 days a calendar year. This is the equivalent of one weekend a month, or 600 hours for each child in need of Treatment Foster Home services. Respite care may be used for a maximum of 14 consecutive days. The TFC policy shall allow for hourly accumulation of respite for a twenty-four hour billing period which is tracked by the TFC private provider. The TFC private provider should only submit TFC respite reimbursement requests for a twenty-four hour period, not the hourly accumulation amount which they are responsible for tracking. Rates must be standardized up to ten hours, not to exceed \$2.50 per hour and a flat rate not to exceed \$25.00 daily for over ten hours.

A maximum of \$625 may be approved for each child in need of Treatment Foster Home services annually for respite care. The maximum allowable rate paid to a certified Treatment Foster Home for a 24 hour period is \$25 for respite care. The Treatment Foster Home in which the child normally resides will continue to be paid the board rate without interruption during respite care for the child, as long as the child returns to that home.

Agencies providing Treatment Foster Home care are expected to provide respite care through the use of their certified foster families. Only when the needs of the child are so intense that no certified treatment foster home can provide respite care for the child may a residential care facility be used. If respite must be provided in a residential facility, approval is given by the Regional Placement Specialist.

Treatment Foster Home respite in a certified foster home is authorized on the 106b by the worker's supervisor using ***TIPS major minor**** code 060 060. The TIPS 211 Form is used for payment.

Treatment Foster Home respite in a residential facility is authorized on the 106b by the Regional Placement Specialist for TFC Respite and the District Manager for AFC Respite using ***TIPS major minor**** code 060 063. The TIPS 211 Form is used for payment.

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B. AFC PAYMENTS AND SPECIAL BOARD RATES

Alternate Family Care Foster Parents are paid a difficulty of care stipend of ***\$600*** a month ***per child*** in addition to the regular board rate. ***The \$600 stipend is authorized using TIPS major minor code 150-155 for one year by the Home Development Supervisor. A Regional designee shall track the occupancy of the AFC home to ensure appropriate compensation. Refer to Home Development Policy, Section 9-616, Recertification of Alternate Family Care Homes (AFC).***

In some cases, AFC parents may also receive special board compensation for a foster child. ***The District Manager can consider approving a special board request up to \$300. If the request is over \$300, a memo per the Supervisor and District Manager's approval and signature, must be submitted to State Office Division of Foster Care Services for review and approval.*** This is due to the difficulty of care being included in the ***\$600*** per month ***per child*** stipend. Refer to Foster Care Policy, Section 6-1605 C.3, Foster Parent Special Board Rates. *******

C. AFC SERVICE AUTHORIZATION

The placement service authorization code for AFC homes is 100 170. The family's TIPS number must be entered when the placement service authorization is entered. For a sibling or infant in agency custody placed with his mother, the placement service authorization code 100 100 is entered into TIPS along with the foster parents' TIPS number. For an infant not in agency custody, the District Manager authorizes the TIPS code 010 018 to be entered along with the AFC parents TIPS number.

D. TFC PAYMENTS AND SERVICE AUTHORIZATIONS

1. General

The TFC Provider is expected to clearly state services and items included in the TFC board rate in their program description, budget, TFC Parent Agreement and individual treatment plans.

Expenditures in addition to the TFC Provider services may be requested for reimbursement in keeping with OCS policy. The foster child placed in TFC is eligible for services or items allowed for any other foster child. The foster care worker assigned to the child shall provide information on separate reimbursable items.

2. Administrative, Daily and Subsidy Rates

OCS pays the TFC Provider a per diem of \$35 for administration of a private therapeutic foster care program and a daily foster care board rate of \$12.73 (\$47.73 total) subject to annual adjustment based on available budget appropriations.

The Provider shall pay the TFC parent at least 30% of the \$35 daily administrative rate as a stipend for compensation for difficulty of care. The remaining portion of the \$35.00 daily

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administrative rate is for program services. The TFC Provider shall have a policy which delineates the distribution of operational expenses.

The difficulty of care stipend and foster care board rate are combined with the administrative rate and paid to the private provider rather than directly to the TFC parents. Rates are controlled by State Office and paid in units according to provider annual service agreements, OCS 427 G.

For the child in need of a Treatment Foster Home, the payable placement service authorization code for a TFC home 100 145 and is entered into TIPS along with the private agency TIPS number. Also, for the child in need of a Treatment Foster Home, a non-payable service authorization code 100 105 is entered using the TIPS number assigned to the TFC parents.

3. Foster Care Rate for TFC

The foster care board rates are to help meet the daily needs of the child for shelter, food, clothing, allowance and incidental expenses. The total daily foster care board rate shall be given to the TFC Parents by the TFC provider. The daily foster care board rate shall not be used for expenditures that are not part of the child's needs.

The basic board rate is an average of the middle and upper age groups of the regular foster care board rate. The average monthly payment is categorized as follows:

- \$271.75 - room and board
- 62.00 - clothing
- 30.50 - child's monthly allowance
- 12.75 - personal items
- 4.75 - gift allowance

\$381.75 - average monthly payment of \$12.73 per day

4. Special Board Rate for TFC

In addition to receiving the difficulty of care payment from the TFC provider and the foster care daily rate payment, TFC parents may receive a special board compensation for a foster child.

Requests for retroactive special board compensation will only be approved for a two month period.*

Special board requests up to \$300 will require the Regional Placement Specialist's approval. All memorandums for special board requests above \$300, per the Supervisor and Regional Placement Specialist's approval and signature, must be submitted to State Office ***Division of Foster Care Services**** for review and approval. Refer to Foster Care Policy 6-1605 C. Foster Parent Special Board Rate.

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5. Approval for Special Board Rate

TFC homes receive a specialized rate to care for one or two children with special needs, who otherwise would need institutional care. Should the child's needs exceed the basis for the TFC placement, the TFC Parents may receive a special board, but must be evaluated on a case by case basis. Special board compensation may be approved for children when the following circumstances occur:

- The foster parent must provide total care for a child other than an infant; or
- The child regularly and excessively damages or destroys property in the foster home; or
- TFC parents must purchase items not covered under Medicaid or the regular board rate for the child's care.

Refer to Section 6-1605 C. 5 Determining the Amount of Special Board for Special Needs.

The necessity for a special board compensation shall be reviewed every six months by the OCS Foster Care Worker and shall be discussed at each Family Team Conference. When the need/problem, no longer exists, the special board compensation shall be discontinued.

The special board rate is paid to the TFC Provider for reimbursement to the TFC Parent each month. It is not considered taxable income for the foster parents.

6. Special Board Rate Documentation

When a special board compensation is approved, it shall be documented in the child's TFC service plan as part of the TFC agency's responsibility. The general need, condition, or difficulty that requires the special board compensation shall be given in the needs/problem area. When the special board compensation is approved, whatever is being done to correct or alleviate the need, condition, or difficulty shall then be included in the child's service plan.

The TFC Worker shall submit to the OCS foster care worker a memo to request a special board compensation. The memo shall describe the handicapping condition, need or difficulty, care required, specific behavior of the child that justifies the special board compensation requested. Each problem area shall be documented and, if it appears that a particular problem can be resolved, the TFC Worker should indicate the corrective actions that are planned, and those that have already been initiated. All behaviors must be specifically defined with the noted frequencies (e.g., one time per day, four times per week, etc.) and the duration. Pertinent evaluation, medical report, etc. which document the child's condition should be attached. However, obtaining a current psychological, psychiatric, or social evaluation is not required to request a special board compensation. The observation and documentation by the TFC Worker

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and/or TFC Parent may suffice to justify a special board compensation. The memo shall specify recommended beginning and end dates. Retroactive payment requests will only be approved for two previous months.

The Foster Care Worker shall submit the special board request, up to \$300, to the Regional Placement Specialist for approval. If the request is over \$300, a memo per the Supervisor and Regional Placement Specialist's approval and signature, must be submitted to State Office ***Division of Foster Care Services**** for review and approval. Refer to Section 6-1605 C. Foster Parent Special Board Rates.

7. Payment of Relative Waiver Child in TFC Placement

When a waiver of TFC placement criteria has been approved for a foster child who is a sibling or an infant of a child referred for TFC placement, payment shall be made for the sibling or infant at the regular foster care board rate according to age. The payment is made to the TFC Provider agency for the foster parent to assist in caring for the sibling or infant.

The TIPS major minor code 100 100 is used to authorize payment for the foster care board rate.

For an infant/child not in agency custody, the Regional Placement Specialist or Regional Administrator designee authorizes the placement service code 010 018 to be entered into TIPS along with the TFC private agency TIPS number.

In order to enter the special board of \$264 placement authorization code 010 018 for a non-custody infant, the TIPS record for the foster child (mother of the infant) must have entered that Significant Other TIPS code "NI" non-custody infant. If there is more than one non-custody infant in the same home, an authorization must be entered for each child.

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| | Part No./Name | 5. Certification Process | | |
| | Section No./Name | Certification Process | | |
| | Document No./Name | 9-555 Certification of Specialized Family Foster Homes | | |
| | Dates | Issue/Reissued | April 2005 | Replacing |

9-555 CERTIFICATION OF SPECIALIZED FAMILY FOSTER HOMES

Specialized family foster homes shall meet or exceed the agency's minimum requirements for family foster homes. In addition, they should possess or develop skills and abilities that enable them to provide a specialized type of care to a specific category of children.

Each region shall be assigned a certain number of specialized family foster home slots depending on the limits of the agency's budget.

A. APPROVAL PROCESS

In most cases, persons interested in becoming specialized family foster homes are recruited from the population of certified family foster homes. However, there may be instances when a person who has special skills may be recruited prior to having experience as a foster parent.

Prior to developing additional specialized foster homes, the Home Development Worker shall contact the parish offices to confirm the types of specialized homes needed and to screen for persons already known to the parishes who could be approved to provide specialized services. The Home Development Worker shall also determine whether funds are available for additional specialized homes.

In addition to completing Chapter 9 Appendix G., a study shall be conducted to determine whether the foster/adoptive parent or new applicant has the special skills and abilities needed and to determine what category of children the home can best serve.

Final approval of a specialized family foster home is given by the ***District Manager.**** The case record is to be sent to the ***District Manager**** along with the specialized home study. It should include any special experience or training that makes the foster parent qualified to provide specialized care, a statement concerning the need for the particular type of home, and a TIPS 300 form with the data to authorize the home as a specialized family foster home. (Refer to the TIPS Procedural Manual for the procedure and codes for activating a specialized family foster home.)

The ***District Manager**** shall make a CR-8 entry stating their agreement and sign the TIPS 300 to indicate approval and return the record to the Home Development Unit for processing. ***The home is to be entered on LARE 352 with FS subtype as primary. The TIPS major/minor code for authorization, 150 150, \$800.00 for one year is to be entered on the TIPS 303 screen.****

Following final approval, the assigned worker shall have the foster parent sign the OCS Form 427 and supplement A. A copy of the form and supplement shall be given to the foster parent.

If the ***District Manager**** makes the decision ***to deny approval of the specialized home, *a CR-8 entry of the decision shall be made.**** He/she shall ***then**** return the record along with the reason for denial or a request for additional information in writing.

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| | Chapter No./Name | 9. Home Development | | |
| | Part No./Name | 5. Certification Process | | |
| | Section No./Name | Certification Process | | |
| | Document No./Name | 9-555 Certification of Specialized Family Foster Homes | | |
| | Dates | Issue/Reissued | April 2005 | Replacing |

B. REGIONAL MANAGEMENT OF SPECIALIZED HOMES

*Home Development staff is to maintain and provide a list of specialized homes for placing workers. This listing is to allow staff to be aware of each specialized home in the region and the special needs of a child for which the home is certified.

A regional designee will track the occupancy of the specialized homes. If a home has not had a child with needs to match the specialization of the home for 60 days, then the \$800 stipend is to be immediately discontinued. The TIPS major/minor code 150 150 on the TIPS 303 screen is to be ended on LARE 352, the FS subtype is to be removed and the FH subtype is to become the primary subtype.**

C. SPECIAL CERTIFICATION CRITERIA

*In addition to DSS licensing and OCS certification requirements, special restrictions for this type of home are as follows:

1. Specialized homes are recruited, certified and maintained by Home Development staff.
2. Persons receiving initial approval as specialized foster parents for pre-schoolers shall have a maximum age of 50.
3. A two-parent home is preferable to a single parent home.
4. The couple shall be legally married to one another with one designated as the primary caretaker.**
5. In some instances, a one-parent home may be considered. This shall be determined on a case by case basis depending on the financial and personal resources of the single parent and the needs of the child. Personal resources include support systems available to the person, such as extended family members, friends, church, or other community support groups. The foster parent cannot be totally dependent on the specialized foster family home stipend as the only source of income.
6. *Should the specialized parent(s) be employed outside the home, they must be able to meet each child's needs which includes, but not limited to: caregiving, supervision, providing transportation, involvement with school, attending agency meetings, keeping scheduled appointments/activities such as therapy, camps, medical/dental appointments, family team conferences, court hearings, etc.**
7. Because of the specialized services required by the children needing specialized family foster homes, specialized homes shall adhere to certain restrictions regarding the age range, number, and extent of the special needs of the children placed in the home. Except for homes certified to provide care for large sibling groups, specialized family foster homes have a maximum capacity of four *** children.

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8. *If a single parent home or both parent(s) are employed, an alternate caregiver shall be identified and readily available for back-up assistance and meet each child's needs as described above.**
9. The specialized parents are expected to possess special, proven personal qualities including but not limited to: understanding and acceptance of difficult behavior, sensitivity to children, imagination, resilience, and flexibility.
10. The foster parents are expected to provide more extensive services directly related to the special needs of the children in their care. They are expected to have knowledge and make full use of the resources in their community that are applicable to the children's needs.

D. INFORMATION TO BE DISCUSSED WITH SPECIALIZED HOME APPLICANT

The following apply specifically to specialized family foster homes and shall be *** discussed with the family during the home study:

1. Specialized homes provide specialized care and services to physically, intellectually, emotionally, or developmentally handicapped children placed in their home. They should be certified to provide care in only one area as described in Types of Specialized Homes. (Refer to section 9-555 *E.**)
2. The Office of Community Services shall use the home only for the specific purpose for which it is certified.
3. *The Office of Community Services will pay a monthly stipend. The amount of the stipend will depend upon agency funding. The stipend is currently \$800 per month; it is in addition to the monthly board rate for each child. The stipend is a fee for the difficulty of care services provided by the foster parents and for their securing any supplemental assistance which may be required in their supervising or working with the children.
4. Specialized homes must have a maximum capacity for at least four children.
5. Specialized homes may receive the stipend of \$800 for 60 days, if available for placement, but they do not have a child placed in the home that has the special need for which the home was certified, e.g., adolescent, emotional/behavioral problems, etc. If a child without the special need is placed during this 60 day period, the \$800 stipend is still to be discontinued at the end of the 60 day period. The home can continue to provide regular foster care services for children but it will be without the additional stipend.**
6. The *\$800 stipend** is considered non-taxable income if there is a child in the foster home; however, if there is not a child in the foster home on any day of a calendar month, the *stipend** is taxable.

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7. *Any specialized home that is to temporarily care for only one child must have prior State Office approval. The approval will be based on the intensity of needs exhibited by the single child to be placed in the home.**
8. A child care plan shall be discussed and submitted by the specialized foster parent in order to have a designated back-up child care provider.

9. Specialized foster homes are eligible for paid respite care in accordance with policy guidelines. (Refer to Foster Care Policy Manual Section 6-920).
10. Children placed in specialized family foster homes may be eligible for any service including special board compensation for which any other foster child is eligible, *with the exception of those enumerated in this policy section.** The foster parent shall be reimbursed mileage and other expenses at the same rate and under the same criteria as family foster homes.
11. *Special board compensation for children are to focus on the foster parent's time and efforts to meet the child's needs. The determination of a special board follows set criteria as referenced in Foster Care Policy Manual section 6-1605 C.**
12. Children placed in a specialized family foster home because of their special needs who improve to the extent that they no longer need specialized family foster home services may remain in the home depending on the best interests of the child. The decision to maintain or move the child shall be made by the Foster Care or Adoption Supervisor. The foster parent is expected to participate in team decision making and, if necessary, help the child move.
13. Specialized family foster homes shall be recertified and approved annually. The approval shall be dependent on the continuing need for the type of home, the quality of care provided by the foster parent, the adherence to the agency's minimum requirements, and the limits of the agency's budget. Forms 427 and 427 Supplement A agreement shall be negotiated each year as part of the approval process.
14. If at any time the agency or the foster parent wishes to dissolve the Agreement Contract, they may do so by giving ***30 days notice.

E. TYPES OF SPECIALIZED FAMILY FOSTER HOMES

*Any specialized home that is to temporarily provide care for only one child must have State Office approval. The approval will be based on the intensity of needs exhibited by the single child placed in the home.**

The following are the types of specialized family foster homes and the criteria and restrictions for each:

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1. Specialized Family Foster Homes for Large Sibling Groups

The purpose of this type of home is to provide a placement ***resource**** which can accommodate the special and differing needs of one large sibling group. The foster parent shall possess or develop skills to handle the differing health, educational, developmental, and emotional needs of the individual members of the sibling group. In addition, the foster parent should possess the ability to handle the intense dynamics and rivalries that are often present in sibling groups.

The minimum capacity for this type of home is three ******* children and the maximum capacity is five *******. The maximum capacity may be increased temporarily to six ******* children to keep a sibling group of six ******* children together if there are no other foster children in the home and the agency's minimum requirements can be maintained, provided the foster parents can adequately meet the needs of all of the children. Approval for placing a sibling group of six shall be given by the Home Development Supervisor.

2. Specialized Family Foster Homes for Children with Emotional and/or Behavioral Problems

Foster parents certified to provide care in this category should possess the skills and abilities needed to provide therapeutic care for children with a variety of emotional and/or behavioral problems. They should also be able to work effectively with community resources involved in providing treatment services for these children.

The home shall be certified for a minimum capacity of two ******* children and a maximum capacity of three *******.

3. Specialized Family Foster Homes for Children with Medical Problems, Handicapping Conditions, and/or Developmental Disabilities

Foster parents certified to provide care in this category should possess the skills and abilities needed to provide adequate care and needed special services for the child who may have difficult medical problems ***and diagnosis,**** a physical handicap, or a developmental disability. The ability to physically handle a child who may not be able to assist should be assessed. The home environment should be one that can accommodate medical appliances such as wheel chairs, hospital beds, access ramps, special equipment to assist in the bathroom, etc.

The home shall be certified for a minimum capacity of two ******* children and a maximum capacity of three *******.

4. Specialized Family Foster Homes for Children with Mental Retardation

Foster parents certified to provide care in this category should have the special personality characteristics, experience, and training that makes it possible for them to work effectively with children who do not perform at their age appropriate developmental and/or intellectual level.

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The home shall be certified for a minimum capacity of two *** children and a maximum capacity of four ***.

5. Specialized Family Foster Homes for Adolescents

Foster parents certified to provide care in this category should possess the skills and abilities to accept and encourage independence while providing consistent, reasonable rules and discipline, adequate care, and emotional support for those adolescents who can benefit from a family group living experience.

The foster parents should possess special skills and understanding of sexual abuse and sexually active behavior and the effect they have on the child. The foster parents should possess skills and comfort in helping adolescents deal with questions and issues of sexuality. Special criteria and restrictions for this type of home are as follows:

- The home shall be certified for a minimum capacity of two *** adolescents and the maximum capacity of four ***.
- The home shall have adequate space for each adolescent to have a secure and private place for his personal belongings.
- It is recommended that the home have adequate space so that a child who has been sexually abused or is exhibiting sexually acting out behavior can have a room of his own.
- The home shall be certified to provide care for either males or females. Adolescents of the opposite sex shall not be placed in the same specialized family foster home. It is recommended that adolescents not be placed in specialized family foster homes which have their own adolescent children of the opposite sex. Upon approval of the Home Development Supervisor, adolescent siblings of the opposite sex may be placed in the home if it is their best interests to be kept together and would not be detrimental to other adolescents placed in the home.
- The foster parent must be willing to work with the adolescent and the agency in the delivery of independent living services.
- The home shall be certified for ages *** 13 to *** 21. In special cases a child younger than *** 13 may be placed in the home when it is the best interests of the child. Approval to lower the age range temporarily for that child shall be given by the Home Development Supervisor upon the recommendation of the Foster Care or Adoption Supervisor.

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9-560 CERTIFICATION OF DIAGNOSTIC AND ASSESSMENT HOMES

A. PURPOSE AND UTILIZATION CRITERIA OF DIAGNOSTIC AND ASSESSMENT (D&A) HOMES

Diagnostic and Assessment (D&A) Homes are family foster homes used to provide intensive, short term, initial assessment services for children entering OCS custody *** in order to determine the most appropriate *** placement and make a planned move. The premise behind the use of D&A homes is that when there is time to get to know the child and his family situation, a better assessment of the child's and his family's strengths and needs will result in fewer and more appropriate foster care placements of the child and will facilitate a more timely permanent placement. Placements in D&A Homes are intended to be very short term, ideally less than 30 days, so as to minimize the damaging effects to the child of drifting without stability while maximizing the opportunity to match the child with an appropriate placement best able to meet his needs.

Generally the D&A Home should only be used in those situations in which we do not have enough information about a child entering care to make a decision about an appropriate placement or when further assessment is needed to make good decisions in the replacement of a child following disruption. D&A Homes provide an opportunity to learn more about the child and his family in order to select a family placement resource that can best meet the child's needs. *** D&A homes are expected to be available on very short notice. Emergency placements of children entering OCS custody may be made in D&A Homes by other agencies such as the police only where a prior written agreement between OCS and the other agency has been negotiated.

*Placements in D&A Homes are intended to be short term, ideally less than 30 days. One extension, beyond 30 days, of an additional 15 days may be approved by the District Manager with documentation of the reason for the extension and a plan for achieving another placement within the extended time period. If necessary, the Regional Administrator or designee, in rare instances, may approve one additional extension of 15 days. Within 60 days of placement in the D&A home, an appropriate placement shall be located, pre-placement visits accomplished and the child moved. In rare instances, when the desired placement is not available within the 60 day time frame but will be available before 90 days, State Office approval is required. Approvals of extended stays shall not be routinely made. Documentation of the extension request and approval shall be filed in the child's case record with a copy in the D&A Home record.**

The Regional *Administrator** shall set up procedures for coordinating the utilization of the D&A homes. Since a small number of D&A Homes will be utilized by the entire Region, the Regional *Administrator** shall designate a staff member to serve as the point of contact for any issues related to utilization of the D&A Homes whether presented by the D&A foster parents or staff. This staff member is not responsible for child-related issues which should be addressed with the child's worker. He is responsible for coordinating the foster parents' respite/vacation times so that D&A Homes will be available for placements at all times, except in emergency situations, and for setting a date to remove the home from placement availability in preparation for the parent's planned paid vacation/respite. He is also the contact person for the D&A foster parents when they must be unavailable for placement because

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of a family emergency. The designated staff member shall notify OCS placing staff and any authorized placing agencies when a D&A Home is unavailable for placements because of planned or emergency situations.

The Home Development Worker who certifies and/or recertifies the D&A Home shall include the name and the work and home phone number of the designated person in the Agreement Contract with instructions that this person should normally be contacted during working hours except in emergency situations.

B. APPROVAL CRITERIA FOR DIAGNOSTIC AND ASSESSMENT (D&A) HOMES

D&A Homes shall meet or exceed the agency's approval criteria for family foster homes as specified in Section 9-535, Approval Criteria. In addition, D&A foster parents should possess or develop qualifications, skills, and commitment to provide intensive, short term care for children of all ages, either sex, and any race who are entering OCS custody and to make an initial assessment of those children.

The following qualifications are required, in addition to the Approval Criteria:

1. D&A applicants shall have graduated from high school or earned a GED and possess the ability to read and follow instructions, write reports, and communicate effectively with children, biological parents, agency staff, and other professionals working with the child.
2. The primary parent shall not be employed outside the home and shall have a support system which will allow for fulfillment of the responsibilities of a D&A parent and a source of income independent of the D&A ***stipend***.
3. The D&A Foster Home shall have space enough to take ***at least*** three unrelated children, males and/or females, ages birth through 17 years. This capacity may be exceeded up to the maximum limit of six children in order to place a sibling group when the family has adequate, appropriate space for the number and sex of children being placed. The capacity of the home may not exceed the capacity requirements specified in Section 9-210 N.
4. D&A parents shall have parenting experience and/or experience working with children with special needs.
5. They shall be free of individual and extended family responsibilities and conditions which would detract from their being able to be available to fulfill their responsibilities as D&A foster parents.
6. They shall be willing to accept a child of any race, sex, or national origin and be willing to meet the needs of children of other cultures such as providing a special diet or providing contact with other persons of the child's culture.

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C. RESPONSIBILITIES OF DIAGNOSTIC AND ASSESSMENT FOSTER PARENTS

In addition to the responsibilities expected of all foster parents, D&A foster parents are expected to fulfill the following responsibilities:

1. They shall be on call for placements 24 hours a day, seven days a week. The foster parent is expected to carry a beeper, have an answering machine, and check messages frequently in order to be available for a new placement within a short time. Placements will be made only when the foster parent is present.
2. They shall agree to take placements on an emergency basis without refusing the placement, if their home is not at capacity. They shall agree not to request premature removal of a child.
3. If requested to take a placement when they are at capacity, they shall inform the placing worker and refuse to take a placement which would put them over capacity.
4. They shall contact the office of the placing worker by the end of the next working day after placement to request the name of the child's assigned worker, if the placing worker will not be the assigned worker and if the assigned worker has not visited the child. (Refer to Foster Care Policy, Section 6-425, A, Foster Care Worker Visits with the Child Immediately After Placement.) They shall secure instructions and/or provide the worker with information they have obtained about the following matters:
 - a. The child's initial physical examination: Does the worker want the foster parent to schedule the appointment and with whom?
 - b. The child's health: Are there any known allergies or health conditions for which the child is receiving treatment? Is the child currently on medication? Is any treatment immediately needed?
 - c. School enrollment: Is the child currently enrolled in school? Does the worker want the foster parent to enroll the child in school? Where? How will the D&A parents be provided the necessary documents for enrolling the child, if applicable?
5. They shall assume full responsibility for providing or securing any transportation required for the child without relying on the child's worker as a backup. They shall go with the child and participate in appointments with other professionals on behalf of the child, as required. This includes but is not limited to initial and follow-up doctor appointments; authorized evaluations, if scheduled by the child's worker; clothing purchases; family visits; Family Team Conferences; school conferences; and school, if the school does not provide transportation. This may involve transporting the child to his previous school district if the agency decides it is in the child's best interests to keep him in his current school and if it is reasonable for the foster parent to accomplish it considering the needs of the other children placed in the home.

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6. They shall keep specific records on each child placed in their home. These include such things as immunizations or treatment the child receives while in the D&A Home, any illnesses or unusual incidents which occur, possible food or other allergies, seizures, daily living and developmental skills of the child, family information which the child or family voluntarily shares, such as names of other relatives, family doctor, family friends, etc. which might be of significance in case planning for the child. It is recommended that the D&A foster parent keep a written record of children placed in their home, the date placed and date removed, for their own tax records.

7. They shall maintain behavior logs which identify circumstances surrounding any challenging behaviors, a description of the behavior, how often it occurs, what triggers the behavior, how the behavior was dealt with, what the child's response was, and the child's underlying needs.

8. They shall work closely with agency personnel and other professionals in identifying the child's strengths and planning for the needs of each child placed.

9. They shall work with the child's biological parents and/or other persons significant to the child in accordance with the case plan and/or direction of the child's worker. This may include such things as role modeling parenting skills for the biological parent, including the parent in medical and school conferences for the child, facilitating parent/child visits in the foster home or other sites identified by the worker, etc.

10. They shall provide the caseworker an initial written report at the end of 15 days, updated reports at the request of the worker, and a complete report before replacement. The D&A foster parents shall prepare a written report giving as much information as they have learned about the child before the child is replaced, even though a child may have remained in the home only a few days. Each report shall include such information as the child's sleeping habits, food likes and dislikes, how he gets along with other children and adults, fears, general health, school work habits, any school or learning problems, the amount of supervision the child requires, whether his physical, social, and intellectual development appear to be consistent with that of other children his age, activity preferences, how he responds to family visits, etc.

11. They shall allow pre-placement visits to occur in the foster home, when indicated, and assist the child's worker in preparing the child and the new parents for the placement, if reunification is not quickly achievable. The primary D&A parent shall meet with the child's parent or new foster parent to present information about the child personally and to provide clarification, in accordance with the case plan.

D. D&A PARENT'S PLANNED RESPITE AND/OR EMERGENCY LEAVE OF ABSENCE

D&A foster parents will receive two weeks per year of paid time without any children placed in their home (parent's respite) to allow time for them to plan vacations away from home or just to refresh themselves. This vacation time will need to be planned carefully in advance in order to occur between placements and for the Agency to make alternate plans for emergencies occurring during that time. The parent's respite shall be taken in blocks of time for at least a one week period in order for the parents to

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benefit from the stress reducing effect and to facilitate the Agency's implementation of the "time off". Children should not be placed in respite care while in D&A homes, but transitioned into an appropriate longer term placement before the foster parents' planned respite occurs.

In the event the foster parents need to be away from the home at times other than the planned paid respite, the foster parents shall be responsible for arranging for an adult back up child care provider to come into their home to provide child care and manage the household when there are children placed in the home so the children will not have to be replaced without benefit of the assessment and orderly transition to an appropriate longer term placement. This additional time should not be for a period longer than 48 hours nor occur so frequently as to interfere with the use of the home or affect the children adversely. This additional time off should be planned so as not to interfere with family visits, medical appointments, or other evaluations of the child where the foster parents are needed to confer with the parents, the doctor, or other private professionals and agency staff. Except in emergency situations, it should occur when the D&A Home is at capacity and not "on call" for another placement. The D&A foster parents are responsible for notifying the person designated to coordinate D&A homes when they will be away from the home and not available for placements.

During the initial certification study and any recertification studies, the D&A foster parents shall identify one or more adults to provide back up child care in instances other than the planned paid vacation/respite when there are children placed in the home and the foster parents must be away from the home, as described above. The person(s) chosen by the foster parent to provide this substitute parenting must first be approved by the agency unless the person is an adult relative of the foster parent, in which case it is the responsibility of the foster parent to determine that the relative is able to provide a safe environment and appropriate care and supervision for the children. The foster parents are responsible for any financial arrangements between them and the designated back up child care provider.

Approval of the unrelated designated child care provider is contingent on the following:

1. A criminal record clearance and agency clearance must be completed satisfactorily.
2. The Home Development Worker shall interview the designated unrelated child care provider to determine that he/she understands and agrees to follow the agency's policies about child care, particularly discipline, and to determine that the person is in good mental and physical health and capable of caring appropriately and safely for the needs of the children in the home. A physical examination is not required.
3. Documentation of the above requirements shall be placed in the foster parent's case record. (Refer to Section 9-210, D. Approved Child Care Plan and Support System.)

E. D&A HOME PAYMENTS

The Office of Community Services will pay ***an additional monthly board rate**** to the D&A Home regardless of the number of children placed in the home. The ***stipend**** for D&A homes is currently

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\$1300 per month. The amount of the ***stipend**** will depend upon available funding; however, the amount will not change prior to OCS notifying the foster parents and renegotiating the placement agreement. ***The \$1300 stipend**** is in addition to the monthly board ***rate**** for each child according to the child's age and other reimbursables and payments for which the child or foster parent is eligible. ***Children placed in D&A homes are to receive only the basic board rate and are not eligible for special board.****

The D&A foster parent will receive the ***stipend**** each month even when no child is placed there unless the foster parents remove their home from accepting new placements or circumstances occur which prevent them from accepting placements, such as lengthy illness. The ***stipend**** is a fee for the services of the foster parents and for their maintaining the home for use by the agency on a 24 hour, 7 days a week basis. It is considered a "difficulty of care" payment if there is a child in the foster home at least one day of a calendar month. If there is not at least one child in the foster home on at least one day of a calendar month, the ***stipend**** is reported as taxable income via Form 1099.

F. RECRUITMENT, APPROVAL, AND RECERTIFICATION OF DIAGNOSTIC AND ASSESSMENT HOMES

Each region shall be assigned a certain number of D&A Home slots, depending on the ******* agency's budget and needs of the region. Recruitment of D&A Homes shall be within the level of the region's allocation for D&A Homes. Consideration should be given to certifying homes in the most advantageous geographic locations for the region in relation to the projected utilization of the home. There should be a concerted community wide recruitment effort to locate ***interested**** families who have special skills and meet the requirements for D&A Homes. Previous foster or adoptive experience is not required.

Families certified as D&A Homes shall ***accept three children. This does not include children placed in the home for respite. If the family cannot accept three children for intensive, short term assessment services, the home should not be approved or recertified.**** If an existing foster family home, which currently has a child placed in a stable long term placement, requests to be certified ***or re-certified**** as a D&A home, ***certification should not be approved or should be discontinued if the family cannot accept three additional children for intensive, short-term assessment.****

Persons applying to become a D&A Home shall complete pre-service training, if they have not already done so, and a mutual assessment process. The mutual assessment process shall be conducted to determine whether the foster or adoptive parent or new applicant has the special skills and abilities needed to fulfill the responsibilities expected of D&A families. OCS Form 427, Supplement C shall be discussed and signed.

Final approval of a D&A Home being certified by OCS is given by the District ***Manager**** upon recommendation of the Supervisor. The Home Development Worker should send the case record to the Supervisor, including the following:

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- The D&A home study which includes any special experience or training that makes the foster parent qualified to provide this specialized care and a statement concerning the need for the D&A Home;
- OCS Form 427, Supplement C signed by the Worker and the Foster Parents;
- A TIPS 300 form with the data to authorize the home as a Diagnostic and Assessment Home.

Following review and the recommendation for approval, the Supervisor should forward the record to the District ***Manager****.

To indicate approval of the home, the District ***Manager is to make a CR-8 entry of the decision to approve the home and**** should sign OCS Form 427, Supplement C, and the TIPS 300. ***The record is then returned**** to the Home Development Unit for processing. ***(Refer to the TIPS Procedural Manual for the procedure and codes for activating a Diagnostic and Assessment Home). The TIPS major/minor code for authorization, 150/157, \$1300 for one year, is to be entered on TIPS 303. The home is entered on LARE 352 with ED subtype as primary.****

Following ******* final approval, the assigned worker should send the foster parent a copy of the approved Agreement. The original should be filed in the foster parents' Home Development case record. A second copy should be filed in the dummy record.

When* the District ***Manager**** makes the decision to deny approval of ***a**** D&A Home, ***a CR-8 entry of the decision is made and**** the reason for denial or a request for additional information in writing. ***The record is then returned.****

D&A* Homes shall ***initially**** be recertified at six months and annually, thereafter. The recertification is dependent on the continuing need for D&A Homes, the quality of care provided by the foster parents, the adherence to the agency's minimum requirements, and the limits of the agency's budget. A new Agreement shall be signed each year as part of the recertification process.

If at any time the agency or the foster parents wish to dissolve the Agreement, they may do so by giving ******* 30 days' notice and completing appropriate transitional planning for the children currently in the home.

In regions where recruitment, certification, on-going training, and recertification is provided through an agreement with private providers, the homes certified by private providers will be placed in payable status at the State Office level and a portion of their reimbursements authorized at that level. Their availability will be communicated monthly by the private provider to the designated staff member responsible for coordinating use of the homes.

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: MARYLAND

Martin O'Malley,
Governor

Anthony Brown
Lt. Governor

Brenda Donald
Secretary

DATE: December 12, 2008

TO: Directors, Local Departments of Social Services
Assistant Directors, Local Departments of Social Services
Child Welfare Administrators, Supervisors and Caseworkers
Local Departments of Social Services

FROM: Carnitra White, Deputy Executive Director
Social Services Administration

RE: Policy Guidance on Application for Intermediate Foster Care Rate

It has come to our attention that there is uneven policy application across the state in relation to the use of the intermediate foster care rate. The purpose of this memorandum is to provide guidance to the local departments as they make determinations as to the appropriateness of foster care rate levels for specific children.

According to COMAR 07.02.11.03, intermediate care is defined as a payment rate above the regular board rate paid to a foster home for a child requiring extra care and supervision because of special physical, emotional, or behavioral needs. COMAR 07.02.11.28G requires the local department to include a written justification in the child's and foster home records for including the child in the intermediate rate payment category. The justification must include a written certification or evaluation by a physician, psychologist, or licensed social worker stating that the child requires a high degree of supervision and care. COMAR 07.02.11.28 F sets out requirements for foster parents are receiving an intermediate care rate including:

- Provide care for a child who requires intermediate care;
- Have the desire to make a major investment of time, and the ability to give affection and attention without positive response from the child;
- Be required to supervise or provide prescribed physical care, such as the preparation of special medication;
- Have the ability to accept and cope with difficult child behaviors;
- Participate in social service, medical, or psychiatric treatment plans for the child; and
- Participate in training arranged by the local department.

Some examples of situations meeting these criteria are as follows. This is not intended as an exhaustive or complete list of all conditions that could meet the intermediate care threshold and are intended as guidance only:

- Johnny, age 10, was diagnosed with PKU at birth, requiring a protein free diet. Nutrition supplements are needed to maintain good nutrition. Foster parent must exercise extreme diligence in monitoring Johnny's diet.
- LaShawn, age 12, has a DSM IV diagnosis of oppositional defiant disorder. She requires constant supervision and redirection of negative behaviors in order to maintain her placement.
- Scott, age 16, has been diagnosed with sickle cell, which requires frequent medical intervention and requires the foster parent to take time off from work on regular basis to transport him for care.
- Tyrelle, age 4, has severe asthma. He requires a nebulizer for routine and emergency use. His foster parent participated in specialized training in order to meet his needs.

The use of the intermediate rate is solely dependent upon the needs of the child. The following examples do not, without additional specialized care needs, meet the criteria for intermediate rate:

- Peter, age 7, is diagnosed with ADHD. He takes medication daily, and requires no specialized behavioral management program.
- Nakeesha, age 14, goes to weekly therapy. Her caseworker transports her and her foster parent picks her up. No one attends the sessions with her.
- Latrelle, age 2, and Bonita, age 4, are siblings, placed in a foster home together.
- Mrs. Jennings has asked to have the intermediate rate because she heard from another foster parent that they were getting a higher rate.

In order to access intermediate care rates, the following steps must be taken:

- The worker must provide documentation to their supervisor of the need for intermediate care. The documentation must be maintained in the paper record. Additionally, the worker must ensure that the information is included in CHESSIE under "Functioning", located under the child's name in "Clients"
- At minimum, the supervisor must approve the request for intermediate rate. Each local department can designate their own approval process for these requests.
- The approval and documentation are forwarded to the LDSS Resource Unit. The resource worker must ensure that the selected foster parent has Intermediate Care as one of their placement structures in CHESSIE.
- When the worker selects the home in CHESSIE, they must select Intermediate Care placement structure in order to pay the intermediate rate.
- The supervisor must ensure that the intermediate rate was appropriately approved prior to approving the selection of the provider in CHESSIE.

We hope that this guidance will assist you in making the most appropriate decision for each child we serve. As always, we are available to answer any questions and provide additional guidance as needed. Please contact Debbie Ramelmeier, Office Director for Child Welfare Practice and Policy, at 410-767-7506 or via email at dramelme@dhr.state.md.us.

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: MASSACHUSETTS

DSS Policy #89-002

Effective: 12/01/1988
Revised: 01/15/1990
Revised: 10/30/1990
Revised: 0/24/1992
Revised: 09/12/2005

SUPPLEMENTAL REIMBURSEMENT POLICY

It is the Department's goal to provide planned, quality care and services to children in foster and pre-adoptive placement. Given the variety of special service needs of children in placement, the Department has a system of compensation for the exceptional expenses that foster/pre-adoptive families may incur and the specialized services they may provide in addition to the delivery of basic care and supervision. Supplemental Reimbursement is available to all types of foster/pre-adoptive families—kinship, child-specific and unrestricted, and includes 2 distinct programs and methods of payment:

Receiptable Reimbursement Program

The Receiptable Reimbursement Program is a receipt-based system which compensates foster/pre-adoptive families for exceptional and essential out-of-pocket costs they incur in the process of meeting a child's identified needs related to her/his Service Plan goal. All requests for Receiptable Reimbursement must be approved by the Area Director/designee. (See Appendix A, "Guidelines and Restrictions for Receiptable Reimbursement Program")

P.A.C.T. (Parents and Children Together)

The P.A.C.T. Program compensates foster/pre-adoptive families who provide planned, specialized services designed to address identified needs related to achievement of the child's Service Plan goal at the standard hourly rate for a specified number of hours per week. The number of service hours is determined by the child's P.A.C.T. team, which may be comprised of the child's Social Worker/Supervisor, Family Resource Worker/Supervisor, the foster/pre-adoptive family, and the P.A.C.T. coordinator. Any member of the P.A.C.T. team may initiate a request. All P.A.C.T. requests must be approved by the Area Director/designee; when the number of hours exceeds certain maximum levels specified for the child and/or the home, the Regional Director/designee must also approve the request. (See Appendix B, "Guidelines and Standards for P.A.C.T. Services")

The Supplemental Reimbursement Request/Agreement developed by the P.A.C.T. team identifies the child's service needs as defined in the Service Plan problem statement and describes how the specialized services to be provided by the foster/pre-adoptive family will facilitate achievement of the Service Plan goal.

Definitions

HOSTING REGIONAL/AREA OFFICE/DIRECTOR: The Regional/Area Office/Director responsible for the foster/pre-adoptive family applicant or licensed foster/pre-adoptive family, generally determined by where the home is geographically located.

PLACING REGIONAL/AREA OFFICE/DIRECTOR: The Regional/Area Office/Director responsible for a case in which a child is in need of placement.

Policy for Receiptable Reimbursement Program

When a need is specified in the foster/pre-adoptive child's Service Plan which requires exceptional and essential out-of-pocket expenses on the part of the foster/pre-adoptive family, the foster/pre-adoptive family is reimbursed in accordance with the guidelines and restrictions which appear in Appendix A, "Guidelines and Restrictions for Receiptable Reimbursement Program". Only those items which can be documented with a receipt are eligible for

reimbursement. The ability to access Receiptable Reimbursement is contingent on funds being available within Area Office spending limits. If the

foster/pre-adoptive family disagrees with a DSS decision regarding Receiptable Reimbursement, the foster/pre-adoptive family may request a review of the decision by filing a grievance.

Procedures for Receiptable Reimbursement

1. **Service Plan.** When a foster/pre-adoptive child's needs warrant an exceptional yet essential out-of-pocket cost to be incurred by the foster/pre-adoptive family on the child's behalf, the child's Social Worker indicates the child's need and reason for the item/expense in the Service Plan problem statement and the outcome to be achieved under the foster/pre-adoptive family tasks. The Social Worker then meets with the foster/pre-adoptive family and the Family Resource Worker to complete the "Supplemental Reimbursement Request/Agreement."
2. **Request/Agreement.** The Supplemental Reimbursement Request/Agreement addresses the following questions and is submitted with appropriate supportive documentation to the placing Area Director/designee for review (see examples below). She/he indicates approval/denial of the Miscellaneous Payment pending on FamilyNet

What is the Service Plan Goal?

Identify the child's goal from the most recent Service Plan, e.g., Reunify Family, Adoption, Guardianship, etc.

What is the Projected Date to Achieve this Goal?

Date recorded in the Service Plan when the stated goal is to be achieved.

What is the Name of the Family Resource Worker?

Identify the Family Resource Worker who was involved in negotiating this request.

What is the Child's Need(s)?

Briefly indicate the statement(s) from the Service Plan that identifies the child-specific needs to be addressed under this Receiptable Reimbursement Request.

What is the Receiptable Reimbursement Request?

Briefly describe the Receiptable Reimbursement Request which addresses the child-specific needs identified above.

EXAMPLES OF RECEIPTABLE REIMBURSEMENT REQUESTS

a. Adoption. b. Sept'02. c. Jane Brady. d. Child is enuretic and requires medication not covered by MassHealth. e. Extends Jr. capsules \$24.75.

a. Reunify Family. b. Dec'02. c. Jennifer Dancer. d. Child is chronic bedwetter. e. Foster family to replace mattress ruined by bedwetting. Cost \$150.00.

3. **Documentation.** A receipt for the cost and/or a mileage log maintained by the foster/pre-adoptive family must be submitted by the foster/pre-adoptive family, along with a completed "Receiptable Reimbursement Cover Form," to the designated Area Office staff.

4. **Payments.** The designated Area Office staff completes and forwards for review and approval to the Area Director/designee a Miscellaneous Payment on FamilyNet and the Supplemental Reimbursement Request/Agreement with supportive documentation attached. The designated Area Office staff ensures that the child's Social Worker and foster/pre-adoptive family are notified of the outcome of the review. She/he ensures that the foster/pre-adoptive family is informed of the right to file, and the procedures for filing, a grievance regarding a decision with which she/he does not agree.

5. **Review/Reapproval.** When Receiptable Reimbursement is approved for an ongoing, recurring expense, the child's Social Worker reviews the child's Service Plan and the child's progress at least monthly and each time a receipt or mileage log is submitted. She/he determines the continued need for the item/expense before approving the Receiptable Reimbursement request.

Policy for P.A.C.T.

When a foster/pre-adoptive child's need for planned, specialized services which can be provided by the foster/pre-adoptive family is specified in the Service Plan, the foster/pre-adoptive family is reimbursed for providing such services in accordance with the guidelines and standards which appear in Appendix B, "Guidelines and Standards for P.A.C.T. Services". Any waivers to the maximum number of P.A.C.T. service hours delivered by a foster/pre-adoptive family must be approved by the placing Regional Director/designee in accordance with the procedures which appear in Appendix B.

The ability to access P.A.C.T. services is contingent on funds being available within placing Area Office spending limits. When DSS decides to reduce or terminate P.A.C.T. services to a child, DSS informs the foster/pre-adoptive parent of her/his right to request a review of the decision by filing a grievance.

Procedures for P.A.C.T.

1. **Service Plan.** If during the development, updating or renewal of the Service Plan, the problem statement indicates a need for specialized services, the child's Social Worker consults with the Supervisor to determine if P.A.C.T. services are warranted. *NOTE: For a child entering DSS placement for the first time, a decision regarding P.A.C.T. services may best be deferred until the 6 Week Placement Review meeting, when more comprehensive information regarding the child's needs has been obtained.*

If P.A.C.T. services are deemed appropriate, the child's P.A.C.T. team ensures that the Supplemental Reimbursement Request/Agreement form is completed and appropriate supportive documentation is obtained and attached. The Request/Agreement delineates the child-specific needs identified in the Service Plan problem statement and specific tasks/services that the foster/pre-adoptive family will provide to address those needs. Services are specified for a time period of up to 6 months. The Request/Agreement specifies the number of service hours per week to be provided as well as the method and frequency of the foster/pre-adoptive family's documentation of services provided. The P.A.C.T. team should consider all obligations of the foster/pre-adoptive family to ensure that she/he will have sufficient time to provide the service and in establishing the number of P.A.C.T. hours she/he will provide to the child.

2. **Request/Agreement.** The Supplemental Reimbursement Request/Agreement addresses the following questions and is submitted for approval to the placing Area Director/designee at the same time the Service Referral is forwarded on FamilyNet (see examples below):

What is the Service Plan Goal?

Identify the child's goal from the most recent Service Plan, e.g., Reunify Family, Adoption, Guardianship, etc.

What is the Projected Date to Achieve this Goal?

Date recorded in the Service Plan when the stated goal is to be achieved.

What is the Name of the Family Resource Worker?

Identify the Family Resource Worker who was involved in negotiating this request.

What is the Child's Need(s)?

Briefly indicate the statement(s) from the Service Plan that identifies the child-specific needs to be addressed under this P.A.C.T. request.

What are the Foster/Pre-Adoptive Family's Responsibilities (Tasks/Timetables)?

Briefly describe the foster/pre-adoptive family's tasks which address the child-specific needs identified above. Indicate the time requirements for each task.

How will the Foster/Pre-Adoptive Family Report on the Services?

Indicate the method by which the foster/pre-adoptive family will keep track of the provision of these P.A.C.T. services (e.g., P.A.C.T. Documentation form, Area Office reporting form, etc.).

EXAMPLES OF P.A.C.T. REQUESTS

a. Adoption. b. Dec'02. c. Tom Thumb. d. Child's physical aggression toward peers must be eliminated. e. Pre-adoptive family participates in wkly. therapy (dev. plan to manage outbursts) 1 hr./wk. Pre-adoptive family maintains weekday contact w/teacher 1 hr./wk and implements behavior chart program (extension of school program) 1 hr./day. Total = 9 hrs./wk. f. P.A.C.T. Documentation Form to be completed.

a. Reunify Family. b. Oct'02. c. Larry Bolder. d. M.R. child w/mult. medical prob. (c.p., diabetes, gastro reflux & cleft lip) needs spec. medical care by foster fam. while Bio. Mo. learns to implement this medical protocol. e. Foster family to conduct phys. therapy range of motion exercises as directed by doctor, 1 hr./day; feed child w/G tube, 1 1/2 hrs./day; teach Bio. Mo. these tasks, 1 hr./day on Mon., Tues., Thur.; consult w/doctor to report progress & receive updated instructions 1/2 hr./wk. Total = 21 hrs./wk. f. P.A.C.T. Documentation Form to be completed.

3. **Review/Approval.** The placing Area Director/designee reviews and approves the Request/Agreement, including supportive documentation, and the Service Referral, and signs the Request/Agreement. If the level of P.A.C.T. hours exceeds 60 hours per foster/pre-adoptive family household per week, the placing Regional Director/designee must also review and approve. The designated Area Office staff provides for the foster/pre-adoptive family and P.A.C.T. team to be notified of the outcome. If the outcome is a decision to modify the Request/Agreement which was submitted, the designated staff person provides for the foster/pre-adoptive family to be informed of the modification and of her/his right to request a review of that decision by filing a grievance. She/he also provides for the family to indicate they have been informed by a foster/pre-adoptive parent signing the appropriate section of the Request/Agreement form.

4. **Monthly Documentation.** The foster/pre-adoptive family submits monthly written documentation of the P.A.C.T. services provided. Documentation is submitted to the child's Social Worker and/or the P.A.C.T. coordinator and maintained in the "Reports Section" of the child's case record.

5. **Review/Reapproval.** The P.A.C.T. team monitors the child's needs, the provision of P.A.C.T. services and the child's progress toward the Service Plan goal, at least once every 6 months in preparation for the Foster Care Review and more frequently if so specified in the Service Plan or if changes occur in the child's circumstances or needs. If the P.A.C.T. team determines that the child's P.A.C.T. needs have changed, e.g., if the child has progressed and has achieved her/his stated goals and has reduced need for P.A.C.T. services, the designated P.A.C.T. team member provides for a revised Request/Agreement with supportive documentation and Service Referral to be forwarded to the placing Area Director/designee for review and approval. If the level of P.A.C.T. hours exceeds 60 hours per foster/pre-adoptive family household per week, a waiver request or an updated waiver request must be sent to the placing Regional Director/designee for review and approval. The designated Area Office staff then provides for the foster/pre-adoptive family to be notified of the review outcome and to indicate by signing the appropriate section of the Request/Agreement that she/he has been informed of any modification of the Request/Agreement and her/his right to request a review of the modification by filing a grievance.

6. **Closure.** If any review of the child's progress and needs results in a decision to end P.A.C.T. services, the designated member of the P.A.C.T. team provides for the foster/pre-adoptive family to be notified, in writing, of the decision and her/his right to request a review of the decision by filing a grievance.

Supplemental Reimbursement: Adoption/Guardianship

To support the Department's objective of permanency planning for all children in placement, DSS provides a program of adoption/guardianship subsidy to remove financial barriers to permanency through adoption and guardianship for children with special needs. At the time the adoption or guardianship subsidy is being established, the Department will consider the types of reimbursements provided for under this Supplemental Reimbursement Policy when establishing the subsidy amount. (See *Policy #85-007*, Adoption Subsidy Policy, or *Policy 84-005*, Guardianship, for eligibility and procedures)

Appendix A

Guidelines and Restrictions for Receiptable Reimbursement Program

The following guidelines have been developed to identify the type of expenses which may be allowable under the Receiptable Reimbursement program. The guidelines also include a list of restrictions which identifies those items which are not allowable for reimbursement.

GUIDELINES FOR ALLOWABLE EXPENSES

1. **Extraordinary transportation expenses** which may include:

Mileage @ 40 cents per mile (rate effective September 12, 2005; prior rate was 28 cents per mile) or public transportation fees for frequent and distant trips to the child's doctor, therapist, biological family, etc.

Parking expenses when excessive or frequent.

2. **Costs of medication, medical supplies and equipment not covered by MassHealth** (replacement of eyeglasses, orthopedic shoes, etc.).

3. **Non-MassHealth reimbursed therapy** – maximum \$35 per hour (request must explain the child's special need, detail why Medicaid reimbursed therapy is not utilized, and include documentation of efforts to locate Medicaid reimbursable therapist). *[NOTE: Any request for payment beyond the maximum must specify why a MassHealth therapist is not an option, e.g., child resides out of state.]*

4. **Child-specific activities/events for child in foster/pre-adoptive care** which are designed to address identified needs and defined goals specified in the child's Service Plan, e.g., swimming lessons to improve self-esteem, admission test fee for college/training program, class trip (maximum \$100 per request). Request **MUST** justify need and relevance to Service Plan goal.

5. **Child care for special needs child in foster/pre-adoptive care** – maximum \$20 per day per child (\$100 per child per week maximum). Request must define: (1) child's special need, (2) child care provider's ability to meet that need, and (3) child care provider's license number.

6. **Work-related child care for child in foster/pre-adoptive care** – maximum \$15 per day per child (\$75 per child per week maximum). Allowable only to maintain foster/pre-adoptive placement. Request must specify: (1) need, (2) why current placement is most appropriate, (3) circumstances that necessitate child care to continue placement, and (4) child care provider's license number. *NOTE: Work-related child care may be approved only with written verification that Department of Early Education and Care slots for working parents and those attending school are not available, or that the individual is not eligible.*

7. **Emergency/temporary in-home supervision** for a foster/pre-adoptive child with identified special needs documented in her/his Service Plan – \$3.50 per hour maximum/5 hours maximum per week. The following conditions must apply:

child requires a high level of structured supervision and basic care;

foster/pre-adoptive parent must be out of the home temporarily to respond to an emergency situation or participate in a foster/pre-adoptive child's Service Plan activity;

no other planned service, e.g., respite, is available to meet this need; and

the individual providing in-home supervision must be at least 18 years of age and able to provide the intense level of supervision required.

8. **Expenses for an enuretic/encopretic child** may be allowable with appropriate documentation, e.g., purchase of rubber sheets.

RESTRICTIONS ON ALLOWABLE EXPENSES

1. Payment of driver education expenses are not allowable. (Adolescents who complete one or more of the PAYA Program Modules, however, may request reimbursement of driver education costs through the PAYA incentive program.)
2. Respite care services are not allowable. However, the Department will provide, or facilitate access to, respite care services for special needs children through the Department of Mental Retardation, Kids Net Support Services or other program.
3. Items/expenses/services which the Department is able to purchase through established contracts or purchase agreements with provider agencies, e.g., camping, are not allowable.
4. Items/expenses which can be purchased or reimbursed through other state/community agencies or through other means are not allowable.
5. Special placements are not allowable.

Appendix B

Guidelines and Standards for P.A.C.T. Services

THE GUIDELINES BELOW DEFINE THE MAXIMUM NUMBER OF REIMBURSABLE P.A.C.T. SERVICE HOURS PER WEEK AND THE PAYMENT MECHANISMS:

A foster/pre-adoptive family delivering P.A.C.T. services may receive reimbursement for up to, but not more than, 40 hours per week. Foster/pre-adoptive families delivering the maximum 40 hours of P.A.C.T. services per week must be full-time providers who are not otherwise employed.

When a foster/pre-adoptive child requires P.A.C.T. services beyond the primary foster/pre-adoptive family's ability to provide (e.g., foster/pre-adoptive family is currently providing the maximum of 40 hours per week or is unable to provide a particular task/service), approval to reimburse a qualified adult age 18 or older, known as a P.A.C.T. Assistant, to deliver an additional 20 hours per week, may be granted. P.A.C.T. reimbursement maximums (40 hours/ individual/week and 60 hours/home/week) are applicable, regardless of the total number of children in the home.

Payment is made via P.A.C.T. to the primary foster/pre-adoptive parent, including payment for the P.A.C.T. Assistant who is age 18 or older, a member of the provider's family and living in the same household (e.g., foster father assists foster mother in the delivery of P.A.C.T. services).

THE FOLLOWING MUST BE CONSIDERED WHEN DETERMINING HOURS OF P.A.C.T. SERVICES:

Given all of the foster/pre-adoptive family's current obligations, will she/he have sufficient time to provide the service?

What alternative caretaker services does the foster/pre-adoptive family receive, e.g., is the child in a child care or day school program? If so, how many hours is the child out of the home each week? Does the child receive respite care? If yes, frequency?

Does the foster/pre-adoptive family possess the necessary skills to meet the child's special needs?

Are any specialized medical or therapeutic services, e.g., in-home nursing services, being provided to the child? If so, what services are provided? What is the number of hours per week?

The child's age and behavior should be considered as they may impact upon the delivery of P.A.C.T. services; e.g., a child on an apnea monitor who has learned that removing the leads will bring her/him the prompt attention of the foster parent may require the maximum number of hours allowed for apnea monitoring because the foster parent will spend more time responding to the alarm and replacing the leads.

Transportation provided by a foster/pre-adoptive parent is not considered a P.A.C.T. service. Excessive transportation expenses may be reimbursable, however, through the Receiptable Reimbursement Program.

Documentation of P.A.C.T. services is not considered a separate P.A.C.T. task. Therefore, the time a foster/pre-adoptive parent spends completing the P.A.C.T. Documentation Form documenting the provision of services and the child's progress is not reimbursable.

GUIDELINES FOR WAIVERS TO EXCEED THE LIMIT OF 60 P.A.C.T. HOURS PER WEEK PER FOSTER/PRE-ADOPTIVE FAMILY HOUSEHOLD:

Waivers to exceed the 60 hours of P.A.C.T. services limit, up to a **maximum of 80 hours per week per foster/pre-adoptive family household**, may be requested from the Regional Director who determines that the P.A.C.T. is necessary to meet the needs of each child residing in the home for health, safety and well-being. A waiver may be requested under the following conditions:

The foster/pre-adoptive family household includes at least one full-time foster/pre-adoptive parent provider of P.A.C.T. services who is not otherwise employed.

Each P.A.C.T. provider/assistant is age 18 or older, is a member of the provider's family living in the household and is able to provide the specialized care required.

The DSS nurse has reviewed written documentation and submitted a written recommendation indicating her/his determination that the household's arrangements for daily and emergency health care are adequate and appropriate. A comparable written recommendation from a similarly qualified, DSS-approved health care professional who has visited the home may additionally be submitted.

The placing Area Director/designee has approved the waiver request as clinically appropriate and within the Area Office's budget limits.

PROCEDURES FOR REGIONAL DIRECTOR APPROVAL OF WAIVERS TO EXCEED THE LIMIT OF 60 P.A.C.T. HOURS PER WEEK PER FOSTER/PRE-ADOPTIVE FAMILY HOUSEHOLD:

1. Waiver Request. Must include:

A cover memo, signed by the placing Area Director/designee (and the hosting Area Director/designee, when different). The memo includes:

Name(s) and date(s) of birth of the child(ren) for whom the *additional* P.A.C.T. hours are being approved; a copy of the child(ren)'s Supplemental Request/Agreement form(s) must be attached to the memo.

An explanation of the reasons the waiver request is being recommended for approval.

An overview of all services being provided to the family (other than P.A.C.T. services) that specifies how each contributes to maintaining the health, safety and/or well-being of each child in the home.

An overview of the household's arrangements for daily and emergency care for all children in the foster/pre-adoptive family household (biological, foster, pre-adoptive, adoptive and guardianship) that specifies for each child, as applicable:

the number of P.A.C.T. hours currently approved (**see FamilyNet Resource Placements screen for the foster/pre-adoptive family**) and

the specific tasks that are provided to the child by each P.A.C.T. provider/assistant.

NOTE: The overview must include P.A.C.T. tasks/hours for children receiving adoption subsidy or guardianship subsidy as well as foster/pre-adoptive care.

A statement that the placing Area Office budget will support the additional cost of the P.A.C.T. services.

A statement signed by each full-time (40 hours per week) P.A.C.T. provider/assistant, who is age 18 or older and a member of the provider's family living in the home, verifying that he/she is not otherwise employed.

2. DSS Nurse Review and Recommendation. The placing Area Director/designee requests the DSS nurse to prepare a written recommendation based on a review of written documentation as follows:

To request a written recommendation from a DSS nurse: The placing Area Director/designee faxes to one of the nurses in the Central Office Medical Services Unit the waiver request [cover memo and P.A.C.T. provider (s)/assistant(s) statement] and the following current relevant documentation for *each child* who is receiving P.A.C.T. and for whom P.A.C.T. is being additionally requested. Written documentation for any child receiving adoption or guardianship subsidy is not necessary, nor is it necessary to create new current documentation if the information below already exists. Possible existing sources of this documentation include, but are not limited to:

Supplemental Request/ Agreement forms, medical passports, medical and/or psychological evaluations, Early Intervention reports, etc.

Current diagnosis(es);

List of all medications, including frequency and route of administration;

All therapies and Early Intervention services, with frequency and duration of each session;

Visiting nurse services, with frequency of visits or numbers of hours per week;

Technology needs, e.g., oxygen, ventilator, tube feedings, monitor, respiratory treatments;

Equipment needs, e.g., wheelchair, splints, braces, assistive devices; and

Summary of care needs signed by a physician or nurse practitioner with the previous 6 months.

The DSS nurse reviews the documentation submitted to determine the adequacy and appropriateness of the household's daily and emergency health care arrangements. She/he may request additional documentation if the information submitted is insufficient to make the determination. The DSS nurse prepares a written recommendation and sends it to the placing Area Director/designee.

3. Regional Director/Designee Review and Approval. The placing Area Director/designee forwards the waiver request, including the DSS nurse's written recommendation, to the placing Regional Director/designee (and the hosting Regional Director/designee, when different) who determines whether the waiver request is approved, approved with modifications or not approved, documents the outcome in FamilyNet and informs the placing Area Director/designee of the outcome. The hosting Regional Director for the foster/pre-adoptive household makes the final placement approval decision.

4. Subsequent Review and Approval. An updated waiver request must be sent to the placing Regional Director/designee (and the hosting Regional Director/designee, when different) for review and approval, if the P.A.C.T. team subsequently determines that the needs of one or more of the children in a foster/pre-adoptive household receiving over 60 P.A.C.T. hours per week have changed significantly and the household continues to require over 60 P.A.C.T. hours per week in order to maintain each child's needs for safety and well-being. The review and re-approval process for all P.A.C.T. services and waivers over 60 hours per week should be completed at least once every six months.

PAYMENT FOR WAIVER EXCEPTIONS:

Payment is made via P.A.C.T. to the primary foster/pre-adoptive care provider and includes payment for the P.A.C.T. assistant (when applicable) who must be age 18 or older and a member of the provider's family living in the same household.

P.A.C.T.

Standards for Reimbursement

Any P.A.C.T. request which exceeds the average hours identified below for a task must specify on the Supplemental Reimbursement Request/Agreement form and in the supportive documentation the circumstances which necessitate additional service hours. Each request must specify the frequency with which the task must be performed and type of intervention required.

| TASK (per documentation) | RANGE | |
|--|----------------------------|----------------------------|
| | Average | Maximum |
| | (Hours per Week per Child) | (Hours per Week per Child) |
| 1. Care of child on apnea monitor place leads on chest respond to alarm | 10 | 12 |
| 2. Specialized feeding Nutritional counseling Specialized diets | 7 | 14 |
| 3. Gastrostomy tube feeding including attachment to pump and cleaning/dressing of site (14 hrs. – based on 4 feedings per day) | 14 | 21 |
| 4. Care of tracheotomy, including changing tracheotomy and dressing | 10 | 12 |
| 5. Use of nebulizer, including chest P.T., suctioning as needed, and care and maintenance of equipment | 7 | 14 |
| 6. Oxygen – including use of oximeter, flow adjustment, monitoring, and care and maintenance of equipment | 7 | 14 |
| 7. Suctioning | 2 | 4 |
| 8. Care of catheter, including monitoring and maintenance | 2 | 4 |
| 9. Measurement of body fluids (intake/output) | 2 | 4 |
| 10. Administration of medication | 1 | 4 |
| 11. Occupational therapy, including facial/oral exercises | 4 | 7 |
| 12. Physical therapy/gross motor skill development | 4 | 7 |
| 13. Care of colostomy or ileostomy | 14 | 21 |
| 14. Pulmonary therapy without nebulizer treatment | 5 | 10 |
| 15. Total physical care for non-ambulatory, multiply-handicapped child which includes bathing, feeding, dressing, toileting, repositioning, etc. | 14 | 21 |
| 16. Speech/communication exercises | 3 | 7 |
| 17. Advocacy and consultation with schools, court, medical providers, emergency service personnel, etc. for child with complex behavioral or medical needs | 5 | 7 |
| 18. Implementation of structured behavior management program as directed by therapist or school program | 4 | 7 |
| 19. Participation in child's therapy as directed by therapist | 1 | 1 |
| 20. Supervised visitation as directed by DSS staff including documentation in all cases | 1 | 14 |
| 21. Teaching parenting skills to biological parents and pregnant/parenting teens as directed by DSS staff | 1 | 4 |

| | | |
|--|----|----|
| 22. Training child/adolescent in activities of daily living (ADL)-skill development as directed by DSS staff | 5 | 10 |
| 23. Utilizing PAYA modules | 2 | 7 |
| 24. Monitoring of child with acute psychiatric illness, suicidal ideation, or behavioral pathology (including those with an ASAP) | 14 | 21 |
| 25. Preparing pregnant teen for childbirth | 1 | 4 |
| 26. Providing intensive supervision to stabilize child in placement due to child's documented behavioral and/or medical needs | 2 | 7 |
| 27. Monitoring of, and/or food preparation for, child/adolescent with diagnosed eating disorder | 2 | 7 |
| 28. Care of the insulin dependent diabetic, including monitoring glucose levels, monitoring insulin administration, monitoring diet, and maintenance and care of equipment | 7 | 14 |

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: MICHIGAN

**PAYMENT FOR
FOSTER FAMILY
CARE**

Payments for the care of a youth in a placement from SWBC, title IV-E and limited term emergency foster care fund sources are initiated, changed, and terminated by use of the payment section in SWSS FAJ. For age appropriate rates; see FOM 905-3, Foster Care Rates.

The entire rate paid to the placement agency foster care (PAFC) provider for board and care, clothing allowance and any DOC shall be paid by the placement agency foster care (PAFC) provider to the foster families providing the family foster care.

**Age Appropriate
Rate For Foster
Care**

The age appropriate rate refers to the scheduled uniform rate which is to be paid for a child who requires no extraordinary care in relation to age other than what is normally expected of children placed in foster care.

The amount of the age appropriate rate was established based on the U.S.D.A. study of the average cost of raising a child in the Midwest for a low-income family. Thus it is reimbursement for the extra expense an additional child in the home causes to the family's budget such as the extra electricity used, the additional food, the additional gasoline needed for the family car, the child's clothing, miscellaneous medical expenses not covered by medical insurance, and the child's recreation/enrichment activities. The age appropriate per diem payment is to cover all ongoing, routine, normally expected activities in raising a child. It is not a wage or salary paid to the foster parent.

- The room and board portion of the daily rate is intended for food, shelter, personal care, transportation and sundry medical supplies not available through Medicaid.
- The allowance and personal incidentals portion is intended to cover the child's weekly allowance and out-of-pocket expenses such as magazines, books, recreation, gifts, contributions, expendable school supplies, etc. The exact determination of how much and on what basis the foster family provides the allowance to the youth is a matter for joint family and worker determination, as well as the department's allowance policy as required by Child Placing Agency Rule 400.12410.
- The portion of the daily rate intended for clothing is for incidental clothing needs through the year. The semi-annual clothing payment made each September and March is to provide for seasonal clothing needs for children in foster family care. Both rates have been established on the premise that a child has an average wardrobe at the onset of foster care.

- Semi-annual clothing payments are not made to children in independent living or in a child caring institution. The basic daily rate includes the full clothing allowance.
- The semi-annual clothing checks will be sent with the regularly scheduled foster care payments. The check stub will list the name and amount of the clothing allowance for each child whose clothing needs are included in the check. Each child in foster family care for whom payment is authorized on February 28 and August 31 respectively will receive this clothing allowance.
- The child's age as of February 28 and August 31 will determine the amount of the clothing allowance; see FOM 905-3, Foster Care Rates.

Policy recognizes that there are instances in which the age appropriate payment will not cover unique situations of foster children; most common is the child who enters foster care from his/her own home without adequate clothing. Provision is made to purchase an initial clothing supply by means of a non-scheduled payment. It is not expected that the foster parent would have to purchase an entire wardrobe from the per diem; however, it is expected that the foster parent will maintain that wardrobe with necessary replacement clothing through using some of the per diem rate and the semi-annual clothing allowance; see FOM 903-9 Non-Scheduled Payments DHS-634.

Whenever children must be placed outside their parental home, foster family care is to be considered prior to any of the more structured types of foster care such as residential or institutional care. To make this consideration practical for children with special treatment needs, each local office is to develop a group of foster families who are prepared to accept and work with children who are delinquent, have significant emotional or mental impairments or have behavioral difficulties. Foster parents who have developed special skills in preparing adolescents to function independently should be included in this grouping.

Determination of Care Supplements For Foster Care

A determination of care (DOC) supplement may be justified when extraordinary care or expense is required of the foster parents or relative (foster care provider) who is eligible for a foster care payment. The appropriate DOC form is to be completed for every child in a paid foster home or relative placement. The supplement must be based on one or more of the following case situations where additional care is required of the foster care provider or an additional expense exists:

- Physically disabled children for whom the foster care provider must provide measurably greater supervision and care.

- Children with special psychological or psychiatric needs which require extra time and measurably greater amounts of care and attention by the foster care provider.
- Children requiring special diets which are more expensive than a normal diet and which require extra time and effort by the foster care provider to obtain and prepare.
- Children whose severe acting-out or antisocial behavior requires a measurably greater amount of care and attention of the foster care provider.

Note: The receipt of Social Security Income (SSI) benefits by a child in a paid placement requires a DOC assessment. The child does **not** automatically qualify for a DOC due to receipt of SSI.

When a determination of care supplement is due to a physical or mental disability, screen the youth for SSI eligibility; see FOM 902-10, SSI Benefits Determination.

To assess the need for a determination of care supplement, complete the DOC form that most closely fits the case situation:

- DHS-470 for children ages one day through 12 years requiring extraordinary care or expense.
- DHS-470A for children age 13 and over requiring extraordinary care or expense.
- DHS-1945 for children who are medically fragile (all ages) or who have a documented medical condition which threatens health, life or independent functioning.

Note: Documentation supporting the need for the DOC supplement must be in the case service plans, which are supported by the documents contained in the case file; see FOM 722-5, Foster Care-Case Record.

A DOC assessment must be completed at the initial case opening **and** at least every six months or if the child's care needs or level changes or the child moves. This includes all children in purchased foster care programs. This applies to all foster care providers eligible for payment, regardless of the funding source. Each DOC assessment must be filed in the child's case record.

DOC rates are **not** to be authorized for any time period that exceeds six months. If a DOC supplement continues to be necessary at the end of the authorized time period, a new assessment must be done, appropriate approval obtained, and the payment authorization completed.

Justify the continuation of the level for a determination of care on the DHS-470, DHS 470-A, or DHS-1945. Since the DOC rate is based on the extraordinary care required of the foster care provider, all tasks and additional expenses must be documented in detail under the caregiver activities section of the DHS-67, Children's Foster Care Parent Agency Treatment Plan and Service Agreement. These needs and activities must be consistently addressed in the child's current status section of all service plans.

The DOC supplement must **not** include activities provided by a third party (person) for child care, nursing care, respite care, assisted care, etc.

Example: The child day care program is to be used for child day care needs, the medical assistance program for nursing care, etc.

As part of the re-determination of the funding source eligibility (every six months) an assessment of the need for a DOC supplement is required for every child age 0-18 in a paid placement regardless of the outcome of the initial assessment.

The total reimbursement provided to the foster care provider is to be based on the above criteria and process. In all case situations, the foster care worker is to involve the foster care provider in completion of the form and the foster care provider must sign the assessment form.

Determination of Care-Above Level III

If the child's DOC level meets or exceeds level III on the DHS-470, DHS-470A, or DHS-1945, the foster care provider and supervising agency/DHS staff may request an exception for a level IV child specific DOC supplement.

DOC supplement requests above level III require Child Welfare Field Operations Director or designee approval. Approval must be based on the results of the DHS-470, DHS-470A or DHS-1945, and documentation submitted with the request. DOC supplement requests above level III are used to reimburse the foster care provider for meeting the child's extraordinary care needs. The DOC level IV is a rate approved by the Child Welfare Field Operations Director or designee. The maximum allowable foster parent DOC supplement is \$80 a day.

For all requests for payment above level III, the DHS foster care worker or monitor must first initiate a payment authorization to open payment at level III. Print a DHS-626 with the higher payment authorization in SWSS FAJ and submit documentation to request the amount of payment. Do **not** pend the higher rate in SWSS FAJ. This allows the provider to be paid the approved rate while the higher rate is being requested.

The request for approval must be submitted on the DHS-470, DHS-470A or DHS-1945, documenting the extraordinary care and supervision required, and detail how the reimbursement amount was determined. The request must include a description of any other services and payments being provided for the child's care; for example, assisted care, nursing services, day care, etc. Copies of the documentation supporting the DOC supplement must be in the youth's case record.

Note: Documentation may include any of the following:

- Hospital/medical records/doctor's statement(s).
- Psychiatric evaluation.
- Psychological evaluation.
- Initial service plan/updated service plan.
- Foster care provider logs.
- School records/evaluations/individual education plan.
- Institutional discharge summaries.

The DHS-626 and the DOC form with the appropriate approval signatures will be forwarded to the Federal Compliance Division, funding unit, to process payments. Child Welfare Field Operations (CWFO) decisions regarding requests for a DOC supplement above a level III are final.

Note: Reauthorization requests for DOC above level III must be submitted 30 calendar days in advance of the expiration of the prior authorization to ensure adequate review time.

Request for Review of DOC

A foster care provider or supervising agency/DHS staff may initiate a request for review of a DOC at any time. The request must be done in writing. Action must be taken within 30 calendar days of the receipt of the request.

Note: The requestor (such as the foster parent, relative or foster care worker) must be notified in writing of the disposition of the DOC request within 30 calendar days of the receipt of the request (60 calendar days if the requested DOC is over level III). If approved, the DOC supplement is effective on the begin date as outlined below.

Effective Date of Request

- The begin date for an initial DOC request if received in the DHS office within the first 30 calendar days of a child's placement with a specific foster family, is the first day of that placement.
- The begin date for a renewal request is the day following the end date of the last DOC approval if the request is received in the DHS office within 30 calendar days.
- The begin date for a request for escalation or de-escalation of the DOC that is not made at the time of renewal, is the date the foster parent signed the DOC request if it is received in the DHS office within 30 calendar days of that signature.

- The end date is six months after the begin date. No DOC request is to be approved for longer than six months.

Note: If the DOC request is not received in the DHS office within these time frames the begin date will be the date the request is received in the DHS office.

When the resolution of a request for a change in level occurs, the local office is to initiate a payment authorization request and DHS-626, Foster Care Payment Authorization (if applicable), retroactive to the begin date on the DHS-470, Assessment for Determination of Care for Children in Foster Care (Age one day through twelve years), DHS-470A, Assessment for Determination of Care for Children in Foster Care (Age Thirteen Years and Over) or DHS-1945, Assessment for Determination of Care for Medically Fragile Children in Foster Care. A copy of the DHS-626, Foster Care Payment Authorization, and the approved DHS-470, Assessment for Determination of Care for Children in Foster Care (Age one day through twelve years), DHS-470A, Assessment for Determination of Care for Children in Foster Care (Age Thirteen Years and Over), or DHS-1945, Assessment for Determination of Care for Medically Fragile Children in Foster Care, is to be sent to the foster care provider and the PAFC provider if applicable. The requestor may initiate an administrative review if not notified timely.

Efforts must be made to ensure continuation of an approved DOC rate without lapse of payment due to request processing.

If the appropriate DOC assessment does not justify an initial or continuation of the DOC level, the level is to be reduced 30 calendar days following the date the completed assessment is received by DHS. The DHS worker must notify the foster care provider or PAFC provider within five working days in writing of any decrease in level.

Administrative Review Process

If the foster care provider or the agency disagrees with the level of care determination or is not notified timely, an administrative review process may be initiated within 30 calendar days of the decision.

For PAFC supervised family foster care, the agency must initiate the request for the administrative review. For DHS supervised family foster care, an administrative review may be requested by the foster parent. Administrative review decisions by the Federal Compliance Division regarding DOC requests up to and including level III are final.

If an administrative review is requested, payment will not be reduced until the administrative review is complete.

**Placement Agency
Foster Care (PAFC)
Supervised
Process**

1. PAFC supervisor requests an administrative review by submitting the DHS-668, Administrative Review Request for Determination of Care (DOC) Denial form, to the DHS worker's supervisor.
2. The DHS local office has 14 calendar days to review the DOC assessment and complete the DHS-669, Local DHS Response to Administrative Review Request for Determination of Care Denial form. If, after review, the local DHS office does not concur with the original assessment and agrees with the private agency, the local DHS office must authorize all necessary changes to the assessment and payments. No further action is necessary.
3. If the local DHS office agrees with the original assessment the local DHS worker's supervisor must forward the DOC, DHS-669, Parent Agency Treatment Plan and Service Agreement, most recent service plan, therapy reports, school documentation, and/or medical reports as relevant to the request to the Federal Compliance Division (FCD).
4. The FCD has 14 calendar days to review the administrative request from the DHS local office. The FCD will immediately notify the agency and local DHS director of the decision using the DHS-670, FCD Decision to Administrative Review Request for Determination of Care (DOC) Denial form.

**State Agency
Supervised
Process**

1. The foster care provider requests an administrative review by completing and submitting the DHS-668 to the foster care worker's supervisor.
2. The DHS local office has 14 calendar days to review the DOC assessment and complete the DHS-669. If, after review, the local DHS office does not concur with the original assessment and agrees with the foster parent, the local DHS office must authorize all necessary changes to the assessment and payments. No further action is necessary.
3. If the DHS local office agrees with the original assessment, the DHS worker's supervisor must forward the DOC, DHS-669, Parent Agency Treatment Plan and Service Agreement, most recent service plan, therapy reports, school documentation, and/or medical reports as relevant to the request to the FCD.
4. The FCD has 14 calendar days to review the administrative request from the DHS local office. The FCD will immediately notify the local DHS director of the decision using the DHS-670.

PAYMENT POLICY FOR TEEN WARDS WITH CHILDREN

Children of court or state wards who are placed in the same foster care setting as their parent are **not** eligible for title IV-E funding or for an individual foster care payment. Even though the court may have taken jurisdiction, these children have **not** been removed from the home of their parent. Payments to the foster family for the care of these children are to be included in the parent's foster care payment authorization. A separate payment authorization is not to be initiated.

For teen wards whose foster care payment is funded by SWBC or title IV-E and whose child(ren) is (are) placed in the same foster care setting, the payment authorization is to contain the following information:

| | |
|--|----------------|
| Ward's age appropriate rate: | \$17.59 |
| Ward's child's age appropriate rate: | \$14.24 |
| Ward's determination of care supplement (if one is necessary) | \$00.00 |
| Department's administrative rate (if purchase of care case): | <u>\$00.00</u> |
| TOTAL per diem | \$31.83 |

Note: No administrative rate is paid to the supervising agency for the ward's child. A child's age appropriate rate is included for each child of the ward if there is more than one child. A Family Independence Program (FIP) grant for the child's personal needs cannot be established.

Note: The addition of a ward's child's age appropriate rate is not a determination of care supplement and does not require any special approvals.

Child's Medical Assistance Eligibility

It is necessary to establish a medical assistance (MA) case for the ward's child(ren). Bridges Eligibility Manual (BEM) item 145 states that a newborn is automatically eligible for MA the month of birth if, for his/her date of birth, his mother is eligible for MA and receives MA coverage. Automatic eligibility may continue through the month of the newborn's first birthday; see BEM 145, Newborns.

A newborn who meets the above criteria is eligible for MA without an application or eligibility determination. Thus, an MA case is to be opened by the children's services worker as soon as the minimum information needed is received.

After the child becomes one year old, the ward must apply for MA on behalf of the child.

| | |
|---|--|
| Child Care Services | If the ward is in school, or employed and the foster parent is not providing the child care services for the child(ren), payment for child care may be available through the department's child care services program or the Youth in Transition program. The ward must complete the application process for that program and meet the eligibility criteria. |
| Independent Living for wards age 18 or older with children | Independent living (IL) payments cannot be authorized to the parent ward if he/she is receiving FIP assistance for themselves. If a ward, age 18 or older, and his/her child(ren) are living independently or with an adult who has no supervisory responsibility for the ward, the ward may apply for a FIP grant for his/her child(ren). If SWSS FAJ shows an error and will not allow FIP and IL payments in the same month, print, sign and submit the DHS-626 to the Federal Compliance Division at 517-335-0122 (fax). |
| Minor Parents under the age of 18 | Independent living (IL) payments cannot be authorized to the minor parent if he/she is receiving FIP assistance for themselves. This policy, located in BEM 201, applies to wards under the age of 18 with dependent children in their care. If the ward and his/her child(ren) are not living in a licensed foster care situation, they must reside in an adult supervised setting to qualify for FIP. The ward may apply for a FIP grant for their child(ren). If SWSS FAJ shows an error and will not allow FIP and IL payments in the same month, print, sign and submit the DHS-626 to the Federal Compliance Division at 517-335-0122 (fax). |
| Non-Scheduled Payments | When non-scheduled payments are needed for the ward's child, the ward's case number is used on the DHS-634 or DHS-1582CS; see FOM 903-9, Non-Scheduled Payments DHS-634. |
| Clothing Allowance | <p>The semiannual clothing allowance for the ward's child is done automatically and is payable to the foster parent (or agency if appropriate). If initial clothing is necessary, a DHS-634 for the age appropriate initial clothing allowance can also be issued.</p> <p>The DHS-634 for the initial clothing order is to be issued in the ward parent's name and case number with the notation in the comments section that this is the semiannual (or initial) clothing allowance for the child of the ward.</p> |

ASSESSMENT FOR DETERMINATION OF CARE FOR MEDICALLY FRAGILE CHILDREN IN FOSTER CARE

Michigan Department of Human Services

| | | | | | |
|------------------|------------|----------|-----------------|------|----------------------------|
| Case Name | | | | | Log Number |
| Case Number | County | District | Section | Unit | Last Assessment/Level/Date |
| Date of Birth | Begin Date | | | | End Date |
| Foster Home Name | | | | | |
| Legal Status | | | Permanency Goal | | |

This form is used when a child has a documented medical condition which threatens health, life or independent functioning. Documentation of the medical condition must be in the case file.

A foster care provider or supervising agency/DHS staff may initiate a request for review of a DOC at any time. The request must be done in writing. Action must be taken within 30 days of the receipt of the request.

If the foster care provider or the agency disagrees with the level of care determination, an administrative review process may be initiated within 30 calendar days of the decision. See FOM 903-3.

When a DOC supplement is due to a physical or mental disability screen the youth for SSI eligibility: see FOM 902-10 SSI Benefits Determination.

Section I - If at least 2 of the following characteristics or care needs are checked in section 1A and/or 1B the youth qualifies for a Level I DOC.

- If 3 or more items in Section 1A and/or 1B are checked go to Section II.

| |
|--|
| <p>1A. PHYSICAL or MEDICAL IMPAIRMENTS</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Any physical or medical impairment or combination of impairments requiring an average of at least ½ to 1 hour of daily medically prescribed therapy or procedures performed by the foster parents (i.e. respiratory, bowel or skin treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, range of motion, medication, failure to thrive). 2. <input type="checkbox"/> Colostomy care. 3. <input type="checkbox"/> Ileostomy care. 4. <input type="checkbox"/> Daily injections (i.e. insulin, allergies). 5. <input type="checkbox"/> Feeding problems requiring an additional 30 minutes of preparation or feeding time (i.e. difficulty swallowing, cleft pallet, nasal difficulties, tongue thrust). 6. <input type="checkbox"/> Special diet (i.e. diabetic, asthmatic, allergy, mild Cystic Fibrosis, and/or need for special formulas, additives). 7. <input type="checkbox"/> Hearing problems requiring encouragement and monitoring (i.e. hearing-aid use). 8. <input type="checkbox"/> Vision problems requiring encouragement, visual exercises, patching. 9. <input type="checkbox"/> Sporadically active infectious diseases requiring sterile procedures when active, such as Herpes-type viruses. 10. <input type="checkbox"/> Out-of-home bi-weekly or weekly therapy or medical appointments (i.e. PT, OT, ST, etc.), or medical training involving the foster parents. 11. <input type="checkbox"/> In-home therapy (i.e. PT, OT, ST). Every two weeks nursing, or teacher appointments requiring foster parent involvement. |
| <p>1B. BEHAVIORAL or EMOTIONAL PROBLEMS</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Weekly counseling or therapy appointments requiring monthly foster parent participation and/or every two weeks schedule of foster parent programming (i.e. behavior charts, etc.) for problems such as depression, hyperactivity, encopresis, enuresis, eating disorders, night trauma. 2. <input type="checkbox"/> Special Education (EI, LD, TMI, EMI) requiring monthly school contact and/or up to ½ hour of daily foster parent programming. 3. <input type="checkbox"/> Regular Education requiring every two weeks to weekly school contact (i.e. meetings, teacher conferences to monitor attendance, behavior). 4. <input type="checkbox"/> Documented supervision or attention needed to prevent the child from causing minor injury to self, others, or property – including clothing, glasses. 5. <input type="checkbox"/> Documented increased attention needs which prevent or interfere with therapy or sleep (i.e. child wakes up 3-4 times a night, intolerance of tactile stimulation). |
| <p>Foster Parent Activities for any item checked.</p> |

Section II – If any 1 characteristic or care need is checked in Section 2A the youth qualifies for Level II DOC.

- If any two items are checked in Section 2B or 2C the youth qualifies for a level II DOC.
- If only 1 item in section 2B or 2C is checked and none in section 2A the youth qualifies for a level I DOC.
- If 3 or more Items are checked in Section II, go to Section III.
- If 3 or more Items are checked in Section I and none in Section II the youth qualifies for a level I.

2A. AT RISK PHYSICAL or MEDICAL IMPAIRMENTS

1. Seizures uncontrolled by medication, requiring hospitalization 3-4 times per year.
2. Heart monitor (i.e. for apnea and to prevent Sudden Infant Death Syndrome).
3. Oxygen while sleeping (for Broncho Pulmonary Dysplasia).
4. Tube feedings.
5. Severe heart problems, such as ‘blue baby’.
6. Respiratory problems (asthma or allergies) requiring major dietary and/or environmental restrictions. Examples include no pets, no carpeting or overstuffed furniture, no smoking, no perfume or heavy scents, daily vacuuming and dusting with wet cloth, the use of allergy-proof bedding or allergy-proof covers on pillows and bedding and the use of an air purifier and/or air conditioner.
7. Chemotherapy.
8. Body cast (Spica cast).
9. Other activities, specify: _____

2B. PHYSICAL or MEDICAL IMPAIRMENTS

1. Any physical or medical impairment or combination of impairments requiring an average of at least 1 to 2 hours of daily medically prescribed therapy or procedures performed by the foster parents (i.e. respiratory, bowel or skin treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, range of motion, medications, failure to thrive, etc.).
2. Legal blindness in both eyes or severe vision impairments requiring exercises, minor environmental modifications.
3. Hearing impairment requiring foster parent to know sign language and encourage and monitor hearing-aid or auditory-training device use.
4. Twice weekly out-of-home therapy or medical appointments (i.e. PT, OT, ST, etc.) requiring foster parent involvement.
5. Twice weekly in-home therapy (i.e. PT, OT, ST, etc.), nursing or teacher appointments, requiring foster parent involvement.
6. Child age two or over weighing 20 to 30 pounds with mobility impairments causing partial dependence, requiring assistance in transfer from wheelchair to bed, chairs.

2C. BEHAVIORAL or EMOTIONAL PROBLEMS

1. Weekly therapy or counseling appointments requiring bi-weekly to weekly foster parent participation and/or a daily schedule of foster parent programming for problems such as depression, hyperactivity, encopresis, enuresis, eating disorders, night traumas, etc.
2. Special Education (EI, LD, TMI, EMI, SMI) requiring school contact every two weeks and/or up to one hour per day in-home foster parent programming.
3. Documented supervision and attention needs in daily hygiene skills in excess of age-appropriate developmental levels (i.e. bathing, clothing, feeding) for children to monitor age five or over who are **not** in regular therapy.

Foster Parent Activities for any item checked.

Section III – If any one or two of the following characteristics and/or care needs are checked the youth qualifies for a level III DOC.

If three or more are checked, complete Section IV with additional documentation/justification for a level IV DOC (negotiated rate).

3A. PHYSICAL or MEDICAL IMPAIRMENTS

1. Any physical or medical impairment or combination of impairments requiring an average of 3 or more hours of daily prescribed therapy or procedures performed by the foster parents (i.e. for respiratory, bowel or skin treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, range of motion, medication, failure to thrive).
2. Any life-threatening medical needs or conditions.
 - a. Oxygen 24 hours per day (for BPD, etc.)
 - b. Tracheotomy.
 - c. Hemophilia.
 - d. Respiratory problems (asthma or allergies) requiring a complete sterile environment. In addition to all the examples listed in Section II, the child is not able to be in public settings. Anyone interacting with the child must wash his/her hands and wear a gown and mask.
 - e. Other, specify _____
3. Seizures uncontrolled by medication, occurring daily or more often.
4. Child age two or over weighing 31 pounds or more with mobility impairments causing partial dependence, requiring assistance in transfer from wheelchair to bed, chairs, etc.
5. Child age two or over weighing 20 pounds or more who is totally dependent, without use of own limbs for mobility.
6. Child age four or over without self-care skills (i.e. cannot dress, feed, or bathe self) requiring total care due to physical impairments.
7. Child age four or over who is more than 50% behind age level in more than 3 areas of development due to physical impairments.
8. Child age four or over without self-care skills (i.e. cannot dress, feed or bathe self) requiring total care due to mental retardation or emotional impairments.
9. Child age four or over who is more than 50% behind age level in more than 3 areas of development due to mental retardation or emotional impairments.
10. Child who is totally blind requiring mobility training and/or major environmental modifications.
11. Child with major behavior problems that may or may not be due to physical impairment (i.e. self-stimulating, head banging, removes medical apparatus at least 3 times a week); refusal to comply with medical procedures (i.e. taking meds at prescribed times).
12. Any active, chronic infectious disease requiring complete sterile procedures.

Foster Parent Activities for any item checked.

Section IV – This section is required for Level IV requests.

4A. Document the current DOC Status, and why/how the scenario has changed, or necessitates an increase in level.

4B. Document the extraordinary behaviors and needs of the child.

4C. Explain how the reimbursement amount was determined. Document the extraordinary care, activities and supervision required by the foster parent. Include a list of specific activities, and time required for each activity, for the foster parent to meet the child's needs.

4D. List/describe any other services and payments being provided for the child's care (i.e. assisted care, nursing services, day care, counseling/therapy, etc.).

4E. Attach the current DHS-626, pending 626 for Level IV DOC (with the County Director's Signature), and ISP/USP/PWSP.

Attach any additional supporting documents: (i.e. medical reports/records, therapy reports, IEP's, etc.).

Please ensure that all required signatures and dates have been obtained on all documents: foster parents, services specialist, services supervisor and county director.

Once completed submit packet to:

Field Operations Administration
235 S. Grand Ave., Suite 415
P.O. Box 30037
Lansing, MI 48909

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------|---------------|------------------------------|-----------------------------|-----------|----------|-----------------|----------------|---|------------------------------|-----------|----------|------------------|----------------|--|-------------------------|--|--|-----------------|----------------------|--|--|--|--|---|
| Case Name | Log Number | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Level I</td> <td style="width:20%; text-align: right;">\$8.00</td> <td style="width:10%;"></td> <td style="width:50%;">Age Appropriate Rate</td> <td style="width:10%;">5A</td> <td style="width:10%;">\$ _____</td> </tr> <tr> <td>Level II</td> <td style="text-align: right;">\$13.00</td> <td style="text-align: center;">▶</td> <td>Determination of Care</td> <td>5B</td> <td>\$ _____</td> </tr> <tr> <td>Level III</td> <td style="text-align: right;">\$18.00</td> <td></td> <td>(if appropriate)</td> <td></td> <td></td> </tr> <tr> <td>Level IV</td> <td style="text-align: right;">approved rate</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Level I | \$8.00 | | Age Appropriate Rate | 5A | \$ _____ | Level II | \$13.00 | ▶ | Determination of Care | 5B | \$ _____ | Level III | \$18.00 | | (if appropriate) | | | Level IV | approved rate | | | | | <p>TOTAL FOSTER PARENT RATE (5A + 5B): 5C \$ _____</p> <p>ADMINISTRATIVE RATE: 5D \$ _____ (if appropriate)</p> <p>TOTAL PER DIEM RATE (4C + 4D): \$ _____</p> |
| Level I | \$8.00 | | Age Appropriate Rate | 5A | \$ _____ | | | | | | | | | | | | | | | | | | | | |
| Level II | \$13.00 | ▶ | Determination of Care | 5B | \$ _____ | | | | | | | | | | | | | | | | | | | | |
| Level III | \$18.00 | | (if appropriate) | | | | | | | | | | | | | | | | | | | | | | |
| Level IV | approved rate | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Begin Date</td> <td style="width:50%;">End Date</td> </tr> </table> | Begin Date | End Date | | | | | | | | | | | | | | | | | | | | | | | |
| Begin Date | End Date | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Approval not to exceed 6 months</p> <p><input type="checkbox"/> Due to the foster parent's extensive activities a level IV exception is being requested.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p> <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Approved <input type="checkbox"/> Escalation <input type="checkbox"/> Descalation <input type="checkbox"/> Denied </p> <p>If denied, reason why:</p> | | | | | | | | | | | | | | | | | | | | | | | | | |

SIGNATURES: Supplements above a level III DOC require additional documentation/justification (see FOM 903-3).

| | | | |
|--|------|---|------|
| Direct Service Worker Signature | Date | Foster Parent Signature | Date |
| Direct Service Supervisor Signature (Required for all levels) | Date | | |
| DHS Monitor Signature (Required for all levels) | Date | DHS County Director Signature (Required for Level III & IV) | Date |
| DHS Monitor Supervisor Signature | Date | Field Operations Director or designee Signature (Required for Level IV) | Date |
| Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. | | AUTHORITY: PA 280 of 1939 COMPLETION: Is required by policy. CONSEQUENCE: Correct reimbursement may not be received by the foster parent. | |

ASSESSMENT FOR DETERMINATION OF CARE FOR CHILDREN IN FOSTER CARE

(Age one day through twelve years)
Michigan Department of Human Services

| | | | | | | |
|------------------|--|------------|----------|-----------------|------------|--------------------------------------|
| Case Name | | | | | Log Number | |
| Case Number | | County | District | Section | Unit | Last Assessment Score/Level/End Date |
| Date of Birth | | Begin Date | | | End Date | |
| Foster Home Name | | | | | | |
| Legal Status | | | | Permanency Goal | | |

INSTRUCTIONS:

Check the statement that most accurately describes the foster parent activity. Enter the number in the box marked "Score." Do not check the same activity more than once. Specify the foster parent activity for each item scored.

A foster care provider or supervising agency/DHS staff may initiate a request for review of a DOC at any time. The request must be done in writing. Action must be taken within 30 days of the receipt of the request.

If the foster care provider or the agency disagrees with the level of care determination, an administrative review process may be initiated within 30 calendar days of the decision. See FOM 903-3.

When a DOC supplement is due to a physical or mental disability, screen the youth for SSI eligibility, see FOM 902-10, SSI Benefits Determination.

The term foster parent as used on this form includes licensed foster parents and relatives of state wards eligible for state ward board and care payments.

NOTE: If the child has a documented medical condition which threatens health, life or independent functioning, please do not complete this form. Complete the DHS-1945.

| | |
|---|-----------------------------|
| 1. Behavior Management: All foster parents are expected to manage behavior. This section evaluates foster parent involvement above and beyond what would normally be expected of a foster parent to manage age appropriate behaviors. Children 0-2 years of age generally do not require special involvement in behavioral management. | |
| <u>No special involvement provided by the Foster parent. Child actions are age appropriate.</u> | <input type="checkbox"/> 0 |
| <u>Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management at least weekly. At least 2 hours per week of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</u> | <input type="checkbox"/> 15 |
| <u>Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a daily basis. At least 1 hour per day of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</u> | <input type="checkbox"/> 30 |
| <u>Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a constant basis. Constant direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</u> | <input type="checkbox"/> 45 |
| Foster Parent Activities: <div style="float: right; text-align: right;"> SCORE → </div> | |

| | |
|--|-----------------------------|
| <p>2. Mental Health Participation: Therapy/counseling is defined as a clinical or outreach session provided by a master's level or above mental health professional. This does not include case management contacts and/or visits.</p> <p>Foster parent does not participate in the child's mental health services or the child is not in counseling/therapy.</p> | <input type="checkbox"/> 0 |
| <p>Foster parent participates at least monthly in consultation with the therapist/counselor or with the therapeutic process for the child. The foster parent is involved in a (monthly) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p> | <input type="checkbox"/> 7 |
| <p>Foster parent participates at least twice per month with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a (at least twice per month) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p> | <input type="checkbox"/> 14 |
| <p>Foster parent participates at least weekly with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a (at least weekly) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p> | <input type="checkbox"/> 21 |
| <p>Foster Parent Activities: _____</p> | <p>SCORE →</p> |

| | |
|---|-----------------------------|
| <p>3. Education Participation: This category is for school-aged children and/or those children who are part of a child development program due to a certified disability or diagnosed condition. An educational need must be identified which requires foster parent participation in regular appointment with the school, specialized training in specific techniques, and follow-through on the in-home portion of a treatment plan, Individualized Education Plan or equivalent. Routine age appropriate assistance and supervision of homework does not qualify.</p> <p>Foster parent participation not required at home or school beyond regular age appropriate expected education intervention.</p> | <input type="checkbox"/> 0 |
| <p>Foster parent participation requires collaboration with the school personnel and at least 1/2 hour of daily intervention beyond age appropriate expectation.</p> | <input type="checkbox"/> 18 |
| <p>Foster parent participation requiring collaboration with the school personnel and more than 1/2 hour to 2 hours of daily intervention at home, beyond age appropriate expectations.</p> | <input type="checkbox"/> 36 |
| <p>Foster parent participation requiring collaboration with the school personnel and more than 2 hours of daily intervention at home, beyond age appropriate expectations.</p> | <input type="checkbox"/> 54 |
| <p>Foster Parent Activities: _____</p> | <p>SCORE →</p> |

| | |
|--|----------------------------|
| <p>4. Transportation: Routine transportation is not to be included. Routine transportation is defined as school and social activities normally expected for children placed in foster care, and includes sibling visitations, parental visits, routine medical, dental appointments, and age appropriate extracurricular activities. See FOM 722-6 for school transportation resources due to the Fostering Connections Act. Transportation for exceptional medical needs is covered under medical transportation. See BAM 825.</p> <p>No special transportation provided beyond routine child needs.</p> | <input type="checkbox"/> 0 |
| <p>Foster parent is required to transport child two to seven times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.</p> | <input type="checkbox"/> 3 |
| <p>Foster parent is required to transport child eight to twelve times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.</p> | <input type="checkbox"/> 6 |
| <p>Foster parent is required to transport child thirteen or more times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.</p> | <input type="checkbox"/> 9 |
| <p>Foster Parent Activities: _____</p> | <p>SCORE →</p> |

| | |
|--|----------------------------|
| <p>5. Personal Care: This section is generally not applicable to children under the age of 4. The child must have a physical or a mental condition that limits his/her ability to perform age appropriate personal care tasks.</p> <p>Foster parent assistance not required beyond age appropriate need. The child has the physical and/or mental capabilities to perform personal care tasks.</p> | <input type="checkbox"/> 0 |
| <p>Foster parent provides in home assistance 4 to 10 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without 4-10 hours of foster parent assistance per week.</p> | <input type="checkbox"/> 3 |
| <p>Foster parent provides in home assistance 11 to 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without 10-20 hours of foster parent assistance per week.</p> | <input type="checkbox"/> 6 |
| <p>Foster parent provides in home assistance over 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without over 20 hours of foster parent assistance per week.</p> | <input type="checkbox"/> 9 |
| <p>Foster Parent Activities: _____</p> <p style="text-align: right;">SCORE →</p> | |

| | |
|---|-----------------------------|
| <p>6. Medical Items/Diet: Diapers for children age 6 and under and lice treatment products, not prescribed by a physician, do not qualify. Receipts are required for medical items. Receipts are required and the expense must be prorated over a 6 month period to qualify.</p> <p>Not required. The child requires no special medical items or special diet.</p> | <input type="checkbox"/> 0 |
| <p>Foster parent provides over the counter medical supplies not covered by Medicaid, such as medically required medications, bandages, and/or special diet requirements of at least \$20 per week.</p> | <input type="checkbox"/> 16 |
| <p>Foster parent provides over the counter medical supplies not covered by Medicaid, such as medically required medications, bandages, and/or special diet requirements between \$21 and \$35 per week.</p> | <input type="checkbox"/> 32 |
| <p>Foster parent provides over the counter medical supplies not covered by Medicaid, such as medically required medications, bandages, and/or special diet requirements over \$35 per week.</p> | <input type="checkbox"/> 48 |
| <p>Foster Parent Activities: _____</p> <p style="text-align: right;">SCORE →</p> | |

| | | |
|--|--|--|
| <p>7. Add scores from Question 1-6</p> | <p style="text-align: right;">TOTALSCORE →</p> | |
|--|--|--|

8. This section is required for Level IV requests.

8A. Document the current DOC status, why/how the scenario has changed, or necessitates an increase in level.

8B. Document the extraordinary behaviors and needs of the child.

8C. Explain how the reimbursement amount was determined. Document the extraordinary care, activities and supervision required by the foster parent. Include a list of specific activities and time required for each activity, for the foster parent to meet the child's needs.

8D. List/describe any other services and payments being provided for the child's care (i.e., assisted care, nursing services, day care, counseling/therapy, etc.).

8E. Attach the current DHS-626, pending 626 for Level IV DOC (with the county director's signature), and ISP/USP/PWSP. Attach any additional supporting documents (i.e., medical reports/records, therapy reports, IEP's, etc.).

Please ensure that all required signatures and dates have been obtained on all documents; foster parents, services specialist, services supervisor and county director.

Once completed, submit packet to:
Field Operations Administration
235 S. Grand Ave., Suite 415
PO Box 30037
Lansing, MI 48909

| | |
|-----------|------------|
| Case Name | Log Number |
|-----------|------------|

9.

| | | | | | | | |
|-----------|---------------|--------|-----------|------------------------|---|-------|-------|
| Level I | Score | 11-50 | (\$5.00) | Age Appropriate Rate → | 9A \$ | _____ | |
| Level II | Score | 51-90 | (\$10.00) | | Determination of Care (if appropriate) | 9B \$ | _____ |
| Level III | Score | 91-170 | (\$15.00) | | | | |
| Level IV | approved rate | | | | | | |

TOTAL FOSTER PARENT RATE (9A + 9B): 9C \$ _____

ADMINISTRATIVE RATE: 9D \$ _____
(if appropriate)

TOTAL PER DIEM RATE (9C + 9D): \$ _____

| | |
|------------|----------|
| Begin Date | End Date |
|------------|----------|

Approval not to exceed 6 months.

Due to the foster parent's extensive activities, a Level IV exception is being requested.

Check all appropriate boxes below:

| | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Escalation | <input type="checkbox"/> Deescalation | <input type="checkbox"/> Denied |

If denied, reason why:

SIGNATURES:

| | | | |
|-------------------------------------|------|--|------|
| Direct Service Worker Signature | Date | Foster Parent Signature | Date |
| Direct Service Supervisor Signature | Date | | |
| DHS Monitor Signature | Date | DHS County Director Signature (Required for Level III & IV) | Date |
| DHS Monitor Supervisor Signature | Date | Field Operations Director or Designee Signature (Required for Level IV) | Date |

| | |
|--|---|
| Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. | AUTHORITY: PA 280 of 1939 COMPLETION: Is required by policy. CONSEQUENCE: Correct reimbursement may not be received by the foster parent. |
|--|---|

**ASSESSMENT FOR DETERMINATION OF
CARE FOR CHILDREN IN FOSTER CARE**
(Age Thirteen Years and Over)
Michigan Department of Human Services

| | | | | | | |
|------------------|------------|----------|-----------------|------|--------------------------------------|--|
| Case Name | | | | | Log Number | |
| Case Number | County | District | Section | Unit | Last Assessment Score/Level/End Date | |
| Date of Birth | Begin Date | | | | End Date | |
| Foster Home Name | | | | | | |
| Legal Status | | | Permanency Goal | | | |

INSTRUCTIONS:

Check the statement that most accurately describes the foster parent activity. Enter the number in the box marked "Score." Do not check the same activity more than once. Specify the foster parent activity for each item scored.

A foster care provider or supervising agency/DHS staff may initiate a request for review of a DOC at any time. The request must be done in writing. Action must be taken within 30 days of the receipt of the request.

If the foster care provider or the agency disagrees with the level of care determination, an administrative review process may be initiated within 30 calendar days of the decision. See FOM 903-3.

When a DOC supplement is due to a physical or mental disability, screen the youth for SSI eligibility: see FOM 902-10 SSI Benefits Determination.

The term foster parent as used on this form includes licensed foster parents and relatives of state wards eligible for state ward board and care payments.

NOTE: If the child has a documented medical condition which threatens health, life or independent functioning, please do not complete this form. Complete the DHS-1945.

| | | |
|--|-----------------------------|--|
| <p>1. Behavior Management: All foster parents are expected to manage behavior. This section evaluates foster parent involvement above and beyond what would normally be expected of a foster parent to manage age appropriate behaviors.</p> | <input type="checkbox"/> 0 | |
| <p>No special involvement provided by the Foster parent. Child actions are age appropriate.</p> | | |
| <p>Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management at least weekly. At least 2 hours per week of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</p> | <input type="checkbox"/> 20 | |
| <p>Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a daily basis. At least 1 hour per day of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behavior.</p> | <input type="checkbox"/> 40 | |
| <p>Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a constant basis. Constant direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behavior.</p> | <input type="checkbox"/> 60 | |
| <p>Foster Parent Activities:</p> | <p>SCORE</p> | |

| | | | |
|--|--|--------------------------|----|
| 2. Mental Health Participation: Therapy/counseling is defined as a clinical or outreach session provided by a master's level or above mental health professional. This does not include case management contacts and/or visits. | | <input type="checkbox"/> | 0 |
| Foster parent does not participate in the child's mental health services or the child is not in counseling/therapy. | | <input type="checkbox"/> | 7 |
| Foster parent participates at least monthly in consultation with the therapist/counselor or with the therapeutic process for the child. The foster parent is involved in a (monthly) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist. | | <input type="checkbox"/> | 14 |
| Foster parent participates at least twice per month with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a (at least twice per month) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist. | | <input type="checkbox"/> | 21 |
| Foster parent participates at least weekly with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a (at least weekly) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist. | | <input type="checkbox"/> | |
| Foster Parent Activities: | | SCORE | ▶ |

| | | | |
|--|--|--------------------------|----|
| 3. Education Participation: This category is for school aged children and/or those children who are part of a child development program due to a certified disability or diagnosed condition. An educational need must be identified which requires foster parent participation in regular appointment with the school, specialized training in specific techniques, and follow-through on the in-home portion of a treatment plan, Individualized Education Plan or equivalent. Routine age appropriate assistance and supervision of homework does not qualify. | | <input type="checkbox"/> | 0 |
| Foster parent participation not required at home or school beyond regular age appropriate expected education intervention. | | <input type="checkbox"/> | 8 |
| Foster parent participation requiring collaboration with the school personnel and at least 1/2 hour of daily intervention beyond age appropriate expectation. | | <input type="checkbox"/> | 16 |
| Foster parent participation requiring collaboration with the school personnel and more than 1/2 hour to 2 hours of daily intervention at home, beyond age appropriate expectations. | | <input type="checkbox"/> | 24 |
| Foster parent participation requiring collaboration with the school personnel and more than 2 hours of daily intervention at home, beyond age appropriate expectations. | | <input type="checkbox"/> | |
| Foster Parent Activities: | | SCORE | ▶ |

| | | | |
|---|--|--------------------------|----|
| 4. Transportation: Routine transportation is not to be included. Routine transportation is defined as school and social activities normally expected for children placed in foster care, and includes sibling visitations, parental visits, routine medical, dental appointments, and age appropriate extracurricular activities. See FOM 722-6 for school transportation resources due to the Fostering Connections Act. Transportation for exceptional medical needs is covered under medical transportation. See BAM-825. | | <input type="checkbox"/> | 0 |
| No special transportation provided beyond routine child needs. | | <input type="checkbox"/> | 10 |
| Foster parent is required to transport child two to seven times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan. | | <input type="checkbox"/> | 20 |
| Foster parent is required to transport child eight to twelve times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan. | | <input type="checkbox"/> | 30 |
| Foster parent is required to transport child thirteen or more times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan. | | <input type="checkbox"/> | |
| Foster Parent Activities: | | SCORE | ▶ |

| | | |
|---|--------------------------|---------|
| 5. Personal Care: This section is generally not applicable to children under the age of 4. The child must have a physical or mental condition that limits his/her ability to perform age appropriate personal care tasks. | | |
| Foster parent assistance not required beyond age appropriate need. The child has the physical and/or mental capabilities to perform personal care tasks. | <input type="checkbox"/> | 0 |
| Foster parent provides in home assistance 4 to 10 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without 4-10 hours of foster parent assistance per week. | <input type="checkbox"/> | 18 |
| Foster parent provides in home assistance 10 to 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without 10-20 hours of foster parent assistance per week. | <input type="checkbox"/> | 36 |
| Foster parent provides in home assistance over 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without over 20 hours of foster parent assistance per week. | <input type="checkbox"/> | 54 |
| Foster Parent Activities: | | SCORE ► |

| | | |
|---|--------------------------|---------|
| 6. Medical Items/Diet: Lice treatment products, not prescribed by a physician, do not qualify. Receipts are required for medical items. Receipts are required and the expenses must be prorated over a 6 months period to qualify. | | |
| Not required. The child requires no special medical items or special diet. | <input type="checkbox"/> | 0 |
| Foster parent provides over the counter medical supplies not covered by Medicaid, such as medically required medications, bandages, and/or special diet requirements, of at least \$20 per week. | <input type="checkbox"/> | 8 |
| Foster parent provides over the counter medical supplies not covered by Medicaid, such as medically required medications, bandages, and/or special diet requirements, between \$21 and \$35 per week. | <input type="checkbox"/> | 16 |
| Foster parent provides over the counter medical supplies not covered by Medicaid, such as medically required medications, bandages, and/or special diet requirements, in excess of \$35 per week. | <input type="checkbox"/> | 24 |
| Foster Parent Activities: | | SCORE ► |

| | | | |
|----|------------------------------|-------------------|--|
| 7. | Add scores from Question 1-6 | TOTALSCORE | |
|----|------------------------------|-------------------|--|

8. This section is required for Level IV requests.

8A. Document the current DOC status, and why/how the scenario has changed, or necessitates an increase in level.

8B. Document the extraordinary behaviors and needs of the child.

8C. Explain how the reimbursement amount was determined. Document the extraordinary care, activities and supervision required by the foster parent. Include a list of specific activities and time required for each activity, for the foster parent to meet the child's needs.

8D. List/describe any other services and payments being provided for the child's care (i.e. assisted care, nursing services, day care, counseling therapy etc.).

8E. Attach the current DHS-626, pending 626 for level IV DOC (with the county director's signature) and, ISP/USP/PWSP. Attach any additional supporting documents: (i.e. medical reports/records, therapy reports, IEP's, etc.).

Please ensure that all required signatures and dates have been obtained on all documents, foster parents, services specialist, services supervisor and county director.

Once completed submit packet to:
Field Operations Administration
235 S. Grand Ave., Suite 415
P.O. Box 30037
Lansing, MI 48909

NON-SCHEDULED PAYMENTS DHS- 634

Several special services may be authorized for payment as specified in this policy item. Payments for these items will in most cases be made to the foster parents, agency providing care for the child, or provider of the service and are to be authorized in SWSS FAJ and printed on the DHS-634, Non-Scheduled Payment Authorization.

The following procedures are for state issued payments from SWSS FAJ.

All DHS-634s must be approved by a supervisor. Some may also require local office director or designee approval. Only those non-scheduled payments that require Federal Compliance Division (FCD) approval must be forwarded to central office for payment authorization. All others must be processed locally, using the DHS-634 payment authorization transaction in SWSS FAJ.

Note: Most 634s require a board and care authorization for the same time period to be authorized.

Reasons For Non-Scheduled Payments

Unless otherwise specified, the non-scheduled payment categories are applicable to all children who are placed with or committed to DHS by the court and those children who are voluntarily placed with DHS.

Initial Clothing Payment Authorization

A DHS-3377, Clothing Inventory Checklist, must be completed within 30 calendar days of the youth's entry into DHS foster care. The foster care worker must make every effort to obtain available clothing from the child's own home or previous placement. If the clothing inventory reflects that the child is in need of clothing items, an initial clothing allowance may be authorized within the first six months of the child's first out-of-home placement. The amount of the clothing allowance request must not exceed the maximum found in FOM 905-3 and listed below. Enter the service code 0800 and SWSS FAJ will compute age and generate the correct service code based on the age of the youth. The maximum clothing allowance will be issued unless a lesser amount is authorized.

| Age of Child | Initial Clothing Allowance Maximum | Service Code 0800 |
|---------------|------------------------------------|-------------------|
| 00 - 05 years | \$210 | 0801 |
| 06 - 12 years | \$310 | 0802 |
| Ages 13 + | \$500 | 0803 |
| Ward child | \$210 | 0804 |

Initial clothing payments are to be a supplement only. It is **not** an automatic allowance for every youth entering care. The DHS-3377, Clothing

Inventory Checklist, must be completed and filed in the youth's case record to document need.

The portion of the placement's daily rate intended for clothing is for incidental clothing needs through the year; see FOM 905-3 for amounts. This amount is provided to the placement to maintain the standards listed on the DHS-3377, Clothing Inventory Checklist.

The Semiannual Clothing Payment

The semiannual clothing payment is made automatically each March and September to provide for seasonal clothing needs for children in family foster care. Both rates have been established on the premise that a child has a basic wardrobe established.

- Semiannual clothing payments are not made to children in an independent living arrangement or in residential care. Their basic daily rate includes the full clothing allowance.
- Semiannual clothing payments are sent with the regularly scheduled foster care payments. The statement of payments lists the name and amount of the clothing allowance for each child whose clothing needs are included on the warrant. Each child in foster family care whose board and care payment is authorized for February 28 and August 31, respectively, will receive this clothing allowance in the first payroll following these dates.

Note: No DHS-634 is needed for this automatic authorization.

Special Clothing Authorizations

Special clothing authorizations are approved only in exceptional situations and for emergencies. Some allowable circumstances are:

- Fire, flood or other natural disaster.
- Excessive weight gain or loss with a documented explanation. This includes due to pregnancy and/or following the birth of a child.
- Re-removal or placement change without sufficient clothing. This requires a new DHS-3377 to be completed within 30 calendar days of the new placement begin date.
- Loss of clothing during an absent without legal permission (AWOLP) episode.
- Required school uniforms.

Note: Growth spurts and wear and tear on clothing are expected reasons that children will require upkeep of their clothing. These clothing needs are met in the incidental portion of the board and care rate.

The DHS-3377, Clothing Inventory Checklist, must be filed in the youth's record and a copy attached to the DHS-634. The signed DHS-634 must contain the reason for the special need.

Special clothing authorizations must not exceed the maximum amounts listed in FOM 905-3, and require Federal Compliance Division approval. Enter service code 0820 in SWSS FAJ. SWSS FAJ will compute the youth's age and assign the correct code. Forward the DHS-3377 and DHS-634 to the Federal Compliance Division at 517-335-0122 (fax) for approval and processing.

| Age of Child | Special Clothing Allowance Maximum | Service Code 0820 |
|---------------|------------------------------------|-------------------|
| 00 - 05 years | \$210 | 0821 |
| 06 - 12 years | \$310 | 0822 |
| Ages 13 + | \$500 | 0823 |
| Ward child | \$210 | 0824 |

Both child caring institutions (CCI) and placement agency foster care (PAFC) providers shall assure that each child has an adequate wardrobe which includes at least those items as defined by the Clothing Inventory checklist, DHS-3377, while in placement and upon leaving placement. A DHS-3377 must be completed within the first 30 calendar days of every placement. If the DHS-3377 shows a clothing need a request can be submitted to the local DHS office.

Note: Appropriate clothing must be considered the property of the youth and a concerted effort must be made to move all clothing with the youth when a change in placement is made.

School Tutoring

Service Code 0805

Educational services must be provided by the local school district.

Some tutoring that the school district is not required to provide under the Special Education Act may be provided to children, age seven and older, in family foster care. This tutoring must be for the purpose of raising a failing grade in a class(es) and recommended in writing by the child's teacher. The teacher must identify the subject(s) in which the student needs remedial assistance and an estimate of the length of time tutoring will be needed.

Tutoring must occur outside of regular school hours, and must not exceed 10 hours per week, with a maximum rate of \$15 per hour. The foster parent or placement cannot be the person providing the tutoring.

A request by a foster parent or placement agency foster care provider for payment authorization of tutoring must be submitted and approved

by the local DHS office in advance of the provision of the tutoring. After such approval, payment may be authorized from the child's board and care funding source, upon receipt of a bill or invoice from the tutor which itemizes dates, hours of tutoring and rate. Payment is authorized in SWSS FAJ and printed on the DHS-634. The billing document must be filed in the case record. **Reimbursement is made directly to the foster parent or placement agency foster care provider, not the person providing the tutoring.**

Tutoring services may be approved for a maximum of one school term/semester. A progress report from the child's teacher which evaluates the results of, and need for continued tutoring must be provided to the local DHS office. Additional tutoring services may be approved if the teacher's progress report indicates the need for continued remedial assistance and an estimate of the additional amount of time needed.

The costs of private school tuition, advanced placement fees, etc. are not tutoring and are not a non-scheduled payment reason. If the expense is beyond the financial scope of the child and the provider, efforts must be made to obtain funding through community resources or FOM 950, Youth in Transition.

Summer School (State Wards Only)

Service Code 0836

Only state wards are eligible for summer school payment authorizations. Summer school must be for the purpose of making up a failed class or to gain the appropriate credits for grade completion and/or graduation. This must be recommended in writing by the youth's school, detailing the subject and/or credit the student needs.

Payment is authorized in SWSS FAJ and printed on the DHS-634. The supporting documents must be included with the DHS-634 and sent to the Federal Compliance Division at 517-335-0122 (fax). **Reimbursement is made directly to the foster parent, placement agency foster care provider or the child caring institution.**

Driver's Education (State Wards Only)

Service Code 0832

The expense of a driver's education course may be paid for a **state ward who is at least 15 years of age**. The fund source is state ward board and care, and it only requires a supervisor's approval in SWSS FAJ. The request must be authorized to the foster parent, placement agency foster care provider or the youth. Payments for driver's training can not be authorized directly to the driving school. The maximum amount the local office can authorize is \$300. Only one authorization may be completed by the local office. The signed DHS-634 should be kept in the child's case file with the documentation from the driving school detailing the cost of the service.

Note: If the local office completes an authorization for \$250 for segment 1 and now needs to authorize \$50 for segment 2, submit the segment 2 DHS-634 to the Federal Compliance Division with documentation regarding the cost.

Temporary and court wards driver's education may be available through county child care funds, other community resources, or Youth in Transition (YIT) funds after all other potential resources have been exhausted, and the youth meets the eligibility requirements; see FOM 950, Youth in Transition.

Enrichment Expenses

Preschool, summer camp, school trips, karate, skating, dancing lessons, band instrument rental or sports programs are included in the child's daily rate and therefore are **not** a non-scheduled payment item. However, if the expense of the above is beyond the financial scope of the child and the provider, efforts should be made to obtain funding via community resources. FOM 903-13, Children's Benefit Fund, is available for state wards only.

Graduation Expenses

Service Code 0806

Most if not all, educational needs should be provided by the school district. However, graduation expenses, such as class rings, senior pictures, prom attire, and announcements, may be reimbursed by authorizing the expense in SWSS FAJ and printing the DHS-634. Each of the following requests are done separately. Only two requests can be completed for a maximum of \$100 per request.

- **Tuxedo rentals and dress purchases** under \$100 are foster care fund reimbursable for wards attending their senior prom. This can be processed in the local office up to \$100. For expenses over that amount, Youth in Transition (YIT) funds may be utilized provided the youth meets the eligibility requirements; see FOM 950.
- Senior cap and gown rental and other incidental graduation expenses, including announcements, can be reimbursed up to a total of \$100. This can be processed in the local office up to \$100. For expenses over \$100, Youth in Transition (YIT) funds may be utilized provided the youth meets the eligibility requirements; see FOM 950, Youth In Transition (YIT) Program.

Service Code 0830

- **Class rings** are reimbursable for a youth in the 10th - 12th grade up to a limit of \$100. This can be processed in the local office up to \$100. Youth in Transition (YIT) funds may be utilized for amounts over \$100, provided the youth meets the eligibility requirements; see FOM 950, Youth In Transition (YIT) Program.

Note: Senior pictures are covered under Youth in Transition funds provided the ward is YIT program eligible; see FOM 950, Youth In Transition (YIT) Program. The request for payment is made on a DHS-1291; see ACM 426. The DHS-4713, Service Youth Profile Report, must accompany the request for payment through the local accounting unit.

**Medical Expense -
(State Wards Only)**

Service Code 0825

Most medical treatment for children in foster care is covered by the Medicaid (MA) program. Some medical services not covered by MA may be available to state wards committed under Act 150, Act 220 or Act 296.

Note: Medical needs not covered by MA cannot be paid from title IV-E funds. Court wards are to be referred for payment of non-MA covered medical expenses from county child care funds. State ward board and care must be used for non-MA covered medical expenses for state wards (MCI, Act 296, MCI-O, Act 150).

Prior to submitting requests for reimbursement of any medical expenditures, other resources such as private medical insurance, Children's Special Health Care or MA should **always** be pursued. Prior approval from the Federal Compliance Division is required for any expense exceeding \$250. These are two examples of common medical expenses for state wards:

- **Glasses** - (and other non-MA approved corrective appliances). This is not to be used for frame upgrades, contact lenses, etc. This can be used for replacement glasses needed beyond the number that MA will supply.
- **Prescriptions** - Reimbursement is available for individual prescriptions of over \$15 and other incidental medical costs unavailable through MA or other resources. The efforts to try an alternative prescription or obtain a MA exception by the prescribing doctor must also be documented on the DHS-634. This is not intended to be a monthly expense; efforts must be made to utilize MA covered prescriptions.

Documentation of the following must be submitted with the DHS-634 to the Federal Compliance Division and maintained in the case record:

- Need for the medical service and/or item.
- Reason why other resources could not be utilized; such as MA denial/rejection reason notice.
- Receipt for item purchased or estimate detailing cost.

Note: Reimbursement to the foster parent directly is only available if the item has already been purchased and requires a paid receipt. The preferred avenue of payment is to authorize payment to the medical provider or PAFC directly.

Dental Treatment Including Orthodontics- (State Wards Only)

Service Code 0826

Most dental treatment for children in foster care is covered by the MA program. Some dental services not covered by MA may be available to state wards committed under Act 150, Act 220 or Act 296.

Dental needs not covered by MA cannot be paid from title IV-E funds. Court wards are to be referred for payment of non-MA covered dental expenses from county child care funds. State ward board and care must be used for non-MA covered dental expenses for state wards (MCI, MCI-O, Act 150).

When needed dental services for state wards cannot be provided through MA funding, prior approval from the Federal Compliance Division is necessary for expenses that exceed \$250. This request and the following documentation are to be submitted to the Federal Compliance Division:

- Narrative by the worker explaining the effect the dental need has on the child's physical, psychological and social functioning.
- Documentation from the dental provider detailing the need for the dental service and/or item.
- Reason why other resources could not be utilized, such as a MA denial/rejection reason notice.
- Estimate detailing cost.

Orthodontic Treatment (State Wards Only)

Orthodontic treatment may be covered by MA if the child is enrolled in the Department of Community Health's Children's Special Health Care Program.

Payment to cover the cost of obtaining an estimate and/or records for orthodontic treatment may be authorized without prior approval in SWSS FAJ printed on a DHS-634. This cost needs to be separated from the total amount of the orthodontic treatment if the costs are itemized to show this expense. The DHS-634 must be submitted with a bill to the Federal Compliance Division.

A treatment plan from the proposed orthodontic provider must be provided that includes:

- The presenting dental condition.

- How the treatment will correct the presenting condition.
- Time line for treatment.
- The expected treatment outcome.
- Statement of total cost (including any extractions).

A written memo must be submitted that includes a narrative by the worker addressing the following:

- The effect the orthodontic need has on the child's physical, psychological and social functioning.
- The permanency plan for the child.
- How treatment will continue if the child is adopted, changes placement or is discharged from the system.
- Payment arrangements must be negotiated with the orthodontist and included if not detailed on the treatment plan from the dental provider. The payment arrangements must include:
 - Breakdown of down payment due after the initial treatment has begun. The down payment is typically 20-25 percent of the total cost. Quarterly payments due to the provider, amounts spaced over the length of the expected treatment.

Example: The total cost of the orthodontic treatment is \$4,500 in addition to \$250 records charges. The treatment is expected to take two years. Once the bill is received for the \$250 records charge, this payment can be authorized in SWSS FAJ and printed on the DHS-634 with a manager's approval even if the orthodontic treatment is not approved. The orthodontist should be asked to agree to the following payment plan:

- \$250 records charge to be authorized by the DHS worker and supervisor with bill.
- \$1,000 down payment following the appliances being placed on the child.
- seven quarterly payments of \$500.

The memo **must** contain a typed name and title for signature by the local office director or designee and the Federal Compliance Division if the request is for \$5,000 or higher. If approving this request as the local office director designee, this must be indicated on the memo.

Note: Do not initiate orthodontic treatment until written approval is given. Once approved, no payment should be authorized without the receipt of a bill that details services provided for the previous quarter.

If the request is \$4,999 or lower, the above memo must be approved by the local office director or designee.

If the request is for \$5,000 or higher, the above memo must be approved by the local office director or designee, **then** submitted to the Federal Compliance Division for approval.

The dental provider must be enrolled in Bridges by submitting the DHS 2351, Provider Enrollment / Change Request, to the Federal Compliance Division prior to payment(s) being authorized.

A copy of the memo must be given to the orthodontist once approved.

If a state ward is expected to be adopted during the course of the orthodontic treatment, the worker must consult with the adoption worker about the remaining payment. If the child is eligible for adoption subsidy, medical subsidy may cover the amount owed to the orthodontic provider, after the child is adopted, if the remaining amount does not exceed \$3,500 at the time of the adoption prior to the foster care case being closed,. If the child's medical subsidy is approved to cover the orthodontic treatment, a payment authorization in SWSS FAJ and printed on a DHS-634 will need to be created to pay down the remaining balance to \$3,500. These discussions must occur at the beginning of orthodontic treatment to ensure that the necessary application is made and processed for medical subsidy. Otherwise, the foster care worker must continue to submit the remaining DHS-634s, quarterly even if the foster care case is closed.

Mental Health - Psychological Evaluation

Service Code 0808

The maximum allowable amount for a psychological evaluation is \$300. The DHS-634 request must have the worker and supervisor approval. An exception to the \$300 maximum may be granted based on specific case needs and supervisor approval up to \$500.

Note: The DHS-93, Medical Service Authorization, may also be used; see PSM 713-5, Psychological or Psychiatric Assessments and Examinations.

The service provider is paid directly and must be enrolled in Bridges by submitting the DHS 2351, Provider Enrollment / Change Request, to the Federal Compliance Division prior to payment(s) being authorized.

For YIT eligible youth seeking services after their foster care case closed, but before age 21; see FOM 950, Youth In Transition (YIT) Program.

No payments are available through the state foster care account for the evaluation or treatment of parents of a child defined above or for a child whose board and care is not funded through foster care payments.

Transportation

Service Code 0809

- All reimbursable transportation expenses and rates are to be based on Michigan Standardized Travel Regulations currently in effect. Predictable ongoing transportation costs are covered through the process of completing a Determination of Care (DOC) Supplement form, DHS-470, 470A or 1945. Transportation expenses related to the child are detailed below.
- **Medical transportation** must meet the definition of Essential Medical Transportation to be funded by Medicaid; see BAM 825, MA transportation. This is available for any child in family foster care purchased from a placement agency foster care provider.

When billing the MA program for child welfare cases, the following payment procedures apply:

- The worker verifies the need for medical transportation in the service plan.
- The worker completes the DHS-1291, Local Payment Authorization, the MSA-4674(A), Medical Transportation Certification, and forwards it to the local office accounting unit for payment to the transportation provider.
- **Routine Transportation** which a parent would normally provide for his/her own child, such as medical and dental appointments or school conferences, is covered in the age appropriate per diem reimbursement rate. No additional reimbursement is available.

Note: For school-related transportation payment assistance refer to School Transportation Payment Process later in this policy section of FOM.

DHS Supervised Foster Parent Transportation

Transportation provided for a child to parental visits (parenting time), special long distance medical appointments (not covered by MA), and preparatory visits for a child's replacement which are required as part of the service plan are reimbursable.

Note: Indicate in the comments section of the DHS-634 the reason for foster parent supervised transport must include the reason MA will not cover the cost of the transportation.

Payment of transportation cost of a parent to attend parenting time with a youth in a DHS supervised placement is paid via a DHS-1582CS at state rates.

Mileage, meals and lodging costs are reimbursable for one foster parent if a child placed in his/her home must stay overnight in a facility when care is needed away from the regular placement. These costs are reimbursed to the foster parent by authorizing a DHS-634 in SWSS FAJ with a service code of 0827, Exception Request. Such reimbursement for one foster parent and the foster child cannot exceed established Michigan Standardized Travel Regulations.

Placement agency foster care (PAFC) family foster care transportation

Transportation for a child placed in family foster care purchased from a placement agency foster care provider must follow the following guidelines.

The cost for transportation for parental visits (parenting time) is the placement agency foster care provider's responsibility since this is a requirement in the master contract.

Routine transportation which a parent would normally provide for his/her own child (for example, medical and dental appointments, school conferences) is covered in the age appropriate per diem reimbursement rate. No additional reimbursement is available.

If the transportation is a one-time need and the foster parent does not provide the transportation, there is no additional payment available. This cost is included in the establishment of the agency's administrative per diem rate.

Mileage, meals and lodging costs are reimbursed for one foster parent if a child placed in his/her home must stay overnight in a facility when care is needed away from the regular placement. These costs are reimbursed to the PAFC by authorizing a DHS-634 in SWSS FAJ with a service code of 0827, Exception Request.

Child Caring Institution (CCI) Transportation

If the transportation is for a child placed in a CCI, that CCI is responsible for **all** costs of transportation within its geographical area of service. The cost is included in the established per diem reimbursement rate.

In placement change transportation situations, an hourly wage may be authorized when a state ward or title IV-E funded court ward must be moved from one residential setting to another. When an hourly wage is paid, the person is a paid conveyor. Depending on the specific placements involved, payment is through either the Delinquency Services

Conveyance Program Cost Account (for example, movement from detention to training school) or the County CSS&M Program Cost Account (for example, movement from one private child caring institution to another) and is to be authorized using the DHS-1582CS. Attendant services may also be authorized if necessary; see AHA 801-2, Administrative Handbook manual Accounting & Travel. These vouchers are to be submitted directly to DHS Accounting/Payment Processing Unit. They are **not** paid through the foster care payment system.

When the DHS-1582CS, Children's Services Payment Authorization, is utilized, the procedures in AHA Items 801-2 and 805 are to be followed. If the DHS-1582CS is not signed by the transportation provider, a statement or bill is to be attached. A federal ID or Social Security number must be shown. Indicate in item #11 of the DHS-1582CS in bold letters, "Planned Foster Care Transportation," the ward's name and case number and the reason such as placement change.

Bus and Air Tickets

When appropriate, public transportation must be used. Bus and air tickets are to be secured as outlined in the AHA Items 841, Travel by Common Carrier. and 842, Travel by Common Carrier - Bus. If bus or air tickets are deemed appropriate by the local DHS office, a DHS-634 with service code 0827, Exceptional Request, must be submitted to FCD with documentation of the estimated costs prior to purchasing a ticket.

Travel for Out-of-State Placement

This travel must be arranged through the Interstate Operations and Assignment Unit in the Children's Services Administration.

Transportation Not Covered

If there are other transportation needs not covered, contact the local volunteer services unit. Funds may be available for volunteers to meet other transportation needs.

Assisted Care

Service Code 0810

Assisted care payments are available for crisis intervention and stabilization in situations where a foster parent or relative requires help in managing a child's medical care or behavior. Assisted care is to be based on the care needs of the child.

Assisted care payments may be authorized to assist a foster parent or licensed relative to provide care for a child with complex and continuing medical maintenance issues until ongoing care and/or service can be obtained through the Medical Assistance program. Assisted care can also be utilized to prevent hospitalization or a residential care placement of the child.

Assisted care is available for youth with a determination of care (DOC) Level II or above. Local office director approval is required. This payment can be authorized locally using the DHS-634, Payment Authorization Transaction, in SWSS FAJ, and requires manager approval in SWSS FAJ. Payment is to be authorized directly to the foster parent or placement agency foster care agency, **not** to the assisted care provider.

Unlicensed relatives may receive assisted care payments when they meet all the eligibility criteria. To receive state ward board and care (SWBC), they must be authorized for payment. Assisted care for relatives not authorized for title IV-E or SWBC payments may be covered by the county child care fund, if the child is a court ward and the county approves the service.

Other examples of a child's needs that would be appropriate for assisted care are:

- A pattern of broken placements or indications that a child may have a pattern of broken placements.
- Severe attachment issues.
- Severe oppositional/defiant behaviors.
- Ongoing risk of destruction of property.
- Self-injury.
- Severe enuresis, encopresis, or fecal smearing.
- Fire-setting.
- Violence toward foster parents or other children.
- In school educational assistance until available through the school district.
- Other ongoing behaviors not manageable by only the foster family.

A written case plan must be in place which explains the:

- Care needs of the child and the services provided to meet those needs.
- How the assisted care is meeting the needs of the child.
- A log of times and places of the assisted care activity.
- Narrative description of the success or failure of the assisted care.
- Process and procedures used to phase out assisted care.

Assisted care is **not** an appropriate substitute service for child care needed, because the foster parent or licensed relative works, goes to school or volunteers. Child care payments may be available through DHS's child care program for employment or education leading to a high school diploma, when a completed application is submitted and all eligibility criteria are met.

Examples of other situations in which payment would **not** be appropriate:

- For a caregiver who provides care while foster parents run errands, or other activities outside of the home.
- Foster home **A** provides temporary relief to foster home **B**. This could be a day, night, weekend, or week. This would be handled by foster home **B** paying foster home **A** the daily rate for the time involved.
- Planned foster parent vacation, such as a scheduled two-week period per year.

Payment For Assisted Care

The criteria for approval of assisted care is as follows:

- The child scores level II or above on the appropriate determination of care (DOC) assessment form (DHS-470, DHS-470A or DHS-1945).
- Prior approval by the local office director (not designee) has been obtained.
- Payments for assisted care are **not** to be included in the determination of care (DOC) supplement.
- Payments are authorized in SWSS FAJ and printed on the DHS-634 upon receipt of billing statement(s) and the daily logs from the assisted care provider and written confirmation from the foster parent of the actual dates and hours of assistance.
- Payment(s) is made to the provider receiving a board and care payment. Assisted care payments cannot be made directly to the assisted care provider.
- Maximum allowable payment amounts are \$15 per hour for up to eight hours per day.
- A local office review for assisted care is to be completed every six months or at the time of the determination of care (DOC) review and at every placement change.

- Exception to the maximum allowable payment amounts and hours per day require prior Federal Compliance Division approval.

One-to-One Supervision

Service Code 0834

One-to-one supervision is expected to be short-term in order to maintain a residential placement and stabilize the youth's behaviors.

One-to-one supervision can only be authorized to a Child Caring Institution (CCI) with an exception approval from the local office director, Child Welfare Field Operations (CWFO) director (only required if the youth has been in the CCI for 12 months or longer) and the Child Welfare Contract Compliance Division (CWCCD).

The one-to-one staff person must track the child's behaviors and activities on an hourly basis, document the information in writing and provide to the local DHS worker monthly.

Payments are authorized monthly in SWSS FAJ and printed on a non-scheduled payment (DHS-634) upon receipt of billing statement(s) from the provider. Submit the signed DHS-634, approval memo from CWCCD and the bill from the provider to the Federal Compliance Division.

Adult Foster Care (AFC) Placement (State Wards Only)

Service Code 0837

Payment for the basic AFC rate will be made for youth placed in adult foster care (AFC) homes. Payments that exceed the AFC rates established in ASM-377, Monthly Provider Rates, are **not** covered. Submit the signed DHS-634 with a monthly bill from the provider to the Federal Compliance Division for payment authorization.

Exceptional Request

Service Code 0827

This service code can be used to authorize payment for other unique situations which require Federal Compliance Division approval, such as psychiatric hospital overstay or payment of foster parent legal fees). This does not include home remodeling, damages, or excessive phone bills, etc. Submit the signed DHS-634 with details in the comments section and any supporting documentation. Many of these expenses cannot be paid from title IV-E funds; the alternate fund source must be used.

REIMBURSEMENT TO FOSTER PARENTS OF PRIVATE ATTORNEY FEES

The Department of Human Services may reimburse a foster parent for the costs of legal counsel (such as attorney fees) when legal action is taken against the foster parent for injury or damage which:

- Resulted from an action(s) of the foster child.
- Was sustained by the foster child.

The foster parent must be licensed under 1973 PA 116 and must be acting within the scope of his or her authority as a foster parent. Payment may be made:

- In a civil action only if a judgment for damages is not awarded against the foster parent(s).
- In a criminal action if the foster parent:
 - Is not convicted.
 - Does not plead nolo contendere.
 - Is not found guilty but mentally ill or guilty by reason of insanity.

This provision does not apply to administrative hearings or the appeal of an administrative hearing decision.

Payment is initiated by the local office using a DHS-634 as an exceptional request, service code 0827. The funding is 100 percent state funded through the limited term and emergency foster care funding. A copy of the acquittal order or civil court decision, the bill for the attorney fee(s), and a written justification of the reasons for the request must be attached. The local office director must sign the DHS-634 and forward all documents to the Federal Compliance Division for approval and processing.

**Out-of-State
School Tuition
(State Wards Only)**

Service Code 0831

Some states require payment of school tuition for non-resident children placed in child caring institutions or foster care. Tuition for state wards placed out-of-state may be paid only if the child's current local school district requests a tuition payment. In most cases the school district the child resides in (out-of-state) covers the cost of the youth's education. These requests must be done in SWSS FAJ printed on a DHS-634 with manager approval, then forwarded to the Federal Compliance Division with a bill from the school district. The school must be enrolled in Bridges by submitting the DHS 2351, Provider Enrollment / Change Request, to the Federal Compliance Division prior to payment(s) being authorized.

**Service Code
Adjustment**

Service Code 0829

When an agency has been incorrectly authorized for payment at a lower rate, such as residential care and the agency should have been authorized at the specialized residential care rate, this is the code used to make the correction. Documentation in the case file must clearly indicate that the youth was approved for the higher rate and the services

received were provided at the higher level, such as specialized residential care. This adjustment must be done in increments matching the board and care authorization periods that were initially authorized at the lower rate. This requires manager approval only in the local office.

Administrative Rate Adjustment

Service Code 0835

This service code is used by the Federal Compliance Division only. An adjustment to the administrative rate previously paid to a CCI or PAFC provider if the rate changes with a retroactive effective date.

Bed Hold

Service Code 0833

Payment authorization for a bed hold following an absent without legal permission (AWOLP) episode can be completed in SWSS FAJ on a DHS-634. Guidelines regarding days permitted for a bed hold are located in FOM 903-7, Temporary Placement Interruptions.

Title IV-E funds can **only** be used if the child returns to the same placement; see FOM 903-7, Temporary Placement Interruptions.

Note: For a bed hold not related to AWOLP, service code 0827, Exceptional Request, must be used.

OTHER PAYMENT REIMBURSEMENTS

The following payments are not processed on a DHS-634, Non-Scheduled Payments.

SCHOOL TRANSPORTATION PAYMENT PROCESS

Pursuant to the Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351), children in foster care must have the ability to maintain school enrollment in the school they attended prior to removal from their home. When it has been determined to be in their best interest to remain in their school, the assigned foster care worker must first access transportation resources made available through the school district and the McKinney-Vento Act; see FOM 722-6, Educational Services for Foster Care.

When transportation provisions are no longer available through the McKinney-Vento Act, reimbursement or payment for the cost of this special transportation must be completed utilizing the DHS-1582-CS, Children's Services Payment Authorization. Caregiver expenses for reasonable travel accommodations, such as public transportation, taxi, etc., will be reimbursed at actual cost. Mileage rates will be reimbursed at the Department of Technology, Management and Budget standard mileage rate in effect at the time the transportation was provided.

The foster care provider must submit documentation of the costs associated with this special educational transportation on a monthly basis to the foster care worker. The documentation must contain the following:

- Number of miles round trip to the child's school and number of trips to the child's school or the actual cost of the alternate means of transportation (receipts required).
- Dates of transportation.

The following account structure codes must be utilized to ensure appropriate expenditures:

| <u>Payment type</u> | <u>Index</u> | <u>PCA</u> |
|---|--------------|------------|
| Educational Stability Travel, title IV-E eligible | 64410 | 72555 |
| Educational Stability Travel, Not title IV-E eligible | 64410 | 72554 |

Reimbursement for Counseling/Therapy

Reimbursement for counseling is not done as a non-scheduled payment. Payment for counseling services are submitted on the DHS-3469-COUN, Statement of Expenditures. To be reimbursed by DHS, a counseling contractor cannot accept referrals from any source other than DHS. Counseling contractors are listed on the DHSNet under Division of Logistics and Rate Setting at <http://inside.michigan.gov/dhs/DeptSites/CentOff/FAS/Pages/ContractsRateSetting.aspx>.

Note: Placement Agency Foster Care (PAFC) providers must provide counseling to the children they are supervising; this is included in the administrative rate.

A billing form (DHS-3469-COUN) has been developed specifically for COUN contracts.

Use of this billing form is required for services provided March 1, 2010 and after. It is the responsibility of the caseworker to determine the funding source for the counseling services. The contract administrator shall use PCA 81117 for all DHS-related payments. The counselor submits to DHS one monthly DHS-3469-COUN, Statement of Expenditure, form which contains both COUN services and DHS services. Please note that the DHS-3469-COUN must accurately represent the units of service delivered, the reimbursement rate by type of service, and the total amount being claimed. The total number of units (by service type) for each bill must be rounded down to the nearest whole or tenth of a unit. The DHS-3469-COUN shall be submitted to DHS within 30 calendar days from the end of the monthly billing period.

A counselor cannot bill for more than one unit per counseling session for clinical and group counseling. Counselors can only bill for more than

one unit for an outreach session if the referral expressly permits it, and specifies the maximum number of units that can be billed per session. A counselor cannot bill for missed appointments.

Note: Services units must be separately billed on the DHS-3469-COUN by identifying services billings separately from DHS billings.

Non-reimbursable Counseling Services

The following services are not billable or reimbursable counseling services for foster care youth and their families.

- Parenting classes.
- Anger management classes.
- Work preparation/readiness classes.
- Independent living classes.

REIMBURSEMENT FOR BIRTH CERTIFICATES

Birth certificates are obtained by local office staff directly from the state where the child is born; see FOM 910, Obtaining Vital Records.

Birth certificates are obtained free of charge for children born in Michigan. Birth certificates can be obtained through SWSS FAJ. The job aid detailing this process is available to DHS staff: <http://inside.michigan.gov/dhs/Tools/WebappSupport/SWSSfaj/Documents/Birth-Registry-Access.pdf>.

The cost of birth certificates from other states for state wards may be reimbursed from the state foster care account through the use of the DHS-1582CS using PCA code 72052. Such costs are not paid through SWSS FAJ.

The cost of birth certificates from other states for court wards should be included on the Monthly Report on Child Care Fund, DHS-206B, line #4, Other (non-scheduled) payments. If your county does not have a sub-account, the cost should be included on the DHS-207 submitted by the county.

REIMBURSEMENT OF PRIVATE ATTORNEY FEES TO REPRESENT DHS

The Department of Human Services may reimburse a local office for the cost of a private attorney when the local prosecuting attorney will not represent DHS in a mandatory child welfare action. A conflict of interest or a disagreement with the DHS position are examples of reasons that the local prosecuting attorney may not be willing to provide representation.

Before a private attorney is hired, a request for involvement of the Attorney General must be made in writing, following these actions:

Local Office Actions

Obtain a statement from the local prosecuting attorney's office that it will not represent DHS in a mandatory child welfare action. Possible reasons include the prosecuting attorney has a conflict of interest or disagrees with DHS' position. Provide the statement from the prosecuting attorney along with a written request for private representation. Requests may be submitted by email or fax to the CWFO Director.

CWFO Actions

Review local office request. If approved, CWFO will request involvement of the attorney general by contacting the deputy director of Legal Affairs. If denied, CWFO will return the request to the local office. If the attorney general declines involvement, CWFO will notify the local office a private attorney can be hired. The attorney fee charged should be the customary rate for a court-appointed attorney.

Local Office Process for Payment

Hire the selected private attorney. For payment to the private attorney, send the appropriate office the following documentation:

- Initial request explaining the local office's need for the private attorney.
- Documented approval from CWFO and Legal Affairs.
- Invoice for private attorney services.
- DHS-1582CS, Children Services Payment Voucher (Do not enter accounting codes as the codes are entered by the CWFO).
- For initial payments only, attach a completed DHS-1584, Payment Voucher Pre-Approval.

Method Of Payment

The CWFO will review payment requests, enter appropriate coding on the DHS-1582CS, Approve Payment for the Private Attorney, and forward to accounting for payment.

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: MINNESOTA

Difficulty of Care Assessment Schedule

Minnesota Rules, part 9560.0650 to 9560.0656 established a statewide Difficulty of Care payment rate, and requires that each child in foster care be assessed using a department approval schedule.

Payments in addition to the basic maintenance standard shall be made for children in substitute care with mental, physical or emotional handicaps who require additional supervision or assistance in behavior management, activities of daily living, management of medical problems, or interaction with the natural parents and the community.

Instructions: Each child shall be assessed for difficulty of care needs in level A to F. Within the highest appropriate level and the respective point range, a single point value shall be assigned based on the age of the child, the number of conditions requiring special care, and the degree of difficulty of caring for each condition. Each behavior or condition on which this assessment is based must be described.

Children who require residential treatment shall be assigned to Level G; but no point value shall be assigned.

Child's name _____ Case No. _____ Birthdate _____

| LEVEL A 1-35 Points Child requires a moderate amount of additional supervision or assistance including that required by: <i>(Check all behaviors or conditions that apply.)</i> | LEVEL B 36-70 Points Child requires a significant amount of additional supervision or assistance including that required by: <i>(Check all behaviors or conditions that apply.)</i> | LEVEL C 71-105 Points Child requires an extensive amount of additional supervision or assistance including that required by: <i>(Check all behaviors or conditions that apply.)</i> |
|---|--|---|
| <p>Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dependency, passivity, or lack of responsiveness and ability to relate to others <input type="checkbox"/> Abnormal seeking of affection or attention <input type="checkbox"/> Problems with separation from the natural parents or attachment to the foster parents <input type="checkbox"/> Psychosomatic complaints <input type="checkbox"/> Night terrors <input type="checkbox"/> Stress reactions, such as minor destructiveness <input type="checkbox"/> Chemical abuse <input type="checkbox"/> Immaturity or poor social skills <input type="checkbox"/> Problems with authority figures <p>Medical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic disorders with some physical incapacity <input type="checkbox"/> A physical handicap, although the child is self-sufficient <input type="checkbox"/> Presence of long-term infections <input type="checkbox"/> Delayed development <p>Activities of daily living</p> <ul style="list-style-type: none"> <input type="checkbox"/> Need for help with hygiene, eating, toileting, and dressing beyond that normally required at the child's age level <input type="checkbox"/> Need for a special diet prescribed by a physician <p>Community</p> <ul style="list-style-type: none"> <input type="checkbox"/> Need for weekly therapy for medical, physical, or emotional problems, truancy or behavior problems, in which the foster parent participates with the child <input type="checkbox"/> Need for home tutoring provided by the foster parent if the child is learning disabled or requires remedial education <input type="checkbox"/> Need for supervision of family visits <input type="checkbox"/> Other conditions or behaviors that are equivalent to the requirement for additional supervision to the items above | <p>Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Need for a structured behavioral program <input type="checkbox"/> Difficulty with peers <input type="checkbox"/> Lack of verbal responsiveness <input type="checkbox"/> Fear of or hostility to adults or authority figures <input type="checkbox"/> Infrequent running away overnight <input type="checkbox"/> Lying or stealing <input type="checkbox"/> Chemical abuse <input type="checkbox"/> Expression of suicidal thoughts or gestures <p>Medical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic medical disorders or developmental delay, including mental retardation, with significant incapacity and need for motivation or skill development <input type="checkbox"/> A program of physical therapy prescribed by a professional for up to one hour per day to be provided by a foster parent <input type="checkbox"/> Speech and hearing problems, such as those that require a communication board or sign language <input type="checkbox"/> Presence of infections, which present a risk to the family <p>Activities of daily living</p> <ul style="list-style-type: none"> <input type="checkbox"/> Need for help with hygiene, eating, toileting, and dressing significantly beyond that normally required at the child's age level <input type="checkbox"/> Need for help with braces, prosthetics, or casts <p>Community</p> <ul style="list-style-type: none"> <input type="checkbox"/> Truancy, school performance or behavior problems requiring increased contact by the foster parents with the school, court, or other agencies <input type="checkbox"/> Sexual acting out <input type="checkbox"/> Need to assist the child in relating to the natural parents <input type="checkbox"/> Need to supervise family visits in the foster home <input type="checkbox"/> Attention deficit disorder <input type="checkbox"/> Other conditions or behaviors that are equivalent to the requirement for additional supervision to the items above | <p>Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unsocialized, or withdrawn behavior <input type="checkbox"/> Self-destructive or self-defeating behavior with suicidal expressions and gestures <input type="checkbox"/> Attention deficit disorder <input type="checkbox"/> Frequent running away <input type="checkbox"/> Sexual or physical abuse inflicted upon the child <input type="checkbox"/> Destructive acting out, either physically, or sexually <input type="checkbox"/> Repeated violation of law concerning persons or property <input type="checkbox"/> Chemical abuse <input type="checkbox"/> Problems with authority figures <p>Medical</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic medical disorders or severe development delay including mental retardation with incapacity which may require frequent hospitalizations <input type="checkbox"/> A severe physical handicap, and the child is not ambulatory or is oppositional <input type="checkbox"/> Feeding problems, including swallowing problems or vomiting after meals <p>Activities of daily living</p> <ul style="list-style-type: none"> <input type="checkbox"/> Need for help in hygiene eating, toileting, dressing, and diapering beyond that normally required for the child's age <p>Community</p> <ul style="list-style-type: none"> <input type="checkbox"/> Need for therapy for medical, physical or emotional problems, which the foster parent attends with the child at least twice weekly <input type="checkbox"/> Truancy, behavior, or school performance problems requiring extensive contact by the foster parents with the school, court, or other agencies <input type="checkbox"/> Need for parenting education for the natural parents by the foster parents during visitations <input type="checkbox"/> Need to protect child from threatening natural parents <input type="checkbox"/> Other conditions or behaviors that are equivalent to the requirement for additional supervision to the items above |

LEVEL D
106-140 Points

Child requires a **exceptional** amount of additional supervision or assistance including that required by: (Check all behaviors or conditions that apply.)

Behavioral

- Phobic or compulsive behaviors
- Inappropriate sexual aggressiveness self-mutilation or extreme vulnerability
- Self-destructive or self-defeating behavior with suicidal expressions and gestures
- Assaultive behavior
- Antisocial personality disorder
- Chemical abuse
- A recent suicidal attempt

Medical

- A severe disability with multiple handicaps
- Developmental delay including mental retardation
- Attention deficit disorder with hyperactivity
- Need for frequent supervision of an appliance, such as a shunt, or ilial conduit
- Lack of bowel or bladder control, if a child is over 12 years of age
- A program of physical therapy prescribed by a professional for between two and three hours per day to be provided by a foster parent
- Uncontrollable seizures
- A tracheotomy with need for suctioning
- A gastrostomy

Activities of daily living

- Heavy weight, needing lifting
- Disabilities requiring feeding and diapering or dressing and hygiene performed by a foster parent

Community

- Need for therapeutic visits for physical, mental, or emotional problems, attended by a foster parent more than twice weekly
- Need for relief of the foster parent by another adult
- Other conditions or behaviors that are equivalent to the requirement for additional supervision to the items above

LEVEL E
141-175 Points

Child requires a **extraordinary** amount of additional supervision or assistance including that required by: (Check all behaviors or conditions that apply.)

Behavioral

- Frequent and recent suicide attempts
- Frequent and recent arsonist behavior
- High risk of danger to the child or others by the child

Medical

- Life threatening illness with a guarded prognosis or expectation of death, which may require frequent hospitalization
- Need for a heart monitor
- Need for tracheotomy suctioning
- Need for gavage feeding
- Need for intravenous feeding or intestinal massage
- Need for extensive burn care
- A program of physical therapy prescribed by a professional for between three and four hours per day to be provided by a foster parent
- Other conditions or behaviors that are equivalent to the requirements for additional supervision to the items above

LEVEL F
176-225 Points

Child requires supervision or assistance in excess of that of Level E.

LEVEL G

Child requires 24-hour care and attention by trained staff in residential treatment facility

Describe each behavior or condition:

| |
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| | | |
|----------------------|--------------------|----------------|
| NUMBER OF DOC POINTS | DATE OF ASSESSMENT | EFFECTIVE DATE |
| FOSTER PARENTS NAME | | ADDRESS |
| CITY | STATE | ZIP CODE |

Rater signature: _____

Title: _____

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: NEBRASKA

Attachment A

Question 1: What methodology, if any, does the Department currently utilize to determine the rate of payment for:

- a. The cost of food for foster children in Nebraska**
- b. The cost of daily supervision for foster children in Nebraska**
- c. The rate of payment for the cost of school supplies for foster children in Nebraska**
- d. The cost of reasonable travel expenses for home visitation for foster children in Nebraska**
- e. The cost of reasonable travel expenses for the child to remain in the school in which the child is enrolled at the time of placement**
- f. The cost of personal incidentals for foster children in Nebraska, and**
- g. Liability insurance for foster children in Nebraska**

DHHS:

- a. Cost of food:** the monthly rate includes providing food for the child. The cost of food is not itemized within the rate.
- b. Cost of daily supervision:** the monthly rate includes the expectation for daily supervision. The cost of daily supervision is not itemized within the per diem rate.
- c. Cost of school supplies:** the monthly rate includes the expectation for providing school supplies. The cost of school supplies is not itemized within the per diem rate.
- d. Cost of travel expenses for home visitation:** The first 100 miles of transportation for the foster child are considered to be included in the foster care payment schedule. If the foster parent documents additional transportation, the foster parent can be reimbursed at the rate of \$11 for each additional 50 miles in a month. The cost of transportation includes any transportation provided by the foster parent for visits with parents or siblings or for transportation to school.
- e. Cost of travel expenses for school enrollment:** The first 100 miles of transportation for the foster child are considered to be included in the foster care payment schedule. If the foster parent documents additional transportation, the foster parent can be reimbursed at the rate of \$11 for each additional 50 miles in a month. The cost of transportation includes any transportation provided by the foster parent for visits with parents or siblings or for transportation to school.
- f. The cost of personal incidentals for foster children:** the monthly rate includes the cost of personal incidentals for the foster child. The cost of personal incidentals is not itemized within the per diem rate.
- g. Liability Insurance:** Liability insurance is not considered as a cost within the foster care payment. However, it is important to note that foster parents are not required to purchase their own foster parent insurance. DHHS participates in the State's self-insurance pool, in keeping with NE Rev. Statute, at **43-1320**.

For additional information regarding DHHS methodology regarding foster care rates please see Attachment B.

Question 2: What methodology, if any, do each of the Lead Agencies under the “Families Matter” reform currently utilize to determine the rate of payment for:

- a. The cost of food for foster children in Nebraska***
- b. The cost of daily supervision for foster children in Nebraska***
- c. The rate of payment for the cost of school supplies for foster children in Nebraska***
- d. The cost of reasonable travel expenses for home visitation for foster children in Nebraska***
- e. The cost of reasonable travel expenses for the child to remain in the school in which the child is enrolled at the time of placement***
- f. The cost of personal incidentals for foster children in Nebraska, and***
- g. Liability insurance for foster children in Nebraska***

KVC:

- a. Cost of food:** consists of food and nonalcoholic beverages purchased at grocery, convenience, and specialty stores; dining at restaurants; and household expenditures on school meals. For the median age of 13, this expense is \$2488 annually.
- b. Cost of daily supervision:** this is an inclusive service provided in the per diem rate.
- c. Cost of school supplies:** consists of day care tuition and supplies; baby-sitting; and elementary and high school tuition, books, fees, and supplies. Books, fees, and supplies may be for private or public schools. The average child care and education expenses used in the USDA calculator are based on families who have these expenses. USDA states if you do not have these expenses, expenditures on a child should be adjusted to account for this. For the median age of 13, this expense is \$1213 annually. Child care is paid for through other DHHS programs. Therefore, \$350 is allowed for supplies.
- d. Cost of travel expenses for home visitation:** consists of the monthly payments on vehicle loans, down payments, gasoline and motor oil, maintenance and repairs, insurance, and public transportation (including airline fares). For the median age of 13, this expense is \$1600 annually.
- e. Cost of travel expenses for school enrollment:** consists of the monthly payments on vehicle loans, down payments, gasoline and motor oil, maintenance and repairs, insurance, and public transportation (including airline fares). For the median age of 13, this expense is \$1600 annually.
- f. The cost of personal incidentals for foster children:** consists of personal care items (haircuts, toothbrushes, etc.), entertainment (portable media players, sports equipment, televisions, computers, etc.), and reading materials (non-school books, magazines, etc.). For the median age of 13, this expense is \$950 annually.
- g. Liability Insurance:** provided by DHHS.

For additional information regarding KVC’s methodology regarding foster care rates please see Attachment C.

Nebraska Families Collaborative (NFC):

- a. Cost of food: The Nebraska Families Collaborative's (NFC's) rate structure is based on the USDA costs of raising a child excluding health care and child care costs as documented in the U.S. Department of Agriculture "Expenditures on Children by Families, 2008" (the most recent version available at the time of rate structure development). The rate paid to subcontractors includes these costs plus the estimated agency costs associated with each child.
- b. Cost of daily supervision: Child care costs are excluded as they are provided by other State departments. Payments for planned respite are provided to foster parents paid directly by the NFC, and crisis respite is available as needed.
- c. Cost of school supplies: The NFC's rate structure is based on the USDA costs of raising a child excluding health care and child care costs as documented in the USDA's "Expenditures on Children by Families, 2008" (the most recent version available at time of rate structure development). The rate paid to contractors includes these costs plus the estimated agency costs associated with each child.

The NFC is also contracting with the Foster Care Closet located in Lincoln to help supply our foster parents with the additional items that they may need for their foster child during the school year. At this time they have been able to provide, new and used clothing, underwear and diapers, socks and shoes, book bags, pencils, erasers, deodorant, Halloween costumes, and many other items that are donated. These items are on a first come first serve basis, but can also be requested for specific sizes and items.

- d. Cost of travel expenses for home visitation: The NFC's rate structure is based on the USDA costs of raising a child excluding health care and child care costs as documented in the USDA's "Expenditures on Children by Families, 2008" (the most recent version available at time of rate structure development). The rate paid to subcontractors includes these costs plus the estimated agency costs associated with each child.

Supplemental pay is available for foster parents at the rate of \$15/hour if they provide supervised visitation services in excess of four hours which is contractually required of each foster parent. In addition, the NFC provides transportation through commercial carriers, gas vouchers, and bus passes as needed.

Please refer to the attached documents titled Standard Expectations of Foster Parents and Parenting Time for Foster Parents for additional information.

- e. Cost of travel expenses for school enrollment: The NFC's rate structure is based on the USDA costs of raising a child excluding health care and child care costs as documented in the USDA's "Expenditures on Children by Families, 2008" (the most recent version available at time of rate structure development). The rate paid to contractors includes these costs plus the estimated agency costs associated with each child.

In addition, the NFC provides transportation through commercial carriers, gas vouchers, and bus passes as needed. The NFC requires each foster parent to provide or arrange appropriate transportation to activities and community services, therapy visits, doctor appointments, court hearings, legal appointments,

family visits and to school. The NFC will offer a transportation stipend of \$10.00 for travel for appointments and maintenance of school outside the radius of 30 miles for the youth at no additional cost to the provider. The provider will offer transportation within the thirty miles radius for the youth at no additional cost to the NFC.

Please refer to the attached document titled Standard Expectations of Foster Parents for additional information.

- f. Cost of personal incidentals for foster children: The NFC's rate structure is based on the USDA costs of raising a child excluding health care and child care costs as documented in the USDA's "Expenditures on Children by Families, 2008" (the most recent version available at time of rate structure development). The rate paid to contractors includes these costs plus the estimated agency costs associated with each child. The NFC also provides petty cash, Wal-Mart vouchers, or purchases items for children as needed.

The NFC is also contracting with the Foster Care Closet located in Lincoln to help supply our foster parents with the additional items that they may need for their foster child during the school year. At this time they have been able to provide, both new and used clothing, underwear and diapers, socks and shoes, book bags, pencils, erasers, deodorant, Halloween costumes, and many other items that were donated. These items are on a first come first serve basis, but can also be requested for specific sizes and items.

- g. Liability Insurance: provided by DHHS.

Question 3: What methodology, if any, do each of the subcontractors for the lead agencies under the “Families Matter” reform currently utilize to determine the rate of payment for:

- a. The cost of food for foster children in Nebraska**
- b. The cost of daily supervision for foster children in Nebraska**
- c. The rate of payment for the cost of school supplies for foster children in Nebraska**
- d. The cost of reasonable travel expenses for home visitation for foster children in Nebraska**
- e. The cost of reasonable travel expenses for the child to remain in the school in which the child is enrolled at the time of placement**
- f. The cost of personal incidentals for foster children in Nebraska, and**
- g. Liability insurance for foster children in Nebraska**

Subcontractors:

- a. Cost of food:** The subcontractors take a portion of the rate received from the lead agencies and provide that payment to the foster parents. These payments are all inclusive for the needs of the child including cost of food.
- b. Cost of daily supervision:** The subcontractors take a portion of the rate received from the lead agencies and provide that payment to the foster parents. These payments are all inclusive for the needs of the child including cost of daily supervision.
- c. Cost of school supplies:** The subcontractors take a portion of the rate received from the lead agencies and provide that payment to the foster parents. These payments are all inclusive for the needs of the child including cost of school supplies.
- d. Cost of travel expenses for home visitation:** The subcontractors take a portion of the rate received from the lead agencies and provide that payment to the foster parents. These payments are all inclusive for the needs of the child including the cost of travel expenses for home visitation.
- e. Cost of travel expenses for school enrollment:** The subcontractors take a portion of the rate received from the lead agencies and provide that payment to the foster parents. These payments are all inclusive for the needs of the child including the cost of travel expenses for school enrollment.
- f. Cost of personal incidentals for foster children:** The subcontractors take a portion of the rate received from the lead agencies and provide that payment to the foster parents. These payments are all inclusive for the needs of the child including the cost of personal incidentals for foster children.
- g. Liability Insurance:** provided by DHHS.

For additional information regarding the subcontracting agencies for the Lead Contractors please see Attachment D.

Question 4: What process, if any, exists by which the Department, lead agencies and subcontracting agencies take into account the individual needs of the child with respect to determining payments for foster parents?

DHHS:

Rate of payment to foster parents is determined through use of the Foster Care Payment (FCPay) Checklist. Each question or item on the checklist deals with a need or behavior of the child that is likely to require something from the foster parent that would be above and beyond what a caregiver usually would do or provide for a child of that age. Each item also has a certain number of points associated with it. The checklist is intended to be completed by a worker, with the foster parent. When it is completed, the number of points is added. That number of points, in combination with the child's age, determines the monthly payment rate.

KVC:

In instances where it has been determined that children need foster care, KVC strives for the least restrictive setting possible for their care. It is preferred, for example, that children live close to their home community and with relative caregivers whenever possible. Meeting the child's needs by minimizing disruption and trauma while offering appropriate help and service is the goal of Family Permanency Specialists, foster parents and service providers.

All children placed in foster homes are assigned a Level of Care (LOC) ranging from Family Level of care to Enhanced Specialized Level of Care based on their individual needs reflected in the Child Needs Assessment (CNA).

NFC:

Children are assessed at placement and on an ongoing basis, at least every six months, but more often if needed, to determine the intensity of care needed for each child, and the child's level of foster care pay is determined by assessed needs. Supplemental pay for each level was calculated using a factor based on the highest level of care for each category.

For additional information regarding KVC's process for determining rates of payment using individual needs of the child please see Attachment E.

Question 5: What are the rates currently paid by the Department, the lead agencies, and each of the subcontracting agencies to foster parents?

DHHS, Lead Contractors, and Subcontractors all have different rates of payment to foster parents based on which agency is supporting and directly paying the foster parent. The rate is also based on the individual needs of the child placed with the foster parents using the assessments previously outlined.

Attachment F provides detailed rate tables for DHHS, Lead Contractors, and Subcontractors. The attachment includes the rate DHHS pays foster homes they support and directly pay, and the rate DHHS pays directly to its contractors. The attachment also includes the rate Lead Contractors pay foster homes they support and directly pay, and the rate Lead Contractors pay directly to their subcontractors. The attachment also includes the rates paid by the subcontractors directly to foster parents.

Attachment B

Supplemental Information regarding Question #1:

The rate of payment to foster parents is determined through use of the Foster Care Payment (FCPay) Checklist. Each question or item on the checklist deals with a need or behavior of the child that is likely to require something from the foster parent that would be above and beyond what a caregiver usually would do or provide for a child of that age. Each item also has a certain number of points associated with it. The checklist is intended to be completed by a worker, with the foster parent. When it is completed, the number of points is added. That number of points, in combination with the child's age, determines the monthly payment rate. Depending on age and needs of the child, the payment to the foster parent can range from \$246/month for a child ages 0-5 with no special needs up to a maximum of \$1,324 for a very high needs child who is age 12 through 18. (A copy of the FCPay checklist, including point value for each item, and the FCPay payment scale are attached.) (ADD IN CHECKLIST)

The maintenance payment covers the usual costs of maintaining a child. The specific costs are not broken out in the rate except for transportation. The costs include but are not limited to:

- Board and room;
- Personal needs, including recreation and extracurricular activities;
- School needs, including such things as school supplies, school trips, and graduation expenses;
- Transportation up to 100 miles or \$21 in a month;
- Clothing; and
- Allowance.

In addition to the payment determined by the checklist and payment scale, DHHS has a number of potential add-ons. Examples are provided below.

- Although the foster parent is expected to provide clothing from the foster care payment, if the child comes to the foster home with inadequate clothing, or there are special circumstances such as a sudden weight gain or loss, the worker can authorize additional purchases. Generally, these payments are made directly to the store.
- When the foster parent needs child care for the foster child due to employment or school, DHHS can pay for the child care. Purposes for the child care (e.g., foster parents work outside of the home or are in school), rate of payment, and parameters, such as number of allowable hours in a week or month, are those established by the Child Care Subsidy Program. Payment is made directly to the provider.
- An amount for respite can be added into the maintenance payment, if a foster parent is using respite. The maximum amount is determined by points on the FCPay checklist, and the child's age. (The amounts can be found on the attachment with FCPay rates.)

The FCPay checklist methodology has been used for DHHS for traditional foster homes since 1994. It was developed by a team composed of DHHS staff and foster parents who cared for children with a variety and range of needs. In 1998 another team, again composed of DHHS staff and foster parents, reviewed the tool and made minor

adjustments to the scale, with the parameter that whatever was decided, the results had to be budget-neutral for the Department. The parameters established in 1994 and carried through in 1998 are:

- The basic (lowest) rate for any child would not be more than the ADC rate for one person, which at that time was \$222. If the goal of choice for any child is to have him or her remain at home or return home, it would not be logical to pay someone else more to care for the child than we would provide to a parent who was dependent on ADC.
- Payment rate would increase based on the child's needs. One way to determine needs would be the FCPay checklist, and the other would be age.

The rate schedule has increased slightly over the years, due to budget increases provided to DHHS for a small percentage increase in payments to providers. The basic foster care rate now is \$246 (See Attachment A).

| FCPAY Rates - Effective July 1, 2010 | | | | |
|---|--------------|--------------|--------------|-------------------|
| Points | 0-27 | | | |
| Age 0-5 | \$246 | | | |
| 6-11 | \$323 | | | |
| 12+ | \$388 | | | |
| Respite | +\$45 | | | |
| Points | 28-34 | 35-41 | | |
| Age 0-5 | \$300 | \$356 | | |
| 6-11 | \$378 | \$432 | | |
| 12+ | \$444 | \$498 | | |
| Respite | +\$111 | | | |
| Points | 42-46 | 47-51 | 52-56 | 57-61 |
| Age 0-5 | \$411 | \$466 | \$522 | \$576 |
| 6-11 | \$487 | \$543 | \$599 | \$654 |
| 12+ | \$554 | \$609 | \$665 | \$721 |
| Respite | +\$176 | | | |
| Points | 62-66 | 67-71 | 72-75 | 76-79 |
| Age 0-5 | \$631 | \$686 | \$742 | \$809 |
| 6-11 | \$709 | \$764 | \$819 | \$885 |
| 12+ | \$775 | \$830 | \$885 | \$952 |
| Respite | +\$176 | | | |
| Points | 80-83 | 84-86 | 87-88 | 89 or more |
| Age 0-5 | \$885 | \$974 | \$1,073 | \$1,181 |
| 6-11 | \$963 | \$1,050 | \$1,151 | \$1,259 |
| 12+ | \$1,029 | \$1,117 | \$1,216 | \$1,324 |
| Respite | +\$176 | | | |

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 Technology Way – 3rd Floor
Carson City, Nevada 89706
(775) 684-4400

Title IV-E Foster Care Maintenance Payment Program

Foster care maintenance payments are made for eligible children in licensed foster homes, foster homes of relatives, group homes, emergency shelters, residential facilities, and public and private child care institutions and pre-adoptive homes. Specialized foster homes offering therapeutic and treatment services may be eligible for reimbursement for the costs of room and board, however the costs of therapeutic and treatment services are not allowable under Title IV-E.

Foster care maintenance payments are intended to provide the foster parent with funds to meet the child's "physical" needs, including the cost of board and room, personal needs, school needs (including such things as school supplies, school trips, and graduation expenses), transportation, clothing, and allowance. In addition, the payment recognizes that foster parents provide for the child's care and supervision needs, which, depending on the individual child, might include such tasks as teaching independent living skills, assisting with homework, modeling appropriate parenting for the child's legal parent or supervising phone calls with the parent. Specialized foster care payments may be paid for certain categories of children who have greater than usual needs and/or who require more day-to-day supervision and/or attention than those without such conditions.

Foster Care Rates Schedule

Basic maintenance payments are based on the age of the child. The State approved rate schedule for foster care maintenance payments are as follows:

Age 0 – 12

| | Daily Rate | Monthly Rate | Annual or One-time Rate |
|--|-------------------|---------------------|--------------------------------|
| Room and Board | \$20.86 | \$634.44 | |
| Personal Incidentals | \$0.36 | \$11.00 | |
| Clothing | \$1.23 | \$37.50 | |
| Total | \$22.45 | \$682.94 | |
| Initial Clothing (for all children entering foster care) | | | |
| Birth through 4 years old | | | \$75.00 |
| 5 years through 12 years | | | \$105.00 |
| Emergency Clothing (1 time per year) | | | \$50.00 |
| School Supplies (August of each year) | | | |
| 5 years through 12 years | | | \$17.00 |

Age 13 – Over

| | Daily Rate | Monthly Rate | Annual or One-time Rate |
|--|-------------------|---------------------|--------------------------------|
| Room and Board | \$22.85 | \$694.92 | |
| Personal Incidentals | \$0.72 | \$22.00 | |
| Clothing | \$1.85 | \$56.25 | |
| Total | \$25.42 | \$773.17 | |
| Initial Clothing (for all children entering foster care) | | | |
| | | | \$125.00 |
| Emergency Clothing (1 time per year) | | | \$50.00 |
| School Supplies (August of each year) | | | \$28.00 |

Counties may choose to augment the State rate with county funds based on additional needs identified in their particular county.

Room and Board:

Room and board daily maintenance payments are intended to reimburse the caregiver for housing, food, transportation, child care and entertainment as defined below:

- Housing – Housing expenses include shelter (mortgage payments or rent, property taxes, maintenance and repairs; and insurance), utilities (gas, electricity, fuel, cell/telephone, and water), and housing furnishings and equipment (furniture, floor coverings, major appliances, and small appliances).
- Food – Food expenses include food and nonalcoholic beverages purchased at grocery, convenience and specialty stores, dining at restaurants, and household expenditures on school meals.
- Transportation – Transportation expenses include the net outlay on purchase of new and used vehicles, gasoline and motor oil, maintenance and repairs, insurance, and public transportation. The State or Counties may make a separate payment for transportation for reasonable travel to the child’s home for visitation and for the child to remain in the school in which the child is enrolled at the time of placement.
- Child care – Child care expenses include day care tuition and supplies, and babysitting. Child care costs which facilitate the foster parent’s attendance at activities which are beyond the scope of normal parent duties may be reimbursed or paid to the foster parent or directly to the child care provider. Child care services will be rendered by a provider that is licensed, certified, or has some other formal status under State or local regulations.
- Miscellaneous – Miscellaneous expenses include entertainment, sports equipment and reading materials.

Clothing payments are intended to reimburse the caregiver for clothing expenses include clothing purchased during the first sixty days of initial substitute care placement, ongoing clothing needs as a result of growth, seasonal changes, or attrition, and clothing services such as dry cleaning, alterations and repair.

Personal incidental payments are intended to reimburse the caregiver for personal items including, but are not limited to:

- Items related to personal hygiene.
- Haircuts.
- Cosmetics.
- Over-the-counter medications.
- Special dietary foods.
- Allowance.
- Infant and toddler supplies (e.g., high chairs, diapers).
- Fees related to activities (e.g., boy/girl scouts).
- Special lessons (e.g., horseback riding, music/band).

School Supply payments are intended to reimburse the caregiver for school fees, supplies, and books.

These costs are allowable for Federal financial participation under the Title IV-E Foster Care Program as foster care maintenance payments.

Emergency Care Rates

In some instances, children removed from their birth families are first placed into an emergency care setting. This may be a shelter/group facility or a family setting designed to keep the children safe while assessing their needs and finding an appropriate placement to meet their needs.

Emergency care payments vary between regions and range between \$25 per day and \$153 per day based on the intensity of supervision required.

The emergency care foster care rates are intended to compensate foster parent(s) for the additional daily supervision required to acclimate the child to a foster care setting and to document the child's needs to be used as part of the placement assessment. It is also intended to compensate foster parent(s) for additional transportation expenses associated with the initial medical and educational related appointments.

The emergency care shelter/group facility rates are intended to compensate providers for the additional daily supervision and reasonable costs of administration and operation required to provide care for children recently removed from their homes.

These costs are allowable for Federal financial participation under the Title IV-E Foster Care Program as foster care maintenance payments.

Supplemental Foster Care Rate Schedule

Supplemental maintenance payments are based on the needs of the child or the child's sibling and are in addition to the regular foster care rate. Supplemental maintenance payments are approved by category and are not intended to be approved in conjunction with any other category and are limited to one supplemental maintenance payment per child. The exception to this is the sibling rates, which may be approved in conjunction with no more than one special rate or medically fragile category based upon the individual child's special needs.

The State approved rate schedule for foster care maintenance payments are as follows:

| | Monthly Payment Plus |
|-----------------------------|-------------------------------------|
| Special Rate Level I | \$ 30.00 |
| Special Rate Level II | \$ 90.00 |
| Special Rate Level III | \$150.00 |
| Medically Fragile Level I | \$150.00 |
| Medically Fragile Level II | \$250.00 |
| Medically Fragile Level III | \$500.00 |
| Specialized Foster Care | \$550.54 |
| Sibling Rate | \$ 65.00 |
| Specialized Sibling Rate | \$472.67 |

These costs are allowable for Federal financial participation under the Title IV-E Foster Care Program as foster care maintenance payments.

Counties may choose to augment the State rate with county funds based on additional needs identified in their particular county.

Special Rate:

Special rates are intended to compensate the foster parent for the additional daily supervision required to care for a child who has special needs which require more time, expertise, and/or supervision on the part of the foster parent(s) than is usually expected of a foster parent. These special needs include:

- Educational Needs: The child has special education needs and is not performing normally for his or her age and/or development level which require more time, expertise, and/or supervision on the part of the foster parent(s) that is usually expected for a foster parent.
- Psychological and Behavioral Needs: The child has needs and behaviors which are considered abnormal for a child of this child's age which requires more supervision and treatment than is expected for a foster child of this developmental age. The foster parent would be involved in more than monthly treatment for the child.
- Medical and Dental Needs: The child has needs beyond routine medical and dental care appointments which requires additional care on the part of the foster parent(s) that are beyond the age-appropriate needs for a child of this age

The level of the child's needs is assessed based upon a point value system ranging from 1 – 50 points, with 0 – 19 points indicating no special needs, 20 - 34 points (Level I) indicating special needs, 35 - 49 points (Level II) intensive needs and 50+ points (Level III) exceptional needs.

Special foster care rates may be approved for up to six months and may be re-authorized for an additional six months based upon updated documentation of the child's special needs. The documentation must be current within the last six months and may include: a physician's statement, a medical report, a counselor's report, a psychological or psychiatric evaluation, or a school IEP may be considered if it is current and provides sufficient information to support the intensity of the special needs.

Prior to receiving the first Special Foster Care Rate, the caregiver must obtain additional training specific to the child's special needs. For a child who is identified as special or intensive needs, four (4) hours of additional training is required each year. For a child who is identified as exception needs, six (6) hours of addition training is required each year. This specialized training is an annual requirement and is in addition to the regular ongoing training requirements.

Medically Fragile Rate:

Medically fragile rates are intended to compensate the foster parent (s) for the additional daily supervision required to care for a medically fragile child with severe and/or chronic medical problems, which require specialized care, intensive medical follow-up, supportive treatment and continuous monitoring and are based on the level of care needed by the child. The level of care is determined by the child's diagnoses, medical problems, and individual treatment and care needs. As the child's health

status changes, the level of care needed by the child may also change. Medically Fragile rates are to reflect improvement or deterioration in health status and care needs.

Medically Fragile payments are based on a review of medical documentation of the child's individual level of need and/or risk. Need and/or risk are determined by the child's diagnoses, medical problems, and individual treatment and care needs.

Level I – Lower Risk

- Medical conditions requiring significant medical follow-up and specialized care (may include premature birth, failure to thrive and developmental delays)
- Drug withdrawal (significant physical symptoms)
- HIV + (asymptomatic)
- Fetal Alcohol Syndrome requiring additional care on the part of the foster parent.

Level II – Moderate Risk: Medical conditions requiring intensive medical follow-up and highly specialized care:

- May include infants and children who (List not all inclusive):
 - Are HIV+ symptomatic (clinical or laboratory: not AIDS diagnosed)
 - Have bronchopulmonary dysplasia
 - Need intermittent oxygen
 - Has a tracheotomy (infrequent suctioning and minimal care required)
 - Require use of an apnea monitor
 - Require use of invasive equipment, such as shunt, gastrostomy (G-tube) feedings, nasogastric (NGT) feedings, fistulas, catheters
- Moderate chronic effects of drug exposure (such as hypertonia, moderate developmental delays and orthopedic problems)
- Fetal Alcohol Syndrome - moderate complications

Level III – High Risk

- AIDS diagnosed
- Chronic, severe medical conditions requiring frequent, intensive care and follow-up (such as spina bifida or osteogenesis imperfecta)
- May include infants and children who (list not all-inclusive):
 - Are on life support systems [ventilator-assisted/continuous positive air pressure (CPAP)]
 - Have cardiac or respiratory problems requiring continuous oxygen, medication or special procedures (such as intensive, frequent tracheal care or suctioning)
 - Require continuous intravenous therapy (total parenteral nutrition (TPN), intravenous solutions and medications)
 - Fetal Alcohol Syndrome - severe complications
 - Severe chronic effects of drug exposure (including episodes of uncontrollable seizures, acute injury to the brain with long-term prognosis)

Medically fragile care rates may be approved for up to six months and may be re-authorized for an additional six months based upon updated documentation of the child's special needs. The documentation must be current within the last six months and must verify the child is being treated for a specific medical condition(s) and must specify the expected duration of the medical treatment. Medical documentation may include records from a physician or hospital, hospital admission and discharge summaries, histories and physicals, medical reports, pertinent laboratory values, or psychiatric evaluations

Prior to receiving the first Medically Fragile Care Rate, the caregiver must obtain six (6) hours of additional training specific to the medically fragile child's special needs. This specialized training is an annual requirement and is in addition to the regular ongoing training requirements.

Specialized Foster Care Rate:

Specialized foster care rates are intended to compensate providers for the additional daily supervision, dispensing over the counter medicines, supervising the administration of prescribed medicines, and reasonable costs of administration and operation, required to provide care for a severely emotionally disturbed child who has disabling mental or behavioral health needs that cannot be managed without the availability of a 24 hour crisis triage, behavior management and intensive clinical interventions from professional staff.

Specialized foster care rates are not intended to compensate providers for social services (i.e., counseling and therapy, psychological or educational testing, evaluation and assessment).

To qualify for this rate, the child must have a DSM IV-TR Axis I diagnosis, a GAF Score of 50 or less, or a CASII Level IV diagnosis **and** must be approved to be receiving rehabilitative mental health services.

Specialized foster care rates may be approved for as long as the child continues to meet the qualifying criteria and continues to receive rehabilitative mental health services, as approved in the treatment or rehabilitative plan. The documentation supporting continuing approval must be current and must describe the child's progress in relation to specific symptoms or impairments.

Prior to receiving the first specialized foster care rate, the caregiver must obtain 40 hours of training specific, 10 hours of which must be specific to the caring for severely emotionally disturbed children. Thereafter, the caregiver must have 20 hours of relevant training annually.

Sibling Rate

Placing siblings together is critical to maintaining family connections and promoting children's sense of permanency and well-being. Nevada's 2007 Legislature amended NRS 432B Protection of Children from Abuse and Neglect, to among other things, require the agencies which provide child welfare services to make reasonable efforts to place siblings in the same location and to presume that it is in the best interest of the child to be placed together with his siblings.

Sibling rates are intended to compensate the foster parent(s) for the additional daily supervision required to care for sibling groups of three or more. Large sibling groups require increased supervision, a better

understanding of the sibling dynamics, modeled behavior that allows the “parentified” child to gradually develop a more “normal” relationship under the tutelage of adults, and the ability to preserves their connections with one another and to their family, improving long-term well-being and permanency, whether the ultimate plan is reunification, adoption, or permanent placement with kin.

Prior to receiving the first sibling rate, the caregiver must obtain 40 hours of training specific, 10 hours of which must be specific to the caring for sibling groups. Thereafter, the caregiver must have 20 hours of relevant training annually.

Specialized Sibling Rate

Specialized sibling rates are intended to compensate providers for the additional daily supervision and reasonable costs of administration and operation required to provide care for sibling groups of three or more. Additional daily supervision provided by the provider agency may include crisis response to placement stability concerns, transportation for supervised visitation, and face to face contact with the foster parents and children.

Prior to receiving the first specialized sibling rate, the caregiver must obtain 50 hours of training specific, 10 hours of which must be specific to the caring for severely emotionally disturbed children, and 10 hours of which must be specific to the caring for sibling groups. Thereafter, the caregiver must have 30 hours of relevant training annually.

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: NEW JERSEY

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
Division of Youth and Family Services

RESOURCE FAMILY RATE ASSESSMENT

Child's Name: _____ Date of Assessment: _____

Date of Birth: _____ Case ID #: _____ Person ID #: _____

Worker Name: _____

Resource Family: _____ Resource ID#: _____

Circle the best answer to the following questions regarding the number of hours the resource family provider spends providing the specified service to the child. Based on the needs of the child and the resource family provider's ability and willingness to provide the required care to meet the identified needs, determine the average number of hours per week the resource family provider spends on the following services that are above what is expected for a child of that age.

1. TRANSPORTATION: Average number of **hours per week** the resource family provider needs to transport the child for:

Medical Visits - includes time spent **transporting and waiting** for medical services such as *doctor visits, dental visits, rehabilitation, and out of home therapy visits.*

- | | | | |
|----|---------------------------------|----|-------------------------------|
| a. | Required/Routine | c. | Additional Specialty- Monthly |
| b. | Additional Specialty- Quarterly | d. | Additional Specialty- Weekly |

Justification for b, c, or d: _____

Services - includes time spent **transporting and waiting** for non-medical services such as *court hearings, CPRB hearings, family team meetings, parent and sibling visits, school, and independent living services.*

- | | | | |
|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

2. EDUCATION / LEARNING: Average number of **hours per week** the resource family provider spends providing educational support and age appropriate developmental activities in supporting the child through:

Individual Interaction - includes all educational related time spent **directly** with the child such as *assisting with homework and individual assistance.*

- | | | | |
|----|--------------------|----|--------------------|
| a. | 0-4 hours per week | c. | 6-8 hours per week |
| b. | 4-6 hours per week | d. | 8+ hours per week |

Justification for b, c, or d: _____

Professional Interaction - includes all education related time spent on behalf of the child such as *meetings with teachers, school visits, telephone conversations, participating in Individual Education Plan development and review and other special programs.*

- | | | | |
|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

3. HOUSE CARE: Average number of **hours per week** the resource family provider spends cleaning, doing laundry, repairing, or replacing household items, due solely to the child's:

Chronic Conditions - includes time spent cleaning, doing laundry, repairing, or replacing, household items, due to the results of chronic conditions (other than age) over which the child has little or no control, such as *age inappropriate bedwetting or incontinence, lack of muscle control or unawareness of the consequences of physical action.*

- | | | | |
|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

Destructive Behavior - includes time spent repairing, replacing and cleaning due to the results of the child's *intentionally destructive behavior*, including behavior caused by mental, behavioral, or emotional disturbances.

- | | | | |
|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

4. CARE OF CHILD: Average number of **hours per week** the resource family provider **concentrates specifically** in caring and/or advocating for and supervising the child due to:

Physical Issues - includes time spent providing services such as *using monitors and other medical equipment, administering and monitoring medication, surgical/aftercare, dental/orthodontic assistance, arranging for care, assisting pregnant teens and any other physical assistance for the child.*

- | | | | |
|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

Behavioral Health Issues - includes time spent *supervising* the child because of behavioral health or emotional disorders.

- | | | | |
|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

5. PARTICIPATION IN THERAPIES: Average number of hours per week the resource family provider needs to participate in therapy **with or on behalf of** the child due to:

Physical Therapies - includes the amount of time spent with providers or providing therapy such as *developmental, physical, occupational, or post-surgical therapy*.

- | | | | |
|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

Emotional/Behavioral Therapies - includes the amount of time spent in therapy with the child or with the therapist on behalf of the child to support and reinforce providing therapy such as *emotional or behavioral health therapy*.

- | | | | |
|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

6. BIRTH PARENT: Average number of hours per week the resource family provider works with the birth parent(s) and/or siblings, including supervising visits. (*This is not required of the resource family provider. If the resource family provider does not choose to participate or DYFS does not wish the resource family provider to participate, please select answer a.*)

- | | | | |
|----|--------------------|----|--------------------|
| a. | 0-2 hours per week | c. | 4-6 hours per week |
| b. | 2-4 hours per week | d. | 6+ hours per week |

Justification for b, c, or d: _____

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: NEW MEXICO

2. Level 2: is for children requiring a higher level of care, structure, and supervision than would be required for a child of similar age or development.
3. Level 3: is for children with significantly high needs and is generally an alternative to institutional care.

The investigation or treatment worker documents any special needs identified in the Level of Care window in FACTS. The treatment worker completes the Level of Care Eligibility form and submits it to the supervisor for approval, including copies of documentation to support a placement at level 2 or level 3. The treatment worker provides a copy of the completed form to the placement supervisor for approval.

Level 1 foster care requires a foster-home license only. If a child requires level 2 or level 3 substitute care placement or other special services, the home must be licensed according to the assessed needs of the child. Level 2 care is also referred to as "special-needs placement." Level 3 care is usually an alternative to institutional care. If a child is already in a foster home, but before a child's placement type can change to a level 2 or level 3 placement, the placement worker assesses the foster parent's ability to provide the appropriate level of care for the child. If the placement worker determines that the foster parent has the appropriate training and skill level to meet the child's needs, the foster parent is licensed at the higher level of care. The placement worker notifies the treatment worker upon completion of the licensing process.

When a child has been determined appropriate for level 2 or level 3 care, an SSI application for the child will be made immediately, unless SSI is already in place. The child will also be referred for the DD Waiver. In cases of level 2 foster care approval, denial of either an SSI or DD Waiver will be staffed with the supervisor and COM to determine if an appeal will be filed. In all cases where level 3 foster care is determined appropriate, the worker will appeal an adverse decision for either SSI or DD Waiver.

Any level of care 3 change will take place, at a minimum, 60 days prior to signing the Agreement to Serve as a Potential Adoptive Home. At the time of the change, a representative from placement is notified immediately following level of care 3 change, either by phone or in person, in order to insure the proper negotiation and processing of subsequent subsidy requests above the level 2 rate. If a level of care is to be discussed at a staffing for a child with a plan or concurrent plan of adoption, a placement representative is invited to the staffing. The worker prepares a memorandum for decision for the deputy director's review and approval, documenting the reasons for any variation in these procedures and the reasons it is in the child's best interest. [12-31-97; 12-15-04, 06-30-05]

13 MEDICALLY NECESSARY TARGETED CASE MANAGEMENT (TCM)

All children entering protective services custody are assessed for Medically Necessary Targeted Care Management (TCM) within 30 days from the initial custody date. If a child is assessed as "not eligible" because there is no diagnosis or condition identified, the "NONE" category is used as the diagnosis/condition. No child is left without a determination documented in FACTS.

If medical, emotional or behavioral conditions for the child change, an evaluation by a licensed professional would be appropriate and the child may become eligible for TCM services. The worker or supervisor considers the following when deciding whether to schedule an evaluation by a qualified licensed professional:

| Out of Home Placement Incidental Payments (payment request must be in child's name) | | | | | | | | | |
|---|----------------|---------------|----------------------------|---------------|-----------------------------|---------------|---------------------------------|---|--|
| Service Type | Spending Limit | Per | Level of Approval Required | MFD Required? | Email CYFD-PSDFACT Support? | TFC Eligible? | Level 3 (Spec Arrang) eligible? | Additional Info | |
| Access/Visitation | None | Calendar year | COM | N | N | Y | Y | | |
| Activities | \$500 | Calendar year | COM | N | N | Y | Y | | |
| Clothing | \$600 | Calendar year | Supervisor | N | N | Y | Y | Foster parents <u>not</u> required to show proof they have spent \$25 included in maintenance payment before reimbursement of this expense. | |
| Diapers | \$35 | Payment | Supervisor | N | N | No | No | Emergency foster care placement only | |
| Education Expenses | \$500 | Calendar year | COM | N | N | Y | See add'l info | If educational needs were not considered and used to justify level 3 payment, then we can reimburse. If educational needs were used to justify level 3, then we cannot reimburse. | |
| Funeral Expenses | \$4,500 | Lifetime | Regional Manager | N | N | Y | Y | | |
| Graduation Expenses | \$750 | Lifetime | COM | N | N | Y | Y | | |
| Daily Supervision (Respite) | 3 days/\$75 | Month | Supervisor | N | N | No | No | Changed from 5 to 3 days effective 1/01/10. Cannot be more than 3 consecutive days across months; more than 3 days requires change of placement in FACTS. Cannot borrow days from one month to another. | |
| Maintenance Fund Spend Down | \$3,000 | Payment | Regional Manager | N | N | Y | Y | Use when spend down is requested by IV-E Specialist. Talk to your IV-E specialist for assistance and questions. | |
| Medical - Other | None | | Deputy Director | Yes | Yes | Maybe | Maybe | Behavioral health (e.g., therapy, ongoing assessments, med management, etc.) not reimbursable for TFC homes. These services are included as part of the TFC program. TFC and Level 3 eligible for other medical reimbursement only if not reimbursable through Medicaid or Value Options Community Contracts or the Value Options Flex Fund. Case management is not reimbursable. | |
| Property Loss or Damage | None | | COM/Director | Yes | N | Y | Y | See PIG #05-2008-#06 (Maintenance Payments to Substitute Care Providers) for requirements. | |
| Special Diet | None | | Supervisor | N | N | Y | No | | |
| Special Immigration/Juvenile | None | | Deputy Director | Yes | N | Y | Y | | |
| Transportation - Court Hearings | None | | COM | N | N | Y | Maybe | All mileage @ .40 per mile. Can reimburse level 3 foster parents if not included in contract for level 3 care. | |
| Transportation - Visitation | None | | COM | N | N | Y | Maybe | All mileage @ .40 per mile. Can reimburse level 3 foster parents if not included in contract for level 3 care. | |
| Transportation - Medical | None | | Deputy Director | Yes | N | Maybe | No | Only extraordinary circumstances with MFD; May be reimbursable for Level 2 homes if related to a physical health need. Mileage @ .40 per mile. | |
| Transportation - School | None | | Deputy Director | N | N | Y | No | Mileage required to transport a foster child to the school he or she attended prior to removal from home or in the previous placement, if otherwise a change in school would be necessary. Does not include transporting children to school related activities. MFD no longer required. | |
| Transportation | None | | Supervisor | N | Yes | Y | No | Use only for transportation to adoption pre-placement visits | |

| Service Type | Limit | Per | Level of Approval Required | MFD Required? | Email CYFD-PSDFACT Support? | Additional Info | No | No | Use for pre-placement visits |
|---|---------------|---------------|----------------------------|---------------|-----------------------------|---|----|----|--|
| Travel - Lodging | None | | Supervisor | N | N | | No | No | Use for pre-placement visits |
| Travel - Meals | None | | Supervisor | N | N | | No | No | Use for pre-placement visits |
| Vacation Allowance | 5 days/\$250 | Calendar year | COM | N | N | | Y | Y | Changed from 10 to 5 days effective 1/01/10. |
| Involuntary Family Services (payment request in parent's name) | | | | | | | | | |
| Family Counseling | None | | Supervisor | N | N | | | | |
| Group Counseling | None | | Supervisor | N | N | | | | |
| Individual Counseling | None | | Supervisor | N | N | | | | |
| Interpretation Services | None | | COM | N | N | | | | See "Language Interpretation Services" MFI from Angela Adams dated 7/08/08 for requirements |
| Medical Drug Testing | 3 tests/\$100 | Month | Supervisor | N | N | | | | Changed from 8 to 3 tests per month effective 1/01/10. Contact FACTS unit about payments prior to 1/1/10 that exceed this limit. |
| Medical Other | None | | Deputy Director | Yes | Yes | | | | Use for DNA testing only. |
| Neurological Eval | 1 test | Calendar year | Deputy Director | Yes | Yes | | | | |
| Parenting Skills | None | | Supervisor | N | N | | | | |
| Psychological Eval | 1 test/\$750 | Calendar Year | Deputy Director | N | N | | | | No exceptions for evals after 5/12/08 |
| Substance Abuse | None | | Supervisor | N | N | | | | |
| Travel - Lodging | None | | Supervisor | N | N | | | | Per diem per trip (bio parent or foster parent) is \$65 (travel, lodging, meals). |
| Travel - Meals | None | | Supervisor | N | N | | | | Meals for additional person are \$22.50/day |
| Travel - Transportation | None | | COM | N | Yes | | | | Used for bus tokens, auto mileage, etc. |
| Extraordinary Expenses (payment request entered by FACTS Unit) | | | | | | | | | |
| Examples | Limit | Per | Level of Approval Required | MFD Required? | Email CYFD-PSDFACT Support? | Additional Info | | | |
| Birthday | \$50 | Year | COM | N | Yes | Can reimburse birthday costs for clients in all levels of placement, but not for clients in detention. | | | |
| Client ID (child in foster care) | None | | COM | N | Yes | Purchased only through MVD (No MVD Express) | | | |
| Carseat | None | | COM | N | Yes | | | | |
| Child Care Gross Receipts | None | | COM | N | Yes | Effective 10/16/08 these payments are no longer entered under CPS Child Care One Time Only. | | | |
| Tax/Fees/Registration | None | | COM | N | Yes | | | | |
| Other expenses not covered above | None | | Deputy Director | Yes | Yes | if you have questions about what expenses are allowed, contact FACTS Support for assistance before committing to reimbursement. | | | |
| <i>Recent Changes to Payment Matrix are highlighted in yellow</i> | | | | | | | | | |

is given for level 3 care. When the child has been approved for level 2 or level 3 care, the child's worker notifies the placement worker. The placement worker assists the foster family with completing the process to be licensed to provide level 2 or level 3 foster care. The child and the foster family must both meet eligibility requirements for the higher levels of care before that reimbursement goes into effect. The documentation and completed forms are included in the child's record and in the foster parent's record. [12-31-97; 07-01-01; 12-15-04; 12-22-09]

8.3 Level 3 Reimbursement Rate: The level 3 reimbursement rate is calculated on an individual basis depending on the needs of the child and includes an accounting of the resources needed and available in the community, special services or interventions required by either the foster parent or other providers, and any other costs or expenditures necessary to maintain the child in placement. The starting point for negotiation for a rate is the maximum allowable for level 2 foster care, with a ceiling of \$2,500.00 per month. Any exception to this ceiling must have Director approval. [12-31-97; 07-01-01; 12-15-04; 12-22-09]

9 MAINTENANCE PAYMENTS: Maintenance payments are designed to reimburse placement providers for the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. While monthly maintenance payments cover most of these expenses, PSD may make separate maintenance payments to reimburse extraordinary expenses as described below. The maintenance payment is determined by age category and level of care. FACTS automatically calculates the maintenance payment at the daily rate from the out-of-home placement episode entered. [12-31-97; 09-24-01; 12-22-09]

9.1 Daily Maintenance Rates for Substitute Care: The following figures are approximates as FACTS calculates maintenance payments on a daily rate.

| ITEM | AGE OF CHILD | | |
|--|------------------|-------------------|--------------------|
| | 0-5 Years | 6-12 Years | 13 or Older |
| LEVEL I | | | |
| Foster or Relative Home | \$16.10 | \$17.20 | \$18.06 |
| Crisis Shelter Group Home | \$11.03 | \$11.73 | \$12.23 |
| Emergency Foster Home (30 Day Max) | \$11.03 | \$11.73 | \$12.23 |
| LEVEL II | 0-5 Years | 6-12 Years | 13 or Older |
| Specialized Foster Care | \$22.06 | \$23.16 | \$24.00 |
| LEVEL III | 0-5 Years | 6-12 Years | 13 or Older |
| If in a regular foster or relative foster home, a variable rate calculated on an individual basis according to the needs of the child. | | | |
| OTHER | 0-5 Years | 6-12 Years | 13 or Older |
| Treatment/Therapeutic Foster Care (TFC) | \$19.50 | \$20.20 | \$20.70 |
| Maternity Home | N/A | \$11.73 | \$12.23 |
| Group Home | \$11.03 | \$11.73 | \$12.23 |
| R.T.C (Non-JCAHO) | \$11.03 | \$11.73 | \$12.23 |

[12-31-97; 07-01-01; 12-15-04; 12-22-09]

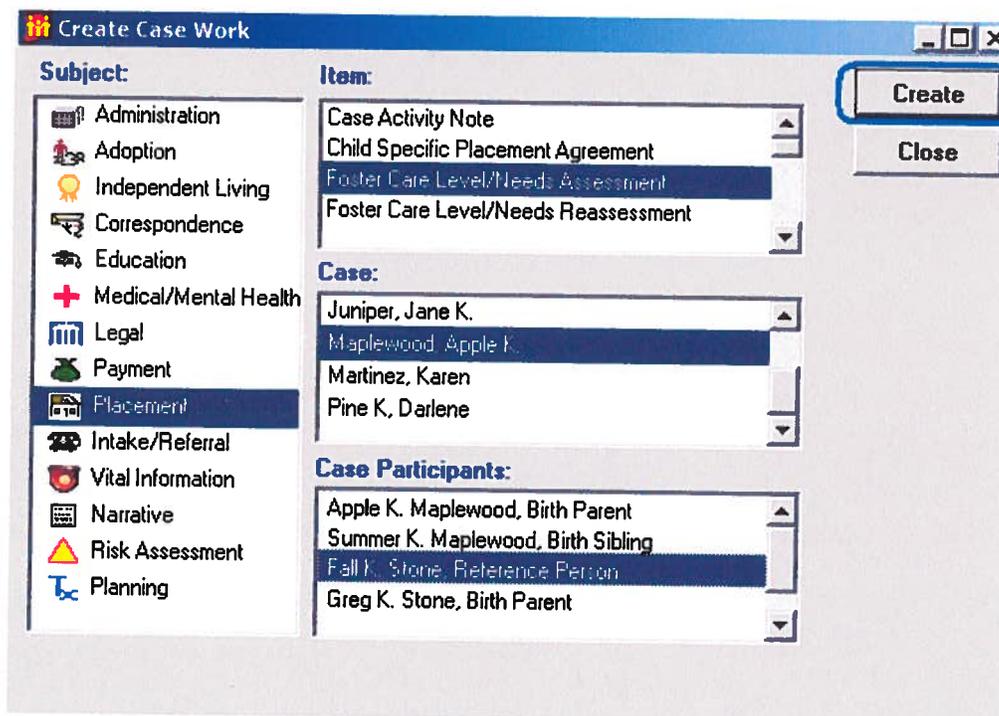
5.8 Foster Care Level / Needs Assessment and Reassessment

A child's special needs are documented in FACTS through the **Foster Care Level /Needs Assessment /Reassessment** window.

- As per Permanency Planning Procedures, Section 12, the permanency planning worker completes an assessment within 30 days of the child entering foster care and reassesses the child at least every 6 months.
- A "FC Level/Needs Assmt/Reassmt Due" tickler is initially created for each child when a Removal from Home out-of-home placement is approved.
- The initial Foster Care Level/Needs Assessment is due 30 days from the placement begin date, or 30 days from placement create date if the earlier date is already due.
- Thereafter, the Foster Care Level/Needs Reassessments are due every 6 months and a "FC Level/Needs Assmt/Reassmt Due" tickler will remind the worker to complete it.
- The Foster Care Level/Needs *Assessment* window is identical to the Foster Care Level/Needs *Reassessment* window except for the title and tickler processing, so they will both be discussed in this section as if they were one window.

The Foster Care Level /Needs Assessment /Reassessment window is created through **Create > Case Work**:

- Subject: **Placement**
- Item: **Foster Care Level /Needs Assessment** (or Foster Care Level /Needs Reassessment)
- Choose your **Case**
- Select the **Case Participant** placed
- Click **Create**



This window is used to record the answers to a series of questions that determine if a child requires **Level 2 or Level 3 Foster Care** placement. When the assessment is completed, the summarized results display on the **Results** tab.

Foster Care Level/Needs Assessment

Case Participant
Name: Fall K. Stone DOB: 06/01/2008 Gender: F Race: White

Level 2 Care **Level 3 Care** **Results**

Basic
 Section I Section II

Eligibility
Child Eligible for Level 2 Care under Section I? Yes No

I. Physical/Medical Needs
1. The child has medical or physical needs which require an increased level of care by the foster parent and may require special skills or training. Yes No

OK
Cancel

The Foster Care Level /Needs Assessment /Reassessment window contains a header and three tabs (Level 2 Care tab, Level 3 Care tab and the Results tab).

Case Participant Header

- The Case Participant header group box is prefilled with the child name, date of birth, gender and race.

5.8.1 Tab 1- Level 2 Care

This tab contains two pages, Section I and Section II, with a radio button in the Basic group box used to toggle between the two sections.

- The question in the "I. Physical / Mental Needs" group box must be answered before advancing to Section II.
- The Eligibility group box contains a Yes/No eligibility radio button set, which is not directly editable, but summarizes all answers to Sections I and II.

Foster Care Level/Needs Assessment

Case Participant
Name: Fall K. Stone DOB: 06/01/2008 Gender: F Race: White

Level 2 Care | Level 3 Care | Results

Basic
 Section I Section II

Eligibility
Child Eligible for Level 2 Care under Section I? Yes No

I. Physical/Medical Needs
1. The child has medical or physical needs which require an increased level of care by the foster parent and may require special skills or training. Yes No

OK
Cancel

- The "Child Eligible for Level 2 Care under Section I?" radio button is set to the worker's choice for question 1 in Section I.
- If the answer to question 1 is "Yes", then the Section II radio button is disabled, and the worker should advance to the Level 3 Care tab.
- If the answer to question 1 is "No", then the Section II radio button is enabled, and the worker should click it to advance to Section II.

Foster Care Level/Needs Assessment

Case Participant
 Name: DOB: Gender: Race:

Level 2 Care | **Level 3 Care** | **Results**

Basic
 Section I Section II

Eligibility
 Child Eligible for Level 2 Care under Section II? Yes No

II. Social and Adaptive Functioning

A. The child needs a high degree of care and structure and daily planning by caregivers around the child's needs in placement to function adequately in day to day situations and ensure safety. Yes No

B. The child has frequent, major, or prolonged conflicts with peers or adults. Yes No

C. The child's special education needs (such as MR, LD or SED) require frequent intervention by foster parent in school setting. The child's delays cause frequent problems in daily activities in placement. The child is in an early intervention program or specialized preschool. Yes No

D. The child often engages in behaviors that could put him or her at risk of harm, does not recognize risk, does not take self protective action, and probability of being harmed is high. Yes No

- All questions in the section "II. Social and Adaptive Functioning" group box must be answered before advancing to the next tab.
- The "Child Eligible for Level 2 Care under Section II?" radio button is set to "Yes" if the worker has answered "Yes" to any 2 questions in Section II. The worker should then advance to the Level 3 Care tab to complete the level 3 assessment.
- The "Child Eligible for Level 2 Care under Section II?" radio button is set to "No" if the worker has answered "Yes" to one or no questions in Section 2. If the child does not qualify for Level II, a Level 3 assessment cannot be done, and the worker should advance directly to the Results tab.

5.8.2 Tab 2 - Level 3 Care

This tab also contains two pages, Section I and Section II, with a radio button in the Basic group box used to toggle between the two sections.

- The Eligibility group box contains a Yes/No eligibility radio button set, which is not directly editable, but summarizes all answers in Section I.
- The question in the "I. Physical / Medical Needs" group box must be answered before advancing to Section II.

Foster Care Level/Needs Assessment

Case Participant
Name: Fall K. Stone DOB: 06/01/2008 Gender: F Race: White

Level 2 Care Level 3 Care Results

Basic
 Section I Section II

Eligibility
Child Eligible for Level 3 Care under Section I? Yes No

I. Physical/Medical Needs
1. The child has significant medical or physical needs requiring an increased need for higher medical supervision and care by medical personnel and specifically trained care giver. Yes No

OK
Cancel

- The "Child Eligible for Level 3 Care under Section I?" radio button is set to the worker's choice for question 1 in Section I.
- If the answer to question 1 is "Yes", the Section II radio button is disabled, and the worker should advance to the Results tab.
- If the answer to question 1 is "No", then the Section II radio button is enabled, and the worker should click it to advance to Section II.

Foster Care Level/Needs Assessment

Case Participant
 Name: Fal K. Stone DOB: 06/01/2008 Gender: F Race: White

Level 2 Care **Level 3 Care** **Results**

Basic
 Section I Section II

Eligibility
 Child Eligible for Level 3 Care under Section II? Yes No

II. Social and Adaptive Functioning

A. The child needs a high level of continuous care, structure and supervision by adults to handle child's physical, developmental or behavioral needs. Yes No

B. The child needs placement with low adult to child ratio with a specifically trained care giver to meet the child's needs and ensure safety and well being. Yes No

OK
Cancel

- The "Child Eligible for Level 3 Care under Section II?" radio button is set to "Yes" if the worker has answered "Yes" to both questions in Section II.

5.8.3 Tab 3 – Results

This tab summarizes the answers to the previous tabs, and is not directly editable.

The screenshot shows a software window titled "Foster Care Level/Needs Assessment". At the top, there is a "Case Participant" section with fields for Name (Fall K. Stone), DOB (06/01/2008), Gender (F), and Race (White). Below this are three tabs: "Level 2 Care", "Level 3 Care", and "Results". The "Results" tab is selected and contains a section titled "Foster Care Determination Results" with three rows of radio button options:

| Question | Yes | No |
|----------------------------------|----------------------------------|-----------------------|
| Child Eligible for Level 1 Care? | <input checked="" type="radio"/> | <input type="radio"/> |
| Child Eligible for Level 2 Care? | <input checked="" type="radio"/> | <input type="radio"/> |
| Child Eligible for Level 3 Care? | <input checked="" type="radio"/> | <input type="radio"/> |

To the right of the results are several buttons: "OK", "Cancel", "Text", "PDF Options" (with a dropdown arrow), and "Approval" (with a dropdown arrow).

You can select the "Text" button and a blank document will open for user entered documentation.

- The Text document can only be created or updated in the current or most recent Foster Care Level Needs Assessment/Re-Assessment window, by a worker assigned to the case. All previous Text documents in prior Assessment/Reassessments can be viewed but cannot be edited.
- The Text documents are running documents which mean that any text entered in the previous document will copy forward and be viewable in the current document.
- The worker will still be able to launch/edit the most recent text document after final approval of the window or until the case is closed.
- The text document is not required to save/close the window.

**NEEDS-BASED CARE ASSESSMENT
FOR SPECIALLY ARRANGED LEVEL III
AND
ASSOCIATION OF RETARDED CITIZENS OF AMERICA (ARCA)
PLACEMENTS**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--|--------------------------|---|--------------------------|-----|--------------------------|----|---------------------------|--------------------------|-----|--------------------------|----|------------------------------------|--------------------------|-----|--------------------------|----|--------------------------------------|--------------------------|-----|--------------------------|----|------------------|--------------------------|-----|--------------------------|----|
| Child's Name: | | Case Name: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case ID: | Child DOB: | Caseworker: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSI Is child receiving SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, monthly amount \$: _____ If no, date SSI application submitted: _____ (SSI application must be submitted before the Needs-Based Assessment will be reviewed) | | Waivers Has an application been submitted for any of the following waiver services? <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Developmental Disabilities (DD) Waiver:</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">No</td> </tr> <tr> <td>Medically Fragile Waiver:</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td>Disabled and Elderly (D&E) Waiver:</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td>Traumatic Brain Injury (TBI) Waiver:</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td>HIV/AIDS Waiver:</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> </table> If yes, date application submitted to: _____ If yes, status of application: _____ | | Developmental Disabilities (DD) Waiver: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Medically Fragile Waiver: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Disabled and Elderly (D&E) Waiver: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Traumatic Brain Injury (TBI) Waiver: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | HIV/AIDS Waiver: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Developmental Disabilities (DD) Waiver: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | | | | | | | | | | | | | | | | | | | | |
| Medically Fragile Waiver: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | | | | | | | | | | | | | | | | | | | | |
| Disabled and Elderly (D&E) Waiver: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | | | | | | | | | | | | | | | | | | | | |
| Traumatic Brain Injury (TBI) Waiver: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV/AIDS Waiver: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | | | | | | | | | | | | | | | | | | | | |
| If this is an ARCA placement, please describe efforts to identify an alternate placement: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ALL DOCUMENTS SUPPORTING THIS REQUEST MUST BE INCLUDED: medical, psychological, psychiatric, therapeutic, and educational.

IN ADDITION, PLEASE PROVIDE DETAILED JUSTIFICATION/CASE SUMMARY:

Table 1: NEEDS-BASED ASSESSMENT

Please read instructions carefully

Please complete the following categories. Score points for the level of difficulty and total at end of section (pg.7).

| | |
|---|------------------------------------|
| 1. Behavior Management: Youth has emotional impairments and/or behaviors which require special and extensive involvement by the foster parent(s) in scheduling and monitoring of time and/or activities, and/or crisis management at least (weekly / daily / constant). | |
| Basic Parenting. (Youth requires occasional supervision for difficult behaviors.) | <input checked="" type="radio"/> 0 |
| Weekly / Mild | <input type="radio"/> 10 |
| Daily / Medium | <input type="radio"/> 20 |
| Constant / Severe | <input type="radio"/> 30 |
| SCORE | 0 |

Summary:

| | |
|--|------------------------------------|
| 2. Therapy / Counseling: Youth attends therapy sessions per the Treatment Plan , and the foster parent is on-site and available to the provider during all appointments. | |
| Basic Parenting. (Youth requires occasional supervision at appointments or special events.) | <input checked="" type="radio"/> 0 |
| Weekly attendance by youth and foster parent. | <input type="radio"/> 5 |
| Bi-weekly attendance by youth and foster parent. | <input type="radio"/> 10 |
| Three times a week attendance by youth and foster parent. | <input type="radio"/> 15 |
| SCORE | 0 |

Summary:

3. Education Intervention: Regular or special education requiring intervention with the school and **daily** foster parent intervention at home of at least **(30 minutes / 30 minutes to 2 hours / more than 2 hours)**. Ratings will be reviewed and approved collectively for all foster children within a home. Foster Parents must demonstrate a plan for managing education interventions and homework supervision for multiple children.

| | |
|---|------------------------------------|
| Basic Parenting. (Youth requires periodic supervision and assistance with school/ homework.) | <input checked="" type="radio"/> 0 |
| One (1) hour daily | <input type="radio"/> 5 |
| Two (2) hours or more daily | <input type="radio"/> 10 |
| Three (3) hour or more daily | <input type="radio"/> 15 |
| SCORE | 0 |

Summary:

4. Transportation: Transportation by the foster parent to services or activities **per the Treatment Plan.**

| | |
|--|------------------------------------|
| Basic Parenting. Youth requires occasional transportation to activities and events. | <input checked="" type="radio"/> 0 |
| 2-7 times a month | <input type="radio"/> 10 |
| 8-12 times a month | <input type="radio"/> 15 |
| 13 or more times per month | <input type="radio"/> 20 |
| SCORE | 0 |

Summary:

| | |
|--|------------------------------------|
| 5. Personal Care: Physical or developmental impairments requiring the involvement and assistance by foster parents beyond age appropriate needs. Foster parents are participating in activities such as meals, hygiene, grooming, physical or occupational therapy. | |
| Basic Parenting. Youth requires occasional supervision for meals, hygiene, grooming, etc. | <input checked="" type="radio"/> 0 |
| Mild impairment. Minor foster parent assistance (less than 10 hours per week) | <input type="radio"/> 10 |
| Medium impairment. Moderate foster parent assistance (10 to 20 hours per week) | <input type="radio"/> 20 |
| Severe impairment. Intensive foster parent assistance (over 20 hours per week) | <input type="radio"/> 30 |
| SCORE | 0 |

Summary:

| | |
|---|------------------------------------|
| 6. Medical Items/Diet: Medical supplies or medicine not covered by Medicaid; special dietary requirements. Must provide receipts and invoices. | |
| Basic Supplies: Youth occasionally incurs minor special costs. | <input checked="" type="radio"/> 0 |
| Minor: Least costly supplies or diet (i.e. protein drinks, high caloric drinks) | <input type="radio"/> 10 |
| Moderate: More costly supplies or diet (i.e., bed pads, diapers for older children) | <input type="radio"/> 20 |
| Severe: Costly supplies or diet (i.e., diapers, etc. and special dietary requirements) | <input type="radio"/> 30 |
| SCORE | 0 |

Summary:

| | |
|--|--------------------|
| Table I. NEEDS-BASED ASSESSMENT | |
| Add Scores from Questions 1-6 | TOTAL SCORE |
| | 0 |

Insert **Total Score** into Table 1, page 11. If the child is **NOT** Special Medical Needs, you may stop here and proceed to page 11.

INSTRUCTIONS FOR TABLE II

Please complete the following Sections A through D. Add the number of checked items and assign a value of "1" for each item checked. Then, insert the total score at the end of the section, page 11.

SPECIAL MEDICAL NEEDS ASSESSMENT FOR CHILDREN IN FOSTER CARE

Complete all sections of this form if this child has special medical needs.

Child's Name: _____ Case Name: _____

Person ID: _____ Child DOB: _____ FACTS#: _____

CPS Caseworker: _____ Foster Parent's Name: _____

SECTION A:

PHYSICAL or MEDICAL IMPAIRMENTS

- Any physical or medical impairment or combination of impairments requiring an average of ½ to one hour of daily medically prescribed therapy or procedures performed by the foster parents (i.e. respiratory, bowel or skin treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, range of motion, medication, failure to thrive, etc.)
- Colostomy care
- Ileostomy care
- Daily injections (insulin, asthmatic, allergies)
- Feeding problems requiring an additional 30 minutes of preparation or feeding time (difficulty swallowing, cleft palate, nasal difficulties, tongue thrust, etc.)
- Special diet (diabetic, asthmatic, mild Cystic Fibrosis, and/or need for special formulas, additives, etc.)
- Hearing problem requiring encouragement and monitoring (i.e. hearing-aid use, etc.)
- Vision problems
- Respiratory problems (asthma and/or allergies) requiring minor environmental restrictions.
- Sporadically active infectious diseases requiring sterile procedures when active, such as Herpes-type viruses.

Comments:

SECTION B:

1. AT-RISK PHYSICAL or MEDICAL IMPAIRMENTS

- Seizures uncontrolled by medication, requiring hospitalization 3-4 times per year.
- Heart monitor (for apnea and Sudden Infant Death Syndrome, etc.)
- Oxygen while sleeping (for Broncho Pulmonary Dysplasia, etc.)
- Tube feedings
- Severe heart problems, such as "blue baby"
- Respiratory problems (asthma or allergies) requiring major daily dietary and/or environmental restrictions.
- Osteogenesis Imperfecta
- Chemotherapy
- Body cast (Spica cast)
- Spinal Bifida
- Other, specify:

Comments:

SECTION C:

2. PHYSICAL or MEDICAL IMPAIRMENTS

- Any physical or medical impairment or combination of impairments requiring an average of 1-2 hours of daily medically prescribed therapy or procedures performed by the foster parents (i.e. respiratory, bowel or skin treatments, s hunt monitoring, bur n care, orthopedic braces, percussion, suctioning, range of motion, medications, failure to thrive, etc.
- Legal blindness in both eyes or severe vision impairments requiring exercises, minor environmental modifications.
- Hearing impairment requiring foster parent to know sign language and encourage and monitor hearing aid or auditory-training device use.
- Twice weekly in-home therapy (i.e. PT, OT, etc.). **Requires documentation.**
- Child age two or over weighing 20-30 pounds with mobility impairments causing partial dependence, requiring assistance in transfer from wheel chair to bed, chairs, etc.

Comments:

SECTION D:

PHYSICAL or MEDICAL IMPAIRMENTS

- Any life-threatening medical needs or conditions
 - Oxygen 24 hours per day (for BPD, etc.)
 - Tracheotomy
 - Hemophilia
 - Respiratory problems (asthma or allergies) requiring a complete sterile environment
 - Other, specify _____
- Seizures uncontrolled by medication, occurring daily or more.
- Child age two or over weighing 31 pounds or more with mobility impairments causing partial dependence, requiring assistance in transfer from wheelchair to bed, chairs, etc.
- Child age two or over weighing 20 pounds or over who is totally dependent, without use of own limbs for mobility.
- Child age four or over without self-care skills (i.e. cannot dress, feed, or bathe self) requiring total care due to physical impairments.
- Child age four or over who is more than 50% behind age level in more than 3 areas of development due to physical impairments.
- Child age four or over without self-care skills (i.e. cannot dress, feed or bathe self) requiring total care due to mental retardation or emotional impairments.
- Child age four or over who is more than 50% behind age level in more than 3 areas of development due to mental retardation.
- Child who is totally blind requiring mobility training and/or major environment modifications.
- Child with major behavior problems that may or may not be due to physical impairment (i.e. self-stimulating, head banging, removes medical apparatus at least 3 times a week); refusal to comply with medical procedures (i.e. taking meds at prescribed times), etc.
- Any active, serious, or chronic infectious disease requiring complete sterile procedures.

Comments:

Table II: Add Scores from Special Medical Needs Assessment Table - TOTAL SCORE:

ADD SCORES FROM FOLLOWING TABLES

SECTION E – NEEDS-BASED ASSESSMENT AND SPECIAL MEDICAL NEEDS ASSESSMENT

| | | |
|---|--|-------|
| Indicate the number of items from above sections | | Score |
| Table I: Needs-based Assessment (total score from page 7) | | 0 |
| Table II: Special Medical Needs Assessment (total score from page 11) | | |
| TOTAL SCORE | | 0 |

**SPECIALLY ARRANGED - LEVEL 3 PLACEMENTS (SPECIAL MEDICAL NEEDS)
MAINTENANCE PAYMENTS**

The Level 3 or “Specially Arranged Foster Care” rate pays for the basic maintenance needs for a child and the child has significant medical or physical needs requiring an increased need for higher medical supervision and care by medical personnel and specifically trained caregivers.

| ADDITIONAL SCORE FOR CHILDREN WITH SPECIAL MEDICAL NEEDS (From Section E of the Special Medical Needs Assessment Form) | | | |
|---|------------------------------------|------------------------|----------------------------------|
| Level III Foster Care Rate 50-140 = Level III @ \$750.00 | Special Medical Needs Score | Additional Rate | Total Determination Rates |
| \$750.00 | 10-30 | \$150.00 | \$900.00 |
| \$750.00 | 35-65 | \$250.00 | \$1,100.00 |
| \$750.00 | 70-95 | \$500.00 | \$1,300.00 |
| \$750.00 | 100-125 | \$650.00 | \$1,400.00 |
| \$750.00 | 130-155 | \$850.00 | \$1,600.00 |
| \$750.00 | 160+ | \$1050.00 | \$1,800.00 |

Final Rate (as indicated above): \$ _____

SIGNATURES:

| Title | Name | Date |
|---|-------------|-------------|
| Caseworker | | |
| Supervisor | | |
| County Office Manager (COM) | | |
| Deputy Director (required) | | |
| PS Director (required for ARCA Placement) | | |

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: NEW YORK

2.) Child Specific Conditions

Local commissioners may also request approval for a child with a condition that is not specifically addressed by the regulations but whom they believe requires special or exceptional care.

In such cases, the local commissioner may approve the special or exceptional rate and then submit a request through the regional office. The department will make every effort to make a decision within 60 days. If the department does not act on the request within 60 days, the rate can be continued until a decision is made. If the request is denied, the rate may be continued until the end of the month in which the district is notified of the department's decision.

However, if a social services district requests approval for a condition or conditions previously denied to that district by this department, the subsequent denial is retroactive to the date that the rate was first approved by the social services district.

g. Notification of Foster Parents

Social services districts must advise all foster parents and applicants of the requirements for designating children as special and exceptional and for receiving the higher payments for providing such care. This information must be included in the district's foster parent manual that is required by 18 NYCRR 443.3(p).

h. Variable Rates for Special/Exceptional Services

In some instances, social services districts pay more than one rate for special or exceptional foster care services. Districts have reported rates based on variables such as the child's age or type and severity of condition. While the regulations do not prohibit this practice, districts are reminded that they must be consistent in the application of district standards.

3. SPECIAL PAYMENTS (APPLICABLE REGULATION: 427.3(C))

(1) For purposes of allowability in the maximum State aid rate-setting process, the term special payments, as referred to in subdivision (a) of the section, means those expenditures made on behalf of a child residing in a foster boarding home for items, costs, or services that are approved pursuant either to paragraph (3) or (4) of this section as being necessary for the child but that are not included in establishing rates for board, care and clothing.

(2) Special payments include but, are not limited to expenditures for the following categories of items, costs and services:

- (i) special attire for proms, religious observances and graduation, and for circumstances or occasions, such as school attendance or scouting activities, in which uniforms are necessary items of clothing;

- (ii) school expenses such as books, activity fees, costs of field trips, club dues, school jewelry, school pictures, art supplies, and yearbooks;
- (iii) music, art, and dancing lessons, and the purchase or rental of items needed to take part in such
- (iv) gifts for birthdays, holidays and other special occasions;
- (v) extraordinary transportation and communication expenses. These expenses include:
 - (a) transportation provided by the foster parents for visits to the staff of an authorized agency, the foster child's birth parents, siblings who continue to reside with the birth parents, and to siblings who are placed separately with relatives or who are in foster care or adoption homes;
 - (b) payments to the birth parents, legal guardians, other relatives and significant others, for travel in excess of 50 miles (including the first 50 miles) to visit children in foster care;
 - (c) the costs of public transportation when it is necessary for school attendance if such costs are not reimbursed by the school district;
 - (d) other exceptional transportation required by the authorized agency or for agency approved reasons; and
 - (e) extraordinary telephone costs for communication with birth parents and siblings;
- (vi) day care and baby-sitting services when necessary for the care and supervision of a child in foster care; **(See the interpretation in the following section.)**
- (vii) special furniture/equipment for the care of children in foster care such as cribs, high chairs, and car seats; **(See the following interpretation.)**
- (viii) window guards necessary to protect the safety of a foster child;
- (ix) special recreational/hobby expenditures including travel expenses such as lodging, tools and the costs of transportation, entry or use fees, uniforms and materials. These expenditures are limited to \$400 per calendar year per foster child;
- (x) compensation to a foster parent for the damage to and/or loss of personal property owned by the foster parent that is caused by the foster child in his or her care to the extent not covered by insurance. Requests for such compensation must be submitted in writing to the appropriate social services district in a manner required by such district within 30 days from the date the foster parents become aware of such damage or loss of

Compensation for
Damage Caused by child =>

personal property. The compensation herein provided for is limited to a maximum of \$1,000 per foster child per foster boarding home over a two year period from the date of placement in such home. Compensation of less than \$25 will not be granted;

(xi) day camp or residential summer camp costs, including registration and transportation expenses. Reimbursement for residential summer camp fees is available for a maximum of two weeks; **(See the following interpretation.)**

(xii) non-medical needs of a handicapped child, including special equipment or clothing that is not covered by medical assistance, which arise from the child's handicap; **(See the following interpretation.)** and

(xiii) costs of diapers for a child from birth to the date of the child's fourth birthday.

(3) Requests for special payments for items, costs, or services identified in the categories set forth in subdivision (2) of this section must be reviewed and approved by the social services district.

(4) A social services district may wish to make special payments to a foster parent for items, costs or services not otherwise identified among the categories set forth in subdivision (2) of this section. In order to be eligible for State reimbursement for such payments, the social services district must request approval from OCFS through the appropriate regional office. The regional office will notify the social services district whether the items, costs or services are equivalent to those in subdivision (2) of this section. This approval must be obtained before the payment can be made.

4. Interpretation of Certain Special Payment Items

a) **427.3(c)(2)(vi), Day Care and Baby Sitting**

1) **Background for the Day Care and Baby Sitting Policy**

The department allows both foster parents in certified home to be employed outside the home when suitable plans for the care and supervision of foster children are made for all times when such children are not in school. Some local social service districts have indicated serious problems in recruiting foster parents. One reason is that in many families both parents are employed full or part time. In order to recruit or maintain homes where foster parents (including single foster parents) are employed, the department allows foster care payments for the substitute adult care of foster children when the foster parent(s) are not available due to employment. Such adult supervision is intended to mean care provided by one or more adults in the foster parent's home, in the baby sitter's home or by a licensed day care center.

2) **Program Implications**

B. PAYMENTS TO FOSTER PARENTS**1. INTRODUCTION**

OCFS sets maximum monthly payment allowances for the board and care of children in foster homes. There are separate allowances for Normal, Special and Exceptional Foster Care. OCFS also sets maximum yearly clothing replacement allowances.

The maximum board and care for Normal children allowances vary by region. The Metropolitan Region consists of New York City, Nassau, Suffolk, Westchester and Rockland counties. The Upstate Region includes all of the other counties in New York State. The difference in allowances is due to the higher cost of shelter in the New York Metropolitan Region. There are no regional differences in the maximum allowances for Special and Exceptional Foster Care.

a. Clothing: Replacements and Initial

The maximum yearly clothing replacement allowances are based on age. These allowances are for the replacement of clothing after the children are in care. Since the clothing needs of children at the time of placement may vary, the initial clothing allowance is not subject to the yearly replacement maximum. The placing agency should use its judgment in determining the clothing needs of each child at the time of placement. The initial allowance must be approved by the local social services district responsible for the child. See section F of this chapter for more information.

Applicable Regulation

427.16 Standards on clothing for children in foster care. (a) Responsibility of social services districts. For each child in foster care, the social services district shall:

- (1) determine clothing needs upon admission to care;
- (2) authorize allowances to buy necessary clothing;
- (3) authorize special allowances to cover the costs of additional clothing for:
 - (i) religious ceremonies;
 - (ii) educational or summer camp activities;
 - (iii) special physical conditions;
 - (iv) replacement of clothing that is stolen or destroyed; and
- (4) review and evaluate the child's clothing needs with the child, when appropriate, and the foster parent to ensure that:
 - (i) additional clothing is provided for the child as needed;
 - (ii) clothing is clean, attractive, and well fitting;

Initial
Clothing

- (iii) the child's participation in the planning and the selection of his clothes is consistent with his age and maturity; and
 - (iv) advance notice is given for special clothing requests.
- (b) For each child placed in a child caring agency or institution, the social services district shall provide a clothing allowance only when the negotiated board rate does not include such an allowance.

b. Special Payments

Payments may also be made for special needs items that are not covered by the regular board and care and clothing allowances. Detailed information about special payments follows in this chapter.

c. Maximum Payments Are Not Mandated

Under Social Services Law 398-a, the state department sets maximum allowances. Local districts set the rate amounts for the children in the district-operated foster boarding home programs. Rates charged by voluntary agencies are subject to local district approval. State reimbursement to local districts for district-operated and voluntary agency programs is subject to the State maximums.

2. DESIGNATION OF CHILDREN IN FOSTER BOARDING HOMES

Children in foster boarding homes are designated as **Normal, Special, or Exceptional** by the local department of social services which has responsibility for the child. This is the case for both children in district-operated foster boarding home programs and programs operated by voluntary child care agencies. Children should be designated within 90 days of admission and re-designated according to changes in condition while in care.

a. Normal

The board and care payments to foster parents caring for children in the Normal category cover: food, personal care, household furnishings and operations, educational materials, recreation, normal transportation and shelter. Shelter includes rent or homeowner's costs, maintenance, repairs and fuel and other utilities.

1) Criteria (Child's Characteristics)

The child has no diagnosed physical or mental handicap which requires special care. There may be problems related to neglect, mistreatment or improper care and training such as:

- poor nutrition and bad eating habits,
- problems with sleeping,
- poor hygiene or incomplete toilet training,
- inability to relate to others, poor social skills.

*Survey Question
#23
"What determines
whether a child
is placed..."*

There may be separation problems such as fears and resentment towards the child's own family and foster parents and negative attitudes towards authority.

2) Services to be Provided by Foster Parents

The following are to be provided to children in the Normal category:

- basic physical care including regular, well-balanced meals and a secure, well-maintained home;
- supervision of the child's medical and dental care;
- personal care and supervision, attention and affection appropriate to the child's age;
- an emotional climate that encourages warm interpersonal relationships, trust, and the development of the child's self-worth and self-discipline;
- opportunities for educational, social and cultural growth through suitable reading materials, toys and equipment;
- associations with peer groups and opportunities for experiences in school, church and community;
- encouragement of the child's talents and interests;
- cooperation with the placing agency by being available for case conferences and in-service training;
- assistance in arranging for contact with the child's natural family, when appropriate.

b. Special

The payments for children in this category include those items listed under Normal. The higher maximum allowance is to compensate the foster parents for the additional services that the special children require.

1) Criteria - The criteria for special children are listed in Department Regulation 427.6(c).

(c) If approved by the department, social services districts are eligible to receive State reimbursement for payments for special foster care services made on behalf of children who:

- (1) are boarded out with foster parents who meet the criteria of subdivision (e) of this section; and
- (2) suffer from pronounced physical conditions as a result of which a physician certifies that the child requires a high degree of physical care; or
- (3) are awaiting family court hearings on PINS or juvenile delinquency petitions, or have been adjudicated as PINS or juvenile delinquents; or
- (4) have been diagnosed by a qualified psychiatrist or psychologist as being moderately developmentally disabled, emotionally disturbed or having a behavioral disorder to the extent that they require a high degree of supervision; or
- (5) are refugees or Cuban/Haitian entrants, as defined in subdivisions (p) and (q) of section 427.2 of this Title and are unable to successfully function in their communities because of factors related to their status as refugees or entrants. Such factors shall include but not be limited to, the ability to communicate effectively in English, the lack of effective daily living skills and the inability of the child to relate to others in the child's community; or

Note: For the definition of refugees, Cuban/Haitian entrants and unaccompanied refugee minors or unaccompanied entrant minors see Department Regulations 427.2 (p), (q) and (r). These are found in section E of this chapter.

- (6) enter foster care directly from inpatient hospital care. Such children are eligible for special foster care services for a period of one year. Eligibility after one year will continue only if the child meets one of the conditions described in paragraph (2), (3), (4), (5) or (7) of this subdivision; or
- (7) in the judgment of the local social services commissioner, have a condition equivalent to those in paragraph (2), (3), (4) or (5) of this subdivision. Special payments for foster children who have the equivalent conditions described in this paragraph are approved if:
 - (i) a list of equivalent conditions has been developed by the local social services commissioner and approved by the department as eligible for special foster care services; or
 - (ii) individual, child specific requests for special foster care services have been approved by the local social services commissioner. Such child specific requests must be approved by the department within 60 days after approval by the local social services commissioner.

2) Services to be Provided by the Foster Parents - All of the services required by children in the normal category plus:

more personal involvement and time than for children in the normal category. The foster parent should spend more time talking to and working with the child and provide extra opportunities for skill development. The foster parents need to be patient and able to give attention and affection without a positive response from the child.

more intensive supervision. Foster parents may have to provide prescribed physical care such as the preparation of special diets, administering medication or assisting in a program of physical therapy

c. Exceptional

Foster parents caring for children in the exceptional category are expected to provide the services required for children in normal category and also to provide close supervision for 24 hours a day. The family environment must be carefully structured to enable these children to live in a foster home rather than institutional or other group care.

1) Criteria - The criteria for exceptional children are listed in Department **Regulation 427.6(d)**

(d) If approved by the department, social services districts are eligible to receive State reimbursement for payments for exceptional foster care services made on behalf of foster children who:

(1) are boarded out with the foster parents who meet the criteria of subdivision (e) of this section; and

(2) require, as certified by a physician, 24-hour a day care provided by qualified nurses, or persons closely supervised by qualified nurses or physicians; or

(3) have severe behavior problems characterized by the infliction of violence on themselves, other persons or their physical surroundings, and who have been certified by a qualified psychiatrist or psychologist as requiring high levels of individual supervision in the home; or

(4) have been diagnosed by a qualified physician as having severe mental illnesses, such as child schizophrenia, severe developmental disabilities, brain damage or autism; or

(5) have been diagnosed by a physician as having acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV)-related illness, as defined by the AIDS Institute of the State Department of Health. Such definitions are contained in directives issued by the department from time to time. Foster children who have tested positive for HIV infection and subsequently tested negative for HIV infection due to seroconversion remain eligible for exceptional services for a period of one year from the date of the test which indicated seroconversion. Upon expiration of such one year period, the child's condition must be evaluated and the local social services commissioner must determine the child's continued need for exceptional services in accordance with paragraph (2), (3), (4) or (6) of this subdivision; or

(6) in the judgment of the local social services commissioner, have a condition equivalent to those in paragraph (2), (3), (4) or (5) of this subdivision. Exceptional payments for

foster children who have the equivalent conditions described in this paragraph are approved if:

- (i) a list of equivalent conditions has been developed by the local social services commissioner and approved by the department as eligible for exceptional foster care services; or
- (ii) individual, child specific requests for exceptional foster care services have been approved by the local social services commissioner. Such child specific requests must be approved by the department within 60 days after approval by the local social services commissioner.

2) Services to be Provided by the Foster Parents - Some children whose characteristics match the exceptional criteria will require group foster care. However, in many cases, foster parents may be able to provide the necessary care. Supervision must be on a one-to-one, 24-hour a day basis.

The foster parents must be able to work with the professionals involved in the treatment plan, such as physicians, nurses, social workers, psychologists and psychiatrists. They must be able to accept assistance and guidance in caring for the child.

d. Special and Exceptional Payments – Additional Requirements

Regulation 427.6(e) - If approved by the department, social services districts are eligible to receive State reimbursement for payments for special or exceptional foster care services made to foster parents who:

e) If approved by the department, social services districts are eligible to receive State reimbursement for payments for special or exceptional foster care services made to foster parents who:

- (1) provide foster family boarding home care to the foster children described in subdivisions (c) and (d) of this section; and
- (2) have demonstrated their ability to care for foster children with special or exceptional conditions through past training and experience in nursing, special education, child care or the completion of or participation in special training provided by an authorized child caring agency or other relevant training and experience; and
- (3) actively participate in agency training for foster parents of not less than four hours per year in the case of providers of special foster care services and five hours per year in the case of providers of exceptional foster care services; and
- (4) actively participate in case conferences as determined by the authorized agency; and
- (5) are able to provide the intensive supervision and interpersonal relationships that are consistent with the child's

therapeutic goals. This includes the ability to work with the professionals involved in the treatment plan, such as physicians, nurses, social workers, psychologists and psychiatrists. Foster parents must also be able to accept assistance and guidance in caring for the child.

e. Training

The initial and ongoing training required by **regulations 427.6(e)(2) and (3)** may be provided directly by district staff or through contracts with voluntary child caring agencies or other human services agencies approved by the social services districts and qualified to provide such training.

f. Special and Exceptional Payments – Equivalent Conditions

Regulations 427.6(c)7 and 427.6 (d)(6) allow local commissioners to develop lists of special and exceptional conditions that are not specifically covered by the revised definitions but are essentially equivalent. Individual, child specific conditions may also be approved for special or exceptional services. Both must be approved by OCFS through the following procedures.

1.) Lists of Equivalent Conditions

OCFS expects that the regulations are sufficiently broad enough to cover a significant number of children whose foster care is subject to state reimbursement at the special or exceptional level. Local commissioners and their staffs should review the criteria and determine if there are any classes of children in care whose conditions are not specifically covered by the regulations but who they believe should be eligible for the enhanced state reimbursement.

The local commissioner may then submit justification for these conditions for approval to OCFS through the applicable regional office. OCFS approval must be obtained before the special or exceptional rate can be paid.

The department will determine if the conditions:

- Already meet the special or exceptional criteria,
- Are equivalent to the special or exceptional criteria and can be approved, or
- Are not equivalent and cannot be considered eligible for enhanced state reimbursement.

The regional office will notify the social services district of the determination. Social services districts may expand and update their list through the above process.

Approved lists of equivalent conditions must be shared with voluntary child caring agencies that have contracts to provide foster boarding home services for the social services district.

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: NORTH DAKOTA

Therapeutic Family Foster Care 624-05-20-15

(Revised 1/12/09 ML #3170)

[View Archives](#)

Introduction:

This manual information represents North Dakota's model of Therapeutic Family Foster Care (TFFC). The North Dakota model was designed to meet the needs of children who would otherwise require a more restrictive setting, such as a group or residential facility. Characteristics of the North Dakota model include the preference for only one child in a therapeutic family foster home (TFFH), with a maximum of two in some situations; small social worker caseloads (8-10); and, intense agency support for the TFFH. This is the model the Department is interested in purchasing for those children who need the TFFH level of care, meet the eligibility requirements for TFFC, and where a TFFH is available to meet the child's needs. TFFC is available statewide; however, due to resource constraints it is limited.

Therapeutic family foster care is family care in a specially selected foster home, where the foster parents have participated in intense preparation and training for meeting the needs of children who are at risk of placement in a more restrictive setting. It provides more opportunity for one-on-one work by the TFFH and the child, and a more intense level of support and availability to the TFFH by the social worker who has a limited number of therapeutic family foster care cases. TFFC is intended to be in lieu of a more restrictive setting for children and youth in need of out-of-home care.

Licensing & Placement Limits:

Due to the intensity of needs of youth in care, the TFFH license is limited to two children. Preferably, one child will be placed in a TFFC home. Two TFFC children in the home is maximum. If it is determined that the home may be used for more than one child at any time, the license is issued for two. This accommodates brief relief care stays, without the need to amend the foster home license. It is important to keep in mind that licensing and placement are separate and distinct issues. In terms of placement, North Dakota policy states a preference for one child in a TFFH with two (occasional) as the maximum. The maximum of two includes the relief care placement or a mother-infant placement. Licensing requests for more than two in therapeutic family foster homes are handled as exceptions by the regional

supervisor in consultation with the Administrator, Foster Care Program, Children and Family Services.

Financial County Related to TFFC Placements:

The administrative county for purposes of TFFC is similar to the procedure for children in group/RCCF/PRTF care. The custodian refers the child, ensures that permanency planning takes place, maintains the county case file for purposes of ensuring that custodial duties are carried out, compliance issues met, and that payment is processed on CCWIPS. In other words, the working relationship with the TFFC agency and their financial county is established. The county of financial responsibility maintains all case management responsibility not vested in the custodian.

Referrals to Therapeutic Family Foster Care:

Therapeutic Family Foster Care is a resource for children at risk of a more restrictive placement setting. It is one of the resources available to children in the whole spectrum of out-of-home care (relative care, family foster care, therapeutic family foster care, group care, residential child care, residential treatment). It is intended to address the child's needs at the time, to enable return to a less restrictive setting (family foster care, relative care, or home). TFFC is a very limited resource and is not used for emergency or shelter care, nor is it considered a resource for a planned, long-term foster care placement.

Due to the availability limits of TFFC, only those children who cannot be served in other family foster care homes should be referred to TFFC. The needs of most young children and medically fragile children can most often be met in other foster care homes, sometimes with the addition of excess maintenance payment or other resources. On the other hand, adolescents with behavioral/emotional problems at risk of placement in a more restrictive setting are appropriate referrals to TFFC.

Cross Regional Referrals:

Regional supervisors and custodians from the referring and receiving county must be involved in child placement planning decisions. All prospective referrals to the therapeutic family foster care program in a region other than where the custodian is located must be approved by both the referring and receiving regional supervisor(s) before the referral is processed.

Multiple Placements in a Therapeutic Family Foster Home:

North Dakota policy states a preference for one child in a therapeutic family foster home with two placements as the maximum. In instances where a second placement is planned, the custodian must review the appropriateness of the placement with the regional supervisor prior to processing the referral. The custodian of the child currently placed in the therapeutic family foster home must be involved in the discussions regarding the possible placement of a second child into the home. It is imperative that all parties involved in utilizing/referring to the same therapeutic family foster home come to an agreement prior to processing the referral.

Eligibility for TFFC:

1. The child must be in need of the TFFC level of care. Serious consideration must be made to meet needs in a less restrictive setting prior to referral to TFFC. Allow sufficient time to adequately evaluate the child's needs prior to referral to TFFC. The child's referral and entry to TFFC should be planned.
2. Any child for whom the NDDHS-CFS has a financial responsibility for maintenance payment may receive therapeutic family foster care through the Department's therapeutic foster care program, as long as other eligibility criteria is met.
3. Court order with finding (deprived, unruly, delinquent) and appropriate foster care information, i.e. contrary language, prevention and reunification language, independent living language, appropriate custodian, etc. The court order, with the above information, needs to be in place prior to the referral to TFFC.
4. DSM-IV diagnosis.
5. Medical assistance eligibility.
6. All of the federal and state requirements for foster care (i.e. case plan, periodic reviews, permanency planning/Foster Care Child & Family team meetings, etc.) also apply.
7. Regional Supervisor approval (Recommendation Concerning Foster Care Payment in Group Care, RCCF, PRTF, TFFH, now completed on CCWIPS) for a specified period of time.

As is the case of any placement planning, the situation must be discussed in the permanency planning/Foster Care Child & Family team meeting setting. Questions regarding appropriateness of referral for TFFC should be directed to the regional supervisor before the referral is processed.

Length of stay in TFFC varies according to the child's needs and progress. TFFC is not intended to be used as emergency or shelter care, nor is it intended to develop into a long-term placement. Current projected length of stay in TFFC is estimated at 9-18 months. Because TFFC is a limited resource, a dual approach is required to maximizing the availability of this resource for children in need of care, namely:

1. Ensure that TFFC is used only for children in need of the TFFC level of care, and
2. When the child is ready for a less restrictive environment, transition the child and make the TFFC bed available to serve another child.

One way to ensure that all parties are fully aware of the intended purpose and use of TFFC is to commence discharge planning at the onset of TFFC placement, and involve all parties pertinent to the child's foster care situation, i.e. TFFH, TFFC social worker, child and parents, custodian, etc.

EXCEPTION: TFFC Accelerated Referral/Intake:

The regional supervisor may make an exception to the above policy for TFFC/referral/intake in a situation where the child has a temporary foster care order; a court hearing has been scheduled; the child is eligible for medical assistance; and the custodian has evaluative information on the child sufficient to determine that TFFC is appropriate.

This exception to the TFFC referral and intake policy is intended to accelerate the youth's TFFC intake when absolutely necessary. The exception does not apply to situations where the child's need is shelter care. This policy exception provides quicker access to TFFC when it is clearly the service needed by the child, a temporary foster care order is in place; a longer foster care order is forthcoming; and the custodial agency has not had the opportunity for a planned entry to TFFC. The expectation then, is the child will remain in TFFC for treatment after the order is issued.

TFFC Accelerated Intake Eligibility:

1. Temporary foster care court order.
2. DSM-IV diagnosis.
3. Permanency planning committee/Foster Care Child & Family team review.
4. Medical assistance eligibility.

5. NDDHS-CFS has financial responsibility for the child's maintenance payment.
6. Regional supervisor approval (Recommendation Concerning Foster Care Payment in Group Care, RCCF, PRTF, TFFH, on CCWIPS) for TFFC for a period **not to exceed 40 days**: The regional supervisor notes on the approval that the situation is a TFFC Accelerated Intake-Exception.

40-day approval provides ample time for the 30-day hearing and securing the foster care court order.

7. At this point, the TFFC case must meet all of the qualifications for TFFC. If all requirements for TFFC are not met, the youth's eligibility for TFFC ceases.

Please note that the accelerated intake provision is a policy exception, and it is expected that it will be used infrequently. It does not change the policy regarding TFFC intake.

Rate for Therapeutic Foster Care - PATH-ND:

Refer to NDDHS 623-05 and NDDHS 447-10 for Therapeutic Family Foster Care rate information and billing procedure.



SPECIALIZED FAMILY FOSTER CARE/ADOPTION ASSISTANCE LEVEL OF CARE EVALUATION FORM

ND DEPARTMENT OF HUMAN SERVICES
Foster Care/Adoption Services
SFN 1865 (02-2005)

For Foster Care Purposes: *This form is to be completed by the case manager when an Excess Maintenance Payment (EMP) is being considered. The level will be reviewed at every child and family team meeting.*

For Adoption Assistance (AA) Purposes: *This form is to be completed prior to adoption assistance negotiation for all children for whom an adoption assistance amount is being requested that is larger than the regular family foster care maintenance rate, and is to be included in the subsidy packet sent to the county/state. If this form has been completed previously for foster care purposes, the most recent level of care evaluation form completed is to be included with the adoption assistance packet. This form is to be completed by child's foster care case manager and/or adoption worker, with the assistance of the child and family team. This form is to be forwarded with the adoption assistance application to the county administering the subsidy, for the purposes of payment negotiations.*

One form is required for each child.

| | |
|---|--|
| Name of Youth: | |
| Family (Foster/ Adopt) Name: | |
| Family Address: | |
| Worker (Case Manager/ Adoption Worker) Completing Form: | |
| Date of Review: | County of Financial Responsibility/ AA County: |

Scoring:

| N/A | Low | | | Medium | | | High | | | Extreme |
|-----|-----|---|---|--------|---|---|------|---|---|---------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Instructions: *Score "0" if the condition does not exist. Score 1-10 depending on severity of child's behavior/need. Consideration is to be given to the child's age and development when addressing a specific rating.*

| | |
|--|--|
| | 1. The youth has had more than one placement that was disrupted because of child/ parent conflict/ child behavior, or it was difficult to find a placement due to the needs of the child. Specify the reasons for disrupted placement: |
| | 2. The youth requires an unusual amount of or continued supervision because of a medical condition. Identify medical condition/ specify supervision needs: |
| | 3. Youth requires additional supervision around peers due to behavioral and/ or mental health problems, including sexually reactive behaviors. Specify the degree to which the youth must be supervised: |
| | 4. Youth requires an unusual amount of supervision because of self-destructive behaviors, and/or suicidal thoughts. Specify the degree to which the youth must be supervised: |

| | |
|--|--|
| | <p>5. Youth requires an unusual amount of supervision because of dangerous behaviors (i.e. sexual perpetration, assaultive behaviors). Identify behaviors/ specify the degree to which the youth must be supervised:</p> |
| | <p>6. The youth has a diagnosis of an emotional disturbance (RAD, ADHD, Mood Disturbance, Conduct D/O) or other disorder that results in a behavioral disturbance (FASD). Specify diagnosis:</p> |
| | <p>7. The youth requires an unusual amount of time for feeding and/or unusual special dietary needs. Note dietary needs, if applicable:</p> |
| | <p>8. The youth requires an unusual amount of time for dressing or for getting ready in the morning for school, and/or the amount of laundry is excessive.</p> |
| | <p>9. Youth has enuresis/ encopresis. Specify the degree to which this is a problem:</p> |
| | <p>10. Youth requires the repeated teaching of self-help skills (due to their special needs, environmental deprivation, rehabilitation because of medical condition, independent living skills).</p> |
| | <p>11. Youth has a history of D/A abuse or has recently been using substances.</p> |
| | <p>12. The youth was exposed to substances pre or post natally that have a current impact on behavior or functioning. Specify how this effects behavior/functioning:</p> |
| | <p>13. Youth has a history of running away or threatens to run away.</p> |
| | <p>14. Youth currently exhibits negative behaviors such as stealing, lying, swearing. Please specify the behaviors:</p> |
| | <p>15. Youth requires unusual amount of cleaning and washing due to behaviors or medical needs.</p> |
| | <p>16. Youth requires an unusual amount of lifting due to a medical condition or disability.</p> |
| | <p>17. Youth requires an unusual amount of time due to transporting (ex. school activities, medical treatment/ appointments, visitations, extracurricular activities, etc.)</p> |
| | <p>18. Parents require special training or experience in handling the youth's medical needs and/or mental health needs.</p> |
| | <p>19. Parents require special training or experience in handling the child's behavioral and/or emotional needs.</p> |

| | |
|--|--|
| | 20. The handling of the behaviors and/or special needs of the youth are stressful on the parents and family. Specify: |
| | 21. There is an unusual amount of stress on the parents and family due to contacts with the youth's biological family. Specify: |
| | 22. Parents provide foster care for a sibling group, or multiple children with special needs (level to be determined by number of children and the degree of need in the categories mentioned above). Applies to foster care only. Specify number and severity of special needs of children in the home. |
| | 23. The youth is being transitioned to a family from a higher level of care. Limit the use of the rating to those situations where the child has recently transitioned from a higher level of care. |
| | Total Score |

| | | |
|------------|-------------|---|
| Level I: | 20-49 | \$50 above regular F/C maintenance rate (\$1.67/day) |
| Level II: | 50-74 | \$100 above regular F/C maintenance rate (\$3.33/day) |
| Level III: | 75-99 | \$150 above regular F/C maintenance rate (\$5.00/day) |
| Level IV: | 100 & Above | to be determined |

| | |
|----------------|-----------------------------------|
| Youth Score | Payment Level Indicated |
| Effective Date | If Level IV, the amount requested |

Note: Adoption Assistance Rate Request cannot exceed the current **family foster care** rate for the specific child.

This evaluation is being submitted in reference to a specialized family foster care rate and/or adoption assistance request and has been completed with the assistance of the child and family team.

| |
|---|
| Case Manager/ Adoption Worker Signature: |
| Reviewed by County Supervisor/ Designee (for f/c purposes): |
| Regional Supervisor/ Designee Signature (for f/c purposes): |

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: OHIO

5101:2-47-18 Foster Care Maintenance Program Reimbursability: Reimbursements Related to the Difficulty of Care Needs of a Child Placed in a Foster Home, Relative Home, or Pre-Finalized Adoptive Home

[FCASMTL 220](#)

Effective Date: August 25, 2008

Most Current Prior Effective Date: [December 1, 2003](#)

(A) A child with special, exceptional, or intensive needs, as defined in this rule, receiving foster care maintenance (FCM) payments reimbursements may be eligible for a supplemental difficulty of care payment. reimbursement. This payment reimbursement shall be available for a child who has been determined by the Title IV-E agency to have difficulty of care special, exceptional or intensive needs that require special parenting attention and care.

(B) Difficulty of care payments reimbursements shall be updated annually by the issuance of a "Family, Children and Adult Services Procedure Letter" and may be offered at one of the following three levels of intensity depending upon the needs of the child and qualifications of the substitute caregiver:

(1) Special needs;.

(2) Exceptional needs; or.

(3) Intensive needs.

(C) A child eligible for a special needs difficulty of care payment reimbursements is a child placed in a foster home or, on or after April 1, 2005, in a treatment foster home, as defined in rule [5101:2-1-01](#) of the Administrative Code, and who presents:

(1) Moderate emotional or behavioral management problems. These children may display a moderate degree of acting out marked by aggressiveness and/or delinquent behavior such as truancy or running away, substance abuse or any other emotional problems with the primary location of treatment being in the treatment foster home; or

(2) A physical condition determined by a physician which requires specialized care.

(D) The Title IV-E agency shall provide special needs difficulty of care payments reimbursements only to a foster caregiver or, for eligible children placed on or after April 1, 2005, to a treatment foster caregiver certified pursuant to Chapters 5101:2-5 and 5101:2-7 of the Administrative Code. The care and supervision that shall be given by the substitute caregiver of a special needs child shall include, but not be limited to: at a minimum:

(1) Twenty-four hour availability for supervision;.

- (2) Ability to meet the child's basic needs; and.
- (3) Ability to meet the child's treatment needs, including supervision or provision of prescribed care, such as preparation of special diets or assisting in a program of physical therapy.

(E) A child eligible for an exceptional needs difficulty of care payment reimbursements is a child placed in a foster home or, after April 1, 2005, a treatment foster home, as defined in rule 5101:2-1-01 of the Administrative Code, and: if one of the following applies:

- (1) Who presents more severe emotional or behavioral management problems than those children with special needs. These children may display a high degree of impulsive and acting out behavior toward themselves or others which is often characterized by verbal and physical aggression; or have multiple and severe psychiatric, emotional and behavioral management

problems ranging from personality disorders, severe mental retardation, or autism to aggression toward animals, others and self; sexual acting out, suicidal behaviors or ideation; or.

- (2) Who has a physical handicap or disability as determined by a physician which requires a high degree of care and supervision; or who requires medical or remedial services recommended by a physician or other licensed or certified professional for the maximum reduction of physical or mental disability and restoration of the child to his or her best possible functioning level; or.

- (3) For whom a licensed or certified professional, including a psychologist or psychiatrist, licensed social worker or licensed professional counselor must be involved in the child's care on an as-needed basis, but at least on a semi-annual basis or who has a physical handicap or disability as determined by a physician which requires constant twenty-four hour a day supervision provided by a licensed/registered nurse or persons closely supervised or trained by a licensed/registered nurse or physician; and.

- (4) For whom a licensed or certified professional, including a physician, psychiatrist, psychologist, licensed social worker or licensed professional counselor must be involved in the child's care on at least a monthly basis.

(F) The Title IV-E agency shall provide exceptional needs difficulty of care payments reimbursements only to a foster caregiver or, for eligible children placed on or after April 1, 2005, to in a treatment foster caregiver certified pursuant to Chapters 5101:2-5 and 5101:2-7 of the Administrative Code and who has successfully completed, or is currently participating in, a behavior management training course provided or recognized by the Title IV-E agency. The care and supervision that must be provided by the caregiver of an exceptional needs child shall include, but not be limited to: at a minimum:

- (1) Twenty-four hour availability for supervision;.
- (2) A higher degree of personal involvement, patience and time than is required for a child without exceptional needs;.

(3) Participation in the development and implementation of the child's case plan and/or individual service plan; and.

(4) Ability to accept assistance and follow instruction and guidance in caring for the child.

(G) A child eligible for an intensive needs difficulty of care payment reimbursement is a child with intensive health care needs who is placed in a foster home or, on or after April 1, 2005, in a medically fragile foster home, as defined in rule 5101:2-1-01 of the Administrative Code, and who meets all of the following criteria:

(1) Under rules adopted by the Ohio department of job and family services(ODJFS) governing payment under Chapter 5111. of the Revised Code for long-term care services, the child requires a skilled level of care;.

(2) The child requires the services of a doctor of medicine or osteopathic medicine at least once a week due to the instability of the child's medical conditions;.

(3) The child requires the services of a registered nurse on a daily basis; and.

(4) The child is at risk of institutionalization in a hospital, skilled nursing facility, or intermediate care facility for the mentally retarded.

(H) The Title IV-E agency shall only provide intensive needs difficulty of care payments reimbursements to a foster caregiver or, for eligible children placed on or after April 1, 2005, to in a medically fragile foster caregiver certified pursuant to Chapters 5101:2-5 and 5101:2-7 of the Administrative Code. A caregiver providing intensive needs services shall not have more than two intensive needs children who are not

the caregiver's own children and a maximum of five children placed in his/her home at one time, including other foster children and his/her own children. The care and supervision that must be provided by the caregiver of an intensive needs child shall include, but not be limited to: at a minimum:

(1) Supervision provided by a substitute caregiver on a twenty-four hour a day basis as approved by the Title IV-E agency;.

(2) Provision of structured daily activities as approved by the Title IV-E agency;.

(3) Provision of constructive guidance to assist in the management of negative behaviors for the child who meets any of the eligibility criteria in paragraph (G)(1) of this rule;.

(4) Participation in the development and implementation of the child's case plan and/or individual service plan and semiannual administrative review(s) as identified in the case plan; and.

(5) Recording of the child's progress toward the case plan or individual service plan goals and objectives as identified on the case plan.

(I) When a substitute caregiver is receiving a special, exceptional or intensive needs difficulty of care payment on behalf of a child, the Title IV-E agency shall assure the foster caregiver is certified to operate a treatment or medically fragile foster home, as applicable.

(J) Difficulty of care payments reimbursement may also be available for a special, exceptional or intensive needs child who is placed in an emergency foster home. "Emergency foster home" as used in this rule means a licensed, certified or approved foster home which has been designated by a Title IV-E agency as an emergency foster home to provide temporary care, not to exceed thirty days, for children requiring immediate out-of-home placement or immediate placement because of a placement disruption. The emergency foster home must be available to provide care to children at any time of the day or night, with little or no notice, and be able to meet immediate physical and emotional needs of children. The Title IV-E agency may also impose restrictions regarding the number of children served or additional training requirements before designating a foster home as an emergency foster home. An emergency foster home for special, or exceptional needs children shall be certified as a treatment foster home. An emergency foster home for intensive needs children shall be certified as a medically fragile foster home.

(K) The difficulty of care payment reimbursement for an emergency foster home shall not be affected by the age of the child. Difficulty of care payments reimbursements related to the special, exceptional or intensive needs of the child may be made in addition to the payment for an emergency foster home when the emergency foster home meets the provisions of paragraphs (D), (F), (H), and (J) of this rule.

(L) Reimbursement for emergency foster home placement is limited to thirty days for each placement. Reimbursement shall not be available as a retainer to a caregiver for maintaining a space for emergency placements.

(M) Difficulty of care payments reimbursements shall be reimbursed at the Title IV-E FCM program rate of federal financial participation. Authorization for difficulty of care payments shall be made pursuant to rule [5101:2-47-15](#) of the Administrative Code.

(N) For difficulty of care payments, the following documentation shall be maintained in the Title IV-E FCM case record to support such payments:

(1) The degree of difficulty of care and supervision required by the special, exceptional or intensive needs child;

(2) The qualification of and degree of care and supervision provided by the substitute caregiver;

(3) Agency-specific emergency foster home criteria; and.

(4) The agency's compliance with the requirements of paragraph (I) of this rule.

(O) The uniform statewide standards for Title IV-E FCM payment amounts for public foster homes, relative homes licensed as a foster home and pre-finalized adoptive homes that are established by the Ohio department of job and family services for the period beginning September 30, 2001 and ending September 29, 2003 ODJFS shall set the maximum amounts for exceptional needs difficulty of care payments reimbursements and intensive needs difficulty of care payments reimbursements at the same amount.

(P) ODJFS reimbursement amounts for a child placed in a foster home on the effective date of rules [5101:2-5-25](#), [5101:2-5-36](#), [5101:2-5-37](#), [5101:2-7-16](#) and [5101:2-7-17](#) of the Administrative Code shall not be changed solely as the result of the enactment of those rules or placement of the child into one of the new categories of foster homes created by those rules.

(Q) A child with special, exceptional or intensive needs as described in this rule who is placed in a foster home prior to April 1, 2005 and on whose behalf a difficulty of care payment is made shall continue to be eligible to receive the difficulty of care payment as long as the child remains placed in the same family foster home.

Effective: 08/25/2008

R.C. 119.032 review dates: 08/10/2007 and 09/01/2012

Certification: CERTIFIED ELECTRONICALLY

Date: 07/10/2008

Promulgated Under: 119.03

Statutory Authority: 5103.03, 5101.141

Rule Amplifies: 5103.03, 5153.16, 5101.141

Prior Effective Dates: 4/1/86(Emer.), 7/1/86, 7/2/87, 9/30/87(Emer.), 12/27/87, 9/1/88, 9/1/89(Emer.), 11/30/89, 9/30/90, 9/30/91, 9/1/93, 12/17/94, 1/1/96, 5/1/98, 1/1/03, 12/1/03

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: OKLAHOMA



**Children and Family Services Division
Rates Schedule**

OKDHS foster care reimbursement rates.

The foster care contract authorizes reimbursement to offset the cost of each child's care. Foster care payments correspond to the child's age and are provided to address the costs of room, board, clothing, and incidentals. [OAC 340:75-7-52 and 340:75-13-45]

Rates as of 9-1-2006.

| Child's age | Daily rate | Monthly rate |
|--------------------------|-------------------|---------------------|
| Birth through five years | \$12.17 | \$365.00 |
| Six through 12 years | \$14.33 | \$430.00 |
| 13 years and older | \$16.61 | \$498.33 |

Rates as of 10-1-2004.

| Child's age | Daily rate | Monthly rate |
|--------------------------|-------------------|---------------------|
| Birth through five years | \$11.17 | \$335.00 |
| Six through 12 years | \$13.33 | \$400.00 |
| 13 years and older | \$15.61 | \$468.33 |

Rates as of 8-1-2004.

| Child's age | Daily rate | Monthly rate |
|--------------------------|-------------------|---------------------|
| Birth through five years | \$10.50 | \$315.00 |
| Six through 12 years | \$12.50 | \$375.00 |
| 13 years and older | \$14.50 | \$435.00 |

Rates prior to 8-1-2004.

| Child's age | Daily rate | Monthly rate |
|--------------------------|-------------------|---------------------|
| Birth through five years | \$10.00 | \$300.00 |
| Six through 12 years | \$12.00 | \$360.00 |
| 13 years and older | \$14.00 | \$420.00 |

Kinship Start-Up Stipend. [OAC 340:75-7-24] As of 8-1-08

Kinship families, who have not been an approved foster care home within the preceding five years from date of application, are entitled to receive a one-time kinship start-up stipend to assist with initial expenditures for each child placed in the home for 14 days.

The kinship start-up stipend will be the equivalent to a month's reimbursement for the age of the child being placed.

| Child's age | Stipend |
|--------------------------|----------|
| Birth through five years | \$365.00 |
| Six through 12 years | \$430.00 |
| 13 years and older | \$498.33 |

Training Stipend. [OAC 340:75-7-24]

Kinship families are entitled to receive an initial training stipend when enrolled in pre-service training and a final training stipend when pre-service training has been completed.

- Initial training stipend \$375
- Final training stipend \$375

Therapeutic Foster Care (TFC) rates.

TFC is available for children, birth through 18 years of age, who continually meet identified medical necessity criteria as evaluated by APS Healthcare. [OAC 340:75-8]

\$70.51 per day total reimbursement includes **\$53.88 per day** for clinical treatment services and **\$16.63 per day** for room, board, and administrative costs.

TFC serves children with psychological, social, behavioral, and emotional needs that cannot be met in traditional foster care, but can be met within a community-based family setting. Contracted TFC agencies recruit, train, certify, reimburse, and provide clinical services to children placed in TFC. Clinical services include individual, family, and group rehabilitative therapy.

Group home rates.

Group home services are provided for children whose needs cannot be met in a family or kinship, traditional, or therapeutic foster care setting. [OAC 340:75-11]

Level B: \$24.55 per day. Provides services to Native American girls and boys six through 17 years of age. The group home meets the Indian Child Welfare Act placement preferences and focuses on socialization through group living.

Level C: \$91.00 per day. Provides services to boys 12 through 17 years of age with a goal of remediation of demonstrated behavior problems and a focus on socialization through group living.

Level D: \$72.62 per day. Provides services to youth 12 through 17 years of age who are certified for Developmental Disabilities Services Division (DDSD) services due to emotional disturbances and developmental disabilities.

Level D+: \$122.00 per day. Provides 24-hour awake supervision for children eight through 17 years of age with a goal of remediation of behavioral or emotional problems

through a focus on therapeutic issues. Children served exhibit extensive behavioral disturbances, emotional disturbances, or both, but are generally not as aggressive to others as children in a Level E program.

Level E: \$154.00 per day. Provides 24-hour awake supervision for children six through 17 years of age with a goal of remediation of behavioral or emotional problems through a focus on therapeutic issues. Children served exhibit severely disturbed excessive anti-social behaviors and are aggressive towards self and others.

Residential maternity: \$29.53 per day. Provides maternity and infant services to pregnant youth who cannot remain at home or in their current placement. The youth may remain in the program 45 days after the birth of her child.

Special services rates. [OAC 340:75-10 and 340:75-11]

Emergency shelter: \$44.00 per day for birth through six years and \$34.71 per day for seven years and older. Provides shelter care for children in protective and OKDHS custody who are awaiting placement.

Intensive treatment services (ITS): \$195.00 per day. Program provides 72-hour crisis stabilization for children in OKDHS custody, eight through 17 years of age, in order to prevent inpatient admission and enable children to return to placement once stabilization occurs.

Oklahoma residential D & E: \$174.29 per day. Provides comprehensive diagnosis and evaluation service in a 20-day residential non-secure setting. A summary of treatment and placement recommendations for children in OKDHS custody, eight through 18 years of age, is provided to the CW worker.

Emergency foster care (EFC) rates.

EFC is short-term substitute care for children, birth through five years of age, and, when appropriate, older children. [OAC 340:75-7-262] Care is provided by a contract agency to meet the child's needs through service coordination and delivery in conjunction with OKDHS.

\$44 per day total reimbursement. Includes a fixed rate payment to the foster parent based on the child's age.

| Child's age | Daily rate |
|--------------------------|-------------------|
| Birth through five years | \$15.00 |
| Six through 12 years | \$17.00 |
| 13 years and older | \$19.00 |

Adoption assistance payments.

Adoption assistance payments are designed to assist with adoption of children with special needs and supplement the resources of the adoptive family. [OAC 340:75-15-128.1] Payments are made to eligible families as long as OKDHS has sufficient funds available and is authorized to make payments under Form 04AN002E, Adoption Assistance Agreement, as allowable within the OKDHS budget.

Payments as of 9-1-2006.

| Child's age | Monthly rate |
|--------------------------|---------------------|
| Birth through five years | \$ 0 - \$310.50 |
| Six through 12 years | \$ 0 - \$364.50 |
| 13 years and older | \$ 0 - \$418.50 |

Payments as of 1-1-2006.

| Child's age | Monthly rate |
|--------------------------|---------------------|
| Birth through five years | \$ 0 - \$283.50 |
| Six through 12 years | \$ 0 - \$337.50 |
| 13 years and older | \$ 0 - \$391.50 |

Payments as of 4-1-2003.

| Child's age | Monthly rate |
|--------------------------|---------------------|
| Birth through five years | \$ 0 - \$270.00 |
| Six through 12 years | \$ 0 - \$324.00 |
| 13 years and older | \$ 0 - \$378.00 |

Payments prior to 4-1-2003.

| Child's age | Monthly rate |
|--------------------------|---------------------|
| Birth through five years | \$ 0 - \$300.00 |
| Six through 12 years | \$ 0 - \$360.00 |
| 13 years and older | \$ 0 - \$420.00 |

Difficulty of care (DOC) rate and payments. DOC payments may be made in addition to foster care reimbursement [OAC 340:75-7-52] or adoption assistance payments. [OAC 340:75-15-128.1]

| DOC rate for foster care | Daily rate | Monthly rate |
|---------------------------------|-------------------|---------------------|
| Level I | \$ 1.67 | \$ 50.00 |
| Level II | \$ 3.33 | \$100.00 |
| Level III | \$ 5.00 | \$150.00 |
| Level IV | \$ 7.50 | \$225.00 |
| Level V | \$13.33 | \$400.00 |

| DOC payment for adoption assistance | Monthly payment |
|--|------------------------|
| Level I | \$0 - \$ 50.00 |
| Level II | \$0 - \$100.00 |
| Level III | \$0 - \$150.00 |
| Level IV | \$0 - \$225.00 |
| Level V | \$0 - \$400.00 |

DOC Level I rate for foster care: \$1.67 per day or \$50.00 per month.

DOC Level I payment for adoption assistance: \$0 - \$50.00 per month.

A child approved for DOC Level I has one or more of the needs, conditions, or behaviors. The child:

- requires ongoing scheduled medical or psychological appointments that routinely occur more than twice weekly;
- displays emotional difficulties that result in destruction of property;
- requires medical supplies, special equipment, or educational supplies on a routine basis that are not compensable through Medicaid; or
- requires daily physical therapy performed by the foster or adoptive family.

DOC Level II rate for foster care: \$3.33 per day or \$100.00 per month.

DOC Level II payment for adoption assistance: \$0 - \$100 per month.

A child approved for DOC Level II has one or more of the needs, conditions, or behaviors described in DOC Level I and, in addition:

- requires 24-hour awake intensive supervision due to severe medical or emotional needs;
- requires special food preparation and feeding due to a condition that restricts normal eating;
- requires special equipment for transportation that results in restricted mobility for the child and foster or adoptive family;
- displays incontinence of the bladder or bowel that is not age appropriate;
- displays multiple disabilities, birth defects, or brain damage that prevents normal intellectual or physical functioning;
- requires strict monitoring of medication;
- requires assistance in movement that is very difficult due to the child's size;
- requires post-hospitalization care, such as frequent changing of bandages and tubes and special hygiene techniques; or
- displays emotional disturbances, developmental delay, or mental retardation that results in behavior, such as constant difficulties in school, aggressive and delinquent activities, destructiveness, resistance to authority, and sexual disturbances.

DOC Level III rate for foster care: \$5.00 per day or \$150.00 per month.

DOC Level III payment for adoption assistance: \$0 - \$150.00 per month.

A child approved for Level III has one or more of the needs, conditions, or behaviors described in DOC Levels I and II and, in addition, requires:

- specialized substitute care.

DOC Level IV rate for foster care: \$7.50 per day or \$225.00 per month.

DOC Level IV payment for adoption assistance: \$0 - \$225.00 per month.

A child approved for DOC Level IV has one or more of the needs, conditions, or behaviors described in DOC Levels I, II, and III and requires such specialized care that normally the child would be in institutional or inpatient psychiatric care. The child:

- requires special equipment such as: apnea monitor, suction machine, gastrostomy tube, oxygen, tracheotomy tube, or shunt;
- requires special feeding or nursing care around-the-clock;
- requires frequent nighttime supervision and care that is not age appropriate;
- displays frequent seizures or other abnormal physical reactions that require 24-hour monitoring;
- displays bizarre, socially unacceptable behavior, violent tendencies, potentially harmful behavior to self or others, or sexually predatory behavior to others or animals;
- required previous inpatient mental health treatment or was recently discharged from an inpatient facility;
- requires such intensive care that the foster or adoptive family is severely restricted in normal daily activities and is frequently homebound;
- requires frequent 24-hour awake supervision; or
- requires post-hospitalization care for severe burns.

DOC Level V rate for foster care: \$13.33 per day or \$400 per month.

DOC Level V payment for adoption assistance: \$0 - \$400.00 per month.

A child approved for DOC Level V has one or more of the needs, conditions, or behaviors described in DOC Levels I, II, III, and IV and has a significant number of intense needs. The child's level of need is likely to become more severe over time and is likely at some time to require personal attendant care or specialized care outside of the home, when prescribed by a professional. A current medical or psychological report within the last six months is required from a qualified physician. This report must include a diagnosis, prognosis, and recommended treatment. Conditions considered in the determination of DOC Level V include a child who has:

- been diagnosed by a qualified physician as having severe mental illness, such as child schizophrenia, severe developmental disabilities, brain damage, or autism;
- severe physical disabilities or medical conditions that are not expected to improve over time and adversely impact life expectancy when compared with others who have similar physical disabilities or medical conditions;
- severely inhibiting diagnosed mental health conditions, defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM), diagnosed within the past

year, that severely limit normal social and emotional development and require ongoing outpatient behavioral health services;

- severe mental retardation as determined by the Social Security Administration and defined by the DSM;
- been waiting for organ transplant or is up to one year post transplant; or
- a physical condition uncontrolled by medication or treatment, such as Tourette's syndrome or epilepsy.

Clothing purchases.

One-time startup authorization. A one-time startup clothing authorization is available to a child initially placed in out-of-home care. [OAC 340:75-13-45]

| Child's age | Authorized purchase amount |
|--------------------------|-----------------------------------|
| Birth through five years | \$100.00 |
| Six through 12 years | \$150.00 |
| 13 years and older | \$200.00 |

Emergency authorization. Emergency clothing authorizations of \$75 are available four times a year for a child, regardless of age, in certain circumstances, per OAC 340:75-13-45, and placed in a:

- non-paid kinship home;
- non-funded group home;
- DDSD and CW grand-staffed placement, such as therapeutic community home, home with daily living supports, and agency companion home; or
- psychiatric facility, such as acute or residential treatment center (RTC), in-state or out-of-state.

Monthly payments. Monthly clothing payments are based on the child's age and included in the monthly OKDHS foster care reimbursement payment as of 10-1-2004.

| Child's age | Authorized purchase amount |
|--------------------------|-----------------------------------|
| Birth through five years | \$20.00 |
| Six through 12 years | \$25.00 |
| 13 years and older | \$33.33 |

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: OREGON

| | | | |
|-----------------------|---|--|---------------------------------|
| Policy Title: | CANS Screening and Enhanced Supervision – OAR | | |
| Policy Number: | I-B.1.6 413-020-0200 thru 0255 | | Effective Date: 12-28-11 |

Approved By: *on file*

Date Approved: 12-22-11

Policy

Forms, etc.

Definitions

References

Contact

History

Reference(s):

- ORS 418.005
<http://www.leg.state.or.us/ors/418.html>
- DHS 9601, Child and Adolescent Needs and Strengths (CANS) Ages birth through 5
<http://dhsforms.hr.state.or.us/Forms/Served/DE9601.pdf>
- DHS 9602, Child and Adolescent Needs and Strengths (CANS) Ages 6 through 20
<http://dhsforms.hr.state.or.us/Forms/Served/DE9602.pdf>

Form(s):

- CF 984, Physical Restraint Incident Report
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0984.doc
- CF 985, Incident Report
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0985.doc
- CF 994, Supervision Plan
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0994.doc

Rules:

413-020-0200

Purpose

The purpose of these rules (OAR 413-020-0200 to 413-020-0255), is to describe the responsibilities of the Department to --

- (1) Identify the supervision needs of a *child* or *young adult* in substitute care with a *certified family*;
- (2) Develop a *supervision plan* describing the actions and activities provided by a *certified family*, the Department, and other individuals to meet the *child* or young adult's need for *enhanced supervision*;

- (3) Describe the responsibilities of the *certified family* and the Department when *physical restraint* is used;
- (4) Monitor the completion of behavior and crisis management training when *physical restraint* is included in a *child* or young adult's *supervision plan*; and
- (5) Conduct a *CANS screening* during the negotiation of *guardianship assistance* pursuant to OAR 413-070-0900 through 413-070-0974 or negotiation of adoption assistance pursuant to OAR 413-130-0000 through 413-130-0130.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-020-0210

Definitions

The following definitions apply to OAR 413-020-0200 to 413-020-0255:

- (1) "Adoption assistance agreement" means a written agreement, binding on the parties to the agreement, between the Department and the *pre-adoptive family* or *adoptive family* of an eligible *child* or *young adult*, setting forth the assistance the Department is to provide on behalf of the *child* or *young adult*, the responsibilities of the *pre-adoptive family* or *adoptive family* and the Department, and the manner in which the agreement and amount of assistance may be modified or terminated.
- (2) "Adoptive family" means an individual or individuals who have legalized a parental relationship to the *child* through a judgment of the court.
- (3) "BRS" means Behavior Rehabilitation Services, a Medicaid funded program that provides behavioral intervention, counseling, or skill building services in a professional, shelter, or residential (including therapeutic foster care formerly referred to as proctor care) placement setting.
- (4) "CANS screener" means an individual, who performs CANS screenings under the supervision of the Level of Care Manager, under a contract with the Department, and who annually completes the training in the use of the Oregon CANS Comprehensive Screening Tool with a documented reliability score of 0.70 or greater.
- (5) "CANS screening" means Child and Adolescent Needs and Strengths screening, a process of gathering information on a *child* or young adult's needs and strengths used for one or more of the following purposes:
 - (a) Identifying case planning, service planning, and supervision needs of the *child* or *young adult* in substitute care with a *certified family*;
 - (b) Determining the *level of care payment* while in substitute care with a *certified family*; and

- (c) Determining the *level of care payment* included in an *adoption assistance agreement* or *guardianship assistance agreement*.
- (6) "Certified family" means an individual or individuals who hold a current Certificate of Approval from the Department to operate a home to provide care, in the home in which he or she resides, to a *child* or *young adult* in the care or custody of the Department.
- (7) "Certifier" means a Child Welfare employee who conducts assessments of applicants interested in providing relative or foster care to a *child* or *young adult* in the care or custody of the Department, determines whether or not to recommend approval of the operation of a relative care or foster home, and monitors the compliance of a relative care or foster care home with Child Welfare certification rules.
- (8) "Child" means a person under 18 years of age.
- (9) "Department" means Department of Human Services, Child Welfare.
- (10) "Enhanced supervision" means the additional support, direction, observation, and guidance necessary to promote and ensure the safety and well-being of a *child* or *young adult* when the *child* or *young adult* qualifies for a *level of care payment*.
- (11) "Foster parent" means an individual who operates a home that has been approved by the Department to provide care for an unrelated *child* or *young adult* placed in the home by the Department.
- (12) "Guardian" means an individual who has been granted guardianship of the *child* through a judgment of the court.
- (13) "Guardianship assistance" means assistance provided on behalf of an eligible *child* or *young adult* to offset the costs associated with establishing the guardianship and meeting the ongoing needs of the *child* or *young adult*. Guardianship assistance may be in the form of payments, medical coverage or reimbursement of nonrecurring guardianship expenses.
- (14) "Guardianship assistance agreement" means a written agreement, binding on the parties to the agreement, between the Department and the *guardian* of an eligible *child* or *young adult* setting forth the assistance the Department is to provide on behalf of the *child* or *young adult*, the responsibilities of the *guardian* and the Department, and the manner in which the agreement and amount of assistance may be modified or terminated.
- (15) "Level of care payment" means the payment provided to an approved or *certified family*, a *guardian*, a *pre-adoptive family* or an *adoptive family* based on the *child* or *young adult*'s need for *enhanced supervision* as determined by applying the CANS algorithm to the results of the *CANS screening*.
- (16) "Mechanical restraint" means the use of any physical device to involuntarily restrain the movement of all or a portion of a child's body as a means of controlling his or her physical activities in order to protect the *child* or other persons from injury. Mechanical

restraint does not apply to movement restrictions stemming from medicinal, dental, diagnostic, or surgical procedures which are based on widely accepted, clinically appropriate methods of treatment by qualified professionals operating within the scope of their licensure.

- (17) "Participating tribe" means a federally recognized Indian tribe in Oregon with a Title IV-E agreement with the Department.
- (18) "Physical restraint" means the act of restricting a *child* or young adult's voluntary movement as an emergency measure to manage and protect the *child* or *young adult* or others from injury when no alternate actions are sufficient to manage the *child* or young adult's behavior. *Physical restraint* does not include temporarily holding a *child* or *young adult* to assist him or her or assure his or her safety, such as preventing a *child* from running onto a busy street.
- (19) "Potential guardian" means an individual who:
 - (a) Has been approved by the Department or *participating tribe* to be a child's *guardian*; and
 - (b) Is in the process of legalizing the relationship to the *child* through the judgment of the court.
- (20) "Pre-adoptive family" means an individual or individuals who:
 - (a) Has been selected to be a child's adoptive family; and
 - (b) Is in the process of legalizing the relationship to the *child* through the judgment of the court.
- (21) "Relative caregiver" means an individual who operates a home that has been approved by the Department to provide care for a related *child* or *young adult* placed in the home by the Department.
- (22) "Seclusion" means the involuntary confinement of a *child* alone in a specifically designed room from which the *child* is physically prevented from leaving.
- (23) "Supervision plan" means a documented set of strategies that is developed to assist a *relative caregiver* or *foster parent* in providing the additional support, observation, direction, and guidance necessary to promote and ensure a *child* or young adult's safety and well-being.
- (24) "Young adult" means a person aged 18 through 20 years.

Stat. Auth.: ORS 418.005, 418.340

Stats. Implemented: ORS 418.005, 418.330, 418.335, 418.340

413-020-0230

Referral for and Review of the CANS Screening

- (1) The caseworker of the *child* or *young adult* must complete a *CANS screening* referral:
 - (a) Within the first 20 days of a child's initial placement in substitute care with a *certified family*;
 - (b) Unless subsection (d) of this section applies, ten months from the date of the most recent *CANS screening* and annually thereafter when the *child* or *young adult* has continuously lived with a *certified family* and the *certified family* has received a *level of care payment*; and
 - (c) Unless subsection (d) of this section applies, five business days after a *child* or *young adult*, whose initial placement in substitute care was a BRS placement, moves to the home of a *certified family*.
 - (d) When a child's permanency plan is adoption or guardianship and the caseworker has submitted an adoption assistance application or a guardianship assistance application, the caseworker must consult with the Adoption Assistance and Guardianship Assistance Unit prior to submitting a referral.
- (2) After consultation with and approval of a supervisor, the caseworker of a *child* or *young adult* may complete and submit to the Level of Care Manager a *CANS screening* referral under any of the following circumstances unless subsection (1)(d) of this rule applies:
 - (a) When a *child* or *young adult* currently living with a *certified family* has never had a *CANS screening* and is currently exhibiting ongoing behavior or functioning that may indicate the need for *enhanced supervision* and a *level of care payment*;
 - (b) When a *child* or *young adult* returns to a placement with a *certified family* after a BRS placement of six months or longer;
 - (c) When a *child* or *young adult* is living with a *certified family* and the *certified family* has observed ongoing, documented changes in behavior or functioning which --
 - (A) Have not improved after a revision of the supervision actions and activities provided by the *certified family* and other individuals; or
 - (B) Endanger the safety of the *child* or *young adult* or the safety of others.
- (3) An adoption assistance coordinator or guardianship assistance coordinator may complete and submit a *CANS screening* referral to the Level of Care Manager under the following circumstances:
 - (a) Written documentation of the current behavior and functioning of the *child* or *young adult* has been submitted to the adoption assistance and guardianship assistance coordinator by one of the following individuals:

- (A) An *adoptive family* of the *child* or *young adult*, regardless of whether there has been a previous *CANS screening*;
 - (B) A child's *pre-adoptive family* when the *child* is not in the legal custody of the Department;
 - (C) A *guardian* of the *child* or *young adult*, regardless of whether there has been a previous *CANS screening*; or
 - (D) A *potential guardian* of the *child* or *young adult* who has been approved by a *participating tribe*.
- (b) The written documentation submitted under subsection (a) of this section demonstrates ongoing behavior or functioning indicating the need for *enhanced supervision* and a *level of care payment*, and one of the following apply:
- (A) A *CANS screening* has never been completed;
 - (B) A *CANS screening* has not been completed within the past twelve months; or
 - (C) The *child* or *young adult* exhibits a significant, ongoing change in behavior since the *CANS screening* that was completed within the 12 month period following the previous *CANS screening*.
- (4) The Level of Care Manager, within five business days of receipt of a *CANS screening* referral submitted under section (2) or (3) of this rule:
- (a) May approve a *CANS screening* after reviewing the referral, if the *child* or young adult's behavior and functioning, as described in the referral, indicates a *CANS screening* is needed to assess the need for *enhanced supervision* and a *level of care payment*;
 - (b) Must notify the individual who submitted the *CANS screening* referral whether a *CANS screening* has been approved and the basis for the decision; and
 - (c) Must send an approved *CANS screening* referral to a *CANS screener*.
- (5) A *CANS screener*, upon receipt of the *CANS screening* referral submitted under section (1) or section (4) of this rule must:
- (a) Review the referral information;
 - (b) Contact the caseworker, when the *child* is in substitute care, to gather information about the *child* or young adult's strengths and needs;
 - (c) Contact the *certified family*, *pre-adoptive family*, *adoptive family*, *potential guardian* identified by a *participating tribe*, or *guardian* of the *child* or *young*

adult and gather information about the *child* or young adult's strengths and needs;

- (d) Contact the *child* or *young adult* and other individuals who provide services to the *child* or *young adult* as appropriate and gather sufficient information to understand the *child* or young adult's strengths and needs to complete the *CANS screening*; and
 - (e) When a *child* or *young adult* has current suicidal ideation or intent:
 - (A) Notify the *child* or young adult's caseworker or adoption or guardianship assistance coordinator and, if applicable, notify the *pre-adoptive family, adoptive family, potential guardian, or guardian*; and
 - (B) Immediately develop a *supervision plan* with the *certified family* when the *child* or *young adult* is in substitute care with a *certified family*.
- (6) After the *CANS screener* has gathered information regarding the *child* or young adult's strengths and needs, as described in subsections (5)(a)-(d), the *CANS screener* rates each element of a *child* or young adult's behavior and functioning on a scale of zero to three, in a manner consistent with the principles of the Child and Adolescent Needs and Strengths Comprehensive Screening Tool appropriate for the *child* or young adult's age. The *CANS screener* documents the appropriate rating for each element and provides written explanation for any rating of either 2 or 3 on an element that is a need and any rating of 0 or 1 on an element that is a strength.
- (a) When the *child* is five years old or younger, the *CANS screener* rates the *child* using the DHS 9601 - Child and Adolescent Needs and Strengths Comprehensive Screening Tool Ages Birth through Five, dated August 2009, and revised in June 2011, which by reference is incorporated in OAR 413-090-0010(2)(f)(A).
 - (b) When the *child* or *young adult* is six years old or older, the *CANS screener* rates the *child* or *young adult* using the DHS 9602 - Child and Adolescent Needs and Strengths Comprehensive Screening Tool ages Six through Twenty dated July, 2009, and revised in June 2011, which by reference is incorporated in OAR 413-090-0010(2)(f)(B).
 - (c) The Department maintains these documents on the Department's website. Printed copies of these documents may be obtained by contacting the Department of Human Services, Children, Adults and Families, ATTN: Level of Care Manager, 500 Summer Street NE, E-93, Salem, OR 97301.
- (7) The *CANS screener* must complete the activities in sections (5) and (6) and submit the *CANS screening* results to the Level of Care Manager within fifteen business days following the receipt of the referral.
- (8) Within ten business days of the receipt of the *CANS screening* results, the Level of Care Manager or designee:

- (a) Reviews the *CANS screening* results;
 - (b) Contacts the *CANS screener* when results appear inconsistent with the referral information or documentation of a *child* or young adult's strengths and needs and may instruct the *CANS screener* to:
 - (A) Gather additional information;
 - (B) Reapply the CANS ratings; and
 - (C) Resubmit the *CANS screening* results.
 - (c) Approves the *CANS screening* results unless subsection (b) applies; and
 - (d) Applies the CANS algorithm which by reference is incorporated in OAR 413-090-0010(2)(f)(C) to the approved *CANS screening* results to determine whether:
 - (A) The *child* or *young adult* living with a *certified family* is eligible for a *level of care payment* and requires *enhanced supervision*; or
 - (B) The *child* or *young adult* eligible for adoption assistance or *guardianship assistance* is eligible for a *level of care payment*.
- (9) The Level of Care Manager may approve a revision of the ratings of an approved *CANS screening* when new or different information relevant to the correct application of the *CANS screening* has been presented:
- (a) In preparation for a contested case hearing requested under OAR 413-010-0500(2)(a)-(c):
 - (b) During an informal conference under OAR 413-010-0520; or
 - (c) During the renegotiation of an *adoption assistance agreement* under OAR 413-130-0075 or a *guardianship assistance agreement* under OAR 413-070-0969.
- (10) The Level of Care Manager or designee sends the *CANS screening* results to the following individuals:
- (a) The *child* or young adult's caseworker and the *certified family*, with whom the *child* or *young adult* is living, on behalf of the *child* or *young adult*; or
 - (b) The adoption assistance and guardianship assistance coordinator and *child* or young adult's *pre-adoptive family*, *adoptive family*, *guardian* or the *potential guardian* identified by a *participating tribe*.
- (11) When the caseworker receives a *child* or young adult's *CANS screening* results, the caseworker must:
- (a) Contact the *certified family* to review the *CANS screening* results;

- (b) When the *CANS screening* results indicated the *child* or *young adult* currently has suicidal ideation or intent, review the *supervision plan* developed during the *CANS screening* no later than one business day after the receipt of the *CANS screening* results to determine whether the plan continues to be appropriate;
- (c) Incorporate the needs and strengths identified in the *CANS screening* into the case plan; and
- (d) Determine whether a *supervision plan* must be developed, modified, or terminated under OAR 413-020-0233 and 413-020-0236.

Stat. Auth.: ORS 418.005, 418.340

Stats. Implemented: ORS 418.005, 418.330, 418.335, 418.340

413-020-0233

When a Supervision Plan is Required

- (1) The caseworker must develop a *supervision plan* with the *certified family* with whom the *child* or *young adult* lives within 30 days of:
 - (a) The receipt of the *CANS screening* results that indicates *enhanced supervision* is necessary to maintain the safety and support the well-being of the *child* or *young adult* and the *child* or *young adult* qualifies for a *level of care payment*; or
 - (b) When a *child* or *young adult* who has *enhanced supervision* needs and is receiving a level of care moves from one *certified family* to another *certified family*.
- (2) A *supervision plan* is not required for a *level of care payment* included in an *adoption assistance agreement* or *guardianship assistance agreement*.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-020-0236

Development, Documentation, and Termination of a Supervision Plan

- (1) After the caseworker has reviewed the *CANS screening* results for a *child* or *young adult* living with a *certified family* that indicates the *child* or *young adult* has *enhanced supervision* needs and qualifies for a *level of care payment*, the caseworker must:
 - (a) Contact the *certified family* to explain the supervision needs identified in the *CANS screening* results; and
 - (b) During a meeting with the *certified family*, the *child* or *young adult*, as appropriate, and others who may participate in a *supervision plan*, explain the

supervision requirements necessary to maintain the safety and support the well-being of the *child* or *young adult* and develop a *supervision plan* that meets the supervision needs of the *child* or *young adult*.

- (A) If the *child* or *young adult* qualifies for Level 1 (moderate needs), the *supervision plan* must require the *certified family* to provide an environment with the additional support, direction, observation, and guidance from the *certified family* necessary to ensure a *child* or young adult's safety and well-being, beyond the level of supervision that typically is required for a *child* or *young adult* of the same age.
- (B) If the *child* or *young adult* qualifies for Level 2 (intermediate needs), the *supervision plan* must require the *certified family* to provide a structured environment, additional support, direction, observation, and guidance necessary to ensure a *child* or young adult's safety and well-being, beyond the level of supervision that typically is required for a *child* or *young adult* of the same age.
- (C) If the *child* or *young adult* qualifies for Level 3 (advanced needs), the *supervision plan* must require the *certified family* to provide a highly structured environment, additional support, direction, observation, and guidance necessary to ensure a *child* or young adult's safety and well-being, beyond the level of supervision that typically is required for a *child* or *young adult* of the same age.

(2) The *supervision plan* must include:

- (a) The supervision actions or activities that are to be provided by the *certified family* and other individuals to meet the *child* or young adult's identified needs. Examples of appropriate supervision actions or activities may include, but are not limited to: proactive use of space, use of routine, structure of the environment, positive reinforcement, and de-escalation techniques;
- (b) The actions and assistance the Department will provide to support the *certified family* in addressing the supervision needs of the *child* or *young adult* and to maintain the *child* or *young adult* in the home;
- (c) The actions the *child* or *young adult* will take to support the *supervision plan*;
- (d) The persons responsible for monitoring the *child* or young adult's supervision needs and the supervision actions and activities;
- (e) How the persons responsible for monitoring the *child* or young adult's supervision needs and the supervision actions and activities are to communicate with each other; and
- (f) A requirement that the *supervision plan* be reviewed during the first face-to-face contact described in OAR 413-080-0059(1)(c) after the date the *supervision plan* is signed by the individuals identified in section (3) of this rule.

- (3) The *supervision plan* must be signed by:
 - (a) The caseworker;
 - (b) The *certified family*;
 - (c) The *child* or *young adult*, if able; and
 - (d) Any other individuals who are to provide specific actions or activities in the *supervision plan*.
- (4) The *supervision plan* must be approved by the caseworker's supervisor.
- (5) A *supervision plan* may include *physical restraint* as a supervision action or activity only if the *certified family* has completed the *physical restraint* training requirements described in OAR 413-020-0240.
- (6) A *supervision plan* that authorizes a *certified family* to use *physical restraint* must:
 - (a) Focus on intervention strategies that are designed to modify a *child* or young adult's behavior without the need for *physical restraint*;
 - (b) Explain that a *physical restraint* is to be used only when the *child* or young adult's behavior poses an imminent danger to self or others, and when no alternate actions are sufficient to stop a *child* or young adult's behavior;
 - (c) Be approved by the Child Welfare program manager; and
 - (d) Require the *certified family*:
 - (A) To document and report the circumstances of each use of *physical restraint* in writing as soon as reasonably possible after the use of *physical restraint* on a form approved by the Department, which explains:
 - (i) The behavior that required the use of *physical restraint*;
 - (ii) The specific attempts to stop the *child* or young adult's behavior without the use of *physical restraint*;
 - (iii) The time the *physical restraint* started; and
 - (iv) The time the *physical restraint* ended.
 - (B) To orally report to the *child* or young adult's caseworker or the caseworker's supervisor within one business day of the *physical restraint*; and

- (C) To submit the documentation required in paragraph (A) of this subsection to the *child* or young adult's caseworker within two business days after the use of *physical restraint*.
- (7) The caseworker must provide a copy of the signed *supervision plan* to the *certified family* and the certified family's *certifier*, and file a copy in the Department's information system.
- (8) When a *child* or *young adult* has a *supervision plan* and the *CANS screening* results indicate that the *child* or *young adult* no longer has *enhanced supervision* needs and no longer qualifies for a *level of care payment*, the caseworker must:
 - (a) Terminate the *supervision plan*;
 - (b) Document in the Department's information system the date the *supervision plan* terminated and the reason the plan terminated; and
 - (c) Notify the *certified family* and the certified family's *certifier* that the *supervision plan* terminated and the reason the plan terminated.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-020-0240

Use of Physical Restraint

- (1) A *physical restraint* may be used by a *certified family* when the behavior of a *child* or *young adult* places the *child* or *young adult* or others in imminent risk of harm and only when:
 - (a) Good judgment indicates that a *physical restraint* may safely be implemented; and
 - (b) The *certified family* has received the individual Behavior and Crisis Management Training in *physical restraint* specific to the supervision needs of the *child* or *young adult* by Department trained staff.
- (2) *Physical restraint* must be implemented with the least force necessary to prevent the risk of harm to self or others and should end as soon as the risk of harm no longer exists.
- (3) If the behavior of a *child* or *young adult* places the *child* or *young adult* or others in imminent risk of harm, and good judgment indicates that a *physical restraint* cannot be implemented safely, the *certified family* must call the local law enforcement agency to request intervention. The *certified family* must:
 - (a) Orally report the incident to the caseworker and the caseworker's supervisor as soon as reasonably possible;

- (b) Document the incident in writing on a form approved by the Department; and
 - (c) Submit the completed form to the caseworker within two business days.
- (4) If the *child* or *young adult* is injured during the incident, whether or not a *physical restraint* is used, the *certified family* immediately must notify the Department's emergency 24-hour contact.
- (5) A *certified family* may not use *mechanical restraint* or *seclusion* of a *child* or *young adult* in an emergency or at any other time as a supervision action or activity.
- (6) Notwithstanding the training required in OAR 413-020-0255, when a situation arises and the behavior of a *child* or *young adult* places the *child* or *young adult* or another individual in imminent risk of harm and if good judgment indicates that a *physical restraint* may safely be implemented, the *certified family* may use a *physical restraint* even when:
- (a) The *certified family* has not attended Behavior and Crisis Management Training; or
 - (b) The *child* or *young adult* does not have a *supervision plan*.
 - (c) If *physical restraint* is used under this section, the *certified family* must document and report the incident in accordance with the requirements of OAR 413-020-0236(6)(c).

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-020-0245

Responsibilities in Monitoring a Child or Young Adult's Supervision in a Certified Family

- (1) During each face-to-face contact described in OAR 413-080-0059, in addition to assessing the safety of the *child* or *young adult*, the caseworker must determine:
- (a) Whether the *certified family* is meeting the supervision needs of the *child* or *young adult*.
 - (b) Whether the supervision needs of the *child* or *young adult* have changed.
 - (c) If there is a current *supervision plan*, whether the supervision actions and activities described in the *supervision plan* are effective in meeting the *child* or *young adult's* supervision needs.

- (2) If, after assessing the safety of the *child* or *young adult* as described in OAR 413-080-0059(2)(a), the caseworker determines that the *child* or *young adult* currently is safe in the home but his or her supervision needs are not being met, the caseworker must:
 - (a) Consult with the certified family's *certifier* or the certifier's supervisor to determine if available resources or training are able to provide the additional support the *certified family* may need to meet the *child* or young adult's supervision needs;
 - (b) If there is a current *supervision plan* for the *child* or *young adult*, determine whether the *supervision plan* should be revised, and if so, meet with the *certified family* to revise the plan; and
 - (c) Determine whether there has been an observed, ongoing change in a *child* or young adult's behavior or functioning such that the observed changes must be documented and submitted with a *CANS screening* under referral OAR 413-020-0230(2).
- (3) The caseworker documents the monitoring activities described in this rule in the Department's information system.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-020-0255

Training and the Planned Use of Physical Restraint

- (1) The Department has approved and schedules Behavior and Crisis Management Training as the standard training curriculum for any *certified family* who requires training on crisis management. The training curriculum focuses on strengthening a certified family's supervision skills.
- (2) Before implementing a *supervision plan* that authorizes a *certified family* to use *physical restraint*, the caseworker must:
 - (a) Consult with the *certifier* to confirm that the *certified family* has completed Behavior and Crisis Management Training; and
 - (b) Contact the Level of Care Manager to schedule the *certified family* to receive Behavior and Crisis Management Training, by Department-trained staff, in *physical restraint* specific to the supervision needs of the *child* or *young adult*.
- (3) A foster care coordinator or designee may approve comparable behavior and crisis management training obtained by a *certified family* for a specific *child* or *young adult* in place of Behavior and Crisis Management Training if:
 - (a) The training was selected by a school district and used in the school; or

- (b) The training was approved by the Department of Human Services, Addictions and Mental Health Division and used in a Children's Intensive Mental Health Treatment Services program.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

Contact(s):

- **Name:** Kevin George; **Phone:** 503-945-5987

Policy History

- 12/29/95
- 09/11/96
- 08/25/97
- 07/01/01
- 01/07/03
- 05/01/07
- 07/01/09 thru 12/28/09
- 09/25/09 thru 12/28/09
- 12/29/09
- 6/30/11 thru 12/27/11

| | | | | |
|-----------------------|--|--|------------------------|------------|
| Policy Title: | Personal Care Services – OAR | | | |
| Policy Number: | I-E.5.1.2 413-090-0100 thru 0210 | | Effective Date: | 12-29-2009 |

Approved By: *on file*

Date Approved:

Policy

Forms, etc.

Definitions

References

Contact

History

Reference(s):

- Oregon Department of Employment Wage Information Report
- Standard Occupation Classifications
- Title XIX State Plan
- ORS 418.005
- I-A.5.2, Contested Case Hearings
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a52.pdf

Form(s) that apply:

- CF 172B Personal Care Services Referral
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0172b.doc
- CF 172 PCSA Personal Care Services Assessment
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0172PCSA.doc
- CF 172 PCSP Personal Care Services Plan
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0172PCSP.doc
- CF 172 PCSV Personal Care Services Plan Verification

Rules:

413-090-0100

Purpose

The purpose of these rules, OAR 413-090-0100 to 413-090-0210, is to describe the requirements for eligibility and receipt of *personal care services* when a *child* or *young adult* is placed with a *foster parent* or *relative caregiver* by the Department.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0110

Definitions

The following definitions apply to OAR 413-090-0100 to 413-090-0210:

- (1) "Certified family" means an individual or individuals who hold a current Certificate of Approval from the Department to operate a home to provide care, in the home in which they reside, to a *child* or *young adult* in the care or custody of the Department.
- (2) "Child" means a person under 18 years of age.
- (3) "Contract Registered Nurse" means a licensed *registered nurse* under a contract with the Department of Human Services who provides nursing assessment, consultation, teaching, delegation, or on-going nursing services to a *child* or *young adult* in the care or custody of the Department.
- (4) "Delegated nursing task" means a task, normally requiring the education and license of a *registered nurse* (RN) and within the RN scope of practice to perform, that an RN authorizes an unlicensed person to perform.
- (5) "Department" means the Department of Human Services, Child Welfare.
- (6) "Foster parent" means an individual who operates a home that has been approved by the Department to provide care for an unrelated *child* or *young adult* placed in the home by the Department.
- (7) "Legally responsible relative" means the parent or stepparent of a *child* or *young adult* or a person related to the *child* or *young adult* by blood or marriage who has legal custody or legal guardianship of the *child* or *young adult*.
- (8) "Level of personal care" means the payment to a *qualified provider* for performing the *personal care services* for an eligible *child* or *young adult*.
- (9) "Personal Care RN Manager" means a *registered nurse* (RN) who is a licensed *registered nurse* employed by the Department of Human Services to provide oversight of Contract Registered Nurses and *personal care services* authorized through the Children, Adults, and Families Division of the Department of Human Services.
- (10) "Personal care services" means the provision of or assistance with those functional activities described in OAR 413-090-0120 consisting of mobility, transfers, repositioning, basic personal hygiene, toileting, bowel and bladder care, nutrition, medication management, and delegated nursing tasks that a *child* or *young adult* requires for his or her continued well-being.
- (11) "Personal care services assessment" means an evaluation by a registered nurse of a *child* or young adult's ability to perform the functional activities required to meet the *child* or young adult's daily needs.
- (12) "Personal care services plan" means a written plan to provide *personal care services* for the *child* or *young adult* documenting:
 - (a) The determination that the individual is a *qualified provider*;
 - (b) The frequency or intensity of each personal care service to be provided; and

- (c) The date *personal care services* begin.
- (13) "Qualified provider" means an individual who:
- (a) Is authorized by the Department through the *Contract Registered Nurse or Personal Care RN Manager*;
 - (b) Demonstrates by background, skills, and abilities the capability to safely and adequately provide the authorized *personal care services*;
 - (c) Maintains a drug-free household;
 - (d) Has been approved through the background check process described in Child Welfare Policy I-G.1.4, "Oregon Computerized Criminal History Checks and Nationwide Criminal History Checks through the FBI for Relative Caregivers, Foster Parents, Other Persons in Household and Adoptive Parents for Children in the Care or Custody of DHS" OAR 413-120-0400 to 413-120-0470 or under OAR 407-007-0200 to 407-007-0370; and
 - (e) Is not the parent, step-parent, or *legally responsible relative* of the *child* or *young adult* eligible for *personal care services*.
- (14) "Registered nurse" means an individual licensed and registered to practice nursing.
- (15) "Relative caregiver" means an individual who operates a home that has been approved by the Department to provide care for a related *child* or *young adult* who is placed in the home by the Department.
- (16) "Young adult" means a person aged 18 through 20 years who remains in the care and custody of the Department, and lives in substitute care or lives independently through the Department's Independent Living Subsidy Program.
- Stat. Auth.: ORS 418.005**
Stats. Implemented: ORS 418.005

413-090-0120

Scope of Services

- (1) *Personal care services* are provided directly to the eligible *child* or *young adult* and do not include respite or other services, nor are they implemented for the purpose of benefiting others in the household or the household in general.
- (2) *Personal care services* include:
 - (a) Mobility, transfers, repositioning -- assisting a *child* or *young adult* with ambulation or transfers with or without an assistive device, turning the individual or adjusting padding for physical comfort or pressure relief, or encouraging or assisting with range-of-motion exercises;
 - (b) Basic personal hygiene -- providing or assisting a *child* or *young adult* with needs such as bathing (tub, bed bath, shower), washing hair, grooming, shaving, nail

care, foot care, dressing, skin care, mouth care, and oral hygiene;

- (c) Toileting, bowel and bladder care -- assisting a *child* or *young adult* to and from bathroom, on and off a toilet, commode, bedpan, urinal or other assistive device used for toileting, changing incontinence supplies, following a toileting schedule, cleansing the individual or adjusting clothing related to toileting, emptying catheter drainage bag or assistive device, ostomy care or bowel care;
- (d) Nutrition -- preparing meals and special diets, assisting with adequate fluid intake or adequate nutrition, assisting with food intake (feeding), monitoring to prevent choking or aspiration, assisting with special utensils, cutting food, and placing food, dishes and utensils within reach for eating;
- (e) Medication management -- assisting with ordering, organizing and administering prescribed medications (including pills, drops, ointments, creams, injections, inhalers, and suppositories), monitoring for choking while taking medications; and

(f) *A delegated nursing task.*

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0130

Personal Care Services Eligibility

To receive *personal care services* while living with a *certified family*, a *child* or *young adult* in the care or custody of the Department must:

- (1) Be eligible to receive medical services funded through either Title XIX of the Social Security Act or the state general fund;
- (2) Have no available resources from the natural support system of friends, neighbors, or other community resources to provide *personal care services*; and
- (3) Have a documented diagnosed physical or mental impairment and require *personal care services* as determined by a *personal care services assessment*.

Stat. Auth. ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0133

Conducting a Personal Care Services Assessment

- (1) When a *child* or *young adult* with a diagnosed physical or mental impairment appears to require *personal care services* and the caseworker becomes aware of the apparent need for *personal care services*, the caseworker must refer the *child* or *young adult* to the *Contract Registered Nurse* for an assessment.
- (2) Upon receipt of a referral, the *Contract Registered Nurse* or the *Personal Care RN Manager* conducts the assessment.
- (3) To conduct the *personal care services assessment*, the *Contract Registered Nurse* or the *Personal Care RN Manager*.

- (a) Reviews available medical records of the *child* or *young adult*;
 - (b) Meets with the *child* or *young adult* and the *foster parent* or *relative caregiver*;
 - (c) Gathers information about the *child* or young adult's condition and functioning;
 - (d) Assesses the *child* or young adult's ability to perform functional activities necessary to meet his or her daily needs at a level appropriate for the *child* or young adult's chronological age;
 - (e) Documents the findings of the *personal care services assessment*; and
 - (f) Submits the findings of the *personal care services assessment* to the *Personal Care RN Manager*.
- (4) The *Personal Care RN Manager* must:
- (a) Review the findings of the *personal care services assessment*;
 - (b) Apply the rating scale to the *personal care services assessment*;
 - (c) Determine whether the *child* or *young adult* meets the threshold for a *level of personal care*;
 - (d) Determine the *level of personal care*; and
 - (e) When the *personal care services assessment* scores a *child* or young adult's *level of personal care* needs at Level 4, convene a meeting with the *foster parent* or *relative caregiver* and others involved in the *child* or young adult's care in determining the additional payment and the intensive *personal care services* required to meet the *child* or young adult's identified needs.
- (5) The responsibilities set forth in section (4) of this rule may be conducted by another medical professional employed by or under contract with the Department when the *Personal Care RN Manager* is unavailable.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0135

Provider Eligibility

- (1) *Personal care services* may be provided only by a *qualified provider* under OAR 413-090-0110(13); and
- (2) The *Contract Registered Nurse* or the *Personal Care RN Manager* may authorize a *qualified provider* to provide *personal care services* to a *child* or *young adult* in the care or custody of the Department if:
 - (a) The *Contract Registered Nurse* or *Personal Care RN Manager* determines that the provider meets the definition of a *qualified provider* in OAR 413-090-

0110(13); and

- (b) The *qualified provider* signs the *personal care services plan* with the Department and agrees to provide the *personal care services* to the *child* or *young adult* described in the *personal care services plan*.

Stat. Auth. ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0136

Developing the Personal Care Services Plan

- (1) After conducting the *personal care services assessment* when it has been determined that a *child* or *young adult* is eligible for *personal care services*, the *Contract Registered Nurse* or *Personal Care RN Manager* must develop a *personal care services plan*.
- (2) The *personal care services plan* must:
 - (a) Specify the frequency or intensity of each personal care service;
 - (b) Identify the *qualified provider* to provide the personal care service;
 - (c) If the plan includes a *delegated nursing task*, the *personal care services plan* must include:
 - (A) The written authorization of the *registered nurse* permitting the *qualified provider* to perform the *delegated nursing task*;
 - (B) The written instructions on how to perform the *delegated nursing task*;
 - (C) How frequently the *child* or *young adult* is to be reassessed with respect to the *delegated nursing task*;
 - (D) How the *qualified provider* is to be supervised; and
 - (E) How frequently the *qualified provider* is to be reevaluated.
 - (d) Identify the date that the *personal care services* are to begin and the date that the *personal care services plan* ends; and
 - (e) Be signed by the *Contract Registered Nurse* or *Personal Care RN Manager* and each *qualified provider* providing services under the *personal care services plan*.
- (3) If the *Contract Registered Nurse* or *Personal Care RN Manager* determines that the *child* or *young adult* requires a *delegated nursing task*, the *Contract Registered Nurse* or *Personal Care RN Manager* must follow the requirements in OAR 851-047-0000 to 851-047-0040.
 - (a) An authorization permitting a *qualified provider* to perform a nursing task does not permit the *qualified provider* to perform the task for a different *child* or *young adult* and the authorization may not be transferred.

- (b) The skill of the *qualified provider* and the condition of the *child* or *young adult* must be reevaluated as appropriate.
- (c) The *registered nurse* may rescind the delegation, as provided in OAR 851-047-0030(7), and revise the *personal care services plan* accordingly.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0140

Periodic Review of Personal Care Services Eligibility

- (1) A *child* or young adult's eligibility for *personal care services* must be reviewed annually from the initial date of the *personal care services plan*, unless an earlier date for reassessment has been approved in the *personal care services plan*.
- (2) The *child* or young adult's caseworker may refer the *child* or *young adult* for a *personal care services* reassessment earlier than the date approved in the *personal care services plan* if the *child* or young adult's need for *personal care services* has changed. The *Personal Care RN Manager* must approve the referral.
- (3) The Department must send a notice to the *foster parent* or *relative caregiver*, on behalf of the *child* or *young adult*, at least 14 days prior to conducting a *personal care services* reassessment. The notice must include:
 - (a) A description and explanation of the *personal care services assessment* process;
 - (b) An explanation of the process for appealing the results of the *personal care services assessment*; and
 - (c) A description of the *foster parent* or relative caregiver's right, on behalf of the eligible *child* or *young adult*, to set the date, time and place of the *personal care services assessment* at a location that is convenient for him or her and to invite other persons to participate in the *personal care services assessment*.
- (4) The *Contract Registered Nurse* or *Personal Care RN Manager* follows the process set forth in OAR 413-090-0133 when conducting a *personal care services* reassessment.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0150

Payment Determination

- (1) Payment for the *personal care services* identified in the *personal care services plan* is based on the eligible *child* or young adult's *personal care services* at a *level of personal care* that corresponds to the needs identified in the *personal care services assessment* and is determined by the Department. The levels of personal care are set forth in [Exhibit 1](#).
 - (a) If the eligible *child* or *young adult* qualifies as Level 1 (moderate care), the payment is a maximum of \$207 per month based on the days within the month the *child* or *young adult* is eligible for and receives *personal care services*.

- (b) If the eligible *child* or *young adult* qualifies as Level 2 (intermediate care), the payment is a maximum of \$413 per month based on the days within the month the *child* or *young adult* is eligible for and receives *personal care services*.
 - (c) If the eligible *child* or *young adult* qualifies as Level 3 (advanced care), the payment is a maximum of \$620 per month based on the days within the month the *child* or *young adult* is eligible for and receives *personal care services*.
 - (d) If the eligible *child* or *young adult* qualifies as Level 4 (intensive care), the payment is an amount authorized by the Department, based on the days within the month the *child* or *young adult* is eligible for and receives *personal care services* and on the intensity and frequency of the *personal care services* in conjunction with all other medical services provided for the *child* or *young adult*.
- (2) Payment for *personal care services* is made on a monthly basis, and is calculated based on the number of days *personal care services* were provided to the eligible *child* or *young adult*.
- (a) General Fund payment for *personal care services* is authorized by the Department on the date the *personal care services assessment* is approved.
 - (b) Title XIX payment for *personal care services* is authorized by the Department on the date the *personal care services plan* was signed by the *qualified provider*.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

[Ed. Note: [Exhibit 1](#) referenced is available from the Department.]

413-090-0210

Termination of Personal Care Services and Payments

- (1) *Personal care services* provided to a *child* or *young adult* are terminated when the *child* or *young adult* no longer meets the eligibility requirements under OAR 413-090-0130.
- (2) *Personal care services* payments are made to the *qualified provider* as described in OAR 413-190-0150(2) until a *personal care services plan* is terminated or the date the *child* or *young adult* is no longer in the care of the *foster parent* or *relative caregiver*, whichever is earlier.

Stat. Auth. ORS 418.005

Stats. Implemented: ORS 418.005

Contact(s):

- **Name:** CAF Reception; **Phone:** 503-945-5600

Policy History

- 07/01/01
- 04/01/02

- 07/31/03
- 11/01/03
- 04/01/04
- 10/13/06
- 04/01/07
- 07/01/09
- 08/12/09
- 09/25/09

| | | | | |
|-----------------------|---|--|--|---------------------------------|
| Policy Title: | Foster Care Payments for a Child or Young Adult Living With a Certified Family or Living Independently – OAR Technical change 11-14-11 | | | |
| Policy Number: | I-E.5.1 413-090-0000 thru 0050 | | | Effective Date: 11-04-11 |

Approved By: *on file*

Date Approved: 11-03-11

-
- Policy Forms, etc. Definitions References Contact History

Reference(s):

- Child and Adolescent Needs and Strengths Algorithm, adopted February 9, 2009
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e51_CANS_AL.pdf
- Child Welfare, I-A.5.2 Contested Case Hearings
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a52.pdf
- DHS 9601, Child and Adolescent Needs and Strengths (CANS) Ages birth through 5
<http://dhsforms.hr.state.or.us/Forms/Served/DE9601.pdf>
- DHS 9602, Child and Adolescent Needs and Strengths (CANS) Ages 6 through 20
<http://dhsforms.hr.state.or.us/Forms/Served/DE9602.pdf>
- Hitting the M.A.R.C., Establishing Foster Care Minimum Adequate Rates for Children
- Oregon Child Care Market Price Study
- ORS 418.005
- <http://www.leg.state.or.us/ors/418.html>
- Title IV-E State Plan
- USDA Expenditures on Children by Families, Estimated Expenditures on a child by husband-wife families

Form(s) that apply:

- CF 802 - CANS SCREENING REFERRAL (Child and Adolescent Needs and Strengths)
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0802.doc
- CF 803 – CANS Results (Ages 0 to 5)
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0803.doc
- CF 804 – CANS Results (Ages 6 to 20)
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0804.doc

Rules:

413-090-0000

Purpose

These rules, OAR 413-090-0000 to 413-090-0050, describe the responsibilities of the Department for payment of the following costs on behalf of a *child* or *young adult*.

- (1) Foster care maintenance payments to a *certified family*;
- (2) An *independent living housing subsidy* to an eligible *child* or *young adult* who is in the legal custody of the Department, living independently; and
- (3) Payment to an individual eligible for a *Chafee housing payment*.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0005

Definitions

The following definitions apply to OAR 413-090-0000 to 413-090-0050:

- (1) "Adoption assistance payment" means a monthly payment made by the Department to the *pre-adoptive family* or adoptive family on behalf of an eligible *child* or *young adult*.
- (2) "Base rate payment" means a payment to the foster parent or relative caregiver for the costs of providing the *child* or *young adult* with the following:
 - (a) Food -- including the cost to cover a *child* or young adult's special or unique nutritional needs;
 - (b) Clothing -- including purchase and replacement;
 - (c) Housing -- including maintenance of household utilities, furnishings, and equipment;
 - (d) Daily supervision -- including teaching and directing to ensure safety and well-being at a level which is appropriate based on the chronological age of the *child* or *young adult*;
 - (e) Personal incidentals -- including personal care items, entertainment, reading materials, and miscellaneous items; and
 - (f) The cost of providing transportation -- including local travel associated with expenditure for gas and oil, and vehicle maintenance and repair associated with transportation to and from extracurricular, child care, recreational, and cultural activities.
- (3) "CANS screening" means Child and Adolescent Needs and Strengths screening, a process of gathering information on a *child* or young adult's needs and strengths used

for one or more of the following purposes:

- (a) Identifying case planning, service planning, and supervision needs of the *child* or *young adult* in substitute care with a *certified family*; and
 - (b) Determining the *level of care payment* while in substitute care with a *certified family*; and
 - (c) Determining the *level of care payment* included in an adoption assistance agreement or *guardianship assistance agreement*.
- (4) "Certified family" means an individual or individuals who hold a current Certificate of Approval from the Department to operate a home to provide care, in the home in which they reside, to a *child* or *young adult* in the care or custody of the Department.
- (5) "Chafee housing payment" means a payment to assist in covering the costs of room and board made to an eligible individual between 18 and 20 years of age who was discharged from the care and custody of the Department or one of the federally recognized tribes on or after reaching 18 years of age.
- (6) "Child" means a person under 18 years of age.
- (7) "Department" means the Department of Human Services, Child Welfare.
- (8) "Dependent parent" means a *child* or *young adult* in the legal custody of the Department who is the parent of a *child*.
- (9) "Enhanced shelter care payment" means a limited term payment provided to a *certified family* when a *child* or *young adult* in the care or custody of the Department moves to a certified family's home from a placement with a Behavior Rehabilitation Service provider and there is no current level of care determination applicable to the *child* or *young adult*.
- (10) "Enhanced supervision" means the additional support, direction, observation, and guidance necessary to promote and ensure the safety and well-being of a *child* or *young adult* when the *child* or *young adult* qualifies for a *level of care payment*.
- (11) "Foster care payments" means one or more of the following payments to a *certified family*, authorized at rates established by the Department, for the board and care of a *child* or *young adult* for whom the Department has placement and care responsibility:
- (a) The *base rate payment*;
 - (b) The *level of care payment*, if any;
 - (c) *Shelter care payment* or *enhanced shelter care payment*;
 - (d) Mileage reimbursement, paid at the current Department mileage reimbursement rate paid to child welfare staff, for transportation of a *child* or *young adult*

remaining in the same school he or she was attending prior to placement in substitute care; and

- (e) The board and care of the *child* of a *dependent parent*, unless the *dependent parent* receives cash benefits under a program administered by the Department of Human Services under chapter 461 of the Oregon Administrative Rules.
- (12) "Guardian" means an individual who has been granted guardianship of a *child* through a judgment of the court.
- (13) "Guardianship assistance agreement" means a written agreement, binding on the parties to the agreement, between the Department and the *potential guardian* or *guardian* setting forth the assistance the Department is to provide on behalf of the *child* or *young adult*, the responsibilities of the *guardian* and the Department, and the manner in which the agreement and amount of assistance may be modified or terminated.
- (14) "Independent living housing subsidy" means a payment to assist in covering the costs of room, board, or other monthly expenses made to an eligible individual who is in the care and custody of the Department and living independently.
- (15) "Level of care payment" means the payment provided to an approved or *certified family*, a *guardian*, a *pre-adoptive family* or an adoptive family based on the need for *enhanced supervision* of the *child* or *young adult* as determined by applying the CANS algorithm to the results of the *CANS screening*.
- (16) "Potential guardian" means an individual who:
 - (a) Has been approved by the Department or participating tribe to be a child's *guardian*; and
 - (b) Is in the process of legalizing the relationship to the *child* through the judgment of the court.
- (17) "Pre-adoptive family" means an individual or individuals who:
 - (a) Has been selected to be a child's adoptive family; and
 - (b) Is in the process of legalizing the relationship to the *child* through the judgment of the court.
- (18) "Shelter care payment " means a payment provided to a *certified family* during the first 20 days of substitute care for a *child* or *young adult* in the care or custody of the Department.
- (19) "Young adult" means a person aged 18 through 20 years.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0010

Authorized Payments

(1) Family Foster Care.

- (a) Shelter care payment. The Department reimburses a *certified family* a *shelter care payment* on behalf of a *child* or *young adult* during the first twenty days of substitute care in a *certified family* home after the Department has obtained physical or legal custody of the *child* or *young adult*. The daily *shelter care payment* is:
- (A) \$24.60 for a *child* five years or younger;
 - (B) \$28.00 for a *child* 6 through 12 years of age; and
 - (C) \$31.60 for a *child* or *young adult* 13 through 20 years of age.
- (b) Base rate payment. The Department reimburses a *certified family* a *base rate payment* on behalf of a *child* or *young adult* in the Department's physical or legal custody when a *child* or *young adult* is placed in the certified family's home.
- (A) Payment is made on a monthly basis, or prorated for a portion of a month, when the *base rate payment* is for less than all days in the month, and made after the month in which the care has been provided.
 - (B) The *base rate payment* starts the twenty-first day of a child's placement in substitute care and includes the day the *child* or *young adult* enters the home, but excludes the day the *child* or *young adult* leaves the home.
 - (C) The base rate payment amount.
 - (i) Prior to January 1, 2012, the *base rate payment* is \$639 per month for a *child* five years or younger. Starting January 1, 2012, the *base rate payment* is \$575 per month for a *child* five years or younger.
 - (ii) Prior to January 1, 2012, the *base rate payment* is \$728 per month for a *child* 6 through 12 years of age. Starting January 1, 2012, the *base rate payment* is \$655 per month for a *child* 6 through 12 years of age.
 - (iii) Prior to January 1, 2012, the *base rate payment* is \$823 per month for a *child* or *young adult* 13 through 20 years of age. Starting January 1, 2012, the *base rate payment* is \$741 for a *child* or *young adult* 13 through 20 years of age.
 - (D) The Department does not reimburse the *base rate payment* to a *certified family* when reimbursement for *shelter care payment* or *enhanced shelter*

care payment applies.

(c) Enhanced shelter care payment. The Department reimburses a *certified family* an *enhanced shelter care payment* rate on behalf of a *child* or *young adult* during the first 20 days of substitute care with a *certified family* after a *child* or *young adult* has been in placement with a Behavior Rehabilitation Service provider and there is no current *level of care payment* determination applicable to the *child* or *young adult*. The daily *enhanced shelter care payment* is:

(A) \$29.40 for a *child* five years or younger;

(B) \$33.50 for a *child* 6 through 12 years of age; and

(C) \$37.90 for a *child* or *young adult* 13 through 20 years of age.

(d) Mileage reimbursement. The Department reimburses a *certified family* for mileage, paid at the current Department mileage reimbursement rate paid to child welfare staff, when the *certified family* must provide transportation for a *child* or *young adult* in order to remain in the same school he or she was attending prior to placement in substitute care.

(2) Level of care payment.

(a) The Department reimburses a *level of care payment* to a *certified family* on behalf of a *child* or *young adult* when the *CANS screening* results indicate the *child* or *young adult* has *enhanced supervision* needs.

(b) The initial *level of care payment* to a *certified family* begins:

(A) No earlier than the twenty first day of substitute care; or

(B) Ninety days prior to the date an initial *CANS screening* was approved for a *child* or *young adult* in substitute care over 111 days.

(c) A *level of care payment* to a *certified family* may commence the first day following the end of *enhanced shelter care payment*.

(d) The Foster Care Program Manager may approve commencing the *level of care payment* beyond the timeframes in subsections (b) and (c) of this section when a delay in scheduling, completing, scoring or approving the *CANS screening* results in a potential loss or interruption of a *level of care payment*.

(e) When the *CANS screening* results indicate the *child* or the *young adult* eligible for adoption assistance or guardianship assistance needs *enhanced supervision*, the Department includes the *level of care payment* in--

(A) An adoption assistance agreement with a *pre-adoptive family* or an adoptive family pursuant to Child Welfare Policy I-G.3.1, "Adoption Assistance" OAR 413-130-0000 to 413-130-0130; or

- (B) A *guardianship assistance agreement* with a *potential guardian* or a *guardian* pursuant to Child Welfare Policy I-E.3.6.2, "Guardianship Assistance", OAR 413-070-0900 to 413-070-0979.
- (f) A CANS screener rates each element of a *child* or young adult's behavior and functioning through the *CANS screening* on a scale of zero to three and the ratings determine whether a *child* or *young adult* meets the criteria for one of three levels of care. These ratings are determined using the following exhibits, which by this reference are incorporated into this rule:
 - (A) DHS 9601 - Child and Adolescent Needs and Strengths Comprehensive Screening Tool Ages Birth through Five, adopted January 5, 2009 and revised in June, 2011.
 - (B) DHS 9602 - Child and Adolescent Needs and Strengths Comprehensive Screening Tool Ages Six through Twenty, adopted January 5, 2009 and revised in June 2011.
 - (C) Child and Adolescent Needs and Strengths Algorithm, adopted February 9, 2009.
 - (D) The Department maintains these documents on the Department's website. Printed copies of all three exhibits may be obtained by contacting the Department of Human Services, Children, Adults and Families, ATTN: Level of Care Manager, 500 Summer Street NE, E93, Salem, OR 97301.
- (g) The *level of care payment* is:
 - (A) \$212 per month for Level 1 (moderate needs).
 - (B) \$414 per month for Level 2 (intermediate needs).
 - (C) \$850 per month for Level 3 (advanced needs).
- (3) The Department reimburses a *certified family* an applicable *base rate payment* for a *child* of a *dependent parent* when both are living with the *certified family* unless the *dependent parent* receives a TANF grant under programs administered by the Department of Human Services under chapter 461 of the Oregon Administrative Rules or has other means of financial support.
- (4) The Department reimburses a *Chafee housing payment* or an *independent living housing subsidy* to an eligible individual up to a maximum of \$600 per month of eligibility pursuant to Child Welfare Policy I-B.2.3.5, "Youth Transitions", OAR 413-030-0400 to 413-030-0460.
- (5) Payments prohibited. The Department may not authorize payment for the care of a *child* or *young adult* to more than one *certified family* per day.

- (6) A payment by the Department under this rule is inalienable by any assignment or transfer and exempt from execution, levy, attachment, and garnishment under the laws of the state of Oregon.

Stat. Auth.: ORS 418.005, 418.340

Stats. Implemented: ORS 418.005, 418.330, 418.335, 418.340, 418.470, 418.625

413-090-0021

Periodic Review of Eligibility for Level of Care Payments

- (1) When the Department conducts a *CANS screening* for a *child* or *young adult* in substitute care under subsection (1)(b) of OAR 413-020-0230 and the results indicate the *child* or young adult's level of care has changed, the Department adjusts the *child* or young adult's *level of care payment* as follows:
 - (a) When a *level of care payment* increases, change in payment begins the first day of the month in which the increased *level of care payment* was approved.
 - (b) When a *level of care payment* decreases, change in payment begins the first day of the month following the month in which the decreased *level of care payment* was approved unless continuing benefits have been requested through a request for a contested case hearing.
- (2) When the Department determines, denies, adjusts or terminates a *level of care payment* to a *child* or *young adult* living with a *certified family*, the Department follows Child Welfare Policy I-A.5.2, "Contested Case Hearings" OAR 413-010-0500 to 413-010-0535.
- (3) A *CANS screening* may be conducted for a *child* or *young adult* living with a *potential guardian*, a *guardian*, a *pre-adoptive family*, or an adoptive family when a referral is received pursuant to OAR 413-020-0230(3).

Stat. Auth.: ORS 418.005, 418.340

Stats. Implemented: ORS 418.005, 418.330, 418.335, 418.340

413-090-0030

Payment for Temporary Absences from Family Foster Care

- (1) The Department may continue the *base rate payment* and any *level of care payment* to the *certified family* during a *child* or young adult's temporary absence from the home for 14 days or less, when:
 - (a) The plan is for the *child* or *young adult* to return to the care of the same *certified family*, and
 - (b) No other *certified family* is receiving a *base rate payment* or *level of care payment* for the *child* or *young adult* during the period of the absence.

- (2) Hospitalization. The Department may continue the *base rate payment* and *level of care payment* to the *certified family* when the *child* or *young adult* requires hospitalization for medical treatment and the *certified family* continues to exercise caregiving responsibilities in anticipation of the return of the *child* or *young adult*. Hospitalization for medical treatment is not considered a substitute care placement with a duplicate payment.

Stat. Auth.: ORS 418.005, 418.340

Stats Implemented: ORS 418.005, 418.330, 418.335, 418.340

413-090-0040

Payments During Adoptive Supervision

When a *child* is free for adoption and placed in an approved or certified family's home designated by the Department's Adoption Program Manager as the child's *pre-adoptive family*, the Department pays *base rate payment* and any *level of care payment* to the *pre-adoptive family* until the *adoption assistance payment* commences. See Child Welfare Policy I-G.3.1, "Adoption Assistance", OAR 413-130-0000 to 413-130-0130 for the adoption assistance eligibility requirements of the Adoption Assistance Program.

Stat. Auth.: ORS 418.005, 418.340

Stats. Implemented: ORS 418.005, 418.330, 418.335, 418.340

413-090-0050

Out-of-State Payment to a Certified Family Moving to Another State

- (1) A *certified family* who receives Department approval to move out-of-state with a *child* or *young adult* who the Department has placed in the home may continue to receive base rate and level of care for that *child* or *young adult* for up to 180 days or until licensed or certified in the receiving state, whichever is earlier.
- (2) The Foster Care Program Manager or Foster Care Program Assistant Manager may extend the 180 day limit for continuing to receive current *base rate payment* and *level of care payment* when the licensure or certification process in the receiving state has not been completed due to circumstances beyond the control of the Department.
- (3) Once the home is licensed or certified in the receiving state, the Department authorizes payment at Oregon's established *base rate payment* and *level of care payment* rates.

Stat. Auth.: ORS 418.005, 418.340

Stats. Implemented: ORS 418.005, 418.330, 418.335, 418.340

Contact(s):

- **Name:** Kevin George; **Phone:** 503-945-5987

Policy History

- 12/29/95
- 03/05/99
- [09/20/99](#)
- [01/07/03](#)
- [01/30/03 thru 7/30/03](#)
- [07/31/03](#)
- [11/01/03 thru 04/28/04](#)
- [04/01/04](#)
- [10/13/06 thru 04/10/07](#)
- [04/01/07](#)
- [01/01/08 thru 06/27/08](#)
- [06/28/08](#)
- [07/01/09 thru 12/28/09](#)
- [08/12/09 thru 12/28/09](#)
- [09/01/09 thru 12/28/09](#)
- [09/25/09 thru 12/28/09](#)
- [12/29/09](#)
- [6/30/11 thru 12/27/11](#)

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: RHODE ISLAND

**RICHIST Foster Care Rate Setting Tool
(Foster Care Payment Window)**

| | | |
|----------------|--|-------------------|
| Field: | Question 1 | <i>Daily Rate</i> |
| Values: | A) Once a week or less [prior to 09/01/2005] | 0 |
| | B) Two or three times a week [prior to 09/01/2005] | 1.33 |
| | C) Four to six times a week [prior to 09/01/2005] | 3.86 |
| | D) Seven or more times a week [prior to 09/01/2005] | 7.66 |
| | A) This question is no longer used – Proceed to Question 2 [system filled when effective date is => 09/01/2005] | 0 |

| | | |
|----------------|---|------|
| Field: | Question 2 – How often are the foster parents required to participate in Mental Health therapy with the child? | |
| Values: | A) Less than once a week | 0 |
| | B) Once a week | .76 |
| | C) Two or three times a week | 1.49 |
| | D) Four or more times a week | 2.97 |

| | | |
|---------------|--|--|
| Field: | Question 3 – For which of the following does the child require special paternal assistance, supervision and/or attention? | |
| | A) Regular physical therapy (check box: Yes, No); Default set to not checked (No); user selected | |
| | B) Regular medication (Check Box: Yes, No); default set to not checked (No); user selected | |
| | C) Use of special medical equipment (Check Box: Yes, No); default set to not checked (No); user selected | |
| | D) Symptomatic Fetal Alcohol Infant (Check Box: Yes, No); default set to not checked (No); user selected | |
| | E) Symptomatic Drug Exposed Infant (Check Box Yes, No); default set to not checked (No); user selected | |
| | F) Older Child’s Incontinence (Check Box Yes, No); default set to not checked (No); user selected | |
| | G) Diagnosed Physical, mental or Emotional Disability (Check Box; Yes, No); default set to not checked (No); user selected | |
| | H) None of the Above (Check Box: Yes, No); default set to not checked (No); user selected | |

On average, how many hours a week will these activities require of the foster parents?

| | | |
|----------------|---|-------|
| Values: | A) Less than ten hours a week | 0 |
| | B) More than ten but less than twenty hours a week | 1.85 |
| | C) More than twenty but less than thirty hours a week | 8.51 |
| | D) More than thirty hours a week | 15.18 |

| | | |
|----------------|--|-------|
| Field: | Question 4 – Does the child have a developmental disability which is characterized by any of the following? | |
| | A) Non-ambulatory | |
| | B) Requires total care in bathing, feeding, dressing and toileting | |
| | C) Autistic | |
| | D) None of the Above | |
| Values: | N/A | |
| Field: | Question 5 – Is the child routinely and consistently destructive of property so as to require special parental assistance, supervision and/or attention? | |
| Values: | A) Only consistent with age | 0 |
| | B) Yes, moderately above normal for age | .76 |
| | C) Yes, substantially above normal for age | 1.29 |
| | D) Yes, severely destructive of property | 2.08 |
| Field: | Question 6 – Does this child have an IEP? How many hours does the child require assistance from the foster parents with homework and/or meetings with school personnel? | |
| Values: | A) Less than 3 hours per week | 0 |
| | B) 3-5 hours per week | .18 |
| | C) 5 - 7 hours per week | 1.49 |
| | D) 8 or more hours per week | 2.97 |
| Field: | Question 7 – How many times per day does this child cause major disruption which requires the foster parents intervention? | |
| Values: | A) Less than twice a day on average | 0 |
| | B) At least twice but less than three times a day on average | 4.51 |
| | C) At least tree but less than four times a day on average | 9.18 |
| | D) Four or more times a day on average | 13.84 |
| Field: | Question 8 – How often does the case plan require the foster parents to work with child’s birth parents and/or siblings with a minimum of one hour face to face contact each time? | |
| Values: | A) Once a month or less | 0 |
| | B) An average of two to three times a month | .58 |
| | C) An average of four to five times a month | 1.20 |
| | D) An average of six or more times a month | 1.82 |
| Field: | Question 9 – Does this rate (re)assessment require review by the foster care rate setting committee? | |
| Values: | N/A | |

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: TEXAS

Appendix 6340-A: Definitions of Service Levels

CPS September 2005

Basic Service Level

The Basic Service Level consists of a supportive setting, preferably in a family that is able to maintain or improve the child's functioning. The family should be able to provide:

- routine guidance and supervision to ensure the child's safety and sense of security;
- affection, reassurance, and involvement in activities appropriate to the child's age and development to promote the child's well-being;
- contact, in a manner that is in the best interest of the child, with family members and other persons significant to the child in order to maintain a sense of identity and culture; and
- access on an as-needed basis to therapeutic, habilitative, and medical intervention and guidance from professionals or paraprofessionals to help the child maintain functioning appropriate to the child's age and development.

DFPS Rules, [40 TAC §700.2301](#)

Children Who Need Basic Services

Children who will benefit from basic services are those who are capable of responding to limit-setting or other interventions. Children whose needs are appropriate for basic services may exhibit:

- one or more of the following characteristics:
 - temporary difficulties and occasional misbehavior,
 - brief episodes of acting out in response to stress, or
 - behavior that is minimally disturbing to others, but is considered typical for the child's age and can be corrected; or
- developmental delays or mental retardation whose characteristics include minor to moderate difficulties with conceptual, social, and practical adaptive skills.

DFPS Rules, [40 TAC §700.2303](#)

Moderate Service Level

The Moderate Service Level consists of a structured supportive setting, preferably in a family, in which most activities are designed to improve the child's functioning, including:

- more than routine guidance and supervision to ensure the child's safety and sense of security;
- affection, reassurance, and involvement in structured activities appropriate to the child's age and development to promote the child's well-being;
- contact, in a manner that is in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- access to therapeutic, habilitative, and medical intervention and guidance from professionals or paraprofessionals to help the child attain or maintain functioning appropriate to the child's age and development.

In addition to the description above, a child with primary medical or habilitative needs may require intermittent interventions from a skilled caregiver who has demonstrated competence.

Children Who Need Moderate Services

Children who need moderate services have problems in one or more areas of functioning, including:

- behaviors such as:
 - frequent nonviolent, anti-social acts,
 - occasional physical aggression,
 - minor self-injurious actions, or
 - difficulties that present a moderate risk of harm to self or others;
- abuse of alcohol, drugs, or other conscious-altering substances, and:
 - the extent or frequency of the substance abuse places the child at risk for substantial problems, or
 - a historical diagnosis of substance abuse or dependency requires regular community support through groups or similar interventions;
- developmental delays or mental retardation marked by:
 - moderate to substantial difficulties with conceptual, social, and practical adaptive skills, including daily living and self-care, and
 - moderate impairment in communication, cognition, or expressions of affect; or
- primary medical or habilitative needs including assistance with:
 - occasional exacerbations or intermittent interventions in relation to the diagnosed medical condition,
 - limited daily living and self-care skills,
 - ambulation, or
 - daily access to on-call, skilled caregivers with demonstrated competency.

DFPS Rules, [40 TAC §700.2323](#)

Specialized Service Level

The Specialized Service Level consists of a treatment setting, preferably in a family, in which caregivers have specialized training to provide therapeutic, habilitative, and medical support and interventions including:

- 24-hour supervision to ensure the child's safety and sense of security, which includes close monitoring and increased limit-setting;
- affection, reassurance, and involvement in therapeutic activities appropriate to the child's age and development to promote the child's well-being;
- contact, in a manner that is in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- therapeutic, habilitative, and medical intervention and guidance that is regularly scheduled and professionally designed and supervised to help the child attain functioning appropriate to the child's age and development.

In addition to the description above, a child with primary medical or habilitative needs may require regular interventions from a caregiver who has demonstrated competence.

DFPS Rules, [40 TAC §700.2341](#)

Children Who Need Specialized Services

Children who need specialized services have severe problems in one or more areas of functioning, including:

- behaviors such as:
 - unpredictable nonviolent, anti-social acts,
 - frequent or unpredictable physical aggression,
 - marked withdrawal or isolation,
 - major self-injurious actions, including recent suicide attempts, or
 - difficulties that present a significant risk of harm to self or others;
- abuse of alcohol, drugs, or other conscious-altering substances that results in:
 - severe impairment, or
 - a primary diagnosis of substance abuse or dependency;
- developmental delays or mental retardation marked by:
 - severely impaired conceptual, social, and practical adaptive skills, including daily living and self-care,
 - severe impairment in communication, cognition, or expressions of affect,
 - lack of motivation or the inability to complete self-care activities or participate in social activities,
 - inability to respond appropriately to an emergency, or
 - multiple physical disabilities including sensory impairments; or
- primary medical or habilitative needs that require assistance related to:
 - regular or frequent exacerbations or interventions in relation to the diagnosed medical condition,
 - severely limited daily living and self-care skills,
 - ambulation or confinement to a bed, or
 - constant access to on-site, medically skilled caregivers with demonstrated competencies in the interventions needed by children in their care.

DFPS Rules, [40 TAC §700.2343](#)

Intense Service Level

The Intense Service Level consists of a high degree of structure, preferably in a family, to limit the child's access to environments as necessary to protect the child. The caregivers have specialized training to provide intense therapeutic and habilitative supports and interventions with limited outside access, including:

- 24-hour supervision to ensure the child's safety and sense of security, which includes frequent one-to-one monitoring with the ability to provide immediate on-site response;
- affection, reassurance, and involvement in therapeutic activities appropriate to the child's age and development to promote the child's well-being;
- contact, in a manner that is in the best interest of the child, with family members and other persons significant to the child in order to maintain a sense of identity and culture;
- therapeutic, habilitative, and medical intervention and guidance that is frequently scheduled and professionally designed and supervised to help the child attain functioning more appropriate to the child's age and development; and
- consistent and frequent attention, direction, and assistance to help the child attain stabilization and connect appropriately with the child's environment.

In addition to the description above, a child with developmental delays or mental retardation needs professionally directed, designed, and monitored interventions to enhance:

- mobility;
- communication;

- sensory, motor, and cognitive development; and
- self-help skills.

A child with primary medical or habilitative needs requires frequent and consistent interventions. The child may be dependent on people or technology for accommodation and require interventions designed, monitored, or approved by an appropriately constituted interdisciplinary team.

DFPS Rules, [40 TAC §700.2361](#)

Children Who Need Intense Services

Children who need intense services have severe problems in one or more areas of functioning that present an imminent and critical danger of harm to self or others, such as:

- behaviors that include:
 - extreme physical aggression that causes harm,
 - recurring major self-injurious actions, including suicide attempts,
 - other difficulties that present a critical risk of harm to self or others, or
 - severely impaired reality-testing, communication skills, cognition, expressions of affect, or personal hygiene;
- abuse of alcohol, drugs, or other conscious-altering substances that involves a primary diagnosis of substance dependency in addition to being extremely aggressive or self-destructive to the point of causing harm;
- developmental delays or mental retardation marked by:
 - impairments so severe in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others, or
 - a consistent inability to cooperate in self-care while requiring constant one-to-one supervision for the safety of self or others; or
- primary medical or habilitative needs that present an imminent and critical medical risk and require assistance with:
 - frequent acute exacerbations and chronic, intensive interventions in relation to the diagnosed medical condition,
 - inability to perform daily living or self-care skills, or
 - 24-hour on-site medical supervision to sustain life support.

DFPS Rules, [40 TAC §700.2363](#)

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: UTAH

STATE OF UTAH
OUT OF HOME SPECIAL PAYMENTS
EFFECTIVE JULY 1, 2001

(All Special Needs combined are not to exceed \$200.00 per child every six months)

Receipts are required for reimbursement

| TYPE OF SERVICE | DESCRIPTION | PSA CODE | RATE |
|--|---|----------|---|
| Initial Clothing Payment | One-time emergency clothing needs when the child lacks basic clothing at time of placement. | ICP | Limited to \$163.00 |
| Special Needs – Baby | To be used for baby needs (diapers, special formulas, baby furniture/equipment). | SNB | Limited to \$200.00 every six months as funding permits |
| Special Needs – Clothing | Clothing needed over and above the \$41.00 included monthly in provider payment. | SNC | Limited to \$200.00 every six months as funding permits |
| Special Needs – Gift | To be used for additional Christmas gifts, birthday, graduation, etc. | SNG | Limited to \$200.00 every six months as funding permits |
| Special Needs – Lessons/Equipment | To be used for lessons (music, art, swimming, dance, drama); rental/purchase of musical instruments (rent if possible); lesson supplies. | SNL | Limited to \$200.00 every six months as funding permits |
| Special Needs – Recreation | To be used for recreation (includes trips, vacations, fishing licenses, summer camps, etc). Sports/sports equipment, bicycles, etc. | SNR | Limited to \$200.00 every six months as funding permits |
| Special Needs – Misc. | To be used for other expenses not covered under other special needs codes (not meant to be a catchall code). This amount is not included in the child's \$200.00 allowable amount. | SNM | Other special needs codes should be explored before this code is used. (Max. \$5000.00, following procurement rules) |
| Special Needs – School Expenses (Non-Tuition) | To be used to cover student body fees that cannot be waived, locker costs, school equipment and supplies, summer school, yearbook, graduation pictures, special classes, etc. This amount is not to be included in the child's \$200.00 allowable amount. | STP | To be used specifically for school expenses only. (Max. \$999.99, following procurement rules) |
| Foster Child Transportation – Case Activity | Case activity miles – only mileage to and from reviews, court activities, case planning/staffing and placement transitions. | FTC | \$.31 per mile \$.32 per mile (eff. 7/1/04) \$.36 per mile (eff. 10/1/07) |
| Foster Child Transportation – Medical | Medical miles – only mileage to transport foster child to and from medical, dental and mental health appointments. CODE OBSOLETE 7/31/06 use FTP | FTM | \$.31 per mile \$.32 per mile (eff. 7/1/04) |
| Foster Child Transportation – Misc. | Medical and Other essential miles – only mileage to transport foster child to and from medical, dental and mental health appointments and, to and from caseworker approved, essential, extraordinary activities such as school attendance outside of neighborhood boundaries, and youth bus pass. | FTP | \$.31 per mile \$.32 per mile (eff. 7/1/04) \$.36 per mile (eff. 10/1/07) |
| Foster Child Transportation – Visitation | Visitation miles – only mileage to transport the foster child to and from visits with parents, siblings and other relative/caregivers. | FTV | \$.31 per mile \$.32 per mile (eff. 7/1/04) \$.36 per mile (eff. 10/1/07) |

Placement Structure – Levels of Care

Level I is family based care that provides safe, adequate, standard parental supervision and care. Children in this level of care may have mild to moderate medical or mental health treatment needs and mild behavioral problems. (Formerly known as Basic Foster Care).

| | | |
|-----|-----|---|
| 121 | BHR | Home Of Relative/Guardian |
| 122 | BOH | Living At Family Home |
| 124 | CAH | Adoptive Home (Not Final) |
| 326 | FC1 | Level I Foster Care |
| 130 | ILN | Independent Living Non-Pay |
| 43 | ILP | Independent Living or Payment |
| 324 | PC1 | Level I Foster Care in Proctor Home |
| 119 | BFH | Foster Home (Non-Pay) (Will be Obsolete) |
| 125 | CCT | Closed Awaiting Court Order (Obsolete 11/18/99) |
| 241 | CEF | Contracted Emergency Foster Care Payment (Will probably Obsolete) |
| 11 | CFP | Level 1, Basic Foster Care (Obsolete) |
| 16 | CXP | Reg. Foster Care – Private (Will be Obsolete) |
| 281 | EFN | Emergency Foster (Non-Pay) (Will be Obsolete) |
| 31 | EFP | Emergency Foster Home/Payment (Will probably Obsolete) |
| 129 | EMP | Emergency Placement Non-Pay (Will probably Obsolete) |
| 63 | SEP | Special Emergency Foster Home (Will be Obsolete) |

Level II is family based care that provides a safe environment with adequate parental supervision that may be slightly or moderately more intense than that of a child in Level I care. Children at this level may be physically disabled, developmentally delayed, medically needy or medically fragile, or have a serious emotional disorder (SED), and may require outpatient treatment services more frequently than once a week, such as day treatment and/or special education services. (Formerly known as Specialized Foster Care.)

| | | |
|-----|-----|--|
| 327 | FC2 | Level II Foster Care |
| 325 | PC2 | Level II Foster Care in Proctor Home |
| 208 | BFP | Behavioral Foster Payment (Will be Obsolete) |
| 242 | CES | Contracted Specialized Emergency FC (Will probably Obsolete) |
| 62 | SCP | Shelter Care or Payment (Will be Obsolete 7/1/11) |
| 65 | SFP | Level 2, Specialized Foster Care (Will be Obsolete) |
| 251 | SPC | Contracted Specialized Shelter Care Pmnt (Will be Obsolete 7/1/11) |
| 76 | SSP | Special Shelter Care/Payment (Will be Obsolete 7/1/11) |
| 80 | SXP | Specialized Foster Care (contract) (Will be Obsolete) |

Level III is family based care that provides intensive treatment services and constant supervision in a family living environment by a well trained, experienced out-of-home care provider. Children at this level may have severe behavioral, emotional, or medical problems that can still be managed in a foster home. Level III care is for children who are unable to be successful in placements with a lower level of services and supervision. Children in Level III care have behaviors, medical concerns, or other needs that could generally be improved by working with skilled, experienced foster parents that have completed advanced training and have demonstrated skills in working with the issues. (Formerly known as Structured Foster Care.)

| | | |
|-----|-----|---|
| 322 | DAC | TAL Supervised Apartment-Like Setting |
| 328 | FC3 | Level III Foster Care |
| 33 | FHX | Individual Family-Based High Cost Maintenance |
| 158 | DTS | Individual Transitional Care (Will be Obsolete) |
| 32 | EIR | Emergency Individual Res Care (Obsolete 6/30/10) |
| 64 | SFD | Level 3, Structured Foster Care-w/Skills (Obsolete 11/1/07) |

| | | |
|-----|-----|---|
| 66 | SFS | Level 3, Structured Foster Care (Will be Obsolete) |
| 265 | TFS | Level 3, Structured Step-Down Svcs (Will be Obsolete) |

Level IV is proctor family care through a licensed child-placing agency. The proctor agency generally has access to highly skilled caregivers as well as a variety of wraparound services needed for the higher, intensive needs of the child. It also includes transition to adult living in a supervised apartment setting.

| | | |
|-----|-----|--|
| 318 | DIB | Proctor Care One Client |
| 320 | DPB | Proctor Care Multiple Clients (up to 3) |
| 200 | DFB | Fmly Bsd Res Care (Will be Obsolete) |
| 190 | DFM | Family Based Res Care, M.H. (Will be Obsolete) |
| 21 | DIR | Individual Residential Care (Will be Obsolete) |
| 198 | DLR | Indpdnt Lvng Res Care (Will be Obsolete) |
| 28 | DTF | Residential Group Care - Teach. Mod (Will be Obsolete) |
| 81 | SXS | Structured Family Home (contract) (Will be Obsolete) |

Level V is residential support or residential treatment, generally for children with moderate level treatment and supervision needs, requiring 1:6 staff to client ratio.

| | | |
|-----|-----|--|
| 120 | BGH | Group Home (Non-Pay) |
| 314 | DBD | Behavioral disorder moderate small group home |
| 312 | DBE | Behavioral disorder moderate |
| 308 | DDD | Substance dependent moderate small group home |
| 304 | DMD | Mental health moderate small group home |
| 302 | DME | Mental health moderate |
| 298 | DSD | Sex offender moderate small group home |
| 296 | DSE | Sex offender male moderate |
| 209 | GHP | Group Home Payment |
| 283 | ONA | Observation & Assessment Placements |
| 250 | SCC | Contracted Shelter Care Payment (Family Support Centers) |
| 132 | SHN | Shelter (Non-Pay) |
| 207 | BHG | Behavioral Group Home (Will be Obsolete) |
| 22 | DOG | Residential Group Care (Owner) (Will be Obsolete) |
| 196 | DPG | Res Svcs, Prgnt/Prntng Teen (Will be Obsolete) |
| 25 | DRC | Residential Group Care (Will be Obsolete) |
| 27 | DST | Residential Juv. Sex Offender Treatment (Will be Obsolete) |
| 238 | DTR | Transitional Living Residential Care, MH (Will be Obsolete) |
| 228 | EFB | Emergency Foster Group Home (Boys) (Will probably Obsolete) |
| 229 | EFG | Emergency Foster Group Home (Girls) (Will probably Obsolete) |
| 230 | SHB | Shelter Group Home (Boys) (Will probably Obsolete) |
| 231 | SHG | Shelter Group Home (Girls) (Will probably Obsolete) |

Level VI is residential treatment for children with high level treatment and supervision needs, generally requiring 1:4 staff to client ratio. This is the highest level of care before institutional care at a psychiatric or acute care hospital.

| | | |
|-----|-----|---|
| 118 | BAF | American Fork Training School |
| 126 | COR | Correction Facility |
| 310 | DBF | Behavioral disorder high |
| 306 | DDE | Substance dependent high/moderate |
| 300 | DMF | Mental health high |
| 294 | DSF | Sex offender male high/female high & moderate |

| | | |
|-----|-----|---|
| 127 | CRT | Residential Treatment Facility (>25) (Will be Obsolete) |
| 17 | DAG | Resid Assess Svc – Group (Will be Obsolete) |
| 18 | DAI | Ind Resid Assess Svc – Place (Will be Obsolete) |
| 188 | DCC | Intnv Res Trtmnt Srvcs, Pre-Schl Age (Will be Obsolete) |
| 194 | DLF | Res Trtmnt Srvcs, Cog. Imprd (Obsoleted 11/1/07) |
| 192 | DLS | Intnsv Res Trtmnt Srvcs, Cog. Imprd (Will be Obsolete) |
| 177 | DPI | Intensive Psych Res Trtmnt Srvcs (Will be Obsolete) |
| 179 | DPM | Psych Res Trtmnt Srvcs, Mntl Hlth (Will be Obsolete) |
| 24 | DPR | Psyc. Residential Treatment (Will be Obsolete) |
| 185 | DRH | Intensive Res Trtmnt Srvcs, Mntl Hlth (Will be Obsolete) |
| 267 | DRL | Intensive Res Treatment. Latency Age (Will be Obsolete) |
| 183 | DSM | I.P.R.T. Srvcs, Lvl 6, Sexul Offndr, MH (Will be Obsolete) |
| 181 | DSS | I.P.R.T. Srvcs, Lvl 7, Secure Care, M.H. (Will be Obsolete) |

Level VII is institutional care at a psychiatric or acute care hospital.

| | | |
|-----|-----|--|
| 123 | BSM | State Mental Hospital |
| 131 | MFN | Medical Facility/Nursing Home |
| 282 | OUT | Out of State Specialized Placement |
| 293 | XPR | Psyc. Res. Treatment - PRTF Certified (Will be Obsolete) |

IRTS Individualized residential care and supervision category is a 24 hour individual residential program provided in a community living residential support or professional parent home setting for children with a combination of cognitive impairments or other significant physical disabilities AND severe emotional or behavioral disorders. Due to the child's intensive needs, they cannot be served in other treatment categories. Highly trained staff provide an intensely structured environment, general guidance, supervision, behavior management, and other rehabilitation services designed to improve the child's condition or prevent further regression so that services of this intensity will no longer be needed. The program has the capacity to significantly increase or decrease the intensity of services and supervision for the child, depending on their needs, without a change in the placement setting.

| | | |
|-----|-----|---|
| 269 | WHX | DSPD Waiver (MR.RC) Maintenance |
| 316 | DHX | Individualized residential care and supervision |

Other – Runaway, Unknown

| | | |
|-----|-----|--------------------|
| 128 | CRW | Runaway |
| 116 | UNK | Unknown (Obsolete) |

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: VIRGINIA

VIRGINIA ENHANCED MAINTENANCE ASSESSMENT TOOL (VEMAT)

| | | |
|--|-------------------------|-----------------------------------|
| Name - Child (last, First, MI) | Birth Date (mm/dd/yyyy) | Age |
| Name - Foster Parent(s) | | |
| Address - Foster Parent(s) | | Telephone Number (Daytime) |
| Date Child Placed in this Foster Home (mm/dd/yyyy) | | Assessment Date/Time (mm/dd/yyyy) |
| OASIS Client ID: | | Completion Date/Time (mm/dd/yyyy) |

Check "Yes" or "No" to indicate whether each of the following minimal, moderate or severe characteristics apply to the foster child now.

DOMAIN: SOCIAL/EMOTIONAL CARE NEEDS: When the item is applicable, select only one category (mild, moderate or severe) that most accurately describes the child's behavior.

Check "No" in each category if the characteristic is generally age appropriate for the child. Only check yes if the characteristic is more intense, frequent or of longer duration than what is typical for a child this age.

- The family's documentation and reporting is consistent with involved professionals' assessments of the child's functional characteristics.
- Not Applicable** (0 points) – Child does not exhibit unusual personal characteristics for a child in this age group.

| Yes | No | Minimal (4 points) – Minimal means the characteristic occurs occasionally and requires occasional intervention. The frequency of occurrence of the characteristic is low, the duration is short-lived, and the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention. Child must exhibit at least two characteristics which include or correspond in extent or degree with the following | Yes | No | Moderate (8 points) – Moderate means the characteristics occurs frequently and requires occasional intervention. The frequency of occurrence of the characteristic is high, but the duration is short-lived or the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention. Child must exhibit at least two characteristics which include or correspond in extent or degree with the following | Yes | No | Severe (12 points) – Severe means the characteristics occur frequently and require frequent intervention. The frequency of occurrence of the characteristic is high, the duration is ongoing, and the intensity is strong. The need for intervention is frequent and the child requires additional assistance and time to respond to intervention. Child must exhibit one characteristics which includes or corresponds in extent or degree with the following |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Mild problems with impulsive, distractible, or hyperactive behavior. | <input type="checkbox"/> | <input type="checkbox"/> | 1. Moderate problems with impulsive, distractible, or hyperactive behaviors that interfere with the child's ability to function in at least one life domain. | <input type="checkbox"/> | <input type="checkbox"/> | 1. Consistent impulsive behaviors that can place the child or others at risk of physical harm. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Mild depression associated with a negative life event | <input type="checkbox"/> | <input type="checkbox"/> | 2. Moderate depression as evidenced by depressed mood or irritability. | <input type="checkbox"/> | <input type="checkbox"/> | 2. Level of depression that interferes with the child's ability to function in two or more life |

| | | | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|---|
| | | evidenced by difficulties maintaining a positive view of him/herself and his/her life (overly pessimistic). | | | Depression has interfered in child's ability to function in at least one life domain. Child has moderate difficulty seeing positives. Child may vary from overly optimistic to overly pessimistic. | | | domains and requires therapeutic/medical intervention. Chronically withdrawn/depressed/anxious requiring professional intervention due to self-injurious behavior, suicidal gestures, or has made suicidal statements. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Mild anxiety problems associated with any recent life event(s). | <input type="checkbox"/> | <input type="checkbox"/> | 3. Moderate anxiety as evidenced by anxious mood or fearfulness. Anxiety has interfered in child's ability to function in at least one life domain. | <input type="checkbox"/> | <input type="checkbox"/> | 3. Level of anxiety that interferes with the child's ability to function in two or more life domains and requires therapeutic/medical attention. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Mild challenges in socialization requiring occasional assistance and/or training. | <input type="checkbox"/> | <input type="checkbox"/> | 4. Moderate challenges in socialization requiring frequent assistance and/or training to address issues in the child's life, including but not limited to difficulty in establishing or maintaining meaningful relationships or attachment issues. | <input type="checkbox"/> | <input type="checkbox"/> | 4. Severe challenges in socialization requiring ongoing assistance and/or training to address issues in the child's life, including but not limited to difficulty in establishing or maintaining meaningful relationships or attachment issues. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. History or suspicion of hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder. | <input type="checkbox"/> | <input type="checkbox"/> | 5. Hallucinations, delusions, or bizarre behaviors that have been effectively managed with medication. | <input type="checkbox"/> | <input type="checkbox"/> | 5. Hallucinations, delusions, or bizarre behavior that may be associated with some form of psychotic disorder requiring medical intervention or that has not been treated effectively with medication. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Mild level of eating disturbance (preoccupation with weight, calorie intake, or body size). | <input type="checkbox"/> | <input type="checkbox"/> | 6. Moderate eating disturbance (moderate preoccupation with weight, restrictive eating habits, bingeing, purging, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | 6. Eating disturbance that requires medical intervention. |

DOMAIN: BEHAVIORAL/DEVELOPMENTAL CARE NEEDS: When the item is applicable, select only one category (mild, moderate or severe) that most accurately describes the child’s behavior.

Check “No” in each category if the characteristic is generally age appropriate for the child. Only check yes if the characteristic is more intense, frequent or of longer duration than what is typical for a child this age.

The family’s documentation and reporting is consistent with involved professionals’ assessments of the child’s functional characteristics.

Not Applicable (0 points) – Child does not exhibit unusual behavioral characteristics for a child in this age group.

| Yes | No | Minimal (4 points) – Minimal means the characteristics characteristic occurs occasionally and requires occasional intervention. The frequency of occurrence of the characteristic is low, the duration is short-lived, and the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention. Child must exhibit at least two characteristics which include or correspond in extent or degree with the following | Yes | No | Moderate (8 points) – Moderate means the characteristics occurs frequently and requires occasional intervention. The frequency of occurrence of the characteristic is high, but the duration is short-lived or the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention. Child must exhibit at least two characteristics which include or correspond in extent or degree with the following | Yes | No | Severe (12 points) – Severe means the characteristics occurs frequently and requires frequent intervention. The frequency of occurrence of the characteristic is high, the duration is ongoing, and the intensity is strong. The need for intervention is frequent and the child requires additional assistance and time to respond to intervention. Child must exhibit one characteristic which includes or corresponds in extent or degree with the following |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Child cannot be accounted for by the parent for short periods of time with the intention of returning. | <input type="checkbox"/> | <input type="checkbox"/> | 1. Frequently runs away overnight or disappears for long periods of time. | <input type="checkbox"/> | <input type="checkbox"/> | 1. Habitually runs away overnight or disappears for long periods of time. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Child exhibits behavior affecting class achievement and requiring occasional parent school contacts. | <input type="checkbox"/> | <input type="checkbox"/> | 2. Child is truant or exhibits behavior affecting class achievement, creates a disturbance in the classroom, frequent school contacts with parent. | <input type="checkbox"/> | <input type="checkbox"/> | 2. Habitually creates a disturbance in the classroom, or on the school bus, or is habitually truant and requires ongoing parental/school contact. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Uses sexual language in inappropriate social situations. | <input type="checkbox"/> | <input type="checkbox"/> | 3. Child exhibits sexual activity that is disruptive to self, family, and/or community. | <input type="checkbox"/> | <input type="checkbox"/> | 3. Child has a history of sexually aggressive behavior that represents a moderate to high risk to offend as evidenced by a psychosexual evaluation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Use of illegal or dangerous substances, but is not a current problem and does not interfere with any life | <input type="checkbox"/> | <input type="checkbox"/> | 4. Frequent use of illegal or dangerous substances beyond experimentation. | <input type="checkbox"/> | <input type="checkbox"/> | 4. Habitually abuses illegal or dangerous substances. |

| | | domains. | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Occasional self-abusive behaviors that requires adult supervision/intervention not requiring medical intervention. | <input type="checkbox"/> | <input type="checkbox"/> | 5. Frequent self-abusive behaviors that requires adult supervision/intervention and medical intervention. | <input type="checkbox"/> | <input type="checkbox"/> | 5. Habitually, self-abusive behaviors requiring adult supervision/intervention and medical intervention. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Minor problems with stealing, petty theft, vandalism, destroying property (no police involvement). | | | 6. Frequently involved in non-violent crimes that may bring contact with the police. | | | 6. Anti-social behaviors resulting in delinquency status. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Mild verbal or physically aggressive behavior toward parents, siblings, community, authority figures, or animals not resolved or reduced immediately through redirection, dialogue, or disciplinary action. | <input type="checkbox"/> | <input type="checkbox"/> | 7. Child threatens serious harm towards others, and/or destroys property and/or displays physical aggression towards others. | <input type="checkbox"/> | <input type="checkbox"/> | 7. Child is involved in frequent physical fights and/or destroys property, displays physical aggression towards others that causes or threatens physical injury and may require physical/legal/medical intervention. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Youth is a parent and requires modeling/mentoring for the protection of their child. | <input type="checkbox"/> | <input type="checkbox"/> | 8. Youth is a parent and their behavior has placed their child at risk of abuse and neglect. Frequent supervision is required to ensure the safety of the child. | <input type="checkbox"/> | <input type="checkbox"/> | 8. Youth is a parent and their behavior has placed their child at risk of abuse and neglect. Foster parent is required to provide constant supervision and intervention to the youth and their child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Mild impairment in communications requiring occasional assistance and/or training as a result of a developmental/intellectual condition. | <input type="checkbox"/> | <input type="checkbox"/> | 9. Moderate impairment in communications requiring frequent assistance and/or training as a result of a developmental/intellectual condition. | <input type="checkbox"/> | <input type="checkbox"/> | 9. Severe impairment in communications requiring ongoing assistance and/or training as a result of a developmental/intellectual condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Mild impairment in sensory integration requiring occasional assistance and/or training as a result of a developmental/intellectual condition. | <input type="checkbox"/> | <input type="checkbox"/> | 10. Moderate impairment in sensory integration requiring frequent assistance and/or training as a result of a developmental/intellectual condition. | <input type="checkbox"/> | <input type="checkbox"/> | 10. Severe impairment in sensory integration requiring ongoing assistance and/or training as a result of a developmental/intellectual condition. |

DOMAIN: PHYSICAL/MEDICAL/PERSONAL CARE NEEDS: When the item is applicable, select only one category (mild, moderate or severe) that most accurately describes the child’s behavior.

Check “No” in each category if the characteristic is generally age appropriate for the child. Only check yes if the characteristic is more intense, frequent or of longer duration than what is typical for a child this age.

The family’s documentation and reporting is consistent with involved professionals’ assessments of the child’s functional characteristics.

Not Applicable (0 points) – Child does not exhibit unusual personal characteristics for a child in this age group.

| Yes | No | Minimal (4 points) – Minimal means the characteristics occurs occasionally and requires occasional intervention. The frequency of occurrence of the characteristic is low, the duration is short-lived, and the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention. Child must exhibit at least two characteristics which include or correspond in extent or degree with the following | Yes | No | Moderate (8 points) – Moderate means the characteristics occurs frequently and requires occasional intervention. The frequency of occurrence of the characteristic is high, but the duration is short-lived or the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention. Child must exhibit at least two characteristics which include or correspond in extent or degree with the following | Yes | No | Severe (12 points per characteristic) – Severe means the characteristics occurs frequently and requires frequent intervention. The frequency of occurrence of the characteristic is high, the duration is ongoing, and the intensity is strong. The need for intervention is frequent and the child requires additional assistance and time to respond to intervention. Child must exhibit at least one characteristic, which includes or corresponds in extent or degree with the following. (If no points were received in the emotional or behavioral domains, twelve points is received for each characteristic checked up to three). |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Child shows mild or occasional challenges in self-care skills for his/her age but is generally self-reliant. | <input type="checkbox"/> | <input type="checkbox"/> | 1. Child demonstrates moderate or frequent challenges in self-care skills (including personal hygiene) and relies on others help more than is appropriate for his/her age. | <input type="checkbox"/> | <input type="checkbox"/> | 1. Child demonstrates severe or ongoing challenges in self-care skills (including personal hygiene) and relies on others help more than is appropriate for his/her age. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Child needs minimal support in utilizing long-term physical assistance devices, such as crutches, wheelchairs, or prosthetics. | <input type="checkbox"/> | <input type="checkbox"/> | 2. Child needs frequent support in utilizing long-term physical assistance devices, such as crutches, wheelchairs, or prosthetics. | <input type="checkbox"/> | <input type="checkbox"/> | 2. Child needs ongoing support in utilizing long-term physical assistance devices, such as crutches, wheelchairs, or prosthetics. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Child requires occasional assistance with utilizing special medical equipment, including but not limited to nebulizers or apnea | <input type="checkbox"/> | <input type="checkbox"/> | 3. Child requires frequent assistance with utilizing special medical equipment, including but not limited to | <input type="checkbox"/> | <input type="checkbox"/> | 3. Child requires constant assistance with utilizing special medical equipment, including but not limited to appliances for drainage, colostomy, aspiration, suctioning, mist tent, tube or lavage |

| | | | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|---|
| | | monitors. | | | appliances for drainage, colostomy, aspiration, suctioning, or mist tent. | | | feeding, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Child has a chronic medical condition effectively managed by medication or intervention. | <input type="checkbox"/> | <input type="checkbox"/> | 4. Child has a chronic medical condition requiring frequent intervention and supervision to effectively manage. | <input type="checkbox"/> | <input type="checkbox"/> | 4. Child has a chronic medical condition that despite interventions continues to require daily supervision and attention to effectively manage. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Requires occasional therapy for gross or fine motor skills, speech, hearing, or vision. Foster parents are required to occasionally practice skills with the child at home. | <input type="checkbox"/> | <input type="checkbox"/> | 5. Requires frequent therapy for gross or fine motor skills, speech, hearing, or vision. Foster parents are required to frequently practice skills with the child at home. | <input type="checkbox"/> | <input type="checkbox"/> | 5. Requires ongoing therapy for gross or fine motor skills, speech, hearing, or vision. Foster parents are required to constantly practice skills with the child at home. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Occasionally wets or soils not due to a short-term medical condition. | <input type="checkbox"/> | <input type="checkbox"/> | 6. Frequently, wets or soils self not due to a short-term medical condition. | <input type="checkbox"/> | <input type="checkbox"/> | 6. Habitually, wets or soils not due to a short-term medical condition. |

Enhanced Maintenance – Need for Additional Daily Supervision - Summary of Points

Emotional _____ Behavioral _____ Physical/Personal Care _____ **TOTAL Points** _____ **TOTAL Amount** _____

Child's Name: _____

DOB: _____

SIGNATURE - Rate Setter

Date

SIGNATURE – Case Worker

Date

SIGNATURE – Foster/Adoptive Parent(s)

Date

SIGNATURE /Title- Other

Date

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: WASHINGTON



1.12 Foster Care Rate Assessment

Foster Care Rate Assessment Microsoft Internet Explorer

FamLink

Rate Assessment Information

Child: Bird, Little (1234565) Provider Name: Little Miss Muffin Effective Date: 05/01/2006 End Date: 00/00/0000

Case Name: Bird, Big Case #: 7578396 Assessment Reason: 6-month Review

When responding to these questions the foster parent should consider the level of care they will provide to this child compared to the level of care they would provide to a typically developing child of the same age.

Average Number of Hours Per Week

Care of Child

| | | | | | | | |
|--|----------------------------|--|--|---------------------|-----------------------------------|-------------------------------------|---------------------------|
| Physical Needs: | Behavioral Needs: | Education Needs: | Individual Interaction: | Advocacy for Child: | Household: | Chronic Conditions: | Destructive Behavior: |
| Participation in Child's Therapeutic Plan: | Physical Therapeutic Plan: | Emotional/Behavioral Therapeutic Plan: | Arranging, Scheduling, and Supervising Activities: | Medical/Dental: | Parental Visits/Other Activities: | Preparing the Child for Transition: | Preparing for Transition: |

Results

Level: FC Level II

Options Actions Documents

1.12.1.1 Navigation and Page Size Changes

Navigation: The page can be launched by selecting Create > Case Work from the menu, selecting Foster Care Rate Assessment from the Placement dropdown field, and then selecting the case and case participant and clicking the Create button.

If the rate assessment was created via Create > Case Work and an open rate assessment already exists, the following confirmation will display: "You are requesting to create a new foster care rate assessment while another is currently open. Proceeding will end the current rate assessment automatically. Do you wish to continue?" with Yes and No buttons. Selecting Yes will open the Foster Care Rate Assessment page.

Once created, this page is accessed on the worker's desktop under the Placements icon under a case.

Page Size Change: Resize to the new FamLink standard (1024x768) and include the options pane.



1.12.1.2 Page/Tab Information

Group Box: Rate Assessment Information

| Change Type | Existing | New/Modify |
|-------------|--|------------|
| Keep | <p>Label Name: Child</p> <p>Description: displays the name (last, first, middle) with the person ID concatenated in parenthesis. designatened on the Create Case Work page; disabled; read-only.</p> <p>Process: The case participant name displays the name (last, first, middle) with the person ID concatenated in the parenthesis. designatened on the Create Case Work page; disabled; read-only.</p> <p>Field/Control: Text (alpha/numeric)</p> <p>Required: No</p> <p>Display State: Disabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference</p> | |



| Change Type | Existing | New/Modify |
|-------------|--|------------|
| Keep | <p>Values:</p> <p>Label Name: Case Name</p> <p>Description: The case name (last, first, middle) designated on the Create Case Work page; disabled; read-only.</p> <p>Process: The case name (last, first, middle) designated on the Create Case Work page; disabled; read-only.</p> <p>Field/Control: Text (alpha/numeric)</p> <p>Required: No</p> <p>Display State: Disabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: Case ID</p> <p>Description: The case ID in parentheses designated on the Create Case</p> | |



| Change Type | Existing | New/Modify |
|-------------|--|------------|
| | <p>Process: Work page; disabled; read-only. The case ID designated on the Create Case Work page; disabled; read-only.</p> <p>Field/Control: Text (numeric only)</p> <p>Required: No</p> <p>Display State: Disabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: Provider Name</p> <p>Description: The name of the provider with whom the child was placed at the time that the Rate Setting is being performed; disabled; read-only.</p> <p>Process: The name of the provider with whom the child was placed at the time that the Rate Setting is being</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| | <p>performed; disabled; read-only.</p> <p>Field/Control: Text (alpha/numeric)</p> <p>Required: No</p> <p>Display State: Disabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: Assessment Reason</p> <p>Description: This indicates why the Rate Setting is being performed; user-selected dropdown field; required</p> <p>Process: This indicates why the Rate Setting is being performed; user-selected dropdown field; required</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> | |



| Change Type | Existing | New/Modify |
|-------------|--|------------|
| Keep | <p>Display State: Enabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> <p>Label Name: *Effective Date</p> <p>Description: Required date field indicating when this Rate Setting becomes effective; user-editable; Cannot be greater than the current system date. Upon leaving the field the page will load the appropriate Basic rate</p> <p>Process: Required date field indicating when this Rate Setting becomes effective; user-editable; Cannot be greater than the current system date. Upon leaving the field the page will load the appropriate Basic rate</p> <p>Field/Control: Date</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| Keep | <p>Required: Yes</p> <p>Display State: Enabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| | <p>Label Name: End Date</p> <p>Description: The rate assessment end date.</p> <p>Process: The foster care rate assessment end date is system generated and occurs one day prior to the begin date of the new foster care rate assessment or equal to the placement event end date; defaults to 00/00/0000</p> <p>Field/Control: Date</p> <p>Required: No</p> <p>Display State: Disabled</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| | <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |

Group Box: Average Number of Hours Per Week

| Change Type | Existing | New/Modify |
|-------------|--|------------|
| Keep | <p>Label Name: When responding to these questions the foster parent should consider the level of care they will provide to this child compared to the level of care they would provide to a typical developing child of the same age.</p> <p>Description: Text displayed immediately above groupbox</p> <p>Process: No processing; label only</p> <p>Field/Control: Text (alpha/numeric)</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| Keep | <p>Required: No</p> <p>Display State: Disabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| | <p>Label Name: Care of Child:</p> <p>Description: Describes subject matter of the next two fields</p> <p>Process: static text</p> <p>Field/Control: Text (alpha/numeric)</p> <p>Required: No</p> <p>Display State: Disabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| | <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: *Physical Needs:</p> <p>Description: Drop down to document the number of hours spent meeting this need</p> <p>Process: User selected from dropdown</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> <p>Display State: Enabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| Keep | <p>Label Name: *Behavioral Needs:</p> <p>Description: Drop down to document the number of hours spent meeting this need</p> <p>Process: User selected from dropdown</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> <p>Display State: Enabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: Participation in Child's Therapeutic Plan:</p> <p>Description: identifies the subject matter of the next two fields</p> <p>Process: static text</p> | |



| Change Type | Existing | New/Modify |
|-------------|--|------------|
| | <p>Field/Control: Text (alpha/numeric)</p> <p>Required: No</p> <p>Display State: Disabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: *Physical Therapeutic Plan:</p> <p>Description: Drop down to document the number of hours spent meeting this need</p> <p>Process: User selected from dropdown</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> <p>Display State: Enabled</p> <p>Default Value: None</p> | |



| Change Type | Existing | New/Modify |
|-------------|--|------------|
| | <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: *Emotional Behavioral Therapeutic Plan:</p> <p>Description: Drop down to document the number of hours spent meeting this need</p> <p>Process: User selected from dropdown</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> <p>Display State: Enabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| Keep | <p>Reference Values:</p> <p>Label Name: Education Needs:</p> <p>Description: Describes the subject matter of the next two fields</p> <p>Process: static text</p> <p>Field/Control: Text (alpha/numeric)</p> <p>Required: No</p> <p>Display State: Disabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: *Individual Interaction:</p> <p>Description: Drop down to document the number of hours spent meeting this need</p> | |



| Change Type | Existing | New / Modify |
|-------------|---|--------------|
| | <p>Process: User selected from dropdown</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> <p>Display State: Enabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: *Advocacy for Child:</p> <p>Description: Drop down to document the number of hours spent meeting this need</p> <p>Process: User selected from dropdown</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> <p>Display State: Enabled</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| Keep | <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> <p>Label Name: Arranging, Scheduling, and Supervising Activities:</p> <p>Description: Describes the subject matter of the next two fields</p> <p>Process: static text</p> <p>Field/Control: Text (alpha/numeric)</p> <p>Required: No</p> <p>Display State: Disabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> | |



| Change Type | Existing | New / Modify |
|-------------|---|--------------|
| | <p>Reference Values:</p> | |
| Keep | <p>Label Name: *Medical/Dental:</p> <p>Description: Drop down to document the number of hours spent meeting this need</p> <p>Process: User selected from dropdown</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> <p>Display State: Enabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: *Parental Visits/Other Activities:</p> <p>Description: Drop down to document the number of hours spent meeting this</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| | <p>need</p> <p>Process: User selected from dropdown</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> <p>Display State: Enabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: Housecare:</p> <p>Description: describes the subject matter of the next two fields</p> <p>Process: static text</p> <p>Field/Control: Text (alpha/numeric)</p> <p>Required: No</p> <p>Display State: Disabled</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| Keep | <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> <p>Label Name: *Chronic Conditions:</p> <p>Description: Drop down to document the number of hours spent meeting this need</p> <p>Process: User selected from dropdown</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> <p>Display State: Enabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| Keep | <p>Reference Values:</p> <p>Label Name: *Destructive Behavior:</p> <p>Description: Drop down to document the number of hours spent meeting this need</p> <p>Process: User selected from dropdown</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> <p>Display State: Enabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: Preparing the Child for Transition:</p> <p>Description: describes the subject matter of the next field</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| | <p>Process: static text</p> <p>Field/Control: Text (alpha/numeric)</p> <p>Required: No</p> <p>Display State: Disabled</p> <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |
| Keep | <p>Label Name: *Preparing for Transition:</p> <p>Description: Drop down to document the number of hours spent meeting this need</p> <p>Process: User selected from dropdown</p> <p>Field/Control: Dropdown</p> <p>Required: Yes</p> <p>Display State: Enabled</p> | |



| Change Type | Existing | New / Modify |
|-------------|---|--------------|
| | <p>Default Value: None</p> <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |

Group Box: Results

| Change Type | Existing | New / Modify |
|-------------|---|--------------|
| Keep | <p>Label Name: Level</p> <p>Description: Calculated level for this rate assessment</p> <p>Process: See save/background processing</p> <p>Field/Control: Text (alpha/numeric)</p> <p>Required: No</p> <p>Display State: Disabled</p> <p>Default Value: None</p> | |



| Change Type | Existing | New/Modify |
|-------------|---|------------|
| | <p>Field Length: N/A</p> <p>AFCARS Field: No</p> <p>Table.Field:</p> <p>Reference Values:</p> | |



Options:

| Change Type | Existing | New/Modify |
|-----------------|---|------------|
| Keep | <p>Label Name: Action Log</p> <p>Option Type: Action</p> <p>Description: Opens the Action Log page which shows changes made to the record.</p> <p>Process: Opens the Action Log page which shows changes made to the record.</p> <p>Completion Indicator: No</p> <p>C.I. Process: N/A</p> | |
| Choose an item. | <p>Label Name:</p> <p>Option Type: Choose an item.</p> <p>Description:</p> <p>Process:</p> <p>Completion Indicator: Choose an item.</p> <p>C.I. Process:</p> | |



1.12.2 Page Level Buttons

| Change Type | Existing | New/Modify |
|-------------|--|------------|
| Keep | <p>Button Name: Save</p> <p>Type: Command</p> <p>Description: Standard save processing</p> <p>Process: Standard save processing</p> | |
| Keep | <p>Button Name: Close</p> <p>Type: Command</p> <p>Description: Standard close processing</p> <p>Process: Standard close processing</p> | |

1.12.3 Save Processing

| Change Type | Existing Processing | New/Changed Processing |
|-------------|---|------------------------|
| Keep | <p>Save Processing is initiated by clicking on the Save command button. Save processing is also initiated when selecting the Close button, and then answering 'Yes' when the system asks the user if s/he would like to 'Save changes before closing the page.'</p> | |
| Keep | <p>If rate setting has final approval and the fl_update_tklr = 'Y' create the new rate setting tickler for that child and case</p> | |



| Change Type | Existing Processing | New/Changed Processing |
|-------------|---|------------------------|
| | upon save. | |
| Keep | <p>The foster care rate calculation is as follows: Foster rate plan will calculate 4 levels of payment. 1.1.1.2 Each level will be assigned a point range.</p> <ul style="list-style-type: none"> • Level 1 equals 0 to 47 points • Level 2 equals 48 to 78 points • Level 3 equals 79 to 107 points • Level 4 equals 108+ <p>1.1.1.3 Point values to the answers of the questions are as follows:</p> <ul style="list-style-type: none"> • Physical Needs: <ul style="list-style-type: none"> • 0-2 hours per week equals 1 point • 2-6 hours per week equals 4 points • 6+ hours per week equals 8 points • Behavioral Needs: <ul style="list-style-type: none"> • 0-6 hours per week equals 3 points • 6-18 hours per week equals 12 points • 18-44 hours per week equals 31 points • 44+ hours per week equals 46 points • Physical Plan: <ul style="list-style-type: none"> • 0-2 hours per week equals 1 point • 2+ hours per week equals 4 points | |



| Change Type | Existing Processing | New/Changed Processing |
|-------------|---|------------------------|
| | <ul style="list-style-type: none">• Emotional/Behavioral Plan:• 0-2 hours per week equals 1 point• 2-6 hours per week equals 4 points• 6-14 hours per week equals 10 points• 14+ hours per week equals 16 points• Individual Interaction:• 0-4 hours per week equals 2 points• 4-8 hours per week equals 6 points• 8-10 hours per week equals 9 points• 10+ hours per week equals 12 points• Advocacy for Child:• 0-2 hours per week equals 1 point• 2-4 hours per week equals 3 points• 4+ hours per week equals 6 points• Medical/Dental:• 0-2 hours per week equals 1 point• 2-4 hours per week equals 3 points• 4+ hours per week equals 6 points• Parental visits/Other Activities:• 0-2 hours per week equals 1 point• 2-6 hours per week equals 4 points• 6-8 hours per week equals 7 points• 8+ hours per week equals 10 points | |



| Change Type | Existing Processing | New/Changed Processing |
|-------------|--|------------------------|
| | <ul style="list-style-type: none"> • Chronic Conditions: • 0-1 hours per week equals 1 point • 1-3 hours per week equals 3 points • 3-7 hours per week equals 5 points • 7+ hours per week equals 9 points • Destructive Behavior has the following answers: • 0-1 hours per week equals 1 point • 1-3 hours per week equals 3 points • 3+ hours per week equals 5 points • Preparing the Child for Transition has the following answers: • 0-2 hours per week equals 1 point • 2+hours per week equals 4 points <p>Foster rate plan will total all the points for each individual question, and determine the total number of points for this rate setting. Once calculated, the value is used to select the appropriate service code by finding the range containing the value, between the Minimum Points and Maximum Points on the Maintain Services page (PM01). The service code name identified will display in the Results groupbox.</p> | |
| Keep | <p>Enforce only allowing one "active" authorization per service per month, by:</p> <ol style="list-style-type: none"> 1. When a new authorization is created, look for any existing authorizations for the service month. If the CD_AUTH_STATUS = 1 (active), set the status for the | |



| Change Type | Existing Processing | New/Changed Processing |
|-------------|---|------------------------|
| Keep | <p>existing auth to 3 (Cancelled). If the CD_AUTH_STATUS = 2 (Paid), set the status for the newly created auth to 3 (Cancelled).</p> <p>2. Modify Read-Pay-File batch to not match any incoming payments to an auth with a "Cancelled" status</p> <p>3. Modify Case-Closure batch to allow closure with auths in a "Cancelled" status</p> <p>Note: The desktop does not currently display auths with a CD_AUTH_STATUS of 3. The CODE_DESC entry for a status of 3 (ID_GR = PAYMSTAT) will need to be updated to reflect a "Cancelled" status.</p> <p>When a date is entered into the end-date field and saved, the real-time EDITAUTH function is called to terminate the authorization in SSPS (See IN26).</p> | |

1.12.4 Background Processing

| Change Type | Existing Processing | New/Changed Processing |
|-------------|---|------------------------|
| Keep | <p>The Provider name pre-fills based on the current placement, until the Rate Assessment page is approved. The Provider name for the Rate Assessment record and the Foster Care Payment Plan text template will be updated with the Provider information from the child's latest out of home placement, until the Rate Assessment record is approved.</p> | |



| | | |
|------|--|--|
| Keep | The Case name pre-fills based on what the worker selected on the Create Case Work page. | |
| Keep | The Child name pre-fills based on what the worker selected on the Create Case Work page. | |
| Keep | The page will display a notification "The page will load the appropriate Basic rate for the effective date entered" with a Close button. Once a user clicks the Close button on the pop-up the page will refresh and retrieve the proper Basic rate for the effective date period. | |
| Keep | <p>When initially creating the FCRA page, the system looks for an active placement, using one of the following Service Codes:</p> <p>Group Name: (FamLink Code ID, FamLink Code Name)</p> <p>Foster Care: 38 (Basic Foster Care 0 - 5 In-State), 39 (Basic Foster Care 12 - 20 In-State), 40 (Basic Foster Care 6 - 11 In-State), 37 (Basic Foster Care Child with Dependent Child)</p> <p>PA Foster Care: 302 (PA Basic Foster Care 0 - 5 Instate), 303 (PA Basic Foster Care 12 - 20 Instate), 304 (PA Basic Foster Care 6 - 11 Instate), 477(PA Basic Foster Care Child with Dependent Child)</p> <p>Tribe Not a CPA: 397 (Tribe Not CPA - Basic Foster Care 0-5 Instate), 398 (Tribe Not CPA - Basic Foster Care 12-20 Instate), 399 (Tribe Not CPA - Basic Foster Care 6-11 Instate), 478 (Tribal Basic Foster Care Child with Dependent Child)</p> <p>If the page is created and a placement does not exist using one of the above codes, the user receives the following error message: "A Foster Care Rate Assessment requires an active placement using a Basic Placement Code in the</p> | |



| | |
|------|---|
| | <p>Basic Foster Care service category."</p> |
| Keep | <p>When the page is saved, the total points is compared to the SERVICE_TYPE table, and QT_FOSTER_CARE_MINIMUM_POINTS and QT_FOSTER_CARE_MAXIMUM_POINTS to determine which service code the FCRA is associated with. The relationship between the placement service codes and FCRA service codes is:</p> <p>Foster Care: 194 (Level II), 195 (Level III), 196 (Level IV), 401 (Level I)</p> <p>Guardianship: 224 (Level II), 225 (Level III), 226 (Level IV), 402 (Level I)</p> <p>PA Foster Care: 298 (Level II), 299 (Level III), 300 (Level IV), 403 (Level I)</p> <p>Tribe Not a CPA: 393 (Level II), 394 (Level III), 395 (Level IV), 404 (Level I)</p> |
| Keep | <p>If the rate assessment was created via Create > Case Work and an open rate assessment already exists, the following confirmation will display: "You are requesting to create a new foster care rate assessment while another is currently open. Proceeding will end the current rate assessment automatically. Do you wish to continue?" with Yes and No buttons. Selecting Yes will open the Foster Care Rate Assessment page.</p> |
| Keep | <p>The rate assessment ends automatically when the associated placement ends.</p> |
| Keep | <p>An initial foster care rate assessment begin date cannot be</p> |



| | | |
|------|--|--|
| | earlier than the current placement begin date. | |
| Keep | Subsequent foster care rate assessment begin dates cannot be on or before the current foster care rate assessment begin date. | |
| Keep | The foster care rate assessment end date is system generated and occurs one day prior to the begin date of the new foster care rate assessment or equal to the placement event end date. | |
| Keep | This page uses Action Log functionality | |

1.12.5 Approval Processing

| Change Type | Existing Processing | New/Changed Processing |
|-------------|--|------------------------|
| Keep | Upon save (and final approval if required by the specific service selected) is selected, the real-time EDITAUTH function is called to transmit the authorization to SSPS (See IN26). If the RET-STATUS field from the real-time return transaction is "0", then the page saves. If the RET-STATUS field from the real-time return transaction is "1" or "2" then display the ErrorMessage from Output 2, and do not save. If the RET-STATUS field from the real-time return transaction is "3" then display the RET-EDIT-ERR from Output 3, and do not save. | |
| Keep | The approval of the Foster Care Rate Setting must go through one level of approval: Worker. | |

*Casey Child Welfare Financing Survey:
Family Foster Care Provider Classifications and Rates*

Attachments for: WISCONSIN

Uniform Foster Care Rate Policy



Division of Safety and Permanence

February 2011

Table of Contents

Appendix A:

- Child and Adolescent Needs and Strengths (CANS) Birth to 5 Manual
- Child and Adolescent Needs and Strengths (CANS) Children and Youth 5 -17 Manual
- Child and Adolescent Needs and Strengths (CANS) Glossary of items

Appendix B:

- Supplemental Point Calculations
- Child/Youth Assessed Level of Need Birth - 5
- Child/Youth Assessed Level of Need Ages 5 -17

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Uniform Foster Care Rate Policy

Purpose

The Uniform Foster Care Rate for Wisconsin's foster care programs was established in accordance with s. 48.62(4) Stats., to provide consistency in foster care payments. The basic maintenance rates are designed to meet the maintenance needs of the child and are intended to provide for the basic costs of raising a foster child (i.e., food, shelter, basic transportation, personal and recreational needs, clothing). Foster children who require more than the usual care and supervision may receive a supplemental or exceptional rate payment based on the needs of the child.

For purposes of this policy, the terms "foster child," "foster home," "foster parent," and "foster care" relate to licensed family foster homes and family-operated group homes.

Applicability

This policy applies to children in foster care placed by agencies who have "Placement and Care Responsibility." The agency refers to either a county agency or the department.

This does not apply to a child placed or to be placed into a foster home that is licensed solely for the purpose of adoption of a domestic infant under s. 48.837, Stats., or a foreign child under s. 48.839 or 48.97, Stats.

Agencies must assure all actions of either agency or contracted provider staff comply with this policy.

Definitions

The four components of the Uniform Foster Care Rate are defined as follows:

Initial Clothing Allowance: an allowance for the actual cost of clothing needed by a child upon initial entry into foster care. The allowance may not exceed the maximum amount specified for the child's age. The placement of a child in foster care 120 days or more after the child has been removed from out-of-home care shall be considered to be an initial placement. The maximum rates are established by the Department by this policy.

Basic Maintenance Rate: a fixed monthly payment for the usual and customary costs incurred in caring for a foster child (including food, clothing, shelter, personal care, transportation, recreation) as determined for Level 1 foster parents by the certification of the provider or by the age of the child. These rates are established biennially by the Wisconsin Legislature.

Supplemental Rate: an additional monthly payment intended to cover the costs of caring for a child whose needs exceed normal limits of care and supervision for that child's age. The descriptors (i.e., criteria) are established by the Department by administrative rule. The funding levels associated with these descriptors are established by the Department by this policy.

Exceptional Rate: an additional monthly payment for caring for a child whose needs may be so extreme that the basic maintenance and supplemental payments do not provide sufficient funding to ensure the child's care in the foster home and to prevent placement in a more restrictive setting. The criteria are established by the Department by administrative rule. The funding level associated with these criteria are indirectly established by the Department by this policy through the establishment of a maximum monthly foster care payment.

I. ELIGIBILITY

- Uniform foster care rates shall be determined for all foster children whose cost of care is paid directly to foster parents by a County Department of Social or Human Services, the Department of Children and Families, or a private Child Placing Agency under contract with a public agency.
- If the agency providing services to a child placed in foster care is different than the agency having "placement and care responsibility," the providing agency, using the criteria set forth in this policy, shall recommend the rate to be paid by the financially responsible agency. A County Department of Social Services, which is the designated providing agency for the 51.42/51.437 Board, shall determine the payment amount using the Uniform Foster Care Rate criteria.
- All the components of the Uniform Foster Care Rate are designed to maintain the child in the foster home and **do not** include service payments to foster parents or licensed child placing agencies. Agencies may enter into purchase of service contracts for services or bed holding costs with individual foster care providers. Such expenses shall not be reported as foster care costs.
- Section 48.62(2), Stats, allows relatives to apply for a foster care license. The agency shall license the relative as a foster parent if the requirements of Ch. DCF 56, Adm. Code, are met. The agency **is not** required to provide a foster care payment unless the child is in out-of-home care under a court order with "placement and care responsibilities."
- Payments made on behalf of children placed in institutions, residential care centers, shelter care facilities or incorporated group homes are **not** covered by the provisions of the Uniform Foster Care Rate Policy.
- Each foster parent shall be provided with current information regarding the Uniform Foster Care Rate Policy at the time of licensure, when a child is placed and when a rate change occurs. A brochure entitled, "Understanding the Uniform Foster Care Rate" is available for distribution to foster parents and will meet the requirement under this provision. The brochure is available on the internet at http://dcf.wisconsin.gov/publications/pdf/pcf_pfs0142.pdf or from Document Sales (for information on ordering DCF forms and publications, see the Division of Safety and Permanence Info Memo 2009-03 at <http://dcf.wisconsin.gov/memos/infomemos/DSP/2009/2009-03.pdf>).

II. INITIAL CLOTHING ALLOWANCE

An initial clothing allowance, in the amount of the actual cost but not exceeding established maximums, may be paid for children initially entering foster care without sufficient clothing.

The amount of the initial clothing allowance shall be the actual cost of the clothing not to exceed the maximums listed below.

If a child is placed in foster care 120 days or more after a previous out-of-home care placement episode was terminated, the placement shall be considered an initial placement for the purposes of eligibility for an initial clothing allowance.

A child who re-enters foster care within 120 days whose clothing allowance has not been exhausted may use the remaining balance.

The current maximum rates are:

| Age Group | Clothing Allowance |
|------------------|---------------------------|
| 0-4 | Up to \$225 |
| 5-11 | Up to \$263 |
| 12-14 | Up to \$300 |
| 15-18 | Up to \$300 |

III. BASIC MAINTENANCE RATES

The basic maintenance rate for children is statutorily set by the Legislature and published by the department. The “Understanding the Uniform Foster Care Rate” brochure provides current basic maintenance rates for children placed with foster parents certified at a Level 1 and for those placed with providers above Level 1 in the following age categories: Birth to 4; 5-11; 12-14; and 15 and older.

III. A.Changes to the Basic Maintenance Rate for a Child’s Birthday

When a child in foster care attains the age of 5, 12 and 15, the agency shall authorize the next higher basic maintenance rate effective on the date on which the birthday occurs.

This procedure is automated and reflected in eWiSACWIS and will create and prorate the payment to the foster parent based on the child’s birthday.

IV. SUPPLEMENTAL RATE

A **supplemental rate** payment for a foster child is determined using the *criteria* established at Ch. DCF 56.23, Admin. Code. through the use of the Child and Adolescent Needs and Strengths (CANS) tool, the calculation of the child's Level of Need, and the providers' Level of Certification.

IV. A. Child's Identified Needs and Strengths

The agency with "placement and care responsibility" for a child placed in foster care shall determine a child's identified needs and strengths through the use of the CANS tool. Before administering the CANS tool the person who administers the tool shall first do all of the following:

1. Review the case record.
2. Interview or collect information from an individual who has interviewed the child, child's family, foster parent or other out-of-home care provider, and the child's team or treatment team.
3. Review information gathered in collaboration with the child's team or treatment team.

An individual performing the assessment shall be trained and certified in the use of the department's standardized assessment tool. The assessment requires a certified CANS user to complete a CANS assessment of the information obtained about the child. (See Appendix A for the CANS tool and glossary) Re-certification to complete the assessment process must be completed on an annual basis.

The agency shall use the CANS assessment to determine whether or not a foster child qualifies for a supplemental rate payment. The identified needs and strengths rated a '2' or '3' shall be used to calculate this portion of the supplemental payment.

See Appendix B for which items in the CANS tool are specifically used to calculate the child's assessed needs and strengths for the Supplemental Rate.

In using the CANS tool, the assessor must:

- Determine if the child exhibits characteristics described as a 2 or 3 in **one or more** of the following domains: trauma; life functioning; school; acculturation; behavioral/emotional needs; or risk behaviors.
- Determine the appropriate level within each applicable domain. The three levels are: basic; moderate; and intensive. In order for a rating to be above basic, characteristics exhibited must be inappropriate for what is deemed developmentally age appropriate for a child who is of a similar age.
- Determine ratings for each item within the domains listed in the "Point Distribution Table" below.
- Assign points only once for each item in each domain (e.g., points cannot be given at both the "moderate" and "intensive" level for any one item within a domain).

- Calculate the child’s identified needs and strengths Supplemental Points based on adding the items rated a 2 or 3 on the domains listed in the “Point Distribution Table.” The sum is then multiplied by \$5.50 to determine the child’s portion of the Supplemental payment. The calculation of the supplemental points and the subsequent rate will be automated for all placements that exist in eWiSACWIS.

Point Distribution Table

| | | | | Total Items Rated 0-5 years | Total Items Rated 5 – 17 years | |
|-----------------------|-------------------------|--------------|-----------------|--|---|------------|
| | | <u>Basic</u> | <u>Moderate</u> | <u>Intensive</u> | | |
| CANS RATING | | 0-1 | 2 | 3 | | |
| CANS DOMAIN | | | | | | |
| | Trauma | 0-1 | 2 | 3 | 5 | 5 |
| | Life Domain Functioning | 0-1 | 2 | 3 | 30 | 37 |
| | School | 0-1 | 2 | 3 | 7 | 4 |
| | Acculturation | 0-1 | 2 | 3 | 1 | 1 |
| | Behavioral/Emotional | 0-1 | 2 | 3 | 7 | 11 |
| | Risk Behaviors | 0-1 | 2 | 3 | 8 | 18 |
| | Strengths | 0-1 | 2 | 3 | 8 | 17 |
| TOTAL | | | | | 66 | 93 |
| Maximum Points | | | | | 198 | 279 |

IV. B. Providers Level of Care/Child’s assessed Level of Need Value

When the providers’ Level of Care (LOC) Certification for Level of 3 or 4 exceeds a child’s assessed Level of Need (LON) (Appendix C), an LOC/LON value of \$100.00 will be added to the supplemental portion of the foster care rate.

IV. C. Total Supplemental Rate

The total value of the Supplemental Rate is determined by adding the child’s identified needs and strengths to the LOC/LON value.

V. EXCEPTIONAL RATE

An **exceptional rate** payment may be provided on behalf of a foster child only if at least one of the following situations exists:

- The payment will enable the child to be placed in a foster home instead of being placed or remaining in a more restrictive setting.
- The payment will enable the placement of siblings or minor parent and minor children together.
- The payment will assist with transportation to the school the child was attending prior to placement in out-of-home care.
 - To promote the educational stability of children in foster care, agencies can provide payments for costs associated with transporting a child to and from the school the child was enrolled in (school of origin) at the time of placement into out-of-home care. This cost shall be documented under the Exceptional Payments under Transportation to School of Origin. Only reimbursement made to foster parents shall be claimed here.
- To replace a child's basic wardrobe that has been lost or destroyed in a manner other than normal wear and tear.
 - An as-needed exceptional rate payment for wardrobe replacement is appropriate for reasons such as sudden growth spurts. Any ongoing special circumstances (such as unusual wear of clothing caused by prosthesis) would be more appropriately funded under the supplemental rate.
- For a child placed in a foster home before February 21, 2011, and who remains placed in that foster home, equalize the total payment amount lost by the child's foster parent due to implementation of the method of determining supplemental payments listed in section IV. of this policy.

While it would be somewhat unusual, there is nothing to prohibit a child from receiving an exceptional payment without also receiving a supplemental payment.

VI. TOTAL UNIFORM FOSTER CARE RATE

The Uniform Foster Care Rate is the total of the basic maintenance, supplemental, and exceptional rates.

The total foster care payment (including the basic maintenance, supplemental and exceptional rates) shall not exceed \$2,000 per month per child. Any costs that exceeds this limit shall be documented under "Costs > Spending Limit" in eWiSACWIS and are not IV-E reimbursable. Any payment for a placement that is less than a full calendar month, shall be pro-rated based on the actual numbers of days in that month.

Example:

A child is 15 years old and has characteristics that result in actionable items for the domains rated in supplemental rates. In addition, it is determined that the foster parent should receive an exceptional rate payment because of placement of siblings together and to provide placement to enable the child to live in the least restrictive environment. In numerical terms this example is expressed below:

| | |
|--|------------|
| Basic Maintenance Rate: | \$475 |
| + | |
| Supplemental Rate: | \$512.50 |
| • Child's Assessed Needs (75 points x \$5.50=\$412.50) | |
| • Child LON/Provider LOC (\$100) | |
| + | |
| Exceptional Rate: | \$400 |
| • Transportation to School of Origin (\$50) | |
| • Siblings and least restrictive (\$350) | |
| <hr/> | |
| Total Uniform Foster Care Rate: | \$1,387.50 |

VII. INITIAL DETERMINATION AND RE-DETERMINATION

The initial determination of the child's Level of Need and value of supplemental points shall be made within 30 days of the child's placement in a foster home and no less frequently than every 6 months thereafter.

A foster parent or a private child placing agency on behalf of a foster parent may request a redetermination at any time by providing a description and evidence of changes to the child's condition or needs.

A description of the child's condition, justification for any supplemental or exceptional rate payment recommendation and the recommended rate must be submitted to the designated agency rate setter for approval in eWiSACWIS. This information shall also be placed in the child's case record. Documentation in eWiSACWIS of the information shall be considered documented in the child's record.

Supplemental and exceptional rate payments must be based on the child's current situation. As such, it is always possible and probable that the rates could increase or decrease as the result of a determination.

If approved, the supplemental or exceptional rate payment shall be made from the agency's foster care account. All supplemental or exceptional rate payments shall be made to the foster parent for the care of the child.

VIII. AGENCY RATE SETTER RESPONSIBILITY

Each agency shall designate a person to determine supplemental and exceptional rates for foster children. The rate setting function shall be performed by an administrator, supervisor or advanced social work practitioner. The designated rate setter shall not have an active foster care caseload.

The rate setter, after reviewing the recommendation and documentation submitted by the child's caseworker shall approve, deny or modify the uniform foster care rate payments according to this policy.

IX. FAIR HEARING

The foster parent has the right to request a fair hearing if he or she disagrees with the result of a determination or redetermination. The procedures for requesting a fair hearing are described at s. DCF 56.10, Adm. Code.

X. PAYMENT SOURCES FOR OTHER SERVICES

The Department and County Departments of Social and Human Services may not make any payments for maintenance items in addition to the basic maintenance, supplemental and exceptional rate payments and the initial clothing allowance. For example, periodic clothing allowances, other than those described in this policy, are not allowable using foster care funds. An amount for clothing is included in the initial clothing allowance, the basic maintenance rate and, possibly, the supplemental or exceptional rate. Any additional payment for clothing would be considered a duplicate payment and subject to financial disallowance. Occasional needs of a foster child, such as bicycles, class rings, and snowmobile suits, cannot be met through additional payments from the foster care allocation.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
(CANS)**

**WISCONSIN
DEPARTMENT OF CHILDREN AND FAMILIES
VERSION 12-7-10**

Birth to 5

Manual

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A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Buddin Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

John S. Lyons, Ph.D.,
Endowed Chair of Child & Youth Mental Health
University of Ottawa
Children's Hospital of Eastern Ontario
401 Smyth Road
Ottawa, ON
jlyons@uottawa.ca
613-767-7300 X4860

Jónelle Brom, CAPSW, MSW
Out-of-Home Care Specialist
Department of Children and Families
201 E. Washington Avenue, RM E200
P.O. BOX 8916
Madison, WI 53708-8916
Jonelle.brom@wisconsin.gov
(608) 264-6933

Praed Foundation
praedfoundation@yahoo.com

INTRODUCTION

The **CANS** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the **CANS** is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the **CANS** is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the **CANS** is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the **CANS**.

Six Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. “2” or “3”).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool. It is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Action Levels for “Need” Items

0 – No Evidence of Need – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed?

NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 - Watchful Waiting/Prevention – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we would want to keep an eye on it from a preventive point of view.

2 - Action Needed – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth's or family's life in a notable way.

3 - Immediate/Intensive Action Needed – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a "3" on the relevant need.

Action Levels of "Strengths" Items

0 - Centerpiece Strength. This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

1 - Useful Strength. This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

2 - Identified Strength. This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

3 - No Strength Identified. This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

CODING DEFINITIONS

TRAUMA EXPERIENCE

These items describe static events that may have happened at anytime in the child/youth's lifetime. They are unlikely to change over time unless previously unknown trauma experiences become identified.

| <i>Check</i> | SEXUAL ABUSE <i>Please rate within the lifetime.</i> |
|--------------|---|
| 0 | There is no evidence that child has experienced sexual abuse. |
| 1 | Child has experienced one episode of sexual abuse or there is a suspicion that the child has experienced sexual abuse but no confirming evidence. |
| 2 | Child has experienced repeated sexual abuse. |
| 3 | Child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm. |

If a child has been sexually abused:

| <i>Check</i> | EMOTIONAL CLOSENESS TO PERPETRATOR |
|--------------|--|
| 0 | Perpetrator was a stranger at the time of the abuse. |
| 1 | Perpetrator was known to the child at the time of event but only as an acquaintance. |
| 2 | Perpetrator had a close relationship with the child at the time of the event but was not an immediate family member. |
| 3 | Perpetrator was an immediate family member (e.g. parent, sibling). |

| <i>Check</i> | FREQUENCY OF ABUSE |
|--------------|-------------------------------------|
| 0 | Abuse occurred only one time. |
| 1 | Abuse occurred two times. |
| 2 | Abuse occurred two to ten times. |
| 3 | Abuse occurred more than ten times. |

| <i>Check</i> | DURATION |
|--------------|--|
| 0 | Abuse occurred only one time. |
| 1 | Abuse occurred within a six-month time period. |
| 2 | Abuse occurred within a six-month to one year time period. |
| 3 | Abuse occurred over a period of longer than one year. |

| <i>Check</i> | FORCE |
|--------------|--|
| 0 | No physical force or threat of force occurred during the abuse episode(s). |
| 1 | Sexual abuse was associated with threat of violence but no physical force. |
| 2 | Physical force was used during the sexual abuse. |
| 3 | Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force. |

| <i>Check</i> | REACTION TO DISCLOSURE |
|--------------|---|
| 0 | All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience. |
| 1 | Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse. |
| 2 | Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience. |
| 3 | Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened. |

| <i>Check</i> | PHYSICAL ABUSE <i>Please rate within the lifetime.</i> |
|--------------|---|
| 0 | There is no evidence that the child has experienced physical abuse. |
| 1 | Child has experienced one episode of physical abuse or there is a suspicion that the child has experienced physical abuse but no confirming evidence. |
| 2 | Child has experienced repeated physical abuse. |
| 3 | Child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment. |

| <i>Check</i> | NEGLECT <i>Please rate within the lifetime.</i> |
|--------------|--|
| 0 | There is no evidence that the child has experienced neglect. |
| 1 | Child has experienced minor or occasional neglect. Child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of the child. |
| 2 | Child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action. |
| 3 | Child has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis. |

| <i>Check</i> | EMOTIONAL ABUSE <i>Please rate within the lifetime.</i> |
|--------------|--|
| 0 | There is no evidence that the child has experienced emotional abuse. |
| 1 | Child has experienced mild emotional abuse. |
| 2 | Child has experienced emotional abuse over an extended period of time (at least one year). |
| 3 | Child has experienced severe and repeated emotional abuse over an extended period of time (at least one year). |

| <i>Check</i> | MEDICAL TRAUMA <i>Please rate within the lifetime.</i> |
|--------------|--|
| 0 | There is no evidence that the child has experienced any medical trauma. |
| 1 | Child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting). |
| 2 | Child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization. |
| 3 | Child has experienced life threatening medical trauma. |

| <i>Check</i> | NATURAL DISASTER <i>Please rate within the lifetime.</i> |
|--------------|--|
| 0 | There is no evidence that the child has experienced any natural disaster. |
| 1 | Child has been indirectly affected by a natural disaster. |
| 2 | Child has experienced a natural disaster which has had a notable impact on his/her well-being. |
| 3 | Child has experienced life-threatening natural disaster. |

| | |
|--------------|--|
| Check | WITNESS TO FAMILY VIOLENCE <i>Please rate within the lifetime.</i> |
| 0 | There is no evidence that the child has witnessed family violence. |
| 1 | Child has witnessed one episode of family violence. |
| 2 | Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed. |
| 3 | Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence. |

| | |
|--------------|--|
| Check | WITNESS TO COMMUNITY VIOLENCE <i>Please rate within the lifetime.</i> |
| 0 | There is no evidence that child has witnessed violence in his/her community. |
| 1 | Child has witnessed fighting or other forms of violence in his/her community |
| 2 | Child has witnessed the significant injury of others in his/her community. |
| 3 | Child has witnessed the death of another person in his/her community. |

| | |
|--------------|---|
| Check | WITNESS/VICTIM TO CRIMINAL ACTIVITY <i>Please rate within the lifetime.</i> |
| 0 | There is no evidence that the child has been victimized or witnessed significant criminal activity. |
| 1 | Child is a witness of significant criminal activity. |
| 2 | Child is a direct victim of criminal activity or witnessed the victimization of a family or friend. |
| 3 | Child is a victim of criminal activity that was life-threatening or caused significant physical harm or the child witnessed the death of a loved one. |

ADJUSTMENT TO TRAUMA

| | |
|--------------|---|
| Check | AFFECT REGULATION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Infant/child has no problems with affect regulation. |
| 1 | Infant/child has mild to moderate problems with affect regulation. |
| 2 | Infant/child has significant problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning in some life domains. |
| 3 | Infant/child has severe problems regulating affect even with caregiver's support. |

| | |
|--------------|---|
| Check | REXPERIENCING THE TRAUMA <i>Please rate the highest level from the past 30 days.</i> |
| 0 | There is no evidence that infant/child re experiences the trauma |
| 1 | The infant/child experienced some indications that the trauma was being re experienced in the form of sleep disruption or play after the trauma but is no longer present. Presently there may be some subtle changes in the infant/child's functioning. |
| 2 | Infant/child experiences consistent indications that the trauma is being re experienced. Infants may demonstrate significant sleep disturbance, nightmares and periods of disorganization. Older children may have the same symptoms with themes present in play. |
| 3 | Child experiences repeated and severe incidents of re experiencing trauma that significantly interferes with functioning and can not be mediated by caregivers. |

| | |
|--------------|---|
| Check | AVOIDANCE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | No evidence of avoidant behavior. |
| 1 | Mild problems with avoiding some situations either after the trauma or presently on an infrequent basis. Infants due to limited mobility rarely exhibit this symptom. |
| 2 | Moderate problems with avoidant behavior that occurs on a consistently when child is exposed to triggers related to the trauma. Caregiver can support the child. |
| 3 | Severe problems with avoidant behavior that occurs consistently but can not be mediated by caregivers and causes significant distress. |

| | |
|--------------|--|
| Check | INCREASED AROUSAL <i>Please rate the highest level from the past 30 days.</i> |
| 0 | There is no evidence of increased arousal. |
| 1 | Infant/child may have a history of increased arousal or currently show this behavior on an infrequent basis. |
| 2 | Infant/child demonstrates increased arousal most of the time. Infants appear wide eyed, over reactive to stimuli, and have an exaggerated startle response. Older children may have all of the above with behavioral reactions such as tantrums. |
| 3 | Infant/child demonstrates increased arousal most of the time with significant impairment in their functioning that can not be mediated by the caregiver. |

| | |
|--------------|--|
| Check | NUMBING RESPONSE <i>Please rate the highest level from the past 30 days.</i> These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses are not present before the trauma. |
| 0 | This rating is given to a child with no evidence of numbing responses. |
| 1 | This rating is given to a child who exhibits some problems with numbing. This child may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness). |
| 2 | This rating is given to a child with moderate difficulties with numbing responses. This child may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience. |
| 3 | This rating is given to a child with significant numbing responses or multiple symptoms of numbing. This child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future. |

LIFE DOMAIN FUNCTIONING

| | |
|--------------|---|
| Check | FAMILY-NUCLEAR <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child is doing well in relationships with nuclear family members. |
| 1 | Child is doing adequately in relationships with nuclear family members although some problems may exist. For example, some family members may have some problems in their relationships with the child. |
| 2 | Child is having moderate problems with parents and/or siblings. Frequent arguing, difficulties in maintaining any positive relationship may be observed. |
| 3 | Child is having severe problems with parents and/or siblings. This would include problems of domestic violence, constant arguing, etc. |

| | |
|--------------|--|
| Check | FAMILY-EXTENDED <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child is doing well in relationships with extended family members. |
| 1 | Child is doing adequately in relationships with extended family members although some problems may exist. For example, some family members may have some problems in their relationships with the child. |
| 2 | Child is having moderate problems with extended family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed. |
| 3 | Child is having severe problems with extended family members. This would include problems of domestic violence, constant arguing, etc. |

| | |
|--------------|--|
| Check | LIVING SITUATION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | No evidence of problem with functioning in current living environment. |
| 1 | Mild problems with functioning in current living situation. Caregivers concerned about child's behavior at home. |
| 2 | Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. |
| 3 | Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors. |

| <i>Check</i> | DEVELOPMENTAL <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child has no developmental problems. |
| 1 | Child has some problems with physical immaturity or there are concerns about possible developmental delay. Child may have low IQ. |
| 2 | Child has developmental delays or mild mental retardation. |
| 3 | Child has severe and pervasive developmental delays or profound mental retardation. |

If Child has DD Needs Identified**DEVELOPMENTAL DISABILITY (DD) MODULE****Coding Definitions**

| <i>Check</i> | COGNITIVE <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | No evidence of cognitive development problems. |
| 1 | Infant/child has some indicators that cognitive skills are not appropriate for age or are at the upper end of age expectations. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Older children may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time. |
| 2 | Infant/child has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Older children may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks. |
| 3 | Infant/child has significant delays in cognitive functioning that are seriously interfering with their functioning. Infant/child is completely reliant on caregiver to function. |

| <i>Check</i> | AUTISM SPECTRUM <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | Child's development appears within normal range. There is no reason to believe that the child has any developmental problems associated with the autism spectrum |
| 1 | Evidence of a mild symptoms of autism spectrum. Child/youth may meet criteria for Asberger's. |
| 2 | Child meets diagnostic criteria for autism disorder. |
| 3 | Severe autism. Symptoms are disabling in at least one life domain. |

| <i>Check</i> | COMMUNICATION <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating. |
| 1 | Child has receptive communication skills but limited expressive communication skills. |
| 2 | Child has both limited receptive and expressive communication skills. |
| 3 | Child is unable to communicate. |

| <i>Check</i> | SELF-CARE DAILY LIVING SKILLS <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills. |
| 1 | Child requires excessive verbal prompting on self-care tasks or daily living skills. |
| 2 | Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting). |
| 3 | Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting. |

| <i>Check</i> | MEDICAL <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | Child is healthy. |
| 1 | Child has some medical problems that require medical treatment. |
| 2 | Child has chronic illness that requires ongoing medical intervention. |
| 3 | Child has life threatening illness or medical condition. |

If the child has Medical Needs Identified

MEDICAL MODULE

CODING DEFINITIONS

| <i>Check</i> | LIFE THREAT <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child's medical condition has no implications for shortening his/her life. |
| 1 | Child's medical condition may shorten life but not until later in adulthood. |
| 2 | Child's medical condition places him/her at some risk of premature death before he/she reaches adulthood. |
| 3 | Child's medical condition places him/her at eminent risk of death. |

| <i>Check</i> | CHRONICITY <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | Child is expected to fully recover from his/her current medical condition within the next six months. |
| 1 | Child is expected to fully recover from his/her current medical condition after at least six months but less than two years. |
| 2 | Child is expected to fully recover from his/her current medical condition but not within the next two years. |
| 3 | Child's medical condition is expected to continue throughout his/her lifetime. |

| <i>Check</i> | DIAGNOSTIC COMPLEXITY <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | The child's medical diagnoses are clear and there is no doubt as to the correct diagnoses. Symptom presentation is clear. |
| 1 | Although there is some confidence in the accuracy of child's diagnoses, there also exists sufficient complexity in the child's symptom presentation to raise concerns that the diagnoses may not be accurate. |
| 2 | There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptom presentation. |
| 3 | It is currently not possible to accurately diagnose the child's medical condition(s). |

| <i>Check</i> | EMOTIONAL RESPONSE <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | Child is coping well with his/her medical condition. |
| 1 | Child is experiencing some emotional difficulties related to his/her medical condition but these difficulties are not interfering with other areas of functioning. |
| 2 | Child is having difficulties coping with medical condition. His/her emotional response is interfering with functioning in other life domains. |
| 3 | Child is having severe emotional response to his/her medical condition that is interfering with treatment and functioning. |

| Check | IMPAIRMENT IN FUNCTIONING <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child's medical condition is not interfering with his/her functioning in other life domains. |
| 1 | Child's medical condition is having a limited impact on his/her functioning in at least one other life domain. |
| 2 | Child's medical condition is interfering with functioning in more than one life domain or is disabling in at least one. |
| 3 | Child's medical condition has disabled him/her in all other life domains. |

| Check | TREATMENT INVOLVMENT <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child and family are actively involved in treatment. |
| 1 | Child and/or family are generally involved in treatment but may struggle to stay consistent. |
| 2 | Child and/or family are generally uninvolved in treatment although they are sometimes compliant to treatment recommendations. |
| 3 | Child and/or family are currently resistant to all efforts to provide medical treatment. |

| Check | INTENSITY OF TREATMENT <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child's medical treatment involves taking daily medication or visiting a medical professional no more than weekly. |
| 1 | Child's medical treatment involves taking multiple medications or visiting a medical professional multiple times per week. |
| 2 | Child's treatment is daily but non-invasive. Treatment can be administered by a caregiver. |
| 3 | Child's medical treatment is daily and invasive and requires either a medical professional to administer or a well trained caregiver. |

| Check | ORGANIZATIONAL COMPLEXITY <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | All medical care is provided by a single medical professional. |
| 1 | Child's medical care is generally provided by a coordinated team of medical professionals who all work for the same organization. |
| 2 | Child's medical care requires collaboration of multiple medical professionals who work for more than one organization but current communication and coordination is effective. |
| 3 | Child's medical care requires the collaboration of multiple medical professionals who work for more than one organization and problems currently exist in communication among these professionals. |

| Check | PHYSICAL <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child has no physical limitations. |
| 1 | Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma). |
| 2 | Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here. |
| 3 | Child has severe physical limitations due to multiple physical conditions. |

| Check | DENTAL <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | No evidence of any dental health needs. |
| 1 | Child has not received dental health care and requires a check up. Child may have some dental health needs but they are not clearly known at this time. |
| 2 | Child has dental health needs that require attention. Dental health is interfering with child's functioning in at least one life domain. |
| 3 | Child has serious dental health needs that require intensive and/or extended treatment/intervention. |

| Check | DAILY FUNCTIONING <i>Please rate the highest level from the past 30 days.</i> |
|-------|---|
| 0 | Child demonstrates age appropriate or advanced self-care skills. Relies on others as expected for his/her age group. |
| 1 | Child shows mild or occasional problems in self-care skills for his/her age, but is generally self-reliant. |
| 2 | Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for his/her age group. |
| 3 | Child shows severe or almost constant problems in self-care skills, and relies on others for help much more than is expected for his/her age group. |

| Check | SOCIAL FUNCTIONING <i>Please rate the highest level from the past 30 days.</i> |
|-------|--|
| 0 | No evidence of problems in social functioning. |
| 1 | Child is having some minor problems in social relationships. Infants may be slow to respond to adults, Toddlers may need support to interact with peers and preschoolers may resist social situations. |
| 2 | Child is having some moderate problems with his/her social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support. |
| 3 | Child is experiencing severe disruptions in his/her social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk. |

| Check | RECREATION/PLAY <i>Please rate the highest level from the past 30 days.</i> |
|-------|--|
| 0 | No evidence that infant or child has problems with recreation or play. |
| 1 | Child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play. |
| 2 | Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support. |
| 3 | Child has no access to or interest in play or recreational activities. Infant spends most of time non interactive. Toddlers and preschoolers even with adult encouragement can not demonstrate enjoyment or use play to further development. |

| Check | REGULATORY: <i>This item refers to the child's ability to control bodily functions such as eating, sleeping and elimination as well as activity level/intensity and sensitivity to external stimulation. The child's ability to control and modulate intense emotions is also rated here. Please rate based on the past 30 days.</i> |
|-------|--|
| 0 | No evidence of regulatory problems. |
| 1 | Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions. |
| 2 | Moderate problems with regulation are present. Infants may demonstrate significant difficulties with transitions, and irritability such that consistent adult intervention is necessary and disruptive to the family. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed. |
| 3 | Profound problems with regulation are present that place the child's safety, well being and/or development at risk. |

If the Child has Regulatory Needs Identified:**REGULATORY MODULE**

CODING DEFINITIONS

| Check | EATING <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | No evidence of problems related to eating. |
| 1 | Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning. |
| 2 | Moderate problems with eating are present and impair the child's functioning. Infants may be finicky eaters, spit food or overeats. Infants may have problems with oral motor control. Older children may overeat, have few food preferences and not have a clear pattern of when they eat. |
| 3 | Severe problems with eating are present putting the infant/child at risk developmentally. The child and family are very distressed and unable to overcome problems in this area. |

| Check | ELIMINATION <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | There is no evidence of elimination problems. |
| 1 | Infant/child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion. |
| 2 | Infant/child demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis. |
| 3 | Infant/child demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed. |

| Check | SENSORY REACTIVITY <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | There is no evidence of sensory reactivity that is hyper or hypo reactive. |
| 1 | Infant/child may have a history of sensory issues or have mild issues currently that are controlled by caregiver support. |
| 2 | Infant/child demonstrates hyper/hypo reactivity to sensory input in one or more sensory modality such that impairment in functioning is present. |
| 3 | Infant/child demonstrates significant reactivity to sensory input such that caregiver can not mediate the effects of such. |

| Check | EMOTIONAL CONTROL <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Infant/child has no problems with emotional control. |
| 1 | Infant/child has mild problems with emotional control that can be overcome with caregiver support. |
| 2 | Infant/child has a moderate level of problems with emotional control that interferes most of the time with functioning. Infants may be difficult to console most of the time and do not respond well to caregiver support. Older children may quickly become frustrated and hit or bite others. |
| 3 | Infant/child has a significant level of emotional control problems that are interfering with development. Caregivers are not able to mediate the effects of this. |

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| Check | MOTOR <i>Please rate the highest level from the past 30 days.</i> |
| 0 | No evidence of fine or gross motor development problems. |
| 1 | Child has some indicators that motor skills are challenging and there may be some concern that there is a delay. |
| 2 | Child has either fine or gross motor skill delays. |
| 3 | Child has significant delays in fine or gross motor development or both. Delay causes impairment in functioning. |

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| Check | COMMUNICATION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | No evidence of communication problems. |
| 1 | Child has a history of communication problems but currently is not experiencing problems. An infant may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand. |
| 2 | Child has either receptive or expressive language problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands. |
| 3 | Child has serious communication difficulties and is unable to communicate in any way including pointing and grunting. |

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| Check | SLEEP <i>Please rate the highest level from the past 30 days.</i> The child must be 12 months of age or older to rate this item. |
| 0 | No evidence of problems with sleep. |
| 1 | Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week. |
| 2 | Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis. |
| 3 | Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child. |

| <i>Check</i> | PRESCHOOL/CHILD CARE <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | No evidence of problem with functioning in current preschool or child care environment. |
| 1 | Mild problems with functioning in current preschool or child care environment. |
| 2 | Moderate to severe problems with functioning in current preschool or child care environment. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others. |
| 3 | Profound problems with functioning in current preschool or child care environment. Child is at immediate risk of being removed from program due to his/her behaviors or unmet needs. |

If the child Attends Preschool or Child Care

PRESCHOOL/CHILD CARE MODULE

Coding Definitions

| <i>Check</i> | ATTENDANCE <i>Please rate the highest level from the past 30 days.</i> |
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| 0 | Child attends preschool/child care regularly. |
| 1 | Child has some problems attending preschool/child care but generally is present. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending regularly in the past month. |
| 2 | Child is having problems with preschool/child care attendance. He/she is missing at least two days each week on average. |
| 3 | Child is absent most of the time and this causes a significant challenge in achievement, socialization and following routine. |

| <i>Check</i> | COMPATABILITY <i>Please rate the highest level from the past 30 days.</i> |
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| 0 | Infant/child's preschool/child care meets the needs of the infant/child. |
| 1 | Infant/child's preschool/child care is marginal in its ability to meet the needs of the infant/child. The environment may be weak in areas. |
| 2 | Infant/child's preschool/child care does not meet the needs of the infant/child in most areas. The environment may not support the child's growth or promote further learning. |
| 3 | The infant/child's preschool/child care is contributing to problems for the infant/child in one or more areas. |

| <i>Check</i> | BEHAVIOR <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child is behaving well in preschool/child care. |
| 1 | Child is behaving adequately in preschool/child care although some mild behavior problems may exist. Child may have a history of behavioral problems. |
| 2 | Child is having moderate behavioral problems at preschool/child care. He/she is disruptive and many types of interventions have been implemented. |
| 3 | Child is having severe problems with behavior in preschool/child care. He/she is frequently or severely disruptive. The threat of expulsion is present. |

| <i>Check</i> | ACHIEVEMENT <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child is doing well acquiring new skills. |
| 1 | Child is doing adequately acquiring new skills with some challenges. Child may be able to compensate with extra adult support. |
| 2 | Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas. |
| 3 | Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas. |

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| Check | RELATIONS WITH TEACHER(S) <i>This rating should be based on relationships with teachers, staff, and other school personnel.</i> |
| 0 | Child has good relations with teachers. |
| 1 | Child has occasional difficulties relating with at least one teacher. Child may have difficulties during one class period (e.g. math, gym). |
| 2 | Child has difficult relations with teachers that notably interferes with his/her education. |
| 3 | Child has very difficult relations with all teachers or all the time with their only teacher. Relations with teachers currently prevents child from learning. |

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| Check | RELATIONS WITH PEER(S) <i>This rating should be based on relationships with teachers, staff, and other school personnel.</i> |
| 0 | Child has good relations with peers. |
| 1 | Child has occasional difficulties relating with at least one peer. |
| 2 | Child has difficult relations with peers that notably interferes with his/her education. |
| 3 | Child has very difficult relations with all peers. Relations with peers currently prevents child from learning. |

CHILD BEHAVIORAL/EMOTIONAL NEEDS

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| Check | ATTACHMENT <i>Please rate based on the past 30 days.</i> |
| 0 | No evidence of problems with attachment. |
| 1 | Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others. |
| 2 | Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk. |
| 3 | Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here. |

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| Check | FAILURE TO THRIVE <i>Please rate based on the past 30 days.</i> |
| 0 | No evidence of failure to thrive. |
| 1 | The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area. |
| 2 | The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5 th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75 th to 25 th). |
| 3 | The infant/child has one or more of all of the above and is currently at serious medical risk. |

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| Check | DEPRESSION (WITHDRAWN) <i>Please rate based on the past 30 days.</i> |
| 0 | No evidence of problems with depression. |

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| 1 | There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect. |
| 2 | Moderate problems with depression are present. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions. The child meets criteria for a DSM IV diagnosis. |
| 3 | Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain. |

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| Check | ANXIETY Please rate based on the past 30 days . |
| 0 | No evidence |
| 1 | History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed. |
| 2 | Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations. |
| 3 | Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain. |

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| Check | ATYPICAL BEHAVIORS Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations. Please rate based on the past 30 days . |
| 0 | No evidence of atypical behaviors in the infant/child. |
| 1 | History or reports of atypical behaviors from others that have not been observed by caregivers. |
| 2 | Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis. |
| 3 | Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis. |

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| Check | IMPULSIVE/HYPERACTIVITY Please rate based on the past 30 days . The child should be 3 years of age or older to rate this item. |
| 0 | No evidence |
| 1 | Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties. |
| 2 | Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain. The child may run and climb excessively even with adult redirection. The child may not be able to sit still even to eat and is often into things. The child may blurt out answers to questions without thinking, have difficulty waiting turn and intrude on others space. |
| 3 | Clear evidence of a dangerous level of impulsive and hyperactive behavior that can place the child at risk of physical harm. |

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| Check | OPPOSITIONAL Please rate based on the past 30 days . The child should be 3 years of age or older to rate this item. |
| 0 | No evidence |
| 1 | History or recent onset (past 6 weeks) of defiance towards authority figures. |

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| 2 | Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior is persistent and caregiver's attempts to change behavior have failed. |
| 3 | Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others or problems in more than one life domain that is resulting in interference with child's social and emotional development. |

CHILD RISK FACTORS

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| Check | BIRTH WEIGHT |
| 0 | Child is within normal range for weight and has been since birth. A child 5.5 pounds or over would be rated here. |
| 1 | Child was born under weight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 3.3 pounds and 5.5 pounds would be rated here. |
| 2 | Child is considerably under weight to the point of presenting a developmental risk to the child. A child with a birth weight of 2.2 pounds to 3.3 pounds would be rated here. |
| 3 | Child is extremely under weight to the point of the child's life being threatened. A child with a birth weight of less than 2.2 pounds would be rated here. |

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| Check | PICA <i>Please rate the highest level from the past 30 days.</i> Child must be older than 18 months to rate this item. |
| 0 | No evidence that the child eats unusual or dangerous materials. |
| 1 | Child has a history of eating unusual or dangerous materials but has not done so in the last 30 days. |
| 2 | Child has eaten unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days. |
| 3 | Child has become physically ill during the past 30 days by eating dangerous materials. |

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| Check | PRENATAL CARE |
| 0 | Child's biological mother received adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy related illnesses. |
| 1 | Child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy related illness. |
| 2 | Child's biological mother received poor prenatal care, initiated only in the last trimester or had a moderate form of a pregnancy related illness. |
| 3 | Child's biological mother had no prenatal care or had a severe pregnancy related illness. |

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| Check | LENGTH OF GESTATION |
| 0 | Child was born full-term. |
| 1 | Child was born pre-mature or overdue, however no significant concerns at birth. |
| 2 | Child was born pre-mature or overdue, and there were some complications at birth... |
| 3 | Child was born pre-mature or overdue, and had severe problems during delivery that have resulted in long term implications for development. |

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| Check | LABOR AND DELIVERY |
| 0 | Child and biological mother had normal labor and delivery. |
| 1 | Child or mother had some mild problems during delivery, but child does not appear affected by problems. |
| 2 | Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. |
| 3 | Child had severe problems during delivery that have resulted in long term implications for development. |

| <i>Check</i> | SUBSTANCE EXPOSURE |
|--------------|---|
| 0 | Child had no in utero exposure to alcohol or drugs, and there is no current exposure in the home. |
| 1 | Child had either mild in utero exposure or there is current alcohol and/or drug use in the home. |
| 2 | Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy or significant use of alcohol or tobacco would be rated here. |
| 3 | Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. |

| <i>Check</i> | PARENT/ SIBLING PROBLEMS |
|--------------|--|
| 0 | The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems. |
| 1 | The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. It may be that the child has at least one healthy sibling. |
| 2 | The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem. |
| 3 | One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems. |

| <i>Check</i> | MATERNAL AVAILABILITY: <i>This dimension addresses the primary caretakers emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 12 weeks post partum.</i> |
|--------------|---|
| 0 | The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth. |
| 1 | The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child. |
| 2 | The primary caregiver experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth. |
| 3 | The primary caregiver was unavailable to the child to such an extent that the child's emotional or physical well being was severely compromised. |

CHILD RISK BEHAVIORS

| <i>Check</i> | SELF HARM <i>Please rate the highest level from the past 30 days.</i> |
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| 0 | No evidence |
| 1 | Mild level of self harm behavior or history of self harm. |
| 2 | Moderate level of self harm behavior such as head banging that can not be impacted by caregiver and interferes with child's functioning. |
| 3 | Severe level of self harm behavior that puts the child's safety and well being at risk. |

| <i>Check</i> | AGGRESSIVE BEHAVIOR <i>Please rate the highest level from the past 30 days.</i> |
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| 0 | No evidence of aggressive behavior towards people or animals. |
| 1 | There is either a history of aggressive behavior towards people or animals or mild concerns in this area that have not yet interfered with functioning. |
| 2 | There is clear evidence of aggressive behavior towards animals or others. Behavior is persistent, and caregiver's attempts to change behavior have not been successful. Help is needed. |

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| 3 | The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves harm to animals or others. Caregivers have difficulty managing this behavior. |
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| Check | SOCIAL BEHAVIOR <i>Please rate the highest level from the past 30 days.</i> The child should be 3 years of age or older to rate this item. |
| 0 | No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her. |
| 1 | Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level. |
| 2 | Moderate level of problematic social behavior. Social behavior is causing problems in the child's life. Child may be intentionally getting in trouble in school or at home. |
| 3 | Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community) |

CHILD/YOUTH AND FAMILY ACCULTURATION

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| Check | LANGUAGE <i>This item includes both spoken and sign language.</i> |
| 0 | Child and family speak English well. |
| 1 | Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language. |
| 2 | Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports. |
| 3 | Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports. |

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| Check | IDENTITY <i>Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.</i> |
| 0 | Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity. |
| 1 | Child is experiencing some confusion or concern regarding cultural identity. |
| 2 | Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture. |
| 3 | Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity. |

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| Check | RITUAL <i>Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).</i> |
| 0 | Child and family are consistently able to practice rituals consistent with their cultural identity. |
| 1 | Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals. |
| 2 | Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity. |
| 3 | Child and family are unable to practice rituals consistent with their cultural identity. |

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| Check | CULTURE STRESS <i>Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.</i> |
| 0 | No evidence of stress between caregiver's cultural identify and current living situation. |
| 1 | Some mild or occasional stress resulting from friction between the caregiver's cultural identify and his/her current living situation. |
| 2* | Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress. |
| 3 | Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress. |

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| Check | KNOWLEDGE CONGRUENCE - <i>This item refers to a family's explanation about their children's presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.</i> |
| 0 | There is no evidence of differences/disagreements between the family's explanation of presenting issues, needs and strengths and the prevailing professional/helping cultural view(s), i.e., the family's view of the child is congruent with the prevailing professional/helping cultural perspective(s). |
| 1 | Small or mild differences between the family's explanation and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs. |
| 2 | Disagreement between the family's explanation and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them. |
| 3 | Significant disagreement in terms of explanation between the family and the prevailing professional/helping cultural perspective(s) that places the family in jeopardy of significant problems or sanctions. |

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| Check | HELP SEEKING CONGRUENCE - <i>This item refers to a family's approach to help seeking behavior in comparison to the prevailing professional/helping culture(s) perspective.</i> |
| 0 | There is no evidence of differences/disagreements between the family's approach to help seeking and the prevailing professional/helping cultural view(s), i.e. the family's approach is congruent with prevailing professional/helping cultural perspective(s) on help seeking behavior. |
| 1 | Small or mild differences between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs. |
| 2 | Disagreement between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those working with them. |
| 3 | Significant disagreement in terms of help seeking beliefs and/or behaviors between the family and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions. |

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| Check | EXPRESSION OF DISTRESS - <i>This item refers to a family's style of expressing distress in comparison to the prevailing professional/helping culture(s) perspective.</i> |
| 0 | There is no evidence of differences/disagreements between the way the family expresses distress and the prevailing professional/helping cultural view(s), i.e. family's style of expressing distress is congruent with prevailing professional/helping cultural perspective(s). |
| 1 | Small or mild differences between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) but these disagreements do not interfere with the family's ability to meet its needs. |
| 2 | Disagreement between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them. |

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| 3 | Dramatic disagreement in terms of the way the family expresses distress and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions. |
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CHILD STRENGTHS

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| Check | RELATIONSHIP PERMANENCE <i>This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i> |
| 0 | This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents. |
| 1 | This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here. |
| 2 | This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death. |
| 3 | This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered. |

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| Check | FAMILY-NUCLEAR <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Significant family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other's lives. Child is full included in family activities. |
| 1 | Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members. |
| 2 | Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other. |
| 3 | This level indicates a child with no known family strengths. Child is not included in normal family activities. |

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| Check | FAMILY-EXTENDED <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Infant/child has well established relationships with extended family that serve to support his/her growth and development. Family members are a significant support to parents and involved most of the time with infant/child. |
| 1 | Child has extended family relationships that are supportive most of the time. Extended family participates in the life of the child and his/her family much of the time. |
| 2 | Infant/child has infrequent contact with extended family members. The support the infant/child receives is not harmful but inconsistent. |
| 3 | Infant/child has no contact with extended family members or the contact with extended family is detrimental to the infant/child. |

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| Check | INTERPERSONAL <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Significant interpersonal strengths. Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held. |
| 1 | Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by him-or herself. |
| 2 | Mild level of interpersonal strengths. Child may be shy or uninterested in forming relationships with others, or –if still an infant–child may have a temperament that makes attachment to others a challenge. |
| 3 | This level indicates a child with no known interpersonal strengths. Child does not exhibit any age- |

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| | appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here. |
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| Check | ADAPTABILITY <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child has a strong ability to adjust to changes and transitions. |
| 1 | Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support. |
| 2 | Child has difficulties much of the time adjusting to changes and transitions even with caregiver support. |
| 3 | Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area. |

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| Check | PERSISTENCE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Infant/child has a strong ability to continue an activity when challenged or meeting obstacles. |
| 1 | Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity. |
| 2 | Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area. |
| 3 | Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence. |

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| Check | CURIOSITY <i>Please rate the highest level from the past 30 days.</i> |
| 0 | This level indicates a child with exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest. |
| 1 | This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here. |
| 2 | This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects. |
| 3 | This level indicates a child with very limited or no observable curiosity. |

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| Check | RESILIENCY <i>This rating should be based on the child/youth's ability to identify and use internal strengths in managing his/her healthy development.</i> |
| 0 | This level indicates an infant/child who is able to both identify and use internal strengths to better themselves and successfully manage difficult challenges. |
| 1 | This level indicates an infant/child who able to identify most of his/her internal strengths and is able to partially utilize them. |
| 2 | This level indicates an infant/child who is able to identify internal strengths but is not able to utilize them effectively. |
| 3 | This level indicates an infant/child who is not yet able to identify personal/internal strengths. |

CURRENT CAREGIVER

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|--------------|---|
| Check | SUPERVISION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has good monitoring and discipline skills. |
| 1 | Caregiver provides generally adequate supervision. May need occasional help or technical assistance. |
| 2 | Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills. |
| 3 | Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision. |

| | |
|--------------|---|
| Check | PROBLEM SOLVING <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver appears to have good problem solving skills. |
| 1 | Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting |
| 2 | Caregiver has challenges with problem solving that interfere with capacity to parent. |
| 3 | Caregiver has severe challenges with problem solving. |

| | |
|--------------|--|
| Check | INVOLVEMENT WITH CARE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for the child. |
| 1 | Caregiver has a history of seeking help for their children. Caregiver is open to receiving support, education, and information. |
| 2 | Caregiver does not wish to participate in services and/or interventions intended to assist their child. |
| 3 | Caregiver wishes for child to be removed from their care or is not visiting the child in residential care. |

| | |
|--------------|--|
| Check | KNOWLEDGE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is knowledgeable about the child's needs and strengths. |
| 1 | Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent. |
| 2 | Caregiver has a clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent. |
| 3 | Caregiver has knowledge problems that place the child at risk of significant negative outcomes. |

| | |
|--------------|---|
| Check | EMPATHY WITH CHILD <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has strong empathic relationship with the child/youth. |
| 1 | Caregiver has generally empathic relationship with the child/youth. |
| 2 | Caregiver demonstrates only limited empathy with the child/youth. |
| 3 | Caregiver is does not have any empathy with the child/youth. |

| | |
|--------------|---|
| Check | ORGANIZATION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is well organized and efficient. |
| 1 | Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return caseworker calls. |
| 2 | Caregiver has moderate difficulty organizing and maintaining household to support needed services. |
| 3 | Caregiver is unable to organize household to support needed services. |

| | |
|--------------|---|
| Check | SOCIAL RESOURCES <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing). |
| 1 | Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing). |
| 2 | Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing). |
| 3 | Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing). |

| | |
|--------------|---|
| Check | PHYSICAL HEALTH <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is generally healthy. |
| 1 | Caregiver is in recovery from medical/physical problems. |
| 2 | Caregiver has medical/physical problems that interfere with their capacity to parent. |

| | |
|---|--|
| 3 | Caregiver has medical/physical problems that make it impossible for them to parent at this time. |
|---|--|

| | |
|--------------|---|
| Check | MENTAL HEALTH <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has no mental health needs. |
| 1 | Caregiver is in recovery from mental health difficulties. |
| 2 | Caregiver has some mental health difficulties that interfere with their capacity to parent. |
| 3 | Caregiver has mental health difficulties that make it impossible for them to parent at this time. |

| | |
|--------------|---|
| Check | SUBSTANCE USE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has no substance use needs. |
| 1 | Caregiver is in recovery from substance use difficulties. |
| 2 | Caregiver has some substance use difficulties that interfere with their capacity to parent. |
| 3 | Caregiver has substance use difficulties that make it impossible for them to parent at this time. |

| | |
|--------------|--|
| Check | DEVELOPMENTAL <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has no developmental needs. |
| 1 | Caregiver has developmental challenges but they do not currently interfere with parenting. |
| 2 | Caregiver has developmental challenges that interfere with their capacity to parent. |
| 3 | Caregiver has severe developmental challenges that make it impossible for them to parent at this time. |

| | |
|--------------|--|
| Check | FAMILY STRESS <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is able to manage the stress of the child/children's needs. |
| 1 | Caregiver has some problems managing the stress of the child/children's needs. |
| 2 | Caregiver has notable problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care. |
| 3 | Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting. |

| | |
|--------------|--|
| Check | Cultural Congruence <i>Please rate the highest level from the past 30 days.</i> |
| 0 | The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child. |
| 1 | The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child at risk. |
| 2 | The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child. |
| 3 | The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention. |

IDENTIFIED PERMANENT RESOURCE NEEDS AND STRENGTHS

| | |
|--------------|--|
| Check | RESIDENTIAL STABILITY <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has stable housing for the foreseeable future. |
| 1 | Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months. |
| 2 | Caregiver has moved multiple times in the past year. Housing is unstable. |
| 3 | Caregiver has experienced periods of homelessness in the past six months. |
| Check | SELF-CARE/DAILY LIVING <i>This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, and clothing) of their child.</i> |
| 0 | The caregiver has the daily living skills needed to care for their child |
| 1* | The caregiver needs verbal prompting to complete the daily living skills required to care for their child. |

| | |
|---|---|
| 2 | The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their child. |
| 3 | The caregiver is unable to complete the daily living skills required to care for their child. Caregiver needs immediate intervention. |

| | |
|--------------|--|
| Check | ACCESSIBILITY TO CHILD CARE SERVICES <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has access to sufficient child care services. |
| 1 | Caregiver has limited access to child care services. Needs are met minimally by existing, available services. |
| 2 | Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs. |
| 3 | Caregiver has no access to child care services. |

| | |
|--------------|--|
| Check | ACCULTURATION <i>This item includes both spoken and sign language.</i> |
| 0 | Caregiver and family are acculturated. |
| 1 | Caregiver and/family have some cultural differences from their primary environment that have created challenges in the past or might lead to future challenges. |
| 2 | Caregiver and/or significant family members have notable cultural differences from their primary environment that currently lead to functional problems. |
| 3 | Caregiver and/or significant family members have notable cultural differences with their primary environment that are causing profound difficulties for the child and/or family. |

| | |
|--------------|--|
| Check | EMPLOYMENT/EDUCATIONAL FUNCTIONING <i>This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.</i> |
| 0 | Caregiver is gainfully employed and/or in school. |
| 1* | A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further. |
| 2 | A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties. |
| 3 | A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention. |

| | |
|--------------|--|
| Check | EDUCATIONAL ATTAINMENT <i>This rates the degree to which the individual has completed his/her planned education.</i> |
| 0 | Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning. |
| 1 | Caregiver has set educational goals and is currently making progress towards achieving them. |
| 2 | Caregiver has set educational goals but is currently not making progress towards achieving them. |
| 3 | Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention. |

| | |
|--------------|--|
| Check | FINANCIAL RESOURCES <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has sufficient financial resources to raise the child (e.g., child rearing). |

| | |
|----|--|
| 1 | Caregiver has some financial resources that actively help with raising the child (e.g. child rearing). |
| 2 | Caregiver has limited financial resources that may be able to help with raising the child (e.g., child rearing). |
| 3* | Caregiver has no financial resources to help with raising the child (e.g. child rearing). Caregiver needs financial resources. |

| | |
|--------------|---|
| Check | COMMUNITY CONNECTION <i>This rating should be based on the individual's level of involvement in the cultural aspects of life in his/her community.</i> |
| 0 | This level indicates an individual with extensive and substantial long-term ties with the community. For example, involvement in a community group for more than one year, may be widely accepted by neighbors, or involved in other community activities or informal networks. |
| 1 | This level indicates an individual with significant community ties although they may be relatively short-term (i.e., past year). |
| 2 | This level indicates an individual with limited ties and/or supports from the community. |
| 3 | This level indicates an individual with no known ties or supports from the community. |

| | |
|--------------|--|
| Check | LEGAL <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has no known legal difficulties. |
| 1 | Caregiver has a history of legal problems but currently is not involved with the legal system. |
| 2 | Caregiver has some legal problems and is currently involved in the legal system. |
| 3* | Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. |

| | |
|--------------|--|
| Check | TRANSPORTATION <i>This rating reflects the caregiver's ability to provide appropriate transportation for his/her child. Please rate the highest level from the past 30 days.</i> |
| 0 | Child and his/her caregiver have no transportation needs. Caregiver is able to get his/her child to appointments, school, activities, etc. consistently. |
| 1 | Child and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her child to appointments, school, activities, etc. less than once a week. |
| 2* | Child and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her child to appointments, school, activities, etc. regularly (e.g. once a week). Caregiver needs assistance transporting child and access to transportation resources. |
| 3 | Child and his/her caregiver have no access to appropriate transportation and are unable to get his/her child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources. |

| | |
|--------------|---|
| Check | SUPERVISION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has good monitoring and discipline skills. |
| 1 | Caregiver provides generally adequate supervision. May need occasional help or technical assistance. |
| 2 | Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills. |
| 3 | Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision. |

| | |
|--------------|---|
| Check | PROBLEM SOLVING <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver appears to have good problem solving skills. |
| 1 | Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting |
| 2 | Caregiver has challenges with problem solving that interfere with capacity to parent. |
| 3 | Caregiver has severe challenges with problem solving. |

| | |
|--------------|--|
| Check | INVOLVEMENT WITH CARE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for the child. |
| 1 | Caregiver has a history of seeking help for their children. Caregiver is open to receiving support, education, and information. |
| 2 | Caregiver does not wish to participate in services and/or interventions intended to assist their child. |
| 3 | Caregiver wishes for child to be removed from their care or is not visiting the child in residential care. |

| | |
|--------------|--|
| Check | KNOWLEDGE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is knowledgeable about the child's needs and strengths. |
| 1 | Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent. |
| 2 | Caregiver has a clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent. |
| 3 | Caregiver has knowledge problems that place the child at risk of significant negative outcomes. |

| | |
|--------------|---|
| Check | EMPATHY WITH CHILD <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has strong empathic relationship with the child/youth. |
| 1 | Caregiver has generally empathic relationship with the child/youth. |
| 2 | Caregiver demonstrates only limited empathy with the child/youth. |
| 3 | Caregiver is does not have any empathy with the child/youth. |

| | |
|--------------|---|
| Check | ORGANIZATION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is well organized and efficient. |
| 1 | Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return caseworker calls. |
| 2 | Caregiver has moderate difficulty organizing and maintaining household to support needed services. |
| 3 | Caregiver is unable to organize household to support needed services. |

| | |
|--------------|---|
| Check | SOCIAL RESOURCES <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing). |
| 1 | Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing). |
| 2 | Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing). |
| 3 | Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing). |

| | |
|--------------|--|
| Check | PHYSICAL HEALTH <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is generally healthy. |
| 1 | Caregiver is in recovery from medical/physical problems. |
| 2 | Caregiver has medical/physical problems that interfere with their capacity to parent. |
| 3 | Caregiver has medical/physical problems that make it impossible for them to parent at this time. |

| | |
|--------------|---|
| Check | MENTAL HEALTH <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has no mental health needs. |
| 1 | Caregiver is in recovery from mental health difficulties. |
| 2 | Caregiver has some mental health difficulties that interfere with their capacity to parent. |
| 3 | Caregiver has mental health difficulties that make it impossible for them to parent at this time. |

| | |
|--------------|---|
| Check | SUBSTANCE USE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has no substance use needs. |
| 1 | Caregiver is in recovery from substance use difficulties. |
| 2 | Caregiver has some substance use difficulties that interfere with their capacity to parent. |
| 3 | Caregiver has substance use difficulties that make it impossible for them to parent at this time. |

| | |
|--------------|--|
| Check | DEVELOPMENTAL <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has no developmental needs. |
| 1 | Caregiver has developmental challenges but they do not currently interfere with parenting. |
| 2 | Caregiver has developmental challenges that interfere with their capacity to parent. |
| 3 | Caregiver has severe developmental challenges that make it impossible for them to parent at this time. |

| | |
|--------------|--|
| Check | FAMILY STRESS <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is able to manage the stress of the child/children's needs. |
| 1 | Caregiver has some problems managing the stress of the child/children's needs. |
| 2 | Caregiver has notable problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care. |
| 3 | Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting. |

| | |
|--------------|--|
| Check | Cultural Congruence <i>Please rate the highest level from the past 30 days.</i> |
| 0 | The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child. |
| 1 | The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child at risk. |
| 2 | The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child. |
| 3 | The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention. |

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
(CANS)**

**WISCONSIN
DEPARTMENT OF CHILDREN AND FAMILIES
VERSION 12-7-10**

Children and Youth 5 to 17

Manual

**Praed Foundation
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A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Buddin Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

John S. Lyons, Ph.D.,
Endowed Chair of Child & Youth Mental Health
University of Ottawa
Children's Hospital of Eastern Ontario
401 Smyth Road
Ottawa, ON
jlyons@uottawa.ca
613-767-7300 X4860

Jónelle Brom, CAPSW, MSW
Out-of-Home Care Specialist
Department of Children and Families
201 E. Washington Avenue, RM E200
P.O. BOX 8916
Madison, WI 53708-8916
Jonelle.brom@wisconsin.gov
(608) 264-6933

Praed Foundation
praedfoundation@yahoo.com

INTRODUCTION

The **CANS** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the **CANS** is to accurately represent the shared vision of the child services system—child and families. As such, completion of the **CANS** is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the **CANS** is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the **CANS**.

Six Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. “2” or “3”).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool. It is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Action Levels for “Need” Items

0 – No Evidence of Need – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed?

NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 - Watchful Waiting/Prevention – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we would want to keep an eye on it from a preventive point of view.

2 - Action Needed – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth's or family's life in a notable way.

3 - Immediate/Intensive Action Needed – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a "3" on the relevant need.

Action Levels of "Strengths" Items

0 - Centerpiece Strength This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

1 - Useful Strength This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

2 - Identified Strength This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

3 - No Strength Identified This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

CODING DEFINITIONS

TRAUMA EXPERIENCE

These items describe static events that may have happened at anytime in the child/youth's lifetime. They are unlikely to change over time unless previously unknown trauma experiences become identified.

| <i>Check</i> | SEXUAL ABUSE <i>Please rate within the lifetime.</i> |
|--------------|---|
| 0 | There is no evidence that child has experienced sexual abuse. |
| 1 | Child has experienced one episode of sexual abuse or there is a suspicion that the child has experienced sexual abuse but no confirming evidence. |
| 2 | Child has experienced repeated sexual abuse. |
| 3 | Child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm. |

If a child has been sexually abused:

| <i>Check</i> | EMOTIONAL CLOSENESS TO PERPETRATOR |
|--------------|--|
| 0 | Perpetrator was a stranger at the time of the abuse. |
| 1 | Perpetrator was known to the child at the time of event but only as an acquaintance. |
| 2 | Perpetrator had a close relationship with the child at the time of the event but was not an immediate family member. |
| 3 | Perpetrator was an immediate family member (e.g. parent, sibling). |

| <i>Check</i> | FREQUENCY OF ABUSE |
|--------------|-------------------------------------|
| 0 | Abuse occurred only one time. |
| 1 | Abuse occurred two times. |
| 2 | Abuse occurred two to ten times. |
| 3 | Abuse occurred more than ten times. |

| <i>Check</i> | DURATION |
|--------------|--|
| 0 | Abuse occurred only one time. |
| 1 | Abuse occurred within a six-month time period. |
| 2 | Abuse occurred within a six-month to one year time period. |
| 3 | Abuse occurred over a period of longer than one year. |

| <i>Check</i> | FORCE |
|--------------|--|
| 0 | No physical force or threat of force occurred during the abuse episode(s). |
| 1 | Sexual abuse was associated with threat of violence but no physical force. |
| 2 | Physical force was used during the sexual abuse. |
| 3 | Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force. |

| <i>Check</i> | REACTION TO DISCLOSURE |
|--------------|---|
| 0 | All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience. |
| 1 | Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse. |
| 2 | Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience. |
| 3 | Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened. |

| <i>Check</i> | PHYSICAL ABUSE <i>Please rate within the lifetime.</i> |
|--------------|---|
| 0 | There is no evidence that the child has experienced physical abuse. |
| 1 | Child has experienced one episode of physical abuse or there is a suspicion that the child has experienced physical abuse but no confirming evidence. |
| 2 | Child has experienced repeated physical abuse. |
| 3 | Child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment. |

| <i>Check</i> | NEGLECT <i>Please rate within the lifetime.</i> |
|--------------|--|
| 0 | There is no evidence that the child has experienced neglect. |
| 1 | Child has experienced minor or occasional neglect. Child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of the child. |
| 2 | Child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action. |
| 3 | Child has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis. |

| <i>Check</i> | EMOTIONAL ABUSE <i>Please rate within the lifetime.</i> |
|--------------|--|
| 0 | There is no evidence that the child has experienced emotional abuse. |
| 1 | Child has experienced mild emotional abuse. |
| 2 | Child has experienced emotional abuse over an extended period of time (at least one year). |
| 3 | Child has experienced severe and repeated emotional abuse over an extended period of time (at least one year). |

| <i>Check</i> | MEDICAL TRAUMA <i>Please rate within the lifetime.</i> |
|--------------|--|
| 0 | There is no evidence that the child has experienced any medical trauma. |
| 1 | Child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting). |
| 2 | Child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization. |
| 3 | Child has experienced life threatening medical trauma. |

| <i>Check</i> | NATURAL DISASTER <i>Please rate within the lifetime.</i> |
|--------------|--|
| 0 | There is no evidence that the child has experienced any natural disaster. |
| 1 | Child has been indirectly affected by a natural disaster. |
| 2 | Child has experienced a natural disaster which has had a notable impact on his/her well-being. |
| 3 | Child has experienced life-threatening natural disaster. |

| | |
|--------------|--|
| Check | WITNESS TO FAMILY VIOLENCE <i>Please rate within the lifetime.</i> |
| 0 | There is no evidence that the child has witnessed family violence. |
| 1 | Child has witnessed one episode of family violence. |
| 2 | Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed. |
| 3 | Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence. |

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| Check | WITNESS TO COMMUNITY VIOLENCE <i>Please rate within the lifetime.</i> |
| 0 | There is no evidence that child has witnessed violence in his/her community. |
| 1 | Child has witnessed fighting or other forms of violence in his/her community |
| 2 | Child has witnessed the significant injury of others in his/her community. |
| 3 | Child has witnessed the death of another person in his/her community. |

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| Check | WITNESS/VICTIM TO CRIMINAL ACTIVITY <i>Please rate within the lifetime.</i> |
| 0 | There is no evidence that the child has been victimized or witnessed significant criminal activity. |
| 1 | Child is a witness of significant criminal activity. |
| 2 | Child is a direct victim of criminal activity or witnessed the victimization of a family or friend. |
| 3 | Child is a victim of criminal activity that was life-threatening or caused significant physical harm or the child witnessed the death of a loved one. |

ADJUSTMENT TO TRAUMA

| | |
|--------------|---|
| Check | ADJUSTMENT TO TRAUMA <i>Please rate based on the adjustment over the past 30 days.</i> |
| 0 | No evidence |
| 1 | History or suspicion of problems associated with traumatic life event/s. |
| 2 | Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain. |
| 3 | Clear evidence of symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience. |

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| Check | TRAUMATIC GRIEF/SEPARATION <i>This rating describes the level of traumatic grief due to death or loss or separation from significant caregivers.</i> |
| 0 | There is no evidence that the child has experienced traumatic grief or separation from significant caregivers. |
| 1 | Child is experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is appropriate given the recent nature of loss or separation. |
| 2 | Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in certain but not all areas. This could include withdrawal or isolation from others. |
| 3 | Child is experiencing significant traumatic grief or separation reactions. Child exhibits impaired functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. |

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| Check | INTRUSIONS <i>Please rate the highest level from the past 30 days.</i> |
| 0 | There is no evidence that child experiences intrusive thoughts of trauma. |
| 1 | Child experiences some intrusive thoughts of trauma but they do not affect his/her functioning. |
| 2 | Child experiences intrusive thoughts that interfere in his/her ability to function in some life domains. |
| 3 | Child experiences repeated and severe intrusive thoughts of trauma. |

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| Check | ATTACHMENT <i>Please rate the highest level from the past 30 days.</i> |
| 0 | No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust. |
| 1 | Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment. |
| 2 | Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here. |
| 3 | Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here. |

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| Check | DISSOCIATION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | There is no evidence of dissociation. |
| 1 | Child may experience some symptoms of dissociation. |
| 2 | Child clearly experiences episodes of dissociation. |
| 3 | Profound dissociation occurs. |

LIFE DOMAIN FUNCTIONING

| | |
|--------------|---|
| Check | FAMILY-NUCLEAR <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child is doing well in relationships with nuclear family members. |
| 1 | Child is doing adequately in relationships with nuclear family members although some problems may exist. For example, some family members may have some problems in their relationships with the child. |
| 2 | Child is having moderate problems with parents and/or siblings. Frequent arguing, difficulties in maintaining any positive relationship may be observed. |
| 3 | Child is having severe problems with parents and/or siblings. This would include problems of domestic violence, constant arguing, etc. |

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| Check | FAMILY-EXTENDED <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child is doing well in relationships with extended family members. |
| 1 | Child is doing adequately in relationships with extended family members although some problems may exist. For example, some family members may have some problems in their relationships with the child. |
| 2 | Child is having moderate problems with extended family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed. |
| 3 | Child is having severe problems with extended family members. This would include problems of domestic violence, constant arguing, etc. |

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|--------------|--|
| Check | LIVING SITUATION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | No evidence of problem with functioning in current living environment. |
| 1 | Mild problems with functioning in current living situation. Caregivers concerned about child's behavior at home. |
| 2 | Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. |
| 3 | Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors. |

| <i>Check</i> | DEVELOPMENTAL <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child has no developmental problems. |
| 1 | Child has some problems with physical immaturity or there are concerns about possible developmental delay. Child may have low IQ. |
| 2 | Child has developmental delays or mild mental retardation. |
| 3 | Child has severe and pervasive developmental delays or profound mental retardation. |

If Child has Developmental Disability Needs Identified

DEVELOPMENTAL DISABILITY (DD) MODULE

Coding Definitions

| <i>Check</i> | COGNITIVE <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child has any problems with intellectual functioning. |
| 1 | Child has low IQ (70 to 85) or has identified learning challenges. |
| 2 | Child has mild mental retardation. IQ is between 55 and 70. |
| 3 | Child has moderate to profound mental retardation. IQ is less than 55. |

| <i>Check</i> | AUTISM SPECTRUM <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | Child's development appears within normal range. There is no reason to believe that the child has any developmental problems associated within the autism spectrum |
| 1 | Evidence of mild symptoms of an autism spectrum disorder. Child/youth may meet criteria for Aspergers disorder. |
| 2 | Child meets diagnostic criteria for an autism spectrum disorder. |
| 3 | Severe autism. Symptoms are disabling in at least one life domain. |

| <i>Check</i> | COMMUNICATION <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating. |
| 1 | Child has receptive communication skills but limited expressive communication skills. |
| 2 | Child has both limited receptive and expressive communication skills. |
| 3 | Child is unable to communicate. |

| <i>Check</i> | SELF-CARE DAILY LIVING SKILLS <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills. |
| 1 | Child requires excessive verbal prompting on self-care tasks or daily living skills. |
| 2 | Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting). |
| 3 | Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting. |

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|--------------|---|
| Check | MEDICAL Please rate the highest level from the <i>past 30 days</i> |
| 0 | Child is healthy. |
| 1 | Child has some medical problems that require medical treatment. |
| 2 | Child has chronic illness that requires ongoing medical intervention. |
| 3 | Child has life threatening illness or medical condition. |

If the child has Medical Needs Identified

MEDICAL MODULE

Coding Definitions

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|--------------|---|
| Check | LIFE THREAT Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Child's medical condition has no implications for shortening his/her life. |
| 1 | Child's medical condition may shorten life but not until later in adulthood. |
| 2 | Child's medical condition places him/her at some risk of premature death before he/she reaches adulthood. |
| 3 | Child's medical condition places him/her at eminent risk of death. |

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| Check | CHRONICITY Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Child is expected to fully recover from his/her current medical condition within the next six months. |
| 1 | Child is expected to fully recover from his/her current medical condition after at least six months but less than two years. |
| 2 | Child is expected to fully recover from his/her current medical condition but not within the next two years. |
| 3 | Child's medical condition is expected to continue throughout his/her lifetime. |

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| Check | DIAGNOSTIC COMPLEXITY Please rate the highest level from the <i>past 30 days</i> . |
| 0 | The child's medical diagnoses are clear and there is no doubt as to the correct diagnoses. Symptom presentation is clear. |
| 1 | Although there is some confidence in the accuracy of child's diagnoses, there also exists sufficient complexity in the child's symptom presentation to raise concerns that the diagnoses may not be accurate. |
| 2 | There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptom presentation. |
| 3 | It is currently not possible to accurately diagnose the child's medical condition(s). |

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| Check | EMOTIONAL RESPONSE Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Child is coping well with his/her medical condition. |
| 1 | Child is experiencing some emotional difficulties related to his/her medical condition but these difficulties are not interfering with other areas of functioning. |
| 2 | Child is having difficulties coping with medical condition. His/her emotional response is interfering with functioning in other life domains. |
| 3 | Child is having severe emotional response to his/her medical condition that is interfering with treatment and functioning. |

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|--------------|---|
| Check | IMPAIRMENT IN FUNCTIONING Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Child's medical condition is not interfering with his/her functioning in other life domains. |
| 1 | Child's medical condition is having a limited impact on his/her functioning in at least one other life domain. |
| 2 | Child's medical condition is interfering with functioning in more than one life domain or is disabling in at least one. |
| 3 | Child's medical condition has disabled him/her in all other life domains. |

| <i>Check</i> | TREATMENT INVOLVEMENT <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child and family are actively involved in treatment. |
| 1 | Child and/or family are generally involved in treatment but may struggle to stay consistent. |
| 2 | Child and/or family are generally uninvolved in treatment although they are sometimes compliant to treatment recommendations. |
| 3 | Child and/or family are currently resistant to all efforts to provide medical treatment. |

| <i>Check</i> | INTENSITY OF TREATMENT <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child's medical treatment involves taking daily medication or visiting a medical professional no more than weekly. |
| 1 | Child's medical treatment involves taking multiple medications or visiting a medical professional multiple times per week. |
| 2 | Child's treatment is daily but non-invasive. Treatment can be administered by a caregiver. |
| 3 | Child's medical treatment is daily and invasive and requires either a medical professional to administer or a well trained caregiver. |

| <i>Check</i> | ORGANIZATIONAL COMPLEXITY <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | All medical care is provided by a single medical professional. |
| 1 | Child's medical care is generally provided by a coordinated team of medical professionals who all work for the same organization. |
| 2 | Child's medical care requires collaboration of multiple medical professionals who work for more than one organization but current communication and coordination is effective. |
| 3 | Child's medical care requires the collaboration of multiple medical professionals who work for more than one organization and problems currently exist in communication among these professionals. |

| <i>Check</i> | PHYSICAL <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | Child has no physical limitations. |
| 1 | Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma). |
| 2 | Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here. |
| 3 | Child has severe physical limitations due to multiple physical conditions. |

| <i>Check</i> | DENTAL <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | No evidence of any dental health needs. |
| 1 | Child has not received dental health care and requires a check up. Child may have some dental health needs but they are not clearly known at this time. |
| 2 | Child has dental health needs that require attention. Dental health is interfering with child's functioning in at least one life domain. |
| 3 | Child has serious dental health needs that require intensive and/or extended treatment/intervention. |

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| Check | DAILY FUNCTIONING <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child demonstrates age appropriate or advanced self-care skills. Relies on others as expected for his/her age group. |
| 1 | Child shows mild or occasional problems in self-care skills for his/her age, but is generally self-reliant. |
| 2 | Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for his/her age group. |
| 3 | Child shows severe or almost constant problems in self-care skills, and relies on others for help much more than is expected for his/her age group. |

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| Check | SOCIAL FUNCTIONING--PEER <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child has positive social relationships with same age peers. |
| 1 | Child is having some minor problems in social relationships with same age peers. |
| 2 | Child is having some moderate problems with his/her social relationships with same age peers. |
| 3 | Child is experiencing severe disruptions in his/her social relationships with same age peers. |

| | |
|--------------|---|
| Check | SOCIAL FUNCTIONING-ADULT <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child has positive social relationships with adults. |
| 1 | Child is having some minor problems in social relationships with adults. |
| 2 | Child is having some moderate problems with his/her social relationships with adults. |
| 3 | Child is experiencing severe disruptions in his/her social relationships with adults. |

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|--------------|---|
| Check | LEGAL <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child has no known legal difficulties. |
| 1 | Child has a history of legal problems but currently is not involved with the legal system. |
| 2 | Child has some legal problems and is currently involved in the legal system. |
| 3 | Child has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement. |

If the Child/Youth has Legal Issues Identified

LEGAL - JUVENILE JUSTICE (JJ) MODULE

Coding Definitions

For the purposes of this module a delinquent act or criminal act are interchangeable if the youth is being charged as an adult.

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|--------------|---|
| Check | SERIOUSNESS <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Youth has engaged only in status violations (e.g. curfew). |
| 1 | Youth has engaged in delinquent behavior equivalent to a misdemeanor. |
| 2 | Youth has engaged in delinquent behavior equivalent to a felony. |
| 3 | Youth has engaged in delinquent behavior that places other citizens at risk of significant physical harm. |

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|--------------|---|
| Check | HISTORY Please rate using time frames provided in the anchors. |
| 0 | Current criminal/delinquent behavior is the first known occurrence. |
| 1 | Youth has engaged in multiple criminal/delinquent acts in the past one year. |
| 2 | Youth has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior. |
| 3 | Youth has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior. |

| | |
|--------------|---|
| Check | ARRESTS Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Youth has no known arrests in past. |
| 1 | Youth has history of delinquency, but no arrests past 30 days. |
| 2 | Youth has 1 to 2 arrests in last 30 days. |
| 3 | Youth has more than 2 arrests in last 30 day. |

| | |
|--------------|---|
| Check | PLANNING Please rate the highest level from the <i>past 30 days</i> . |
| 0 | No evidence of any planning. Criminal/delinquent behavior appears opportunistic or impulsive. |
| 1 | Evidence suggests that youth places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced. |
| 2 | Evidence of some planning of criminal/delinquent behavior. |
| 3 | Considerable evidence of significant planning of criminal/delinquent behavior. Behavior is clearly premeditated. |

| | |
|--------------|---|
| Check | COMMUNITY SAFETY Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Youth presents no risk to the community. He/she could be unsupervised in the community. |
| 1 | Youth engages in behavior that represents a risk to community property. |
| 2 | Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior. |
| 3 | Youth engages in behavior that directly places community members in danger of significant physical harm. |

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|--------------|--|
| Check | LEGAL COMPLIANCE Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Youth is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place. |
| 1 | Youth is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments). |
| 2 | Youth is in partial noncompliance with standing court orders (e.g. youth is going to school but not attending court-order treatment). |
| 3 | Youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations). |

| | |
|--------------|---|
| Check | PEER INFLUENCES Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Youth's primary peer social network does not engage in delinquent/criminal behavior. |
| 1 | Youth has peers in his/her primary peer social network who do not engage in criminal/delinquent behavior but has some peers who do. |
| 2 | Youth predominantly has peers who engage in delinquent behavior but youth is not a member of a gang. |
| 3 | Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership. |

| <i>Check</i> | PARENTAL CRIMINAL BEHAVIOR (INFLUENCES) <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | There is no evidence that youth's parents have ever engaged in criminal/delinquent behavior. |
| 1 | One of youth's parents has history of criminal/delinquent behavior but youth has not been in contact with this parent for at least one year. |
| 2 | One of youth's parents has history of criminal/delinquent behavior and youth has been in contact with this parent in the past year. |
| 3 | Both of youth's parents have history of criminal/delinquent behavior. |

| <i>Check</i> | ENVIRONMENTAL INFLUENCES <i>Please rate the environment around the youth's living situation.</i> |
|--------------|--|
| 0 | No evidence that the child's environment stimulates or exposes the child to any criminal/delinquent behavior. |
| 1 | Mild problems in the child's environment that might expose the child to criminal/delinquent behavior. |
| 2 | Moderate problems in the child's environment that clearly expose the child to criminal/delinquent behavior. |
| 3 | Severe problems in the child's environment that stimulate the child to engage in criminal/delinquent behavior. |

| <i>Check</i> | EATING DISTURBANCE <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | No evidence of eating disturbance. |
| 1 | Mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns. |
| 2 | Clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa). Food hoarding also would be rated here. |
| 3 | Eating disturbance is disabling. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day). |

| <i>Check</i> | SLEEP <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | Child gets a full night's sleep each night. |
| 1 | Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally waking or bed wetting or nightmares. |
| 2 | Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep. |
| 3 | Child is generally sleep deprived. Sleeping is difficult for the child and they are not able to get a full night's sleep. |

| <i>Check</i> | SEXUAL DEVELOPMENT <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | No evidence of any problems with sexual development. |
| 1 | Mild to moderate problems with sexual development. May include concerns about sexual identity or anxiety about the reactions of others. |
| 2 | Significant problems with sexual development. May include multiple and/or older partners or high-risk sexual behaviors. |
| 3 | Profound problems with sexual development. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression. |

| | |
|--------------|---|
| Check | LIFE SKILLS <i>This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.</i> |
| 0 | This level indicates a person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home. |
| 1 | This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. This level indicates a person who is fully capable of independent living. Youth needs to learn additional independent living skills. |
| 2 | This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living (e.g., difficulty with cooking, cleaning, and self-management when unsupervised) are apparent. Youth needs to learn independent living skills. |
| 3 | This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment. Youth needs an immediate intervention to develop an independent living plan. |

| | |
|--------------|---|
| Check | Expectant Parent or Parenting |
| 0 | Child is not an expectant parent or parenting. |
| 1 | Child is an expectant parent. |
| 2 | Child is an expectant parent or is parenting a child with no additional child protective services involvement for the child. |
| 3 | Child/Youth is an expectant parent or is parenting a child with concerns being addressed through a child protective services order for the minor child. |

SCHOOL

| | |
|--------------|--|
| Check | ATTENDANCE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child attends school regularly. |
| 1 | Child has some problems attending school but generally goes to school. |
| 2 | Child is having problems with school attendance. He/she is missing at least two days each week on average. |
| 3 | Child is generally truant or refusing to go to school. |

| | |
|--------------|--|
| Check | BEHAVIOR <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child is behaving well in school. |
| 1 | Child is behaving adequately in school although some behavior problems exist. |
| 2 | Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions. |
| 3 | Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior. |

| | |
|--------------|---|
| Check | ACHIEVEMENT <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child is doing well in school. |
| 1 | Child is doing adequately in school although some problems with achievement exist. |
| 2 | Child is having moderate problems with school achievement. He/she may be failing some subjects. |
| 3 | Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement. |

| | |
|--------------|---|
| Check | RELATION WITH TEACHER(S) <i>This rating should be based on relationships with teachers, staff, and other school personnel.</i> |
| 0 | Child has good relations with teachers. |
| 1 | Child has occasional difficulties relating with at least one teacher. Child may have difficulties during one class period (e.g. math, gym). |
| 2 | Child has difficult relations with teachers that notably interferes with his/her education. |
| 3 | Child has very difficult relations with all teachers or all the time with their only teacher. Relations with teachers currently prevents child from learning. |

CHILD/YOUTH AND FAMILY ACCULTURATION

| | |
|--------------|---|
| Check | LANGUAGE <i>This item includes both spoken and sign language.</i> |
| 0 | Child and family speak English well. |
| 1 | Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language. |
| 2 | Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports. |
| 3 | Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports. |

| | |
|--------------|--|
| Check | IDENTITY <i>Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.</i> |
| 0 | Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity. |
| 1 | Child is experiencing some confusion or concern regarding cultural identity. |
| 2 | Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture. |
| 3 | Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity. |

| | |
|--------------|--|
| Check | RITUAL <i>Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).</i> |
| 0 | Child and family are consistently able to practice rituals consistent with their cultural identity. |
| 1 | Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals. |
| 2 | Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity. |
| 3 | Child and family are unable to practice rituals consistent with their cultural identity. |

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|--------------|---|
| Check | CULTURE STRESS <i>Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.</i> |
| 0 | No evidence of stress between caregiver's cultural identify and current living situation. |
| 1 | Some mild or occasional stress resulting from friction between the caregiver's cultural identify and his/her current living situation. |
| 2 | Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress. |
| 3 | Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress. |

| <i>Check</i> | KNOWLEDGE CONGRUENCE - <i>This item refers to a family's explanation about their children's presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.</i> |
|--------------|--|
| 0 | There is no evidence of differences/disagreements between the family's explanation of presenting issues, needs and strengths and the prevailing professional/helping cultural view(s), i.e., the family's view of the child is congruent with the prevailing professional/helping cultural perspective(s). |
| 1 | Small or mild differences between the family's explanation and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs. |
| 2 | Disagreement between the family's explanation and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them. |
| 3 | Significant disagreement in terms of explanation between the family and the prevailing professional/helping cultural perspective(s) that places the family in jeopardy of significant problems or sanctions. |

| <i>Check</i> | HELP SEEKING CONGRUENCE - <i>This item refers to a family's approach to help seeking behavior in comparison to the prevailing professional/helping culture(s) perspective.</i> |
|--------------|--|
| 0 | There is no evidence of differences/disagreements between the family's approach to help seeking and the prevailing professional/helping cultural view(s), i.e. the family's approach is congruent with prevailing professional/helping cultural perspective(s) on help seeking behavior. |
| 1 | Small or mild differences between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs. |
| 2 | Disagreement between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those working with them. |
| 3 | Significant disagreement in terms of help seeking beliefs and/or behaviors between the family and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions. |

| <i>Check</i> | EXPRESSION OF DISTRESS - <i>This item refers to a family's style of expressing distress in comparison to the prevailing professional/helping culture(s) perspective.</i> |
|--------------|---|
| 0 | There is no evidence of differences/disagreements between the way the family expresses distress and the prevailing professional/helping cultural view(s), i.e. family's style of expressing distress is congruent with prevailing professional/helping cultural perspective(s). |
| 1 | Small or mild differences between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) but these disagreements do not interfere with the family's ability to meet its needs. |
| 2 | Disagreement between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them. |
| 3 | Dramatic disagreement in terms of the way the family expresses distress and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions. |

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS

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|--------------|---|
| Check | PSYCHOSIS <i>Please rate based on the past 30 days.</i> |
| 0 | No evidence. |
| 1 | History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder. |
| 2 | Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder. |
| 3 | Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm. |

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| Check | IMPULSIVE / HYPERACTIVITY <i>Please rate based on the past 30 days.</i> |
| 0 | No evidence. |
| 1 | Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties. |
| 2 | Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain. |
| 3 | Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm. |

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|--------------|---|
| Check | DEPRESSION <i>Please rate based on the past 30 days.</i> |
| 0 | No evidence. |
| 1 | History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning. |
| 2 | Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain. |
| 3 | Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain. |

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| Check | ANXIETY <i>Please rate based on the past 30 days.</i> |
| 0 | No evidence. |
| 1 | History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. |
| 2 | Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. |
| 3 | Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain. |

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| Check | OPPOSITIONAL <i>Please rate based on the past 30 days.</i> |
| 0 | No evidence. |
| 1 | History or recent onset (past 6 weeks) of defiance towards authority figures. |
| 2 | Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others. |
| 3 | Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. |

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| Check | CONDUCT <i>Please rate the highest level from the past 30 days.</i> |
| 0 | No evidence. |
| 1 | History or suspicion of problems associated with antisocial behavior including, but not limited to, lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals. |
| 2 | Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. |
| 3 | Evidence of a severe level of conduct problems as described above that places the child or community at significant risk of physical harm due to these behaviors. |

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| Check | ANGER CONTROL <i>Please rate based on the past 30 days.</i> |
| 0 | No evidence of any significant anger control problems. |
| 1 | Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts. |
| 2 | Moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential. |
| 3 | Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her. |

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| Check | SUBSTANCE USE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | No evidence. |
| 1 | History or suspicion of substance use. |
| 2 | Clear evidence of substance abuse that interferes with functioning in any life domain. |
| 3 | Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/youth who is intoxicated at the time of the assessment (i.e., currently under the influence). |

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| Check | SOMATIZATION |
| 0 | This rating is for a child with no evidence of unexplained somatic symptoms. |
| 1 | This rating indicates a child with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause. |
| 2 | This rating indicates a child with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis). |
| 3 | This rating indicates a child with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause. |

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| Check | BEHAVIORAL REGRESSION |
| 0 | This rating is given to a child with no evidence of behavioral regression. |
| 1 | This rating is given to a child with some regressions in age-level of behavior (e.g., thumb sucking, whining when age inappropriate). |
| 2 | This rating is given to a child with moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting. |
| 3 | This rating is given to a child with more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control. |

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| Check | AFFECT DYSREGULATION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child has no problems with affect regulation. |
| 1 | Child has mild to moderate problems with affect regulation. |
| 2 | Child has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interferes with child's functioning in some life domains. |
| 3 | Child unable to regulate affect. |

CHILD/YOUTH RISK BEHAVIORS

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|--------------|---|
| Check | SUICIDE RISK <i>Please rate the highest level from the past 30 days.</i> |
| 0 | No evidence. |
| 1 | History but no recent ideation or gesture. |
| 2 | Recent ideation or gesture but not in past 24 hours. |
| 3 | Current ideation and intent OR command hallucinations that involve self-harm. |

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|--------------|--|
| Check | SELF-INJURIOUS BEHAVIOR <i>Please rate the highest level from the past 30 days.</i> |
| 0 | No evidence. |
| 1 | History of self-mutilation. |
| 2 | Engaged in self-mutilation that does not require medical attention. |
| 3 | Engaged in self-mutilation that requires medical attention. |

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| Check | OTHER SELF HARM <i>Please rate the highest level from the past 30 days.</i> |
| 0 | No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm. |
| 1 | History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child. |
| 2 | Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior. |
| 3 | Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior. |

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| Check | EXPLOITED – <i>This item is used to examine a history and pattern of abuse, and/or includes a level of current risk for re-victimization. This can include parentification of children, being bullied, prostituted, or taken advantage of by others.</i> |
| 0 | There is no evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. The person may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Person is not presently at risk for re-victimization. |
| 1 | Suspicion or history of exploitation, but a person has not been exploited to any significant degree during the past year. Person is not presently at risk for re-victimization. |
| 2 | This level indicates a person who has been recently exploited (within the past year) but is not at acute risk of re-exploitation. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends, extortion or violent crime. |
| 3 | This level indicates a person who has been recently exploited and has an acute risk of re-exploitation. Examples include working as a prostitute and living in an abusive relationship. |

| <i>Check</i> | DANGER TO OTHERS <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | No evidence. |
| 1 | History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm. |
| 2 | Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours. |
| 3 | Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, child set a fire that placed others at significant risk of harm. |

| <i>Check</i> | SEXUAL AGGRESSION <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent. |
| 1 | History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation. |
| 2 | Child is engaged in sexually aggressive behavior in the past year but not in the past 30 days. |
| 3 | Child has engaged in sexually aggressive behavior in the past 30 days. |

| <i>Check</i> | RUNAWAY <i>Please rate the highest level from the past 30 days.</i> |
|--------------|---|
| 0 | No evidence. |
| 1 | History of runaway from home or other settings involving at least one overnight absence, at least 30 days ago. |
| 2 | Recent runaway behavior or ideation but not in past 7 days. |
| 3 | Acute threat to runaway as manifest by either recent attempts OR significant ideation about running away OR child is currently a runaway. |

If Runaway Issues are Identified

RUNAWAY MODULE Coding Definitions

| <i>Check</i> | FREQUENCY OF RUNNING |
|--------------|---|
| 0 | Youth has only run once in past year. |
| 1 | Youth has run on multiple occasions in past year. |
| 2 | Youth runs often but not always. |
| 3 | Youth runs at every opportunity. |

| <i>Check</i> | CONSISTENCY OF DESTINATION |
|--------------|---|
| 0 | Youth always runs to the same location. |
| 1 | Youth generally runs to the same location or neighborhood. |
| 2 | Youth runs to the same community but the specific locations change. |
| 3 | Youth runs to no planned destination. |

| <i>Check</i> | SAFETY OF DESTINATION |
|--------------|---|
| 0 | Youth runs to a safe environment that meets his/hers basic needs (e.g. food, shelter). |
| 1 | Youth runs to generally safe environments; however, they might be somewhat unstable or variable. |
| 2 | Youth runs to generally unsafe environments that cannot meet his/her basic needs. |
| 3 | Youth runs to very unsafe environments where the likelihood that he/she will be victimized is high. |

| Check | INVOLVEMENT IN ILLEGAL ACTIVITIES |
|--------------|--|
| 0 | Youth does not engage in illegal activities while on run beyond those involved with the running itself. |
| 1 | Youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking). |
| 2 | Youth engages in delinquent activities while on run. |
| 3 | Youth engages in dangerous delinquent activities while on run (e.g. prostitution). |

| Check | LIKELIHOOD OF RETURN ON OWN |
|--------------|---|
| 0 | Youth will return from run on his/her own without prompting. |
| 1 | Youth will return from run when found, but not without being found. |
| 2 | Youth will make him/her difficult to find and/or might passively resist return once found. |
| 3 | Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return. |

| Check | INVOLVEMENT WITH OTHERS |
|--------------|---|
| 0 | Youth runs by self with no involvement of others. Others may discourage behavior or encourage youth to return from run. |
| 1 | Others enable youth running by not discouraging youth's behavior. |
| 2 | Others involved in running by actively helping or encouraging youth. |
| 3 | Youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior. |

| Check | REALISTIC EXPECTATIONS |
|--------------|---|
| 0 | Youth has realistic expectations about the implications of his/her running behavior. |
| 1 | Youth has reasonable expectations about the implications of his/her running behavior but may be hoping for a somewhat 'optimistic' outcome. |
| 2 | Youth has unrealistic expectations about the implications of their running behavior. |
| 3 | Youth has obviously false or delusional expectations about the implications of their running behavior. |

| Check | INTENTIONAL MISBEHAVIOR <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her. |
| 1 | Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level. |
| 2 | Moderate level of problematic social behavior. Child is intentionally engaging in problematic social behavior that is causing problems in his/her life. Child is intentionally getting in trouble in school, at home, or in the community. |
| 3 | Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community) |

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| Check | FIRE SETTING <i>Please rate using time frames provided in the anchors.</i> |
| 0 | No evidence. |
| 1 | History of fire setting but not in the past six months. |
| 2 | Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months. |
| 3 | Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house). |

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| Check | BULLYING |
| 0 | Youth has never engaged in bullying at school or in the community. |
| 1 | Youth has been involved with groups that have bully other youth either in school or the community; however, youth has not had a leadership role in these groups. |
| 2 | Youth has bullied other youth in school or community. Youth has either bullied the other youth individually or led a group that bullied youth. |
| 3 | Youth has repeated utilized threats or actual violence to bully youth in school and/or community. |

CHILD/YOUTH STRENGTHS

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| Check | RELATIONSHIP PERMANENCE <i>This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i> |
| 0 | This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents. |
| 1 | This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here. |
| 2 | This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death. |
| 3 | This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered. |

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| Check | FAMILY-NUCLEAR <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Nuclear family has strong relationships and excellent communication. |
| 1 | Nuclear family has some good relationships and good communication. |
| 2 | Nuclear family needs some assistance in developing relationships and/or communications. |
| 3 | Nuclear family needs significant assistance in developing relationships and communications or child has no identified family. |

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| Check | FAMILY-EXTENDED <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Extended family has strong relationships and excellent communication. |
| 1 | Extended family has some good relationships and good communication. |
| 2 | Extended family needs some assistance in developing relationships and/or communications. |
| 3 | Extended family needs significant assistance in developing relationships and communications or child has no identified family. |

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| Check | POSITIVE PEER RELATIONS <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child has well-developed interpersonal skills and friends. |
| 1 | Child has good interpersonal skills and has shown the ability to develop healthy friendships. |
| 2 | Child needs assistance in developing good interpersonal skills and/or healthy friendships. |
| 3 | Child needs significant help in developing interpersonal skills and healthy friendships. |

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| Check | OPTIMISM <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child has a strong and stable optimistic outlook on his/her life. |
| 1 | Child is generally optimistic. |
| 2 | Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic. |
| 3 | Child has difficulties seeing <i>any</i> positives about him/herself or his/her life. |

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| Check | DECISION-MAKING <i>This rating describes the child/youth's problem solving abilities including his/her ability to assess a situation and anticipate likely consequences of various responses in a developmentally appropriate manner.</i> |
| 0 | Child/youth has excellent and consistent decision-making. |
| 1 | Child/youth has generally good decision-making. |
| 2 | Child/youth has some limited ability to assess situations and anticipate consequences but generally needs assistance. |
| 3 | Child/youth has no demonstrated ability to make appropriate decisions. |

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| Check | WELL-BEING <i>This rating should be based on the psychological strengths that the child or adolescent might have developed including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the child's current level of distress.</i> |
| 0 | This level indicates a child with exceptional psychological strengths. Both coping and savoring skills are well developed. |
| 1 | This level indicates a child with good psychological strengths. The person has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events. |
| 2 | This level indicates a child with limited psychological strengths. For example, a person with very low self-esteem would be rated here. |
| 3 | This level indicates a child with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders. |

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| Check | EDUCATIONAL <i>Please rate the highest level from the past 30 days.</i> |
| 0 | School works closely with child and family to identify and successfully address child's educational needs OR child excels in school. |
| 1 | School works with child and family to identify and address child's educational needs OR child likes school. |
| 2 | School currently unable to adequately address child's needs. |
| 3 | School unable and/or unwilling to work to identify and address child's needs. |

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| Check | RECREATIONAL <i>This rating refers to leisure time activities outside of school.</i> |
| 0 | Child/youth has notable recreational opportunities that play a significant role in his/her well-being. |
| 1 | Child/youth has recreational opportunities that are consistent with his/her talents/interests. |
| 2 | Child/youth has limited recreational opportunities or those available do not fit the child/youth's talents/interests. |
| 3 | Child/youth has no recreational opportunities. |

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| Check | VOCATIONAL <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child has vocational skills and relevant work experience. |
| 1 | Child has some vocational skills or work experience. |
| 2 | Child has some prevocational skills or vocational interests. |
| 3 | No vocational strengths identified or youth needs significant assistance developing vocational skills. |

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| Check | TALENTS/INTERESTS <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child has a talent that provides him/her with pleasure and/or self esteem. |
| 1 | Child has a talent, interest, or hobby with the potential to provide him/her with pleasure and self esteem. |
| 2 | Child has identified interests but needs assistance converting those interests into a talent or hobby. |
| 3 | Child has no identified talents, interests or hobbies. |

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| Check | SPIRITUAL/RELIGIOUS <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Child receives comfort and support from religious and/or spiritual beliefs and practices. |
| 1 | Child is involved in a religious community whose members provide support. |
| 2 | Child has expressed some interest in religious or spiritual belief and practices. |
| 3 | Child has no identified religious or spiritual beliefs or interest in these pursuits. |

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| Check | COMMUNITY LIFE <i>This rating refers to the connection and child/youth has to the community in which he/she lives.</i> |
| 0 | Child is well-integrated into his/her community. He/she is a member of community organizations and has positive ties to the community. |
| 1 | Child is somewhat involved with his/her community. |
| 2 | Child has an identified community but has only limited ties to that community. |
| 3 | Child has no identified community to which he/she is a member. A child/youth placed in a campus based residential program with no community links would be rated here. |

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| Check | YOUTH INVOLVEMENT WITH CARE <i>This item refers to the youth's participation in efforts to address his/her identified needs.</i> |
| 0 | Child is knowledgeable of needs and helps direct planning to address them. |
| 1 | Child is knowledgeable of needs and participate in planning to address them. |
| 2 | Child is at least somewhat knowledgeable of needs but is not willing to participate in plans to address them. |
| 3 | Child is neither knowledgeable about needs nor willing to participate in any process to address them. |

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| Check | NATURAL SUPPORTS <i>Refers to unpaid helpers in the child's natural environment. All family members and paid care givers are excluded.</i> |
| 0 | Child has significant natural supports who contribute to helping support the child's healthy development. |
| 1 | Child has identified natural supports who provide some assistance in supporting the child's healthy development. |
| 2 | Child has some identified natural supports however they are not actively contributing to the child's healthy development. |
| 3 | Child has no known natural supports (outside of family and paid caregivers). |

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| Check | RESILIENCY <i>This rating should be based on the child/youth's ability to identify and use internal strengths in managing his/her healthy development.</i> |
| 0 | This level indicates a child/youth who is able to both identify and use internal strengths to better themselves and successfully manage difficult challenges. |
| 1 | This level indicates a child/youth who able to identify most of his/her internal strengths and is able to partially utilize them. |
| 2 | This level indicates a child/youth who is able to identify internal strengths but is not able to utilize them effectively. |
| 3 | This level indicates a child/youth who is not yet able to identify personal/internal strengths. |

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| Check | RESOURCEFULNESS <i>This rating should be based on the child/youth's ability to identify and use external strengths in managing his/her healthy development.</i> |
| 0 | This level indicates a child/youth who is able to both identify and use external strengths to better themselves and successfully manage difficult challenges. |
| 1 | This level indicates a child/youth who able to identify most of his/her external strengths and is able to partially utilize them. |
| 2 | This level indicates a child/youth who is able to identify external strengths but is not able to utilize them effectively. |
| 3 | This level indicates a child/youth who is not yet able to identify environmental/external strengths. |

CURRENT CAREGIVER

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| Check | SUPERVISION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has good monitoring and discipline skills. |
| 1 | Caregiver provides generally adequate supervision. May need occasional help or technical assistance. |
| 2 | Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills. |
| 3 | Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision. |

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| Check | PROBLEM SOLVING <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver appears to have good problem solving skills. |
| 1 | Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting |
| 2 | Caregiver has challenges with problem solving that interfere with capacity to parent. |
| 3 | Caregiver has severe challenges with problem solving. |

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| Check | INVOLVEMENT WITH CARE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for the child. |
| 1 | Caregiver has a history of seeking help for their children. Caregiver is open to receiving support, education, and information. |
| 2 | Caregiver does not wish to participate in services and/or interventions intended to assist their child. |
| 3 | Caregiver wishes for child to be removed from their care or is not visiting the child in residential care. |

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| Check | KNOWLEDGE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is knowledgeable about the child's needs and strengths. |
| 1 | Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent. |
| 2 | Caregiver has a clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent. |
| 3 | Caregiver has knowledge problems that place the child at risk of significant negative outcomes. |

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| Check | EMPATHY WITH CHILD <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has strong empathic relationship with the child/youth. |
| 1 | Caregiver has generally empathic relationship with the child/youth. |
| 2 | Caregiver demonstrates only limited empathy with the child/youth. |
| 3 | Caregiver is does not have any empathy with the child/youth. |

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| Check | ORGANIZATION Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver is well organized and efficient. |
| 1 | Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return caseworker calls. |
| 2 | Caregiver has moderate difficulty organizing and maintaining household to support needed services. |
| 3 | Caregiver is unable to organize household to support needed services. |

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| Check | SOCIAL RESOURCES Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing). |
| 1 | Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing). |
| 2 | Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing). |
| 3 | Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing). |

| | |
|--------------|--|
| Check | PHYSICAL HEALTH Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver is generally healthy. |
| 1 | Caregiver is in recovery from medical/physical problems. |
| 2 | Caregiver has medical/physical problems that interfere with their capacity to parent. |
| 3 | Caregiver has medical/physical problems that make it impossible for them to parent at this time. |

| | |
|--------------|---|
| Check | MENTAL HEALTH Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver has no mental health needs. |
| 1 | Caregiver is in recovery from mental health difficulties. |
| 2 | Caregiver has some mental health difficulties that interfere with their capacity to parent. |
| 3 | Caregiver has mental health difficulties that make it impossible for them to parent at this time. |

| | |
|--------------|---|
| Check | SUBSTANCE USE Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver has no substance use needs. |
| 1 | Caregiver is in recovery from substance use difficulties. |
| 2 | Caregiver has some substance use difficulties that interfere with their capacity to parent. |
| 3 | Caregiver has substance use difficulties that make it impossible for them to parent at this time. |

| | |
|--------------|--|
| Check | DEVELOPMENTAL Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver has no developmental needs. |
| 1 | Caregiver has developmental challenges but they do not currently interfere with parenting. |
| 2 | Caregiver has developmental challenges that interfere with their capacity to parent. |
| 3 | Caregiver has severe developmental challenges that make it impossible for them to parent at this time. |

| | |
|--------------|--|
| Check | FAMILY STRESS Please rate the highest level from the <i>past 30 days</i> |
| 0 | Caregiver is able to manage the stress of the child/children's needs. |
| 1 | Caregiver has some problems managing the stress of the child/children's needs. |
| 2 | Caregiver has notable problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care. |
| 3 | Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting. |

| Check | Cultural Congruence <i>Please rate the highest level from the past 30 days</i> |
|--------------|--|
| 0 | The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child. |
| 1 | The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child at risk. |
| 2 | The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child. |
| 3 | The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention. |

IDENTIFIED PERMANENT RESOURCE NEEDS AND STRENGTHS

| Check | RESIDENTIAL STABILITY <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | Caregiver has stable housing for the foreseeable future. |
| 1 | Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months. |
| 2 | Caregiver has moved multiple times in the past year. Housing is unstable. |
| 3 | Caregiver has experienced periods of homelessness in the past six months. |

| Check | SELF-CARE/DAILY LIVING <i>This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, and clothing) of their child.</i> |
|--------------|---|
| 0 | The caregiver has the daily living skills needed to care for their child |
| 1 | The caregiver needs verbal prompting to complete the daily living skills required to care for their child. |
| 2 | The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their child. |
| 3 | The caregiver is unable to complete the daily living skills required to care for their child. Caregiver needs immediate intervention. |

| Check | ACCESS TO CHILD CARE <i>Please rate the highest level from the past 30 days.</i> |
|--------------|--|
| 0 | Caregiver has access to sufficient child care services. |
| 1 | Caregiver has limited access to child care services. Needs are met minimally by existing, available services. |
| 2 | Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs. |
| 3 | Caregiver has no access to child care services. |

| Check | ACCULTURATION <i>This item includes both spoken and sign language.</i> |
|--------------|--|
| 0 | Caregiver and family are acculturated. |
| 1 | Caregiver and/family have some cultural differences from their primary environment that have created challenges in the past or might lead to future challenges. |
| 2 | Caregiver and/or significant family members have notable cultural differences from their primary environment that currently lead to functional problems. |
| 3 | Caregiver and/or significant family members have notable cultural differences with their primary environment that are causing profound difficulties for the child and/or family. |

| | |
|--------------|--|
| Check | EMPLOYMENT/EDUCATIONAL FUNCTIONING <i>This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.</i> |
| 0 | Caregiver is gainfully employed and/or in school. |
| 1 | A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further. |
| 2 | A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties. |
| 3 | A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention. |

| | |
|--------------|--|
| Check | EDUCATIONAL ATTAINMENT <i>This rates the degree to which the individual has completed his/her planned education.</i> |
| 0 | Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning. |
| 1 | Caregiver has set educational goals and is currently making progress towards achieving them. |
| 2 | Caregiver has set educational goals but is currently not making progress towards achieving them. |
| 3 | Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention. |

| | |
|--------------|--|
| Check | FINANCIAL RESOURCES <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has sufficient financial resources to raise the child (e.g., child rearing). |
| 1 | Caregiver has some financial resources that actively help with raising the child (e.g. child rearing). |
| 2 | Caregiver has limited financial resources that may be able to help with raising the child (e.g., child rearing). |
| 3 | Caregiver has no financial resources to help with raising the child (e.g. child rearing). Caregiver needs financial resources. |

| | |
|--------------|---|
| Check | COMMUNITY CONNECTION <i>This rating should be based on the individual's level of involvement in the cultural aspects of life in his/her community.</i> |
| 0 | This level indicates an individual with extensive and substantial long-term ties with the community. For example, involvement in a community group for more than one year, may be widely accepted by neighbors, or involved in other community activities or informal networks. |
| 1 | This level indicates an individual with significant community ties although they may be relatively short-term (i.e., past year). |
| 2 | This level indicates an individual with limited ties and/or supports from the community. |
| 3 | This level indicates an individual with no known ties or supports from the community. |

| | |
|--------------|--|
| Check | LEGAL <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has no known legal difficulties. |
| 1 | Caregiver has a history of legal problems but currently is not involved with the legal system. |
| 2 | Caregiver has some legal problems and is currently involved in the legal system. |
| 3* | Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. |

| | |
|--------------|--|
| Check | TRANSPORTATION <i>This rating reflects the caregiver's ability to provide appropriate transportation for his/her child.</i> |
| 0 | Child and his/her caregiver have no transportation needs. Caregiver is able to get his/her child to appointments, school, activities, etc. consistently. |
| 1 | Child and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her child to appointments, school, activities, etc. less than once a week. |
| 2* | Child and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her child to appointments, school, activities, etc. regularly (e.g. once a week). Caregiver needs assistance transporting child and access to transportation resources. |
| 3 | Child and his/her caregiver have no access to appropriate transportation and are unable to get his/her child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources. |

| | |
|--------------|---|
| Check | SUPERVISION <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has good monitoring and discipline skills. |
| 1 | Caregiver provides generally adequate supervision. May need occasional help or technical assistance. |
| 2 | Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills. |
| 3 | Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision. |

| | |
|--------------|---|
| Check | PROBLEM SOLVING <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver appears to have good problem solving skills. |
| 1 | Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting |
| 2 | Caregiver has challenges with problem solving that interfere with capacity to parent. |
| 3 | Caregiver has severe challenges with problem solving. |

| | |
|--------------|--|
| Check | INVOLVEMENT WITH CARE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for the child. |
| 1 | Caregiver has a history of seeking help for their children. Caregiver is open to receiving support, education, and information. |
| 2 | Caregiver does not wish to participate in services and/or interventions intended to assist their child. |
| 3 | Caregiver wishes for child to be removed from their care or is not visiting the child in residential care. |

| | |
|--------------|--|
| Check | KNOWLEDGE <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver is knowledgeable about the child's needs and strengths. |
| 1 | Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent. |
| 2 | Caregiver has a clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent. |
| 3 | Caregiver has knowledge problems that place the child at risk of significant negative outcomes. |

| | |
|--------------|---|
| Check | EMPATHY WITH CHILD <i>Please rate the highest level from the past 30 days.</i> |
| 0 | Caregiver has strong empathic relationship with the child/youth. |
| 1 | Caregiver has generally empathic relationship with the child/youth. |
| 2 | Caregiver demonstrates only limited empathy with the child/youth. |
| 3 | Caregiver does not have any empathy with the child/youth. |

| | |
|--------------|---|
| Check | ORGANIZATION Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver is well organized and efficient. |
| 1 | Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return caseworker calls. |
| 2 | Caregiver has moderate difficulty organizing and maintaining household to support needed services. |
| 3 | Caregiver is unable to organize household to support needed services. |

| | |
|--------------|---|
| Check | SOCIAL RESOURCES Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing). |
| 1 | Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing). |
| 2 | Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing). |
| 3 | Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing). |

| | |
|--------------|--|
| Check | PHYSICAL HEALTH Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver is generally healthy. |
| 1 | Caregiver is in recovery from medical/physical problems. |
| 2 | Caregiver has medical/physical problems that interfere with their capacity to parent. |
| 3 | Caregiver has medical/physical problems that make it impossible for them to parent at this time. |

| | |
|--------------|---|
| Check | MENTAL HEALTH Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver has no mental health needs. |
| 1 | Caregiver is in recovery from mental health difficulties. |
| 2 | Caregiver has some mental health difficulties that interfere with their capacity to parent. |
| 3 | Caregiver has mental health difficulties that make it impossible for them to parent at this time. |

| | |
|--------------|---|
| Check | SUBSTANCE USE Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver has no substance use needs. |
| 1 | Caregiver is in recovery from substance use difficulties. |
| 2 | Caregiver has some substance use difficulties that interfere with their capacity to parent. |
| 3 | Caregiver has substance use difficulties that make it impossible for them to parent at this time. |

| | |
|--------------|--|
| Check | DEVELOPMENTAL Please rate the highest level from the <i>past 30 days</i> . |
| 0 | Caregiver has no developmental needs. |
| 1 | Caregiver has developmental challenges but they do not currently interfere with parenting. |
| 2 | Caregiver has developmental challenges that interfere with their capacity to parent. |
| 3 | Caregiver has severe developmental challenges that make it impossible for them to parent at this time. |

| | |
|--------------|--|
| Check | FAMILY STRESS Please rate the highest level from the <i>past 30 days</i> |
| 0 | Caregiver is able to manage the stress of the child/children's needs. |
| 1 | Caregiver has some problems managing the stress of the child/children's needs. |
| 2 | Caregiver has notable problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care. |
| 3 | Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting. |

| <i>Check</i> | Cultural Congruence <i>Please rate the highest level from the past 30 days</i> |
|--------------|--|
| 0 | The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child. |
| 1 | The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child at risk. |
| 2 | The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child. |
| 3 | The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention. |

Child and Adolescent Needs and Strengths (CANS)

Wisconsin

Multi-system Comprehensive Version 12-7-10

GLOSSARY OF ITEMS

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Praed Foundation
www.praedfoundation.org
praedfoundation@yahoo.com

GLOSSARY FOR THE CANS-Wisconsin

The decision support and information management tools support communication in a complex environment. They serve to integrate information from whatever sources are available.

Five Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.
3. Rating should describe the child not the child in services. If an intervention is present that is masking a need but must stay in place, that is factored into the rating and would result in the rating of an 'actionable' need (i.e. '2' or '3').
4. The ratings are generally 'agnostic as to etiology'. In other words this is a descriptive tool. It is about the 'what' not the 'why'. Only two items, Adjustment to Trauma and Social Behavior, have any cause-effect judgments.
5. A 30-day window is used for ratings in order to make sure assessments stay 'fresh' and relevant to the child or youth's present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Action Levels for Need Items:

0 – no evidence – This rating indicates that there is no reason to believe that a particular need exists. It does not state that the need categorically does not exist, it merely indicates that based on current assessment information there is no reason to address this need. e.g. does Johnny smoke weed? He says he doesn't, his mother says he doesn't, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 - watchful waiting/prevention – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse. e.g. a child who has been suicidal in the past. We know that the best predictor of future behavior is past

behavior, and that such behavior may recur under stress, so we'd want to keep an eye on it from a preventive point of view.

2 - action needed – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child or family's life in a notable way.

3 - immediate/intensive action – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child who is not attending school at all or a acutely suicidal youth would be rated with a '3' on the relevant need.

On the Needs Assessment there are "U's" for unknowns – on the CANS there are none as by the time we are doing service planning, we should have enough information about the child and family to be able to develop a rating. Thus not knowing key information is not acceptable when doing service planning.

TRAUMA EXEPRIENCES

TRAUMA STRESS SYMPTOMS

LIFE DOMAIN FUNCTIONING

Life domains are the different arenas in a child and family's life. These areas were selected from New Jersey's model of wraparound.

Family-nuclear

This item rates who the child is functioning within his/her nuclear family. This refers exclusively to parents and siblings only. We recommended that the definition of family should come from the child's perspective (i.e. who the child describes as his/her family). If you do not know this information, then we recommended a definition of family that includes biological relatives and their significant others with whom the child is still in contact.

Family-extended

Family-nuclear

This item rates who the child is functioning within his/her extended family. This refers to all family members excluding parents and siblings. We recommended that the definition of family should come from the child's perspective (i.e. who the child describes as his/her family). If you do not know this information, then we recommended a definition of family that includes biological relatives and their significant others with whom the child is still in contact.

Living Situation

If a child is living with his/her family this rating is likely similar to the previous one. However, for children in out of home placements this refers to the child's functioning in his/her current living arrangement. Detention Centers, hospitals, and shelters do not count as living situations. If a child is presently in one of these places, rate the previous living situation.

Social Functioning--Peer

This item rates the child social skills and relationship functioning with same age children or youth. This includes age appropriate behavior and the ability to make and maintain relationship during the past 30 days. Social function is different from Interpersonal strengths in that functioning is a description of how the child/youth is doing currently. Strengths are longer term assets. A child with friends may be struggling to get along with them currently.

Social Functioning--Peer

This item rates the child social skills and relationship functioning with adults. This includes age appropriate behavior and the ability to make and maintain relationship during the past 30 days. Social function is different from Interpersonal strengths in that functioning is a description of how the child/youth is doing currently. Strengths are longer term assets. Further, functioning describes any difficulties while strengths describe any assets.

Recreational

This item rates the degree to which a child has identified and utilizes positive leisure time activities. A '0' would be used to indicate a child who makes full use of leisure time activities to pursue recreational activities that support his/her healthy development and enjoyment.

Developmental

This item rates the presence of Mental Retardation or Developmental Disabilities only and does not refer to broader issues of healthy development. A '1' would be a low IQ child. Asperger's Syndrome would likely be rated a '2' while Autism would be rated a '3'.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Developmental Needs Module](#).

The Developmental Module specifies the type of developmental problem and associated self care and assistive needs.

Communication

This item refers to learning disabilities involving expressive and/or receptive language. This item **does not** refer to challenges expressing feelings.

Legal

This item indicates the youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified child's involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here.

A rating of a 1, 2 or 3 triggers the completion of the juvenile justice module.

Medical

This item rates the child's current health status. Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g. diabetes, severe asthma, HIV) would be as a '2'. The rating of '3' is reserved for life threatening medical conditions.

A rating of a 1, 2 or 3 triggers the completion of the health module.

Physical

This item is used to identify any physical limitations and could include chronic conditions such as limitations in vision, hearing or difficulties with fine or gross motor.

Sleep

This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep. Bedwetting and nightmares should be considered a sleep issue.

Independent Living

This item is used to describe the youth's ability to do relevant activities of daily living. Independent living skills include money management, cooking, transportation, etc. If consideration of independent living is not in the current planning process, this item can be rated "Not Applicable".

School Functioning**School Attendance**

This item assesses the degree to which the child attends school. Truancy and expulsion/suspension are all attendance problems.

School Behavior

This item rates the child behavior in school. This is rated independently from attendance. Sometimes children are often truant but when they are in school they behave appropriately. If the school placement is in jeopardy due to behavior, this would be rated a "3."

School Achievement

This item rates the child's level of academic achievement. A child having moderate problems with achievement and failing some subjects would be rated a "2." A child failing most subjects or who is more than one year behind his/her peers would be a "3."

Relationship with Teachers

This item describes any challenges that the child experiences in his/her relationship with teachers, regardless of the cause. Conflictual relations, and withdrawn (unable to seek help) would both be rated here.

Note: for the school items, if the child is receiving special education services, rate the child's performance and behavior relative to their peer group. If it is planned for the child to be mainstreamed, rate the child's school functioning relative to that peer group.

CHILD STRENGTHS

NOTE: Think about how the trumps work in a strength-based direction when rating strengths for the **child, the caregiver and acculturation categories.**

A "0" would indicate that this is a significant and functional strength that could become the centerpiece in service planning. For example, a child with a significant interest and involvement in different sports or dance activities and who feels good about his/her involvement.

A "1" would indicate that the strength clearly exists and could become part of the service plan.

A "2" would indicate that a potential strength has been identified but requires building and development to become useful to the child. For example a teen who loves animals but has no vocational interest or experience. A plan could be developed that explores combining the teen's interest to develop prevocational and vocational experience in their area of interest.

A "3" would indicate that no strength has been identified at this time. A rating at this level would suggest that in this area the effort would be towards identifying and building strengths that can become useful to the child. For example a teen with no identified areas of vocational interest. A planning focus may be to work with the teen to begin to identify possible areas of interest and educate them about different kinds of jobs.

Remember that strengths are NOT the opposite of needs. Increasing strengths while addressing behavioral/emotional needs leads to better functioning and outcomes than just focusing on the needs. Identifying

areas where strengths can be built is an important element of service planning.

Family-nuclear

This item refers to the presence of a family identify and love and communication among nuclear family members (i.e. parents and siblings). Even families who are struggling often have a bedrock of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify.

Family-extended

This item refers to the presence of a family identify and love and communication among extended family members. Even families who are struggling often have a bedrock of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify.

Positive Peer Relations

This item is used to identify a child's social and relationship skills and involvement with same age children or youth who are positive aspects of his/her life.

Optimism

This refers to the child's sense of future orientation. There is a strong literature that indicates that kids with a solid sense of themselves and their future have better outcomes than children who do not. A "1" would be a child who is generally optimistic. A "3" would be a child who has difficulty seeing any positives about her/himself or his/her future.

Educational

Certainly a child who loves and excels at school would be rated as having this strength. However, this item predominantly refers more to the nature of the school's relationship to the child and family and the level of support the child is receiving from the school. A rating of "0" would be given if the school was an active participant with the child and family. A rating of "2" would be given if the school was not able to address the child's needs.

Vocational

Vocational Strengths are rated independently of functioning (a youth can have considerable strengths but not be doing well at the moment). Developing vocational skills and having a job is a significant indicator of positive outcomes in adult life. A "1" would indicate that the child has some vocational skills or work experience. A "3" would indicate that the child needs significant assistance in developing those skills. Working to build such skills would become an important part of a service plan for a teen.

Talents/Interests

This item refers to hobbies, skills, artistic interests and talents that are positive ways that kids can spend time and also gives them pleasure and a positive sense of themselves. A kid who likes to collect car stereos without paying for them may need some assistance in developing other interests such as learning to fix his friends' car stereos.

Spiritual/Religious

This item refers to the child (and family's) experience of receiving comfort and support from religious or spiritual involvement.

This is the most controversial item in the category of child strengths in terms of peoples' comfort levels. For example, one DYFS worker took the children she worked with to her church, while another refused to even discuss the topic as she thought it was not her business. A "0" on this item indicates that the child's and families' spiritual/religious beliefs and practices are a comfort and significant source of support. For example, a child who is very involved in her church youth group and gives her a source of belonging and in which she has many friends.

Community Life

This item reflects the youth's connection to their community. Kids with a sense of belonging and a stake in their community do better than kids who don't. Children who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and so might be rated a "3".

Relationship Permanence

This item identifies whether parents or other relatives have been a consistent part of the child's life *regardless of the quality* of that relationship. A child with no involvement with his/her parents would be a '3'. A '0' would be for a child who has been consistently involved with both biological parents. A child with divorced parents would be rated a "1."

Youth Involvement

This item identifies whether the youth is an active partner in planning and implementing any treatment plan or service package. Like all ratings this should be done in a developmentally informed way. Expectations for involvement in planning are lower for children than for adolescents. Small children are not expected to participate so a '3' rating is OK since this is a strength.

Natural Supports

To be a Natural Support one has to be an unpaid individual who has demonstrated the willingness to become involved in the youth's life in a positive

and helpful manner. Family members who provide support are rated under Family Strengths, so these supports should be restricted to non-family.

ACCULTURATION

Language

This item looks at whether the child and family need help in communication with you or others in their world. In immigrant families, the child(ren) often becomes the translator. While in some instances, this might work well, it may become a burden on the child, or the child, say in a juvenile justice situation might not translate accurately, and so assessing this item depends on the particular circumstances.

Identity

This item refers to whether the child is experiencing any difficulties or barriers to their connection to their cultural identity. Can the child be with others who share a common culture? A newly immigrated Indian child living in a predominantly Caucasian neighborhood and attending a predominantly Caucasian school may be rated a "1" or a "2."

Ritual

This item looks to identify whether barriers exist for a youth to engage in rituals relevant to his/her culture. For example, can a Buddhist child in a residential setting have place to chant? Can a Muslim youth pray in the direction of Mecca at the requisite times during the day?

Cultural Stress

This item identifies circumstances in which the youth's cultural identity is met with hostility or other problems within his/her environment due to differences in the attitudes, behaviors, or beliefs of others. Racism is a form of cultural stress as are all forms of discrimination.

CAREGIVER STRENGTHS & NEEDS

In general, we recommend that you rate the unpaid caregiver or caregivers with whom the child is currently living. If the child has been placed, then focus on the permanency plan caregiver to whom the child will be returned. If it is a long term foster care or pre-adoptive placement, then rate that caregiver(s).

If the child is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center then it may be more appropriate to rate the community caregivers where the child will be placed upon discharge from congregate care. If there is NO community caregiver, this section might need to be left blank with an indication that no caregiver is identified.

In situations where there are multiple caregivers, we recommend making the ratings based on the needs of the set of caregivers as they affect the child. For example, the supervision capacity of a father who is uninvolved in monitoring and discipline may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift and the mother works the second shift then his skills should be factored into the ratings of Supervision.

Supervision

This item refers to the caregiver's ability to provide monitoring and discipline to the rated child. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children. A mother who reports frequent arguments with her teenage son, who is not following house rules, is staying out all night and who may be using drugs or alcohol may be rated a "2."

Involvement

A '0' on this item is reserved for caregivers who are able to advocate for their child. This requires both knowledge of their child, their rights, options, and opportunities. A '1' is used to indicate caregivers who are willing participants with service provision, but may not yet be able to serve as advocates for their child.

Knowledge

This item is perhaps the one most sensitive to issues of cultural competence. It is natural to think that what you know, someone else should know and if they don't then it's a knowledge problem.

In order to minimize the cultural issues, we recommend thinking of this item in terms of whether there is information that if you made available to the caregivers they could be more effective in working with their child.

Organization

This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services. Parents who need help organizing themselves and/or their family would be rated a '2' or '3'.

Social Resources

If a family has money, it can buy help. In the absence of money, families often rely on social supports to help out in times of need. This item is used to rate the availability of these supports. This item is the caregiver equivalent to the Natural Supports items for children and youth.

Residential Stability

Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1'. This item refers *exclusively* to the housing stability of the caregiver and should **not** reflect whether the child might be placed outside of the home.

Physical

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that limit or prevents their ability to parent the child. For example a single parent who has recently had a stroke and has mobility or communication limitations might be rated a '2' or even a '3'. If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1'.

Mental Health

This item allows for the identification of serious mental illness among caregivers that might limit caregiver capacity. A parent with serious mental illness would likely be rated a '2' or even a '3' depending on the impact of the illness. However, a parent whose mental illness is currently well controlled by medication might be rated a '1'. This item should be rated independently from substance use.

Substance Use

This item describes the impact of any notable substance use on caregivers. If substance use interferes with parenting a rating of '2' is indicated. If it prevents caregiving, a '3' would be used. A '1' indicates a caregiver currently in recovery or a situation where problems of substance use are suspected but not confirmed.

Developmental

This item describes the presence of mental retardation among caregivers. A parent with limited cognitive capacity that challenges their ability to provide parenting would be rated here. Like the Developmental item for children and youth, rating on this item should be restricted to the identification of developmental disabilities (i.e. mental retardation and other disabilities) and does not refer to a broad spectrum of developmental issues (e.g. aging is **not** rated here).

Accessibility to Care

This item describes the caregiver's access to child care supports such as baby-sitting or day care.

Family Stress

This item refers to the impact the child or youth's challenges place on the family system. A very high need child or one that engages in specific behavior that is very disruptive to a family can create a substantial amount of Family Stress. Historically, this item was referred to a burden in that raising a child with many needs can weigh on the family.

Safety

This item describes whether individuals in the home present a danger to the child. This item does **not** describe situations in which the caregiver is unable to prevent a child from hurting him/herself despite well-intentioned efforts. A '2' or '3' on this item requires child protective services involvement. This item is only an indicator of the need for child protective services.

BEHAVIORAL/EMOTIONAL NEEDS

Psychosis

The primary symptoms of psychosis include hallucinations (experiencing things other do not experience), delusions (a false belief based on an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), or bizarre behavior. The most common form of hallucination is tactile, followed by auditory and then visual.

While the growing evidence suggests that schizophrenia can start as early as age nine, schizophrenia is more likely to begin to develop in the teenage years. Even young children can have psychotic disorders, most often characterized by hallucinations. Posttraumatic stress disorder secondary to sexual or physical abuse can be associated with visions of the abuser when they are falling asleep

or waking up. These would not be rated as hallucinations unless they occur during normal waking hours.

Impulsivity/Hyperactivity

This item is designed to allow for the description of the child or adolescents level of impulsiveness or hyperactivity. The types of disorders included within this item are Attention Deficit/Hyperactivity Disorder (ADHD) and disorders of impulse control.

Children and adolescents with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A '3' on this item is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating.

According to DSM-IV, ADHD is characterized by the following:

1. Either of the following:
 - a. six or more of the following symptoms of inattention to a degree that it causes functioning problems over a six month period:
 1. often fails to give close attention to details or makes careless mistakes
 2. often has difficulty sustaining attention in tasks or play activities
 3. often does not seem to listen when spoken to directly
 4. often does not follow through on instruction and fails to finish tasks
 5. often has difficulty organizing tasks and activities
 6. often avoids, dislikes, or is reluctant to engage in tasks that require sustained attention
 7. often loses things necessary for tasks or activities
 8. is often easily distracted by extraneous stimuli
 9. is often forgetful in daily activities
 - b. six or more of the following symptoms of hyperactivity or impulsivity to a degree that it causes functioning problems over a 6 month period:
 1. often fidgets with hands or feet or squirms in seat
 2. often leaves seat in classroom or in other situations in which remaining seated is expected
 3. often runs about or climbs excessively in inappropriate situations
 4. often has difficulty playing or engaging in leisure activities quietly
 5. is often 'on the go' or often acts as if 'driven by a motor'

6. often talks excessively
7. often blurts out answers before questions have been completed
8. often has difficulty waiting turn
9. often interrupts or intrudes on others

Depression

Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults although it might be somewhat less common among children, particularly young children. The following provides the DSM-IV diagnostic criteria for the presence of a Major Depressive Episode. The main difference between depression in children and adolescents and depression in adults is that among children and adolescents it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression.

The person exhibiting five or more of the following symptoms during the same two-week period and representing a change from prior status characterizes Major Depression:

1. depressed or irritable mood most of the day, nearly every day
2. markedly diminished interest or pleasure in all or almost all activities, most of the day, nearly every day
3. significant weight loss or gain (not a growth spurt)
4. sleep difficulties or too much sleep nearly every night.
5. agitation or retardation in movement nearly everyday
6. fatigue or loss of energy nearly everyday
7. feelings of worthlessness or excessive or inappropriate guilt
8. diminished ability to think or concentrate or indecisiveness, nearly every day
9. recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide

Dysthymic Disorder is a chronic condition in which the child or adolescent must have a depressed or irritable mood most of the time for at least one year. The level of symptoms may be lower to qualify for this condition, but the duration must be at least one year.

Anxiety

Anxiety disorders are characterized by either a constant sense of worry or dread or 'out-of-the blue' panic attacks in which the child or adolescent becomes terrified of losing control, dying, or becoming crazy.

A '1' is used to indicate a child or adolescent who has some problems with anxiety or worrying or may have had a single panic attack in the past six months. A '2' would indicate a child who has had repeated panic attacks or who fits the criteria for a Generalized Anxiety Disorder. A '3' would indicate such a level of anxiety as to put the child at some physical risk.

In DSM-IV the symptoms of **Generalized Anxiety Disorder** are the following

1. Excessive worrying lasting for at least six months
2. Anxiety and worry are associated with at least three of the following (note: children only need one of these symptoms)
 - a. restlessness or feeling keyed up
 - b. being easily fatigued
 - c. difficulty concentrating or mind going blank
 - d. irritability
 - e. muscle tension
 - f. sleep disturbance
3. The anxiety or worry is not about other psychiatric conditions
4. The anxiety or worry causes significant functioning impairment or distress

Oppositional

This item describes the child or adolescent's relationship to authority figures. Generally oppositional behavior is in response to conditions set by a parent, teacher or other figure with responsibility for and control over the child or youth. A '0' is used to indicate a child or adolescent who is generally compliant, recognizing that all children and youth fight authority some. A '1' is used to indicate a problem that has started recently (in past six months) and has not yet begun to cause significant functional impairment or a problem that has begun to be resolved through successful intervention.

A '2' would be used to indicate a child or adolescent whose behavior is consistent with **Oppositional Defiant Disorder (ODD)**. A '3' should be used only for children and adolescents whose oppositional behavior put them at some physical peril.

According to DSM-IV, the criteria for ODD include at least four of the following occurring for at least six months:

1. often loses temper
2. often argues with adults
3. often actively defies or refuses to comply with adults' requests or rules
4. often deliberately annoys people
5. often blames others for his or her mistakes or misbehavior

6. is often touchy or easily annoyed by others
7. is often angry and resentful
8. is often spiteful and vindictive

Conduct

This item is used to describe the degree to which a child or adolescent engages in behavior that is consistent with the presence of a ***Conduct Disorder***. Although the actual prevalence is not known, it is believed that Conduct Disorder occurs in 1% to 3% of children and adolescents. This is the disorder that is the childhood equivalent to Antisocial Personality Disorder in adults. Although for an adult to have an Antisocial Personality it requires that they had a Conduct Disorder as a youth, most youth with Conduct Disorders do not grow up to be adults with Antisocial Personalities.

According to DSM-IV, at least three of the following four primary behaviors have been present in the past year, and at least one in the past 6 months:

1. Aggression to people and animals
 - a. bullies, threatens, and intimidates others
 - b. initiates physical fights
 - c. has used a weapon that can cause serious physical harm
 - d. has been physically cruel to people
 - e. has been physically cruel to animals
 - f. has stolen while confronting a victim
 - g. has forced someone into sexual activity
2. Destruction of property
 - a. has deliberately engaged in fire setting
 - b. has deliberately destroyed others property (by means other than fire setting)
3. Deceitfulness or theft
 - a. has broken into someone else's house, building, or car
 - b. often lies to obtain goods or favors or to avoid obligations
 - c. has stolen items of nontrivial value without confronting a victim
4. Serious violations of rules
 - a. often stays out at night despite parental prohibitions, beginning before age 13
 - b. has run away from home overnight at least twice while living in parental or parental surrogate home
 - c. is often truant from school, beginning before age 13

Adjustment to Trauma

This item is used to describe the child or adolescent who is having difficulties adjusting to a traumatic experience. If a child has not experienced any trauma

or if they have their traumatic experiences no longer impact their functioning, then he/she would be rated a '0'.

A '1' would indicate a child who is making progress learning to adapt to a trauma or a child who recently experienced a trauma where their impact on his/her well-being is not yet known.

A '2' would indicate significant problems with adjustment or the presence of an acute stress reaction.

A '3' indicates ***Post Traumatic Stress Disorder (PTSD)***.

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Trauma Module**.*

The trauma module was taken from the Trauma Experiences and Adjustment version of the CANS which was developed in collaboration with several sites of the National Child Traumatic Stress Network. The module includes specification of traumatic experiences that can be associated with PTSD. In addition, specific trauma stress symptoms are described.

DSM-IV defines a traumatic event as one in which both of the following were present:

1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to the physical integrity of self or others.
2. the person's response involved intense fear, helplessness, or horror. Or a child reacted with disorganized or agitated behavior

According to the DSM-IV the symptoms of PTSD include the following

1. The traumatic event is re-experienced in at least one of the following ways:
 - a. recurrent and intrusive recollections
 - b. recurrent distressing dreams of the event (children may have nightmares and be unable to recall the theme)
 - c. acting or feeling as if the event were recurring or children may re-enact the event.
 - d. Intense distress at exposure to either internal or external stimuli that reminds the person of the event.
 - e. Physiological reactivity to either internal or external stimuli that reminds the person of the event.
2. Persistent avoidance of stimuli associated with the trauma as indicated by three or more of the following:
 - a. efforts to avoid thoughts, feelings, or conversations associated with the event.
 - b. Efforts to avoid activities, places or people that arouse recollections of the events.

- c. Inability to recall an important aspect of the event.
 - d. Markedly diminished interest or participation in significant activities.
 - e. Feeling or detachment or estrangement from others
 - f. Restricted range of affect (e.g. unable to have loving feelings)
 - g. Sense of foreshortened future (e.g. does not expect to finish school, have career, get married)
3. Marked arousal as indicated by:
- a. difficulty falling asleep or staying asleep
 - b. irritability or outbursts of anger
 - c. difficulty concentrating
 - d. hypervigilance
 - e. exaggerated startle response

Anger Control

This item describes the child and adolescent's ability to manage his/her anger and frustration tolerance.

The '0' level indicates a child or adolescent without problems on this dimension. Everybody gets angry sometime, so this item is intended to identify individuals who are more likely than average to become angry and that this control problem leads to problems with functioning.

A '1' level is occasional angry outbursts or a situation where the individual has begun to successfully exercise control over his/her temper.

A '2' level describes an individual who has functioning problems as a result of anger control problems. An individual who meets criteria for Intermittent Explosive Disorder would be rated here.

A '3' level describes an individual whose anger control has put them in physical peril within the rating period.

According to DSM-IV, the criteria for *Intermittent Explosive Disorder* include the following:

1. Several discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property.
2. The degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating psychological stressors.

Substance Use

The main distinction in this rating is that if a child or adolescents uses any alcohol or drugs, then he/she would be rated as at least a '1'.

If this use causes any functioning problems, then he/she would be rated as at least a '2'.

If the child or adolescent were dependent on a substance or substances, then he/she would be rated as a '3'.

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Substance Use Module**.*

The Substance Use Module allows for a specification of the history and duration of substance use along with a clarification of the drug(s) of choice and stage of recovery.

In DSM-IV ***Substance Dependence*** is characterized by a pattern of maladaptive substance use, leading to significant impairment or distress as evidenced by at least three (or more) or the following occurring in a 12-month period:

1. tolerance to the substance, as defined as either
 - a. a need for a markedly increased amount to achieve intoxication; or,
 - b. a markedly diminished effect of using the same amount
2. withdrawal, as defined as either
 - a. a characteristic withdrawal syndrome of a specific substance
 - b. the same substance taken to relieve or avoid symptoms of a withdrawal syndrome.
3. the substance is taken in larger amount over a longer period of time than intended
4. there is a persistent desire or unsuccessful efforts to cut down or control substance use
5. a great deal of time is spent in activities necessary to obtain the substance
6. important social, educational, or recreational activities are given up or reduced because of substance use
7. the substance use is continued despite knowledge of having a persistent or recurrent problem.

Eating Disturbance

Anorexia and Bulimia nervosa would be rated here; however, this item also would be used to describe a number of other problems with eating including very picky eating, over-eating, and Pica. Food hoarding also would be rated here.

RISK BEHAVIORS

Suicide Risk

This item is intended to describe the presence of suicidal behavior. Only overt and covert thoughts and efforts at attempting to kill oneself are rated on this item. Other self-destructive behavior is rated elsewhere.

Since a history of suicidal ideation and gestures is a predictor of future suicide, any child or adolescent with a history is rated at least a '1'.

Therefore, a '0' is reserved for children and adolescents with no current suicidal thoughts, ideation, or behavior nor any history.

A '2' is used to describe a child or adolescent who is recently suicidal but who is not currently planning to kill him/herself. Thus, a youth who was thinking about suicide but was able to contract for safety would be rated a '2'.

A '3' is used to identify an individual who is either attempted suicide during the rating period or who during this time has an active intention and plan to commit suicide.

Self-Mutilation

This item is used to describe repetitive behavior that results in physical injury to the child or adolescent. Carving and cutting on the arms or legs would be common examples of self-mutilation behavior. Generally body piercing and tattoos are not considered a form of self mutilation. Repeatedly piercing or scratching one's skin would be included. Self mutilation is thought to have addictive properties since generally the self abusive behavior results in the release of endorphins (naturally produced morphine-like substances) that provide a calming feeling.

Other Self Harm

This item is used to describe behavior not covered by either Suicide Risk or Self-Mutilation that places a child or adolescent at risk of physical injury. This item could be called "Recklessness." Any behavior that the child engages in has significant potential to place the child in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g. reckless driving, subway surfing). If the child frequently exhibits significantly poor judgment that has the potential to place them in danger, but has yet to actually place themselves in such a position, a rating of '1' might be used to indicate the need for prevention.

To rate a '3', the child or adolescent must have placed himself or herself in significant physical jeopardy during the rating period.

Danger to Others

This item rates the child or adolescents violent or aggressive behavior. Like 'Suicide Risk' a '1' is reserved for history of violence or dangerous aggressiveness. The behavior rated in this item must have the potential to cause significant bodily harm. The behavior also should be intentional. Reckless behavior that may cause physical harm to others is not rated on this item.

Thus a '0' is used to indicate neither history nor any current violent or aggressive behavior.

A '1' indicates history but not recent (as defined in the criteria of the tool used).

A '2' indicates recent but not immediate.

A '3' is reserved for a youth who is acutely dangerous to others at the time of the rating (generally within the past 24 hours). A boy who threatens his mother with a knife would be a '3' at the time of the incident. If he remains committed to killing or injuring his mother even several days after the threat, he would remain a '3'. If on the other hand, he calms down and feels bad about his earlier threats, he would be reduced to a '2' and then a '1' with the passage of time so long as no other violent behavior or plans are observed.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Violence Module](#).

Sexual Aggression

This item is intended to describe sexually aggressive (or abusive) behavior. Only perpetrators of sexual behavior are rated here. The severity and recency of the behavior provide the information needed to rate this item. If sexually aggressive behavior is at the level of molestation, penetration, or rape that would lead to a rating of a '3'. Any of this behavior in the past year, but not in the rating window would result in a rating of '2'.

Several situations could result in a rating of '1'. A history of sexually aggressive behavior but not in the past year or harassment of others using sexual language would be rated as a '1'.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Sexually Abusive Behavior Module](#).

Runaway

This item describes the risk of or actual runaway behavior. A "0" is no evidence; a "1" some history of runaway behavior at least 30 days ago; a "2" recent runaway, but not in the past 7 days and a "3" is an acute threat or significant ideation about running away, or that the child is currently a runaway.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Runaway Module](#).

Delinquency

This relates to delinquent behavior for which the youth may or may not have been caught (thus may not have any legal involvement) and juvenile justice issues.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Delinquency Module.

Fire-setting

This item describes whether the child intentionally starts fires using matches or other incendiary devices. A '3' is used to describe a child who set a fire that endangered others within the rating window (i.e., 24 hours for the crisis assessment, and 30 days for the CSA referral).

A '2' is used to indicate recent fire-setting behavior or repeated fire setting that did not occur within the rating window.

A '1' is used to indicate history without any evidence of current or recent behavior (past month). A '1' might also be used if fire-setting behavior is suspected but not confirmed.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Fire-setting Module.

Social Behavior

This item refers to obnoxious behaviors that force adults to sanction the child. The key to rating this behavior is to understand that the child or youth is intentionally try to force sanctions. For example, a youth who is try to get away with something is not engaged in this behavior. But, a youth who does something that obviously requires a sanction in a manner in which there is no doubt that a sanction must be provided may be seeking that sanction. A child who forces his/her teacher to send him/her out of class because he is having trouble learning would fit this category.

Bullying

This item describes behavior that involves intimidation (either verbal or physical or both) of peers and younger children. Threatening others with harm if they do not do comply with the child or youth's demands would be rated here.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 5 - 17

| | | | | |
|--------------------|---------------------------|-----------------|-------------------|-------------------|
| Name – Child/Youth | | | DOB | Court File Number |
| Effective Date | Age at Time of Assessment | Assessment Type | Current Caregiver | |

| TRAUMA | 0 | 1 | 2 | 3 |
|---------------------------------------|----------|----------|----------|----------|
| Sexual Abuse | ○ | ○ | ○ | ○ |
| a. Emotional Closeness to Perpetrator | ○ | ○ | ○ | ○ |
| b. Frequency of Abuse | ○ | ○ | ○ | ○ |
| c. Duration | ○ | ○ | ○ | ○ |
| d. Force | ○ | ○ | ○ | ○ |
| e. Reaction to Disclosure | ○ | ○ | ○ | ○ |
| Physical Abuse | ○ | ○ | ○ | ○ |
| Neglect | ○ | ○ | ○ | ○ |
| Emotional Abuse | ○ | ○ | ○ | ○ |
| Medical Trauma | ○ | ○ | ○ | ○ |
| Natural Disaster | ○ | ○ | ○ | ○ |
| Witness to Family Violence | ○ | ○ | ○ | ○ |
| Witness to Community Violence | ○ | ○ | ○ | ○ |
| Witness/Victim - Criminal Acts | ○ | ○ | ○ | ○ |
| Adjustment to Trauma | 0 | 1 | 2 | 3 |
| Adjustment to Trauma | ○ | ○ | ○ | ○ |
| Traumatic Grief/Separation | ○ | ○ | ○ | ○ |
| Intrusions | ○ | ○ | ○ | ○ |
| Attachment | ○ | ○ | ○ | ○ |
| Dissociation | ○ | ○ | ○ | ○ |

| SCHOOL | 0 | 1 | 2 | 3 |
|------------------------|---|---|---|---|
| Attendance | ○ | ○ | ○ | ○ |
| Behavior | ○ | ○ | ○ | ○ |
| Achievement | ○ | ○ | ○ | ○ |
| Relation with Teachers | ○ | ○ | ○ | ○ |

| CHILD/YOUTH & FAMILY ACCULTURATION | 0 | 1 | 2 | 3 |
|------------------------------------|---|---|---|---|
| Language | ○ | ○ | ○ | ○ |
| Identity | ○ | ○ | ○ | ○ |
| Ritual | ○ | ○ | ○ | ○ |
| Cultural Stress | ○ | ○ | ○ | ○ |
| Knowledge Congruence | ○ | ○ | ○ | ○ |
| Help seeking Congruence | ○ | ○ | ○ | ○ |
| Expression of Distress | ○ | ○ | ○ | ○ |

| LIFE FUNCTIONING | 0 | 1 | 2 | 3 |
|--|---|---|---|---|
| Family – Nuclear | ○ | ○ | ○ | ○ |
| Family – Extended | ○ | ○ | ○ | ○ |
| Living Situation | ○ | ○ | ○ | ○ |
| Developmental | ○ | ○ | ○ | ○ |
| a. Cognitive | ○ | ○ | ○ | ○ |
| b. Autism Spectrum | ○ | ○ | ○ | ○ |
| c. Communication | ○ | ○ | ○ | ○ |
| d. Self Care/Daily Living | ○ | ○ | ○ | ○ |
| Medical | ○ | ○ | ○ | ○ |
| a. Life Threat | ○ | ○ | ○ | ○ |
| b. Chronicity | ○ | ○ | ○ | ○ |
| c. Diagnostic Complexity | ○ | ○ | ○ | ○ |
| d. Emotional Response | ○ | ○ | ○ | ○ |
| e. Impairment in Functioning | ○ | ○ | ○ | ○ |
| f. Treatment Involvement | ○ | ○ | ○ | ○ |
| g. Intensity of Treatment | ○ | ○ | ○ | ○ |
| h. Organizational Complexity | ○ | ○ | ○ | ○ |
| Physical | ○ | ○ | ○ | ○ |
| Dental | ○ | ○ | ○ | ○ |
| Daily Functioning | ○ | ○ | ○ | ○ |
| Social Functioning – Adult | ○ | ○ | ○ | ○ |
| Legal | ○ | ○ | ○ | ○ |
| a. Seriousness | ○ | ○ | ○ | ○ |
| b. History | ○ | ○ | ○ | ○ |
| c. Arrests | ○ | ○ | ○ | ○ |
| d. Planning | ○ | ○ | ○ | ○ |
| e. Community Safety | ○ | ○ | ○ | ○ |
| f. Legal Compliance | ○ | ○ | ○ | ○ |
| g. Peer Influences | ○ | ○ | ○ | ○ |
| h. Parental Criminal Behavior (Influences) | ○ | ○ | ○ | ○ |
| i. Environmental Influences | ○ | ○ | ○ | ○ |
| Eating Disturbance | ○ | ○ | ○ | ○ |
| Sleep | ○ | ○ | ○ | ○ |
| Sexual Development | ○ | ○ | ○ | ○ |
| Life Skills | ○ | ○ | ○ | ○ |
| Expectant Parent/Parenting | ○ | ○ | ○ | ○ |

| CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS | 0 | 1 | 2 | 3 |
|--|---|---|---|---|
| Psychosis | ○ | ○ | ○ | ○ |
| Impulse/Hyperactivity | ○ | ○ | ○ | ○ |
| Depression | ○ | ○ | ○ | ○ |
| Anxiety | ○ | ○ | ○ | ○ |
| Oppositional | ○ | ○ | ○ | ○ |
| Conduct | ○ | ○ | ○ | ○ |
| Anger Control | ○ | ○ | ○ | ○ |
| Substance Use | ○ | ○ | ○ | ○ |
| Somatization | ○ | ○ | ○ | ○ |
| Behavioral Regression | ○ | ○ | ○ | ○ |
| Affect Dysregulation | ○ | ○ | ○ | ○ |

| CHILD/YOUTH RISK BEHAVIORS | 0 | 1 | 2 | 3 |
|--------------------------------|---|---|---|---|
| Suicide Risk | ○ | ○ | ○ | ○ |
| Self Injurious Behavior | ○ | ○ | ○ | ○ |
| Other Self Harm | ○ | ○ | ○ | ○ |
| Exploited | ○ | ○ | ○ | ○ |
| Danger to Others | ○ | ○ | ○ | ○ |
| Sexual Aggression | ○ | ○ | ○ | ○ |
| Delinquent Behavior | ○ | ○ | ○ | ○ |
| Runaway | ○ | ○ | ○ | ○ |
| a. Frequency of Running | ○ | ○ | ○ | ○ |
| b. Consistency of Destination | ○ | ○ | ○ | ○ |
| d. Safety of Destination | ○ | ○ | ○ | ○ |
| e. Involvement in Illegal Acts | ○ | ○ | ○ | ○ |
| f. Likelihood of Return on Own | ○ | ○ | ○ | ○ |
| g. Involvement of Others | ○ | ○ | ○ | ○ |
| h. Realistic Expectations | ○ | ○ | ○ | ○ |
| Intentional Misbehavior | ○ | ○ | ○ | ○ |
| Fire Setting | ○ | ○ | ○ | ○ |
| Bullying | ○ | ○ | ○ | ○ |

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 5 - 17

| | | | | |
|--------------------|---------------------------|-----------------|-------------------|-------------------|
| Name – Child/Youth | | | DOB | Court File Number |
| Effective Date | Age at Time of Assessment | Assessment Type | Current Caregiver | |

| CHILD/YOUTH STRENGTHS | 0 | 1 | 2 | 3 |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Relationship Permanence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family - Nuclear | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family - Extended | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Positive Peer Relations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Optimism | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Decision Making | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Well Being | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Educational | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Recreational | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vocational | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Talents/Interests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spiritual/Religious | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community Life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Youth Involvement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Natural Supports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resiliency | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resourcefulness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| CURRENT CAREGIVER | 0 | 1 | 2 | 3 |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Supervision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem Solving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involvement with Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knowledge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Empathy with Child | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social Resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance Use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developmental | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family Stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cultural Congruence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| IDENTIFIED PERMANENT RESOURCE STRENGTHS & NEEDS | 0 | 1 | 2 | 3 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Residential Stability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Self Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to Child Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Acculturation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial Resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community Connect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Legal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Supervision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem Solving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involvement with Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knowledge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Empathy with Child | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social Resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance Use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developmental | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family Stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cultural Congruence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 0 - 5

| | | | | |
|----------------|---------------------------|-----------------|-------------------|-------------------|
| Name – Child | | | DOB | Court File Number |
| Effective Date | Age at Time of Assessment | Assessment Type | Current Caregiver | |

| TRAUMA | 0 | 1 | 2 | 3 |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Sexual Abuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a. Emotional Closeness to Perpetrator | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Frequency of Abuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Duration | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Force | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Reaction to Disclosure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical Abuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Neglect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emotional Abuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical Trauma | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Natural Disaster | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Witness to Family Violence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Witness to Community Violence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Witness/Victim - Criminal Acts | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adjustment to Trauma | 0 | 1 | 2 | 3 |
| Affect Regulation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Re-Experiencing the Trauma | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Avoidance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Increased Arousal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Numbing Responsiveness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| LIFE FUNCTIONING | 0 | 1 | 2 | 3 |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Family - Nuclear | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family - Extended | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Living Situation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developmental | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a. Cognitive | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Autism Spectrum | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Communication | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Self Care/Daily Living | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a. Life Threat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Chronicity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Diagnostic Complexity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Emotional Response | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Impairment in Functioning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Treatment Involvement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Intensity of Treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Organizational Complexity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dental | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Daily Functioning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social Functioning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Recreation/Play | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Regulatory | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a. Eating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Elimination | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Sensory Reactivity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Emotional Control | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Motor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Communication | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| PRESCHOOL/CHILD CARE | 0 | 1 | 2 | 3 |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Preschool/Child Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| a. Attendance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Compatibility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Behavior | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Achievement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Relation with Teachers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Relation with Peers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| CHILD BEHAVIORAL/EMOTIONAL NEEDS | 0 | 1 | 2 | 3 |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Attachment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Failure to Thrive | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Depression (Withdrawn) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Anxiety | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Atypical Behaviors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Impulsive/Hyperactivity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Oppositional | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| CHILD RISK FACTORS | 0 | 1 | 2 | 3 |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Birth Weight | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pica | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prenatal Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Length of Gestation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Labor and Delivery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance Exposure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parent/Sibling Problem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Maternal Availability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| CHILD RISK BEHAVIORS | 0 | 1 | 2 | 3 |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Self Harm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Aggressive Behavior | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social Behavior | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| CHILD & FAMILY ACCULTURATION | 0 | 1 | 2 | 3 |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Language | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ritual | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cultural Stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knowledge Congruence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help seeking Congruence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Expression of Distress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| CHILD STRENGTHS | 0 | 1 | 2 | 3 |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Relationship Permanence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family - Nuclear | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family - Extended | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interpersonal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adaptability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Persistence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Curiosity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Resiliency | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 0 - 5

| | | | | |
|--------------------|---------------------------|-----------------|-------------------|-------------------|
| Name – Child/Youth | | | DOB | Court File Number |
| Effective Date | Age at Time of Assessment | Assessment Type | Current Caregiver | |

| CURRENT CAREGIVER | 0 | 1 | 2 | 3 |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Supervision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem Solving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involvement with Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knowledge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Empathy with Child | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social Resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance Use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developmental | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family Stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cultural Congruence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| IDENTIFIED PERMANENT RESOURCE STRENGTHS & NEEDS | 0 | 1 | 2 | 3 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Residential Stability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Self Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to Child Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Acculturation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial Resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community Connect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Legal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Supervision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem Solving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involvement with Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knowledge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Empathy with Child | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Organization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social Resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance Use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developmental | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family Stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cultural Congruence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Decision Support Model based on the
Child and Adolescent Needs and Strengths (CANS)**

CHILD/YOUTH ASSESSED LEVEL OF NEED

The algorithm for a child or youth's assessed Level of Need (LON) shall be used to inform decisions, supports, and services for children in out-of-home care. The algorithms for each LON are described here. The LON correlates with placement settings that should be able to provide for the child's assessed LON. The Placement Complexity chart shows how the LON of a child or youth is used to make placements in foster home, group home, and residential care center settings.

A description of the items rated to determine each LON are contained next. For each LON that contains groups of items together to make a LON determination, there are tables describing the necessary groupings of items to establish the LON determination. When a table contains multiple columns, that section of the determination is made when a child meets the criteria for one of the columns. There may be multiple criteria and this is delineated by the word "AND" between tables. For users with access to the eWiSACWIS database, the system will perform the calculations for you to arrive at the LON of the child or youth.

LEVEL 1

Child-Specific. Foster Care with a child specific relation option.

All children and youth are assumed appropriate for regular foster care with a child specific relation if they do not meet decision criteria for any other level of care and have an identified caregiver(s) who has a specific prior relationship with the child/youth.

LEVEL 2

All children and youth are assumed appropriate for regular foster care without a child specific relation if they do not meet decision criteria for any other level of care but do not have an identified caregiver(s) who has a specific prior relationship with the child/youth.

LEVEL 3

| |
|---|
| A rating of at least one '2' or '3' on one of the following: |
|---|

| |
|-----------------------|
| Impulse/Hyperactivity |
|-----------------------|

| |
|------------------------|
| Depression (Withdrawn) |
|------------------------|

| |
|---------|
| Anxiety |
|---------|

| |
|--------------|
| Oppositional |
|--------------|

| |
|------------|
| Attachment |
|------------|

AND

| | |
|--|---|
| A rating of '3' on at least one of the following: | A rating of '2' or '3' on at least one of the following: |
|--|---|

| | |
|-------|-----------|
| Motor | Self Harm |
|-------|-----------|

| | |
|--------------------|--|
| Sensory Reactivity | |
|--------------------|--|

| | |
|---------------|--|
| Communication | |
|---------------|--|

| | |
|-------------------|--|
| Failure to Thrive | |
|-------------------|--|

| | |
|------------|--|
| Regulatory | |
|------------|--|

| | |
|--------------------|--|
| Substance Exposure | |
|--------------------|--|

| | |
|---------------|--|
| Developmental | |
|---------------|--|

| | |
|------------------------|--|
| Self-Care/Daily Living | |
|------------------------|--|

LEVEL 4

| |
|--|
| A rating of within the following criteria is met: |
|--|

| |
|---|
| At least one '2' or '3' on one of the following: |
|---|

| |
|-----------------------|
| Impulse/Hyperactivity |
|-----------------------|

| |
|------------------------|
| Depression (Withdrawn) |
|------------------------|

| |
|---------|
| Anxiety |
|---------|

| |
|--------------|
| Oppositional |
|--------------|

| |
|------------|
| Attachment |
|------------|

AND

| |
|--|
| A rating of '3' on at least one of the following: |
|--|

| |
|-------|
| Motor |
|-------|

| |
|--------------------|
| Sensory Reactivity |
|--------------------|

| |
|---------------|
| Communication |
|---------------|

| |
|-------------------|
| Failure to Thrive |
|-------------------|

| |
|------------|
| Regulatory |
|------------|

| |
|--------------------|
| Substance Exposure |
|--------------------|

| |
|---------------|
| Developmental |
|---------------|

| |
|------------------------|
| Self-Care/Daily Living |
|------------------------|

AND

| |
|--|
| One of the following Risk Behaviors is rated at '3' |
|--|

| |
|-----------|
| Self Harm |
|-----------|

OR

| |
|---|
| At least one of the following criteria (columns) are met |
|---|

| |
|---|
| At least one '2' or '3' on one of the following |
|---|

| |
|---------|
| Medical |
|---------|

| |
|----------|
| Physical |
|----------|

Level 5

| At least one of the following criteria (columns) are met: | |
|---|--|
| A rating of at least two or more '3' among the following needs: | A rating of three or more '2' among the following needs: |
| Impulse/Hyperactivity | Impulse/Hyperactivity |
| Depression (Withdrawn) | Depression (Withdrawn) |
| Anxiety | Anxiety |
| Oppositional | Oppositional |
| Attachment | Attachment |
| Developmental | Developmental |
| Physical | Physical |
| Daily Functioning | Daily Functioning |

OR

| The following criteria (columns) are met: |
|--|
| A rating of '2' or '3' on Medical (<i>Group C</i>) and at least one rating of '2' or '3' on any of the following Health Module items (<i>Group D</i>): |
| Intensity of Treatment |
| Organizational Complexity |

LEVEL 6

At least one of the following criteria (columns) are met:

| A rating of at least three or more '3' among the following needs: | A rating of four or more '2' or '3' among the following needs: |
|--|---|
| Impulse/Hyperactivity | Impulse/Hyperactivity |
| Depression (Withdrawn) | Depression (Withdrawn) |
| Anxiety | Anxiety |
| Oppositional | Oppositional |
| Attachment | Attachment |
| Developmental | Developmental |
| Physical | Physical |
| Daily Functioning | Daily Functioning |

AND

A rating of '2' or '3' on Medical (Group C) and at least one rating of '2' or '3' on any of the following Health Module items (Group D).

**Decision Support Model based on the
Child and Adolescent Needs and Strengths (CANS)**

CHILD/YOUTH ASSESSED LEVEL OF NEED

The algorithm for a child or youth's assessed Level of Need (LON) shall be used to inform decisions, supports, and services for children in out-of-home care. The algorithms for each LON are described here. The LON correlates with placement settings that should be able to provide for the child's assessed LON. The Placement Complexity chart shows how the LON of a child or youth is used to make placements in foster home, group home, and residential care center settings.

A description of the items rated to determine each LON are contained next. For each LON that contains groups of items together to make a LON determination, there are tables describing the necessary groupings of items to establish the LON determination. When a table contains multiple columns, that section of the determination is made when a child meets the criteria for one of the columns. There may be multiple criteria and this is delineated by the word "AND" between tables. For users with access to the eWiSACWIS database, the system will perform the calculations for you to arrive at the LON of the child or youth.

LEVEL 1

Child-Specific. Foster Care with a child specific relation Option.

All children and youth are assumed appropriate for regular foster care with a child specific relation if they do not meet decision criteria for any other level of care and have an identified caregiver(s) who has a specific prior relationship with the child/youth.

LEVEL 2

All children and youth are assumed appropriate for regular foster care without a child specific relation if they do not meet decision criteria for any other level of care but do not have an identified caregiver(s) who has a specific prior relationship with the child/youth.

LEVEL 3**A rating of at least one '2' or '3' on one of the following:**

| |
|-----------------------|
| Psychosis |
| Impulse/Hyperactivity |
| Depression |
| Anxiety |
| Oppositional |
| Conduct |
| Anger Control |
| Attachment |
| Adjustment to Trauma |
| Substance Use |
| Affect Dysregulation |
| Behavioral Regression |
| Somatization |

AND**At least one of the following criteria (columns) are met:**

| A rating of '3' on at least one of the following: | A rating of '3' on at least one of the following: | A rating of '2' or '3' on at least one of the following: |
|--|--|---|
| Communication | Behavior | Suicide Risk |
| Regulatory Problems | Intentional Misbehavior | Self-Injurious Behavior |
| Substance Exposure | Sexual Development | Other Self Harm |
| Developmental | | Danger to Others |
| Self-Care/Daily Living | | Runaway |
| | | Sexual Aggression |
| | | Fire Setting |
| | | Delinquent Behavior |
| | | Intentional Misbehavior |
| | | Bullying |

LEVEL 4

A rating of within the following criteria is met:

At least one '2' or '3' on one of the following:

| |
|-----------------------|
| Psychosis |
| Impulse/Hyperactivity |
| Depression |
| Anxiety |
| Oppositional |
| Conduct |
| Anger Control |
| Attachment |
| Adjustment to Trauma |
| Substance use |
| Affect Dysregulation |
| Behavioral Regression |
| Somatization |

AND

At least one of the following criteria (columns) are met:

| A rating of '3' on at least one of the following: | A rating of '3' on at least one of the following: | A rating of '2' or '3' on at least one of the following: |
|--|--|---|
| Communication | Behavior | Suicide Risk |
| Regulatory Problems | Intentional Misbehavior | Self-Injurious Behavior |
| Substance Exposure | Sexual Development | Other Self Harm |
| Developmental | | Danger to Others |
| Self-Care/Daily Living | | Runaway |
| | | Sexual Aggression |
| | | Fire Setting |
| | | Delinquent Behavior |
| | | Intentional Misbehavior |
| | | Bullying |

AND

At least one of the following criteria (columns) are met:

| rated as a '1', '2' or '3' | rated as a '1', '2' or '3' | One of the following Risk Behaviors is rated a '3' | This condition exists (1,2, or 3) |
|-----------------------------------|-----------------------------------|---|--|
| Sexual Aggression | Fire setting | Suicide Risk | Pregnant/Parenting |
| | | Self-Injurious Behavior | |
| | | Exploited | |
| | | Other Self Harm | |

OR

At least one of the following criteria (columns) are met

At least one '2' or '3' on one of the following

| |
|----------|
| Medical |
| Physical |

LEVEL 5: Foster Care Only

At least one of the following criteria (columns) are met:

| A rating of at least two or more '3' among the following needs: | A rating of three or more '2' among the following needs: |
|--|---|
| Psychosis | Psychosis |
| Impulse/Hyperactivity | Impulse/Hyperactivity |
| Depression | Depression |
| Anxiety | Anxiety |
| Oppositional | Oppositional |
| Conduct | Conduct |
| Attachment | Attachment |
| Adjustment to Trauma | Adjustment to Trauma |
| Substance use | Substance use |
| Anger Control | Anger Control |
| Affect Dysregulation | Affect Dysregulation |
| Behavioral Regression | Behavioral Regression |
| Somatization | Somatization |
| Developmental | Developmental |
| Physical | Physical |
| Daily Functioning | Daily Functioning |

AND

At least one of the following criteria (columns) are met:

| A rating of at least two or more '3' among the following needs: | A rating of three or more '2' among the following needs: |
|--|---|
| Suicide Risk | Suicide Risk |
| Self-Injurious Behavior | Self-Injurious Behavior |
| Other Self Harm | Other Self Harm |
| Danger to Others | Danger to Others |
| | Runaway |
| | Intentional Misbehavior |

AND

At least one of the following criteria (columns) are met:

rating of '0' or '1' on EVERY ONE of the following risk behaviors

Sexual Aggression

Fire Setting

Delinquent Behavior

Bullying

OR

The following criteria (columns) are met:

A rating of '2' or '3' on Medical (Group C) and at least one rating of '2' or '3' on any of the following Health Module items (Group D):

Intensity of Treatment

Organizational Complexity

LEVEL 5: RCC

At least one of the following criteria (columns) are met:

| A rating of at least two or more '3' among the following needs: | A rating of three or more '2' among the following needs: |
|--|---|
| Psychosis | Psychosis |
| Impulse/Hyperactivity | Impulse/Hyperactivity |
| Depression | Depression |
| Anxiety | Anxiety |
| Oppositional | Oppositional |
| Conduct | Conduct |
| Attachment | Attachment |
| Adjustment to Trauma | Adjustment to Trauma |
| Substance use | Substance use |
| Anger Control | Anger Control |
| Affect Dysregulation | Affect Dysregulation |
| Behavioral Regression | Behavioral Regression |
| Somatization | Somatization |
| Developmental | Developmental |
| Physical | Physical |
| Daily Functioning | Daily Functioning |

AND

At least one of the following criteria (columns) are met:

| A rating of at least one '3' among the following needs: | A rating of three or more '2' among the following needs: |
|--|---|
| Suicide Risk | Suicide Risk |
| Self-Injurious Behavior | Self-Injurious Behavior |
| Other Self Harm | Other Self Harm |
| Danger to Others | Runaway |
| Sexual Aggression | Sexual Aggression |
| Delinquent Behavior | Fire Setting |
| Fire Setting | Intentional Misbehavior |
| Bullying | Bullying |

LEVEL 6

At least one of the following criteria (columns) are met:

| A rating of at least three or more '3' among the following needs: | A rating of four or more '2' or '3' among the following needs: |
|--|---|
| Psychosis | Psychosis |
| Impulse/Hyperactivity | Impulse/Hyperactivity |
| Depression | Depression |
| Anxiety | Anxiety |
| Oppositional | Oppositional |
| Conduct | Conduct |
| Attachment | Attachment |
| Adjustment to Trauma | Adjustment to Trauma |
| Substance Use | Substance Use |
| Anger Control | Anger Control |
| Affect Dysregulation | Affect Dysregulation |
| Behavioral Regression | Behavioral Regression |
| Somatization | Somatization |
| Developmental | Developmental |
| Physical | Physical |
| Daily Functioning | Daily Functioning |

AND

At least one of the following criteria (columns) are met:

| A rating of '2' or '3' on Medical and at least one rating of '2' or '3' on any of the following Health Module items: | A rating of at least two '3' among the following needs: | A rating of three or more '2' among the following needs: |
|---|--|---|
| Intensity of Treatment | Suicide Risk | Suicide Risk |
| Organizational Complexity | Self-Injurious Behavior | Self-Injurious Behavior |
| | Other Self Harm | Other Self Harm |
| | Danger to Others | Runaway |
| | Sexual Aggression | Sexual Aggression |
| | Delinquent Behavior | Fire Setting |
| | Fire Setting | Intentional Misbehavior |
| | Bullying | Bullying |

What is the Uniform Foster Care Rate?

The Uniform Foster Care Rate (UFCR) is a standard scale of monthly payments to foster parents for the cost of caring for a foster child. Because the rate is based on the needs of each child, it may also include extra payments (called Supplemental and Exceptional Rate payments) in addition to a BASIC MAINTENANCE RATE.

What does the Basic Maintenance Rate include?

The Basic Maintenance Rate is intended to cover food, clothing, housing, basic transportation, personal care, and other expenses on a monthly basis.

Certified Level One

The Basic Maintenance Rate provided for a child of any age by a foster home that is certified to provide level one care is:

| | <u>Jan. 2012</u> | <u>Jan. 2013</u> |
|-----------|------------------|------------------|
| Level One | \$220 | \$220 |

Certified Above Level One

The current age-related Basic Maintenance Rate for a foster home that is certified to provide care at a level of care that is higher than Level One care. The rate for each child is listed below by age group.

| <u>Age of Child</u> | <u>Jan. 2012</u> | <u>Jan. 2013</u> |
|---------------------|------------------|------------------|
| 0 – 4 | \$366.00 | \$366.00 |
| 5 – 11 | \$400.00 | \$400.00 |
| 12 – 14 | \$455.00 | \$455.00 |
| 15 – 18 | \$475.00 | \$475.00 |

When a foster child in your care turns 5, 12, or 15 years of age, you will receive the next highest rate effective the date of on which the birthday occurs.

You will receive payment for your foster child for the day the child enters your home but not for the day the child leaves your home.

On the next page is a breakdown of the percentages typically spent on the basic necessities for children at various ages. This is intended as a guide. It is understood that your family will use the monthly Uniform Foster Care Rates in the manner which best meets your foster child's needs.

Guidelines for use of the Basic Rate

These specific breakdowns by food, clothing, housing, and personal care and other expenses are based on the cost of raising a child as calculated by the

U.S. Department of Agriculture. Because the cost of raising a child is more than the amount provided through the Basic Maintenance Rate, these percentages provide only a guide for foster parents. The figures presented are percentages of the Basic Maintenance Rate received for a child in the designated age group.

| | FOOD |
|---------------|-------------|
| Age 0 to 4: | 17 to 30% |
| Age 5 to 11: | 26 to 33% |
| Age 12 to 14: | Approx. 33% |
| Age 15+ | Approx. 33% |

| | CLOTHING |
|---------------|-----------------|
| Age 0 to 4: | Approx. 6% |
| Age 5 to 11: | Approx. 8% |
| Age 12 to 14: | Approx. 11% |
| Age 15+ | Approx. 13% |

| | HOUSING |
|---------------|----------------|
| Age 0 to 4: | 48 to 58% |
| Age 5 to 11: | Approx. 43% |
| Age 12 to 14: | Approx. 39% |
| Age 15+ | Approx. 36% |

PERSONAL CARE AND OTHER EXPENSES*

| | |
|---------------|-------------|
| Age 0 to 4: | Approx. 18% |
| Age 5 to 11: | Approx. 19% |
| Age 12 to 14: | Approx. 17% |
| Age 15+ | Approx. 17% |

* Other expenses include but are not limited to haircuts, soap, shampoo, toothpaste, and school supplies.

Is there an additional payment for children who have special needs?

Yes, for a foster home that is certified to provide care at a level of care that is higher than Level One care. If your foster child has emotional, behavioral, or medical needs, you may request an additional monthly payment to cover the costs of caring for the child's special needs. When approved, this payment is called a SUPPLEMENTAL RATE.

How is the Supplemental Rate determined?

Within the first 30 days after a foster child is placed in your home, you and your case worker will discuss whether the child may qualify for a Supplemental Rate payment. If your foster child has needs that require special care or

supervision, the case worker will submit a description of the child's problems or characteristics.

Evaluations from doctors, psychiatrists, therapists, or other specialists may be included with the case worker's report.

Using a point scale and all of the information regarding the child's emotional, behavioral, and medical needs, the placing agency determines the level of care the child requires and identifies special needs of the child.

The level of care and the identified special needs of the child establishes the Supplemental Rate.

Can Supplemental Rates be changed?

You and your case worker will review your foster child's progress at least every six months. At those reviews, the Supplemental Rate may be changed if the child's condition is changed. Inform your case worker of significant changes when they occur.

What if a child needs constant care or supervision?

If a child has extraordinary needs, you may receive an additional payment called an EXCEPTIONAL RATE. This payment may be provided if the child's placement in your home allows the child to be released from a more restrictive setting or prevents the child's placement in such a setting. Only providers certified above a Level One can receive exceptional rates.

You may receive an Exceptional Rate if, for example:

- the child requires 24-hour medical care supervised by a doctor or nurse.
- the child has severe behavior problems.
- the child is diagnosed as having a severe mental illness such as schizophrenia, severe cognitive disability, brain damage, or autism.
- the child chronically abuses alcohol or other drugs and needs close supervision.
- you are transporting the child to the school they attended prior to removal and this is in a district other than the district you live in.

No monthly payment for the combined Basic Maintenance, Supplemental, and Exceptional Rates may exceed \$2,000.

What if a child comes to my home with few or no clothes?

You may be provided an INITIAL CLOTHING ALLOWANCE (see table below) if:

- it is your foster child's first placement; or
- it has been at least four months since the child was last in out-of-home care.

| <u>Age Group</u> | <u>Initial Clothing Allowance</u> |
|------------------|-----------------------------------|
| 0 – 4 | up to \$225.00 |
| 5 – 11 | up to \$263.00 |
| 12 – 14 | up to \$300.00 |
| 15 – 18 | up to \$300.00 |

Periodic clothing allowances, such as for seasonal clothing, are not allowed. An amount is included in the Basic Maintenance Rate for this purpose each month.

What if I don't agree with the rate?

You may request that the rate be redetermined. You may discuss your concerns with the rate setter and the agency director. If you still disagree with the rate, you should consider appealing through the fair hearing process. Your agency director or Foster Care Coordinator will tell you how to request a fair hearing.

Is there liability insurance for foster parents?

A statewide fund provides some protection when your own insurance policies do not. The state fund covers some property damage and personal injury caused by the foster child. The extent of coverage and exclusions is subject to change. The agency that licensed your foster home can give you up-to-date information.

More questions?

Contact your case worker or Foster Care Coordinator for further explanations. You can also visit our Foster Care website at <http://dcf.wisconsin.gov/children/foster>

If you have general questions about foster care or adoption in Wisconsin, you can also contact the Foster Care and Adoption Resource Center at www.wifostercareandadoption.org or 1-800-947-8074.

DCF is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, contact (608) 266-8787 (General) or (888) 692-1401 (TTY). For civil rights questions call (608) 266-5335 or (866) 864-4585 TTY (Toll Free).

MY FOSTER CHILDREN'S RECORDS

| LAST REVIEW RATE | MONTHLY RATE | EXCEPTIONAL RATE | SUPPLEMENTAL RATE | BASIC MAINTENANCE RATE | PLACEMENT DATE | CHILD'S NAME |
|------------------|--------------|------------------|-------------------|------------------------|----------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Understanding the

UNIFORM FOSTER CARE RATE

Effective January 1, 2012 -
December 31, 2013



Division of Safety and Permanence

WISCONSIN ADMINISTRATIVE CODE

Ch. DCF 56

Foster Home Care For Children



September 2011

Division of Safety and Permanence

Licensing agencies may not grant an exception to any section bordered in the same manner in which this note is bordered.

Any exception desired of the bordered sections must be obtained via the Department Exceptions Panel as described in s. DCF 56.02(2)(b) of this chapter.

* This symbol is used to designate any licensing requirement that falls under the “Non-safety related waivers for relatives.”

Chapter DCF 56

FOSTER HOME CARE FOR CHILDREN

| | | | |
|-----------|---|-----------|--|
| DCF 56.01 | Authority and purpose | DCF 56.14 | Foster parent training |
| DCF 56.02 | Applicability | DCF 56.15 | Supervising agency |
| DCF 56.03 | Definitions | DCF 56.16 | Licensing agency responsibilities |
| DCF 56.04 | Applying for a license | DCF 56.17 | Child's treatment team for Levels 3 to 5 |
| DCF 56.05 | Licensee qualifications | DCF 56.18 | Agency contact with foster parent |
| DCF 56.06 | Serious incident reporting | DCF 56.19 | Agency contact with foster child |
| DCF 56.07 | Physical environment | DCF 56.20 | Evaluation of Level 3 to 5 |
| DCF 56.08 | Safety | DCF 56.21 | Respite care for foster parents |
| DCF 56.09 | Care of foster children | DCF 56.22 | Assessment of needs and strengths. |
| DCF 56.10 | Hearing | DCF 56.23 | Supplemental payments, exceptional payments, initial clothing allowance, and retainer fee. |
| DCF 56.12 | Foster parent handbook | | |
| DCF 56.13 | Foster home level of care certification | | |

Note: Sections PW-CY 40.60 to 40.65 as they existed on March 31, 1983 were repealed and a new chapter HSS 56 was created effective April 1, 1983. Chapter HSS 56 as it existed on February 28, 2002, was repealed and a new chapter HFS 56 was created, Register February 2002 No. 554, effective March 1, 2002. Chapter HFS 56 was renumbered to chapter DCF 56 under s. 13.92 (4) (b) 1., Stats., Register November 2008 No. 635.

DCF 56.01 Authority and purpose.

(1) This chapter is promulgated under the authority of ss. 48.62, 48.64 (4), and 48.67, Stats., to establish licensing requirements for foster homes and foster parents directed at protecting the health and safety and promoting the welfare of children placed in the homes; to establish a fair hearing procedure for foster parents; to establish requirements for certification of a foster home with a level of care and requirements for assessment of a child's needs and strengths; and to establish criteria for making supplemental and exceptional payments to foster parents.

(2) A license to operate a foster home does not entitle the holder to placements of children who need foster care since placement decisions are based on a variety of factors, including the compatibility of what a specific child needs with what a particular foster parent can offer.

Note: Public licensing agencies are required to provide a foster home license to any applicant who meets the requirements under this chapter. An agency is not, however, required to place children with a licensee simply by virtue of the fact that they have a foster home to license.

History: CR 00-020: cr. Register February 2002 No. 554, eff. 3-1-02; EmR0937: emerg. am. (1), eff. 1-1-10; CR 10-021: am. (1) Register September 2010 No. 657, eff. 10-1-10; **EmR1050: emerg. am. (1), eff. 1-1-11; CR 10-148: am. (1) Register August 2011 No. 668, eff. 9-1-11.**

DCF 56.02 Applicability.

(1) TO WHOM THE RULES APPLY. This chapter applies to all persons proposing to provide or who are providing foster care for children in a foster home and to the department; county agencies under s. 46.215, 46.22, or 46.23, Stats.; and licensed private child-placing agencies.

(2) EXCEPTION TO A REQUIREMENT.

(a) *Licensing agency authority.*

1. A licensing agency may grant an exception to any requirement in this chapter if the licensing agency determines that the exception will not jeopardize the health, safety or welfare of the foster children, except that the licensing agency may not grant an exception to any of the following requirements: ss. DCF 56.04 (1), (2), (4) (a) 1., 2., 5., 5m., 8., or 9. or (b) 2., (6), (7) or (8), 56.05 (1) (a), (b) 1. b., 2. b., d., or g., (c) 1. b., c., d., e., g., h., i. j., k., L., m., n., or 2., (d), (f), or (3) (a), 56.06, 56.07 (3) (a), (4) (b), (c), (e), (f), (g), or (h), (5) (a), (6), or (10) (a), 56.08 (1), (2), (3), (4), (5), (6) (c) 1., 2., 3. or 4. a., (7) (a) 3., (8) (a), or (c), (10), or (10m), 56.09 (1), (1g), (1m) (a) to (e), (2) (c), (3), (4) (c), (d) or (dm), (5), (9), (11), or (12) (a), (c) or (d), 56.12, 56.13 (1), (2), (3), (4) (a) 1., 2., or (b), (5) (a), (b) 1. or 2., (c), (6) (a), (b) 1. or 2., (c), (7), (8), 56.14 (1), (2), (3), (4), (5), (6), (6d), (6h), (6p), (6t), (7), (7e), (7m), (7s), (8) (a) or (b) 3., 56.15, 56.16, 56.18, 56.19, 56.21 (2), 56.22, or 56.23.

2. An applicant or licensee wanting an exception to a nonstatutory requirement in this chapter that the licensing agency has authority to grant shall submit a written request to the licensing agency stating the specific provision of this chapter for which an exception is requested, the justification for the requested exception and an explanation of any alternative provision planned to meet the intent of the requirement.

3. Any exception granted under subd. 2. or par. (b) shall be specifically cited on the license and shall be in effect only as long as the conditions under which the exception was granted remain but no longer than 2 years from the date on which the exception is granted or the date the license terminates, whichever occurs first, by which time the licensing agency shall determine if there is continued justification for the exception. In addition, the licensing agency may impose conditions to be met within a specified period of time by the licensee as an alternative to compliance with the requirement for which an exception has been granted.

(b) *Department exceptions panel.*

1. An applicant or licensee wanting an exception to a nonstatutory requirement in this chapter that the licensing agency may not grant may ask the department exceptions panel to grant the exception, with the approval of the licensing agency. A request for an exception under this paragraph shall be in writing on a form prescribed by the department.

Note: Copies of the Department's request form, "Application to DCF Exceptions Panel for Exception to Ch. DCF 56," can be obtained from the licensing agency or by visiting the Department's website at: <http://dcf.wisconsin.gov/children/foster/forms/formsINDX.htm>

2. Any request under subd. 1. shall include all of the following information:

- a. The name of the applicant or licensee.
- b. The address of the applicant or licensee.
- c. The citation for the specific requirement for which an exception is requested.
- d. The rationale for the request.
- e. An explanation of any alternative provision planned to meet the intent of the requirement.
- f. The signature of the applicant or licensee and the date on which the applicant or licensee signed the request.

3. The applicant or licensee shall submit the completed request form to the licensing agency.

4. The licensing agency's authorized representative shall, in the space provided on the request form, indicate whether he or she supports or does not support the exception request or supports some alternative to the request, shall justify that position and shall sign and date the request form.

5. If the licensing agency approves the request or some alternative to the request, the licensing agency shall submit the completed request form to the department within 10 working days after the agency's receipt of the

request form from the applicant or licensee. The licensing agency shall not submit to the department any request that it does not support.

6. a. The department exceptions panel shall, in writing, indicate its approval or disapproval of the request within 10 working days after the department receives the request form from the licensing agency and has all the information required to make its decision.

b. Notwithstanding subd. 6. a., the department exceptions panel shall, in writing, indicate its approval or disapproval of an application for certification to operate a Level 5 foster home under s. DCF 56.13 (7) (a) within 45 working days after the department receives the application from the licensing agency and has all the information required to make its decision.

7. a. The department exceptions panel shall consist of at least 3 persons who collectively are knowledgeable about the foster care program, licensing practices and any special needs of children who may be served by the applicant for an exception.

b. The chairperson of the panel shall be designated by the director of the department's bureau of permanence and out-of-home care.

c. The panel chairperson shall designate the remaining members of the panel.

(c) *Non-safety-related waiver for relatives.* The licensing agency or the department exceptions panel may grant a waiver to the following non-safety-related requirements for the relative of a child without an alternative provision to meet the intent of the requirement:

1. The licensing agency may grant a waiver to any requirement in s. DCF 56.04 (4) (a) 7., 56.05 (4), 56.07 (2), (4) (a) 1. or 4., (d), (j), (k), (L), (7), or (8), or 56.09 (4) (g) 1., (6), (7), (8), or (10) (b), (c), (d), (e), or (f).

2. The department exceptions panel may grant a waiver to any requirement in s. DCF 56.04 (4) (a) 2. or 56.07 (4) (b) or (6) (b). A request for a waiver shall follow the same procedure as a request for an exception under par. (b), except an explanation of an alternative under par. (b) 2. e. is not required.

History: CR 00-020: cr. Register February 2002 No. 554, eff. 3-1-02; CR 03-033: am. (2) (a) 1. Register December 2003 No. 576, eff. 1-1-04; correction in (2) (a) 1. made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; EmR0937: emerg. am. (2) (a) 1., (b) 5., 6., 7. b., cr. (2) (c), eff. 1-1-10; CR 10-021: am. (2) (a) 1., (b) 5., 6., 7. b., cr. (2) (c) Register September 2010 No. 657, eff. 10-1-10; **EmR1050: emerg. am. (1), (2) (a) 1., (c) 1., eff. 1-1-11; CR 10-148: am. (1), (2) (a) 1., (c) 1., renum. (2) (b) 6. to be (2) (b) 6. a., cr. (2) (b) 6. b. Register August 2011 No. 668, eff. 9-1-11.**

DCF 56.03 Definitions. In this chapter:

(1) "Aftercare plan" means a plan for transition services for a child that identifies services that will be provided after the child's discharge from a foster home to ensure continuity in the management of the child's needs.

(1g) "Algorithm" means a composite score based on items demonstrated to be relevant to decision making on a particular topic such as level of need or service provision.

(1r) "Applicant" means a person who applies for a license to operate a foster home, for renewal of a license to operate a foster home or for modification of a license to operate a foster home.

(2) "Basement" has the meaning prescribed in s. Comm 20.07 (8), namely, that level below the first or ground floor level with its entire floor below exit discharge grade.

(3) "Basic maintenance payment" means a payment to reimburse a foster parent for the cost of a foster child's food, clothing, housing, basic transportation, and personal items, as follows:

- (a) For care and maintenance provided for a child of any age by a Level 1 foster home, \$220.
- (b) For care and maintenance provided by a foster home that is certified to provide care at a level of care that is higher than Level 1 care, an age-related foster care payment established by s. 48.62 (4), Stats.
- (4) “Case plan” means the service plan for the child and family, of which the permanency plan is a part.
- (5) “Child” means a person under 18 years of age or a person age 18 or older who remains under the jurisdiction of the juvenile court.
- (6) “Complete bathroom” means a bathroom with at least one toilet, one sink, and one tub or shower.
- (6m) “Counselor” means a person licensed or certified under ch. 457, Stats., and ch. MPSW 3, 6, 11, 12, or 17.
- (7) “County agency” means a county department of social services under s. 46.215 or 46.22, Stats., or a county department of human services under s. 46.23, Stats.
- (8) “Dangerous weapon” means any firearm, any device designed as a weapon and capable of producing death or great bodily harm, any electric device designed to immobilize or incapacitate persons by the use of electric current, any spray device designed to immobilize or incapacitate persons by the use of chemicals or other liquids or gases or any other device or instrument that is calculated or likely to produce death or great bodily harm.
- (9) “Department” means the Wisconsin department of children and families.
- (10) “Department exceptions panel” or “exceptions panel” means the group authorized to grant exceptions under s. DCF 56.02 (2) to nonstatutory requirements of this chapter.
- (10m) “Emergency care” means care provided for a foster child on the basis of 24-hour availability, including crisis intervention services and emergency placements.
- (11) “Exit” has the meaning prescribed in s. Comm 20.07 (29).
- (11m) “Family” means the birth parents, adoptive parents, relatives of the child, and other individuals who were permanently living with the child before the child’s placement in out-of-home care.
- (12) “Foster care” means care and maintenance provided to a child in a foster home pursuant to a court order or voluntary placement agreement.
- (13) “Foster child” means a child placed for care and maintenance in a foster home by the department, a county agency, a licensed private child-placing agency or a court by court order or a voluntary placement agreement.
- (14) “Foster home” means any facility operated by a person licensed under s. 48.62 (1), Stats.
- (15) “Foster parent” means a person with primary responsibility for the care and supervision of one or more foster children placed in his or her foster home and in whose name the foster home is licensed under this chapter.
- (15m) “Group home” means a facility operated by a person licensed by the department to provide 24-hour care and maintenance for 5 to 8 children under s. 48.625, Stats.
- (16) “Guardian” means the person or agency appointed by a court to make major decisions affecting a child which may include consent to marriage, to enlistment in the armed forces and to major surgery.
- (17) “Hazardous machinery and equipment” means any machine or other equipment generally known to be dangerous to untrained or unskilled operators or to operators who for any other reason are physically or mentally unable to operate the equipment safely, including a motor vehicle, power lawn mower, tractor or other farm machinery or equipment, snow blower, chain saw, power-driven shop tool, snowmobile, all-terrain vehicle and any

other machinery or equipment determined by the licensing or supervising agency to be unsafe for a particular foster child to operate.

(18) “HealthCheck program” means a standardized preventive health check-up program for anyone under the age of 21 who has a valid Wisconsin medical assistance card.

Note: A HealthCheck includes head-to-toe physical examination, immunizations, laboratory tests, eye exam, growth and development check, hearing check, mouth exam, nutrition check, health information, special teen-age health education and teen pregnancy services.

(19) “Home-based private educational program” means a program of educational instruction provided to a child by the child’s parent or guardian or by a person designated by the parent or guardian. An instruction program provided to more than one family unit does not constitute a home-based private educational program.

(20) “Household member” means any person living in a foster home, whether or not related to the licensee.

(21) “Legal custodian” means the person or agency to whom a court has transferred a child’s legal custody and who thereby has the right and duty to protect, train and discipline the child and to provide for the child’s care and needs. “Legal custody” has the meaning prescribed in s. 48.02 (12), Stats.

(21g) “Level of care” means the intensity of services that is best able to meet the needs of a child who has been assessed with a corresponding level of need.

(21r) “Level of need” means a rating of a child that is used to inform decision making on placement and service provision. The level of need is derived from an algorithm that is based on an assessment of a child’s functioning.

(22) “Licensed private child-placing agency” means an agency licensed by the department under s. 48.60, Stats., and ch. DCF 54 to license a person to operate a foster home and to place children in foster homes and other out-of-home care facilities.

(23) “Licensee” means the foster parent or foster parents in whose name or names a foster home is licensed under this chapter.

(24) “Licensing agency” means the department, a county agency, or a licensed private child-placing agency that may issue a license to operate a foster home under this chapter.

(25) “Living area” means the rooms of the foster home used by household members for sleeping, preparing and eating meals, bathing, toileting and indoor leisure time activities.

(26) “Mechanical restraint” means any physical apparatus that interferes with the free movement of a person’s limbs and body.

(27) “Motor vehicle” means a private automobile, motorcycle, van, bus or truck.

(28) “Nurse practitioner” means a registered nurse licensed under ch. 441, Stats., who is currently certified as a nurse practitioner by a national certifying body that is recognized by the Wisconsin board of nursing.

(29) “Out-of-home care” means care in a foster home, a group home under s. 48.625, Stats., or a residential care center for children and youth under s. 48.60, Stats.

(30) “Permanency plan” means a plan required under s. 48.38 (2), Stats., that is designed to ensure that a child placed in out-of-home care is safely reunified with his or her family whenever appropriate, or that the child quickly attains a safe placement or home providing long-term stability.

(31) “Physical punishment” means inflicting any kind of physical pain or discomfort on a child by means that include but are not limited to hitting, slapping, spanking, punching, shaking, kicking, biting or washing out a child’s mouth with soap.

(32) “Physician” means a person licensed to practice medicine or osteopathy under ch. 448, Stats.

(33) “Physician assistant” means a person certified under ch. 448, Stats., to perform patient services under the supervision and direction of a physician.

(33m) “Placing agency” means a licensed private child-placing agency; county department with powers and duties under ss. 48.57 and 938.57, Stats.; the department; the Wisconsin department of corrections; or a licensed child welfare agency from another state authorized to place children in foster homes.

(34) “Premises” means the foster home and the tract of land on which it is situated, including all other buildings and structures on that land.

(34d) “Program manager” means the foster parent and licensee of a Level 5 foster home.

(34h) “Program staff” means staff in a Level 5 foster home who are responsible for daily supervision of the children and direct care to the children to ensure their safety and well-being.

(34p) “Residential care center for children and youth” means a residential facility licensed as a child welfare agency under s. 48.60, Stats., that provides treatment and custodial services for children, youth, and young adults ages 18, 19, or 20.

(34t) “Respite care” means the services or emergency care provided to a foster child during a planned absence of the foster parent for more than 48 hours or when the licensing, supervising, or placing agency pays for the service or care.

(35) “Responsible care provider” means a person the foster parent believes has the ability and maturity to care for a foster child for the time that the foster child will be in that person’s care.

(35m) “Severe emotional disturbance” means an emotional disability that has persisted for at least 6 months and is expected to persist for a year or longer. A severely emotionally disturbed child may experience psychotic symptoms, be a suicide risk, or may cause personal injury or significant property damage or will have functional impairment in at least 2 areas, including self-care, community participation, social relationships, family relationships, and school. A severely emotionally disturbed child will be receiving services from 2 or more social services agencies. The emotional disturbance must meet one of the AXIS I diagnostic classifications of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

(36) “Supervising agency” means the agency responsible for overseeing the care and maintenance of a child placed in out-of-home care, which may be a county agency, the department, or a licensed private child-placing agency.

(37) “Team” means the group appointed by the placing and supervising agencies to assess a child, develop and implement the case and permanency plans, and evaluate the child’s progress for a child with a level of need of 1 to 2 who is placed in a foster home.

(37e) “Treatment” means the combination of therapies, services, and care designed to assist a child in achieving established measurable and behavioral goals and objectives based upon the information gathered through the assessment process.

(37m) “Treatment plan” means the comprehensive services plan developed by the treatment team for a child with a level of need of 3 to 5 who is placed in a foster home with a Level 3 to 5 certification.

(37s) “Treatment team” means the group appointed by the placing and supervising agencies to assess a child, develop and implement the treatment plan, and evaluate the child’s progress for a child with a level of need of 3 to 5 who is placed in a foster home with a Level 3 to 5 certification.

(38) “Voluntary placement agreement” means a written contract between a county agency and the child’s parent or guardian and the child, if the child is 12 years of age or older, for the placement of the child in a licensed foster home under s. 48.63 (1), Stats.

History: CR 00-020: cr. Register February 2002 No. 554, eff. 3-1-02; corrections in (9), (10), (24) and (37) made under s. 13.92 (4) (b) 6. and 7., Stats., Register November 2008 No. 635; EmR0937: emerg. r. and recr. (3), eff. 1-1-10; CR 10-021: r. and recr. (3) Register September 2010 No. 657, eff. 10-1-10; **EmR1050: emerg. renum. (1) to be (1r), cr. (1), (1g), (6m), (10m), (11m), (15m), (21g), (21r), (33m), (34d), (34h), (34p), (34t), (35m), (37e), (37m), (37s), am. (3) (a), (14), (15), (22), (24), (29), (36), (38), r. and recr. (37), eff. 1-1-11; CR 10-148: renum. (1) to be (1r), cr. (1), (1g), (6m), (10m), (11m), (15m), (21g), (21r), (33m), (34d), (34h), (34p), (34t), (35m), (37e), (37m), (37s), am. (3) (a), (14), (15), (22), (24), (29), (36), (38), r. and recr. (37) Register August 2011 No. 668, eff. 9-1-11.**

DCF 56.04 Applying for a license.

(1) WHO MUST APPLY.

- (a) Any person proposing to provide foster care for children shall apply to a licensing agency for a foster home license.
- (b) Application for a foster home license shall be made on a form provided by the licensing agency.

(2) LICENSE PROHIBITION. No licensing agency may issue a license to operate a foster home to an employee of the agency or to the relative of an employee of the agency if the employee works in the area of the agency that issues foster care licenses. This subsection does not apply to a foster parent who receives a payment under s. 48.64 (4), Stats., or to a volunteer for the agency.

Note: The intent of this requirement is to prevent possible conflicts of interest with respect to the terms of the rate paid to the foster parent, the situation that may result if an allegation of abuse or neglect is made against the foster parent, etc. The agency should consider such situations in granting a license to an employee of the agency.

(3) REAPPLICATION FOLLOWING DENIAL OR REVOCATION. No applicant or former licensee who, for a substantive reason, such as inappropriate discipline practices, inadequate mental health functioning or current abuse of alcohol or drugs, was denied a license or whose license was revoked may reapply for a license to any licensing agency within a period of 2 years following the effective date of license denial or revocation, unless both of the following conditions are met:

- (a) The initial denial or revocation was based on the applicant’s or former licensee’s criminal conviction or governmental finding that required rehabilitation approval under ch. DHS 12 and the applicant or former licensee failed to prove rehabilitation under ch. DHS 12.
- (b) The applicant or former licensee has reapplied for rehabilitation review under ch. DHS 12 and the rehabilitation review panel has determined that the applicant has been rehabilitated.

(4) DOCUMENTS REQUIRED PRIOR TO LICENSING.

(a) *Initial license.* Before an applicant for an initial license may be issued a license, the applicant shall submit the following to the licensing agency:

1. An application form completed and signed by the applicant. Married persons living together shall both sign the application. Any household member who will act in the role of foster parent shall sign the application.

*2. Verification of homeowner's or renter's insurance coverage required under s. DCF 56.05 (4) or a request for a waiver under s. DCF 56.05 (5), and verification of vehicle liability insurance required under s. DCF 56.05 (3) if the applicant plans to transport foster children in his or her own vehicle. Verification means that the licensing agency representative has personally seen the appropriate documentation. A licensing agency need not retain a copy of the documentation in its files.

Note: Section 344.62, Stats., requires motor vehicle liability insurance effective June 1, 2010.

3. A written statement from a physician, physician assistant, or nurse practitioner that indicates any physical or mental conditions of the applicant or any household members that would affect the ability of the family to provide care for a foster child or threaten the health or safety of a foster child. The statement shall be based upon a medical examination performed within the previous 6 months, except as provided in subd. 4.

4. If a member of the household of an applicant who is a relative of a foster child is not covered by health insurance or a medical examination would be a significant financial burden to the household member, the licensing agency may grant an exception to the requirement in subd. 3. If the licensing agency grants this exception, the household member shall submit a personally signed statement that indicates any physical or mental conditions he or she has that would affect the ability of the family to provide care for a foster child or threaten the health or safety of a foster child.

5. Documentation of fire safety inspection of the foster home, if required by the licensing agency.

5m. A drawing of the layout of the foster home.

6. A private water supply test report for the foster home, if required by the licensing agency.

*7. The employment history of the applicant. The history shall indicate the length of time the applicant was employed by each employer. The employment history shall document all employment for the 5-year period prior to submission of the application for a foster home license, unless the licensing agency has reasonable cause to request employment history for more than 5 years.

8. Notification of any previous licensure as a foster parent or any other type of caregiver for children, the name of the licensing agency and the period during which the license was held.

9. A signed statement indicating that the applicant has received the following information provided by the agency:

a. A brochure that explains the foster care reimbursement and rate structure, including the clothing allowance.

b. A brochure that explains the foster parent insurance program and information regarding how to file a claim with that program.

c. Notice that the licensing agency may contact the Wisconsin department of justice and any similar agency in another state, any federal or local law enforcement agency, any social services agency or any other public or private agency to determine if there is any reason specified under s. 48.685, Stats., ch. DHS 12, s. DCF 56.05 (1) (a) 3. or any other part of this chapter for the applicant to not be granted a license.

10. Other documentation or authorizations required by the licensing agency for its review of the application.

(b) *License renewal.* An applicant for renewal of a license shall submit all of the following to the licensing agency at least 30 days before expiration of the current license:

1. An application form completed and signed by the applicant. Married persons living together shall both sign the application. Any household member who will act in the role of foster parent shall sign the application.

2. Verification of homeowner's or renter's insurance coverage required under s. DCF 56.05 (4) or a request for a waiver under s. DCF 56.05 (5) and verification of vehicle liability insurance required under s. DCF 56.05 (3) if the applicant plans to transport foster children in his or her own vehicle. Verification means that the licensing agency representative has personally seen the appropriate documentation. A licensing agency need not retain a copy of the documentation in its files.

3. Documentation of fire safety inspection of the foster home, if required by the licensing agency.

4. A private water supply test report for the foster home, if required by the licensing agency.

5. If required by the licensing agency, a written statement from a physician, physician assistant, or nurse practitioner that indicates any physical or mental conditions of any household member that would affect the ability of the family to provide care for a foster child or threaten the health or safety of a foster child. The statement shall be based upon a medical examination performed within the previous 6 months.

5m. If a member of the household of an applicant who is a relative of a foster child is not covered by health insurance or a medical examination would be a significant financial burden to the household member, the licensing agency may grant an exception to the requirement in subd. 3. If the licensing agency grants this exception, the household member shall submit a personally signed statement that indicates any physical or mental conditions he or she has that would affect the ability of the family to provide care for a foster child or threaten the health or safety of a foster child.

6. Other documentation or authorizations required by the licensing agency for its review of the application.

(c) *License modifications.* 1. A licensing agency may modify a foster home license. An applicant for a license may request modification of the license at the time of the initial licensure. A licensee may request modification of the license at any time during the effective period of the license.

2. An applicant for license modification shall obtain a license modification application form from the licensing agency and shall submit a completed and signed application form and other materials required by the licensing agency to that agency within the following time limits:

a. Before the date the licensee plans to change location from the location specified on the current license.

b. Before the date an applicant wishes to have one or more license conditions changed.

c. No later than 30 days before the date the marital status of the licensee changes.

d. Within 10 days after a household member leaves.

e. At least 30 days before someone enters the household when this is known that far in advance or otherwise as soon as possible before that person enters the household.

(5) ACTION BY THE LICENSING AGENCY.

(a) Except as provided in par. (b) or (c), within 60 days after receiving a completed application for a foster home license, for renewal of the foster home license or for a license modification, the licensing agency shall approve the

application and issue the license, deny the application or approve the modification. Any delay that is the result of an act or omission on the part of the applicant shall not be considered in the 60-day time limit. If the application for a license, relicensure or license modification is denied, the licensing agency shall give the applicant reasons in writing for the denial and shall provide information on how an appeal may be requested under s. DCF 56.10.

(b) A licensing agency shall be allowed one 30-day extension of the time limit under par. (a) if the extension is needed to allow the agency to collect information necessary to make an informed decision, such as to obtain a criminal records check or responses from references. The agency shall notify the applicant or licensee if an extension is necessary.

(c) If the foster home license application is for a pre-adoptive placement, the licensing agency shall either approve the application and issue the license or deny the application within 6 calendar months after receipt of the completed application. If the application for a license is denied, the licensing agency shall give the applicant reasons, in writing, for the denial and shall provide information on how an appeal may be requested under s. DCF 56.10.

(6) DISCRIMINATION. A licensing agency may not discriminate against an applicant for a foster home license or a foster parent applying for renewal of a foster home license on the basis of age, sex, race, color, creed, sexual orientation, national origin or handicap.

(7) EFFECTIVE PERIOD OF A LICENSE. A foster home license shall be effective for a period not to exceed 2 years and may be renewed upon successful completion of relicensing requirements.

(8) NOTIFICATION OF APPLICATION FOR OR ISSUANCE OF ADDITIONAL LICENSES. A licensee who applies to any licensing authority for or is issued any other license in addition to the foster home license shall notify the agency that issued the foster home license. No licensee may hold any other license to operate a foster home under this chapter or a group home under ch. DCF 57.

History: CR 00-020: cr. Register February 2002 No. 554, eff. 3-1-02; corrections in (3) (a), (b), (4) (a) 2., 3., 9., (b) 2., (5) (a), (c) and (8) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; EmR0937: emerg. revisions as in CR 10-021 (except for (4) (a) 5m.), eff. 1-1-10; CR 10-021: am. (4) (a) 2., (b) 2. and (c) 1., r. and recr. (4) (a) 3., 4., and (b) 5., cr. (4) (a) 5m. and (b) 5m. Register September 2010 No. 657, eff. 10-1-10; correction to numbering of (4) (a) 5m. made under s. 13.92 (4) (b) 1., Stats., Register September 2010 No. 657; **EmR1050: emerg. r. and recr. (2), (4) (a) 5m., am. (8), eff. 1-1-11; CR 10-148: r. and recr. (2), (4) (a) 5m., am. (8) Register August 2011 No. 668, eff. 9-1-11.**

DCF 56.05 Licensee qualifications.

(1) PERSONAL REQUIREMENTS AND BACKGROUND.

(a) *General.* 1. A person licensed to operate a foster home shall be a responsible, mature individual who is fit and qualified, who does not abuse alcohol or drugs or have a history of a civil or criminal conviction or administrative rule violation that substantially relates to caring for children or operating a foster home, as described in ch. DHS 12, and who exercises sound judgment and displays the capacity to successfully nurture foster children.

2. The applicant or licensee shall give truthful and sufficient information to enable the licensing agency to verify whether or not he or she meets the requirements under subd. 1. Giving false information or withholding relevant information shall constitute grounds for denial or revocation of the license.

3. In determining whether a person is fit and qualified, the licensing agency shall consider the person's qualifications under this section and any history of civil or criminal violation of statutes, regulations or ordinances of the United States, this state, any other state, any local government or other U.S. jurisdiction substantially related to the care of children.

(b) *Characteristics.* 1. 'All foster parents.' As evidenced through interviews with foster family members, the use of formalized assessment systems, communication with references, and other methods considered to be effective components of a comprehensive foster home study, a licensee shall have or exhibit all of the following characteristics to a degree that will allow the licensee to adequately provide foster care services:

a. An adequate understanding of what it means to be a foster child and a recognition of a child's strengths and needs consistent with the child's age and abilities, or a motivation to learn.

b. A history of managing or an indication of the ability to manage stress related to economic resources employment home neighborhood family size health problems or other factors and an indication of an ability to cope with an additional stress factor of the placement of a foster child.

c. A satisfactory self-concept.

d. An ability to communicate ideas, feelings, and needs.

e. An outlook regarding his or her own history that indicates that any negative aspects have been recognized and adequately addressed.

f. Parenting ability appropriate to the age, abilities, strengths, and needs of foster children to be placed in the licensee's home or a motivation to learn.

g. A history of positive parenting, if applicable.

h. An adequate knowledge of child growth and development or a motivation to learn.

i. Reasonably constructive social relationships and the ability to provide encouragement and understanding of a foster child's need for positive social relationships.

j. Effective intrafamilial communication and the existence of appropriate family roles, marital or other relationship stability, integration into the community, and organization in the home.

k. An appropriate understanding of child abuse and neglect as a social problem or a motivation to learn.

L. An appropriate understanding of the needs of children who have been abused or neglected and of parents who abuse or neglect their children or a motivation to learn.

- m. Adequate preparation of all family members to become a foster family, particularly preparation for the stress that having a foster child in the family may place on each family member.
- n. An appropriate motivation for applying to be a foster family and an ability to follow through on difficult endeavors.
- o. A willingness to work with the supervising agency, placing agency, licensing agency, and the biological or adoptive parents in achieving a foster child's permanence goal as established in the child's permanency plan.

Note: The Department has recommended the use of the Resource Family Assessment but any formalized assessment system can be used.

2. 'Level 3 to 5.' In addition to the requirements under subd. 1. a foster parent who operates a foster home with a Level 3 to 5 certification shall have the following knowledge skills and qualifications prior to placement of a child in the foster home:

a. Knowledge of the specific behavioral, emotional, or physical conditions; symptomology; and treatment and care needs of the child to be placed.

b. Knowledge of the operation of any specialized equipment and emergency back up systems for the child to be placed.

c. Recognition of escalating symptoms or side-effects of the child's condition and appropriate responses.

d. Knowledge of the medications services and treatments of the child to be placed.

e. Knowledge of the care requirements and techniques required for the child to be placed.

f. A demonstrated commitment to providing care for a child with serious treatment needs.

g. Commitment and time to receive the required pre placement, initial, and ongoing training.

h. Ability to appropriately bond with the child.

i. A demonstrated capacity to deal effectively with the dependency needs of the child.

j. Availability at all times except when respite care under s. DCF 56.21 or other arrangements for care of the child have been made with the supervising or licensing agency.

(c) *Responsibilities.*

1. 'All foster parents.' The licensee shall be familiar with the requirements of this chapter and do all of the following:

a. Comply with all of the requirements of this chapter.

- b. Participate in the selection of and accept foster children for care only in conformity with the conditions specified on the license and with the approval of the licensing and supervising agencies.
- c. Cooperate fully with the licensing agency and any other agency responsible for supervising foster children in the licensee's care and keep the licensing agency and any other responsible agency informed of each child's progress and problems.
- d. Immediately notify the licensing agency of any change in the job or work schedule of a foster parent who works outside the home and notify the licensing agency of any impact this change will have on the licensee's ability to provide foster care.

Note: See similar language related to in-home employment at s. DCF 56.09 (2) (a).

- e. Cooperate and assist with efforts of the supervising agency to maintain relationships between foster children and their families and with the agency's efforts to implement plans for care and treatment and for arranging a permanent living arrangement as required under s. 48.38 or 938.38 Stats.

- f. Allow the supervising agency up to 30 days in which to make an alternate placement when the licensee asks that a foster child be removed from the home.

- g. Maintain in confidence all personal information about foster children and their families.
- h. Comply with serious incident reporting requirements in s. DCF 56.06.
- i. Attend training sessions, permanency plan reviews, and other meetings as required by the licensing, supervising, or placing agency.
- j. Provide a respite care provider with written and verbal information regarding the specific care needs of a child each time respite care is used.
- k. Provide or arrange for a child's necessary transportation, unless otherwise determined by the child's team or treatment team.
- L. Advocate for the child with the child's school system and have primary responsibility for communication with the school, unless otherwise determined by the child's team or treatment team.
- m. Implement the child's case plan, and if applicable treatment plan, cooperatively and consistently.
- n. Participate in assessing a child's progress.

2. 'Foster home with Level 3 to 5 certification.' In addition to the requirements under subd. 1., a foster parent who operates a foster home with a Level 3 to 5 certification shall do all of the following, unless otherwise determined by the treatment team:

- a. Participate as an active team member in the development, implementation, and evaluation of the treatment plan goals and objectives.
- b. Assume primary responsibility for implementing in-home care and treatment strategies specified in the treatment plan.
- c. Participate in developing a child's individualized treatment plan.
- d. Notify the appropriate treatment team member of any problems or concerns related to operating a foster home with a Level 3 to 5 certification.
- e. Participate on a regularly scheduled basis, but at least annually, in the evaluation of his or her performance as a foster parent operating a foster home with a Level 3 to 5 certification under s. DCF 56.20.

(d) *Age.* No person younger than 21 years of age may be licensed to operate a foster home, except that a person 18 to 20 years of age may be licensed to provide foster care for a relative.

(e) *Health.*

1. The applicant for an initial license to operate a foster home and all members of the household shall be free of physical or mental conditions that would interfere with the ability of the family to provide care for a foster child or threaten the health or safety of a foster child.

3. If, at any time, the licensing agency suspects or has reason to believe that the physical or mental health of an applicant, licensee or other household member may pose a threat to the health, safety or welfare of children in care, the licensing agency may require an alcohol or other drug abuse assessment or a physical health or mental health evaluation of the person as a condition for issuing or continuing the license.

(f) *Background.*

1. The applicant shall provide all of the following:

- a. Before a foster home license is issued or renewed, the applicant and any non-client resident of that person's home who is age 12 or older shall complete the background information disclosure form and shall provide written authorization for the licensing agency to make follow-up contact with the Wisconsin department of justice and any other agency to determine if there is any reason under subd. 3. why the applicant should not be granted a license or have an existing license renewed.

Note: To obtain a master copy of the Background Information Disclosure Form, either download the form at <http://www.dhs.wisconsin.gov/forms/F8/F82064.pdf> or request a copy of the form from the Division of Safety and Permanence Forms Center at Forms Manager, P.O. Box 8916, Madison, WI 53708-8916.

- b. Before an initial foster home license is issued or a license is renewed after a break in licensure, the applicant shall provide the licensing agency or its designated agent with a set of fingerprints sufficiently clear to submit to the Wisconsin department of justice or other law enforcement agency for submission to the national crime information database as provided in s. 48.685 (2) (c) 1., Stats.

- c. Before an initial foster home license is issued or a license is renewed after a break in licensure, the applicant and any adult residing in the applicant's home shall provide the licensing agency or its designated agent with information on their places of residence during the 5-year period prior to submission of the license application.

2. The licensing agency shall do all of the following:

- a. Conduct criminal and other background checks in accordance with s. 48.685, Stats., and ch. DHS 12 before issuing a foster home license or at any time during licensure that the licensing agency considers appropriate.

- b. Submit the applicant's fingerprints to the Wisconsin department of justice or other law enforcement agency for submission to the national crime information database as provided in s. 48.685 (2) (c) 1., Stats., before an initial foster home license is issued or a license is renewed after a break in licensure.

- c. If the licensing agency is informed that the applicant or any adult residing in the applicant's home resided in the state of Wisconsin during the 5-year period prior to the submission of the license application, the licensing agency shall check any child abuse and neglect reports or findings from counties in Wisconsin in which the person is a resident or was a resident within those 5 years before licensure or relicensure after a break in licensure.

- d. If the licensing agency is informed that the applicant or any adult residing in the applicant's home resided outside the state of Wisconsin during any period within the 5 years prior to the submission of the license application, the licensing agency shall check any child abuse or neglect registry maintained by any state or other U.S. jurisdiction in which the person is a resident or was a resident within those 5 years for information on child abuse or neglect substantiations or similar findings before licensure or relicensure after a break in licensure.

- e. Before an initial foster home license is issued or a license is renewed, the licensing agency shall conduct a reverse search by address of the Wisconsin sex offender registry.

Note: A reverse search by address can be done by entering the entity or placement address at <http://wisconsin.doc.familywatchdog.us/>. The Registry and Family Watchdog information does not contain information on all convicted sex offenders. The information is limited by the effective date of the applicable law and to those offenders who have been arrested and convicted, adjudicated or committed for a crime specified under the law and who meet registration and publication requirements.

For example, certain sex offenses by juveniles or other persons may not meet registration or publication requirements. Please consider these limitations when obtaining information from the Registry or Family Watchdog.

3. Pursuant to s. 48.685, Stats., and ch. DHS 12, an applicant or licensee is unqualified to hold a license if the applicant or any other nonclient resident living in the household meets any of the following conditions:

- a. Is the subject of a pending state or federal criminal charge if the circumstances of the charge substantially relate to caring for children or operating a foster home.
- b. Has been convicted of a felony, misdemeanor, or other state or federal offense, the circumstances of which substantially relate to caring for children or operating a foster home or who is otherwise prohibited from licensure by statute or ch. DHS 12, including any governmental finding that the person misappropriated a client's property.

4. An applicant or licensee shall immediately notify the licensing agency of any arrests or convictions, any allegations or determinations specified under subd. 3. b., or investigations of maltreatment of a child under s. 48.981, Stats., relating to the applicant or licensee or any member of the applicant's or licensee's household. This information shall be used by the licensing agency in making a determination to issue or deny a license, to renew or not renew a license, or to revoke a license.

(2) FINANCES. A foster parent shall have a stable income sufficient to meet the foster family's obligations without reliance on the basic maintenance payments received for the care of foster children placed in the foster home. An applicant for a license shall provide the licensing agency with verification of compliance with this subsection.

(3) VEHICLE LIABILITY INSURANCE.

(a) An applicant for either initial licensing or for relicensing who plans to transport foster children in his or her vehicle shall provide the licensing agency with documentation of current vehicle liability insurance coverage and shall ensure that the insurance coverage continues in force throughout the term of licensure.

(b) If it is anticipated that a foster child will drive the applicant's motor vehicle, the applicant shall ensure that the foster child is covered by the applicant's insurance policy.

*** (4) HOMEOWNER'S OR RENTER'S LIABILITY INSURANCE.**

(a) Except as provided under sub. (5), before a foster home license is issued or renewed, the applicant for an initial license or the foster parent applying for renewal of a license shall furnish proof to the licensing agency of having homeowner's or renter's liability insurance as required under s. 48.627 (2) (a), Stats.

(b) A licensing agency shall have on file verification that each foster parent licensed by that agency has insurance coverage required under par. (a) and s. 48.627 (2) (a), Stats., or shall have on file documentation that the foster parent has been granted a waiver from that requirement in accordance with sub. (5), or has been issued a license for a period not to exceed 90 days to allow the foster parent to obtain necessary documentation to request a waiver in accordance with sub. (5).

(5) WAIVER OF HOMEOWNER'S OR RENTER'S LIABILITY INSURANCE REQUIREMENT.

(a) In this subsection, "Wisconsin insurance plan" means the mandatory risk-sharing insurance plan established under s. 619.01, Stats., and s. Ins 4.10.

(b) A foster parent or an applicant for a foster home license may request a waiver of the requirement under sub. (4) (a) if he or she is unable to obtain the required insurance, the insurance policy that he or she had was canceled or payment of the premium for the required insurance would cause undue financial hardship.

(c) A request for a waiver shall be sent directly to the licensing agency and shall include one of the following:

1. A written denial of homeowner's liability insurance by an insurance company for a reason other than the poor condition of the property and a written denial of the same insurance coverage from the Wisconsin insurance plan.
2. A written cancellation of homeowner's liability insurance by an insurance company for reasons other than nonpayment of premiums and a written denial of the same coverage from the Wisconsin insurance plan.
3. A written denial of renter's liability insurance from 2 insurance companies.
4. A written cancellation of renter's liability insurance by an insurance company for reasons other than nonpayment of premiums and, in addition, a written denial of the same insurance coverage from one other insurance company.
5. Documentation that payment of the insurance premium would cause undue financial hardship for the foster parent or applicant as evidenced by any of the following:
 - a. The foster family or applicant is a participant in the Wisconsin Works program under ss. 49.141 to 49.161, Stats.
 - b. The foster parent or applicant is receiving supplemental security income under 42 USC 1381 to 1383d.
 - c. The foster family's or applicant's income is at or below the minimum family budget determined by the department for purposes of administering the uniform fee system under ch. DHS 1.

Note: A foster parent has limited liability under s. 895.485, Stats. This does not mean that he or she has no liability. In the event that a foster parent is sued, the foster parent may be liable for any judgment and attorney's fees. As such, a waiver of the insurance requirement should be made only in rare circumstances.

(d) Within 30 days after receipt of a request that is accompanied by the documentation required under par. (c), the licensing agency shall either waive the requirement or deny the request for a waiver, and shall notify the applicant or foster parent in writing of its decision and the reasons for the decision.

Note: The Wisconsin Insurance Plan is property insurance of the last resort. A foster parent and an applicant for a foster home license should consider the Wisconsin Insurance Plan only if they cannot obtain conventional insurance from an insurance company. For information on the Wisconsin Insurance Plan, contact any insurance agency or the Wisconsin Insurance Plan, 700 W. Michigan Street, Milwaukee, WI 53233; phone 414-291-5353.

History: CR 00-020: cr. Register February 2002 No. 554, eff. 3-1-02; corrections in (1) (a) 1., (f) 2., 4. and (5) (c) 5. c. made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; EmR0937: emerg. revisions as in CR 10-021, eff. 1-1-10; CR 10-021: am. (1) (b) 2. and (c) 8., r. and recr. (1) (e) 1. and (f), r. (1) (e) 2. Register September 2010 No. 657, eff. 10-1-10; **EmR1050: emerg. renum (1) (b), (c) to be (1) (b) 1., (c) 1. and am., cr. (1) (b) 2., (c) 1. h. to n., 2., eff. 1-1-11; CR 10-148: renum (1) (b), (c) to be (1) (b) 1., (c) 1. and am., cr. (1) (b) 2., (c) 1. h. to n., 2. Register August 2011 No. 668, eff. 9-1-11.**

DCF 56.06 Serious incident reporting.

(1) A foster parent shall immediately notify the supervising agency and, if not the same, the licensing agency of all of the following:

- (a) Death of a foster child.
- (b) Serious illness or injury of a foster child that requires the services of a licensed medical professional, including all of the following:
 - 1. A broken bone.
 - 2. A burn.
 - 3. A concussion.
 - 4. A wound requiring stitches.
 - 5. The ingestion of poison or drug overdose.
 - 6. A reportable communicable disease under ch. DHS 145, Appendix A.

Note: Information regarding reportable communicable diseases can be obtained from local county public health departments.

- (c) The foster parent has reasonable cause to believe any of the following:
 - 1. A foster child has been abused or neglected.
 - 2. A foster child has been threatened with abuse or neglect and it is likely that the foster child will be abused or neglected.
- (d) An error in administering medication to a foster child.
- (e) A suicide attempt by a foster child.
- (f) The unauthorized absence of a foster child from the home for more than 8 hours or for longer than is reasonable given the child's age, maturity, and mental and emotional capacity.
- (g) An incident requiring contact with law enforcement at the foster home or that involves a foster child.
- (h) A condition or situation that requires the removal of a child from a foster home.
- (i) The use of a physical restraint as required under s. DCF 56.09 (1g) (e).
- (j) Any other serious incident related to a foster child.

(2) A foster parent shall immediately notify the licensing agency of any of the following:

(a) Any physical damage to the foster home or premises that would affect compliance with this chapter, including the following:

1. Structural damage that may affect the safe shelter of a child.
2. Failure in the heating, cooling, electrical, plumbing, or smoke detection system that is not repaired or that cannot be repaired within 24 hours after the failure becomes known.

(b) A fire on the premises of the foster home that requires the services of a fire department.

(c) The displacement of a child or adverse effects due to implementation of the disaster plan required under s. DCF 56.08 (10m).

(3) A licensing agency shall immediately notify the department exceptions panel of any serious incident in this section that is reported by a foster parent of a Level 5 foster home.

History: CR 00-020: cr. Register February 2002 No. 554, eff. 3-1-02; corrections in (8) and (13) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; EmR0937: emerg. am. (12), eff. 1-1-10; CR 10-021: am. (12) Register September 2010 No. 657, eff. 10-1-10; **EmR1050: emerg. r. and recr., eff. 1-1-11; CR 10-148: r. and recr. Register August 2011 No. 668, eff. 9-1-11.**

DCF 56.07 Physical environment.

(1) GENERAL REQUIREMENTS.

(a) A foster home shall be so constructed, arranged and maintained that it is safe for all occupants, and the health of all occupants is safeguarded. The home shall be large enough and its living areas large enough for the number and ages of the foster children and other household members. The home shall have furnishings and equipment necessary to adequately accommodate the foster children and other persons living in the home. The property on which the foster home is situated, including all other buildings and structures on that property, shall be maintained in a state of good repair and in a sanitary condition so that it is safe for the occupants and their health is safeguarded.

(b) The licensing agency shall request fire, health, sanitation or safety officials to inspect the foster home or the entire premises when more expert opinion is necessary to help the agency evaluate the safety of the home.

(1m) EXTERIOR ACCESS. If necessary for a child to access the foster home where the child is placed, at least one entrance to the foster home shall be level or ramped in accordance with ch. Comm 62 and in a manner that provides safe access for the child.

***(2) INTERIOR LIVING AREA.**

(a) An applicant applying on or after September 1, 1990, for an initial license to operate a foster home shall provide a minimum of 200 square feet of living area for each household member, including each foster child, unless a higher minimum is deemed necessary by the licensing agency to accommodate wheelchairs or other special equipment used by a foster child.

(b) Doorways and passageways to the common rooms of the foster home, a complete bathroom, and the child's bedroom shall meet standards relating to accessibility in ch. Comm 62 if either of the following apply:

1. The child uses a wheelchair.
2. The child has significant mobility limitations and is too big to be safely carried.

(3) BATH AND TOILET FACILITIES.

(a) An applicant for an initial license to operate a foster home or any licensee who changes the location of the foster home on or after September 1, 1990 shall provide at least one complete bathroom for every 8 household members including foster children. Bath and toilet facilities that are accessible only through a sleeping room may be counted only for the occupants of that room.

(b) The door of each bathroom shall have a lock that may be opened from the outside in an emergency.

(c) Bathrooms shall be located within the foster home.

(d) At least one bathroom shall be constructed in conformity with ch. Comm 62 if a foster child has physical disabilities that require special equipment or clear floor space.

(4) SLEEPING ARRANGEMENTS.

(a) *1. Each foster child shall be provided with a separate bed, except 2 related children of the same sex over the age of one and under 12 years of age may share a double or larger bed.

1m. Each infant child, birth to 12 months of age, shall sleep alone in a crib, bassinet, or playpen.

2. Each crib shall have crib slats that are securely fastened in place and are spaced no more than 2 3/8 inches apart. The mattress shall fit snugly so that there are no more than 1½ inches between the edge of the mattress and crib side. Crib sheets shall fit snugly to the mattress. Blankets used to cover the child shall be tucked tightly under the mattress and shall be kept away from the child's mouth and nose.

3. Each bed shall be large enough to be comfortable for the child, provide adequate body support and be equipped with a clean and comfortable mattress and with a waterproof covering when necessary. The foster child shall be provided blankets that are adequate for the season.

*4. There shall be a minimum of 2 feet horizontally between beds except that between bunk beds there shall be a minimum of 5 feet.

5. For the top bed of a bunk bed, there shall be a minimum of 3 feet between the top of the mattress and the ceiling or any light or other fixture protruding from the ceiling above the bed.

6. A foster child under 4 years of age or who has a disability that limits mobility may not sleep on the top bed of a bunk bed.

7. A top bunk shall have a safety rail if occupied by a child under 8 years of age.

8. Triple-decked beds may not be used.

* (b) No foster child one year of age or older may regularly share a bedroom with an adult unless a physician determines that it is medically necessary and the licensing agency approves.

(c) No foster child 6 years of age or older may regularly share a bedroom with another child of the opposite sex.

* (d) Each bedroom occupied by a foster child shall have a minimum floor space of 40 square feet per child, unless the licensing agency determines a higher minimum is necessary to accommodate wheelchairs or other special equipment used by a foster child.

(e) No foster child may regularly sleep in any building, apartment or other structure on the premises which is separate from the foster home, nor may any foster child regularly sleep in an unfinished attic, an unfinished basement, a hallway or in any room normally used for purposes other than sleeping. No household member may regularly sleep in any of these places in order to accommodate the presence of the foster child.

(f) No foster child under the age of 7 years or a child with limited mobility or functioning may regularly sleep in a finished basement bedroom or in a bedroom above the second floor of a single family dwelling.

(g) No foster child 7 years of age or older may regularly sleep in a finished basement bedroom or in a bedroom above the second floor of a single family dwelling unless all of the following conditions are met:

1. There are 2 exits to grade from that floor level. Exits from a basement shall comply with s. Comm 21.03 (5) (b) and (6).
2. Provision has been made for adequate heating, cooling, ventilation, and humidity control.
3. Access to and exit from these locations are appropriate given the child's ambulatory level and use of mechanical devices, such as wheelchairs and walkers.

(h) A responsible care provider shall sleep within call of foster children during the night. An exception may be granted only if the child is at least 16 years of age and the supervising agency gives its approval.

(i) Each bedroom occupied by a foster child shall have a door for privacy, a window that allows natural light to enter, and adequate ventilation.

* (j) A sleeping room that someone must pass through to get to another part of the building may not be used for a foster child.

* (k) A foster child may not regularly sleep in a room to which access can be gained only through another occupied sleeping room.

* (L) No more than 4 children may regularly occupy one bedroom.

(5) TELEPHONE.

(a) A foster home shall have at least one operating telephone accessible to a child at all times when a child is present in the home.

(b) Emergency telephone numbers, including fire department, police, hospital, physician, poison control center and ambulance, shall be posted by each telephone in a foster home.

(c) A licensee shall notify the licensing and supervising agencies no later than the end of the next working day from the date that a foster home telephone number is changed.

(6) HEATING.

(a) A foster home shall have a heating system that is capable of maintaining a comfortable temperature of not less than 68° F., or 20° C., in living areas.

* (b) No foster home may be maintained at any time at a temperature of less than 68° F., or 20° C., during waking hours or 58° F., or 14° C., during sleeping hours unless written approval has been obtained from the licensing agency.

(c) Unvented gas, oil or kerosene space heaters may not be used in a foster home.

(d) 1. All wood-burning or other alternative heating source equipment in a foster home, except a fireplace, shall be inspected by a fire safety expert at least biennially and certified as properly installed and maintained as defined by the manufacturer's recommendations or specifications or other standards utilized by the fire safety expert. The licensee shall forward documentation of compliance with this paragraph to the licensing agency. If required by the licensing agency, a fireplace shall also be inspected by a fire safety expert.

2. In the event that a fire safety expert will not inspect or will not document an inspection of wood-burning equipment, the applicant or licensee shall permit the licensing agency to conduct an inspection of the equipment or shall provide the licensing agency with a statement from the homeowner's or renter's insurance provider confirming the provider's knowledge of the wood-burning equipment in the home.

(e) No heating equipment may be located so that it blocks or hinders an exit from the foster home.

* (7) STORAGE. The licensee shall provide enough drawer and closet space to reasonably accommodate each foster child's clothing and other personal belongings.

* (8) OUTDOOR RECREATION AND PLAY SPACE.

(a) Each foster home shall have available outdoor recreation and play space either on the premises or nearby.

(b) A licensing agency may require a licensee to erect a fence around an on-premises play area when nearby vehicle traffic, railroad tracks, a swimming pool, a lake, a pond or river or a similar hazard presents a threat to the safety of foster children.

(c) Any outdoor porch on a first floor that is more than 4 feet above grade or on or above the second floor of a foster home shall have a railing suitably designed to safeguard foster children who may be on the porch.

(9) MAINTENANCE AND REPAIR. The foster home, all other buildings and structures on the premises and all equipment and furnishings shall be maintained in a safe and proper state of repair. Broken, rundown, defective, inoperative or unsafe building parts, furnishings and equipment shall be promptly repaired, replaced or discarded.

(10) SANITATION. (a) The outside recreation and play space furnishings and equipment for a foster home shall be maintained in a clean and sanitary condition.

(b) Windows that are used for ventilation shall be screened.

History: CR 00-020: cr. Register February 2002 No. 554, eff. 3-1-02; correction in (4) (g) made under s. 13.93 (2m) (b) 7., Stats., Register December 2003 No. 576; EmR0937: emerg. revisions as in CR 10-021, eff. 1-1-10; CR 10-021: am. (4) (a) 1., 2., (5) (a) and (6) (d) 1., cr. (4) (a) 1m. Register September 2010 No. 657, eff. 10-1-10; **EmR1050: emerg. cr. (1m), (2) (b), (3) (d), renum. (2) to be (2) (a) and am., r. and recr. (4) (g), am. (4) (d), (i), (10) (a), eff. 1-1-11; CR 10-148: cr. (1m), (2) (b), (3) (d), renum. (2) to be (2) (a) and am., r. and recr. (4) (g), am. (4) (d), (i), (10) (a) Register August 2011 No. 668, eff. 9-1-11.**

DCF 56.08 Safety.

(1) GENERAL REQUIREMENTS.

- (a) Materials and equipment that may be hazardous to children, such as power tools, flammable or combustible materials, insecticides, poisons, plastic bags, detergents, alcohol, tobacco products and medications, shall be stored in areas not readily accessible to foster children.
- (b) The licensee shall make every reasonable effort to identify and immediately correct any hazard to the safety of foster children while the children are in the foster home, on the premises or being transported.

(2) ELECTRICITY.

- (a) Electrical systems and appliances shall be in good repair and maintained in a manner designed to protect the safety of foster children.
- (b) A licensee caring for a foster child who is under 7 years of age shall maintain protective covers on all electrical outlets not in use.

(3) HOUSEHOLD PETS.

- (a) Cats, dogs and other pets vulnerable to rabies which are owned by any member of the household shall be vaccinated as required under local ordinance and documentation of the vaccinations shall be provided to the licensing agency.
- (b) Household pets known to be vicious or infected with any disease transmittable to humans may not be kept in the foster home or elsewhere on the premises.

(4) TRANSPORTATION.

- (a) Any licensee or other person acting on behalf of the licensee who transports foster children for any purpose shall possess a valid driver's license. The licensing agency may establish additional requirements in this area by written policy.
- (b) No licensee or person acting on behalf of a licensee may transport any foster child under the age of 8 years or less than 80 pounds in weight in any private motor vehicle unless the following conditions are met, as required in s. 347.48 (4), Stats.:
 - 1. Each child who is less than one year old or who weighs less than 20 pounds being transported in a vehicle shall be properly seated and restrained in a rear-facing individual child car safety seat in the back seat of the vehicle.
 - 2. Each child who is at least one year old but less than 4 years old or who weighs at least 20 pounds but less than 40 pounds shall be properly restrained in a forward-facing individual child car safety seat in the back seat of the vehicle.
 - 3. Each child who is at least 4 years old but less than 8 years old, who weighs at least 40 pounds but not more than 80 pounds, or who is 4 feet 9 inches tall or less, shall be properly restrained in a shoulder-positioning child booster seat.
- (c) Each child who is not required to be in an individual child car safety seat or booster seat when being transported shall be properly restrained by a seat belt, except as provided in s. 347.48 (2m), Stats., and ch. Trans 315.

(5) FIREARMS AND OTHER WEAPONS.

- (a) Except as allowed under par. (d), no loaded firearm may be kept in a foster home.
- (b) No unloaded firearm or other dangerous weapon may be kept in a foster home unless stored and locked in an area not readily accessible to foster children. Ammunition materials and firearms shall be stored in locked areas that are not readily accessible to foster children.

Note: A firearm need not be locked in an area not readily accessible to foster children if the firearm has been disassembled in such a manner that it is not operable. Trigger locks alone do not meet the above requirement but may be a supplemental safety measure in addition to the firearm being stored and locked in an area not readily accessible to foster children. A weapon cabinet with a glass front is not considered secure, even if it can be locked.

- (c) A foster child may be permitted to use firearms or bows for hunting or target practice only if all of the following conditions are met:
 - 1. The child is at least 12 years of age.
 - 2. The child's parent or guardian has given written consent and the child's foster parent and the supervising agency approve.
 - 3. The child has successfully completed an approved hunter education and firearm safety program under s. 29.304, Stats.
 - 4. The child is under the supervision of a responsible adult at all times.

(d) If the foster parent is a sworn law enforcement officer who is required to maintain a loaded weapon at all times, the loaded weapon shall be stored and locked in an area not readily accessible to foster children.

(6) HAZARDOUS MACHINERY AND EQUIPMENT.

- (a) No foster child under 14 years of age may, unless otherwise permitted by statute, operate any hazardous machinery or equipment.
- (b) A foster child 14 years of age or older may operate hazardous machinery or equipment only if a written agreement has been signed by the child, the child's parent or guardian, the foster parent and the supervising agency, with a copy provided to all parties to the agreement.

- (c)
 - 1. No foster child may operate any machinery or equipment that is beyond his or her knowledge or mental or physical capability.
 - 2. All hazardous machinery and equipment to be used by a foster child shall be maintained in safe and proper condition.
 - 3. The foster child shall be under the general and appropriate supervision of a responsible adult when operating a hazardous machinery or piece of equipment.
 - 4.
 - a. The foster child shall be trained by the supervising adult on the safe and proper use and operation of any hazardous machinery or equipment before actually operating the hazardous machinery or equipment.

b. The agency may require attendance at specific training that is applicable to an applicant's home environment, such as farm safety and logging safety.

5. The foster child shall wear clothing and safety gear appropriate to the operation of particular hazardous machinery or equipment.

(7) FIRE PROTECTION.

(a) *Smoke detectors.* A foster home shall have one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors at each of the following locations in the home:

1. At the head of every open stairway.
2. On each floor of the home.

3. In each sleeping room.

Note: These smoke detector locations have been determined by a combination of standards found in ch. 2-2.1.1.1 of National Fire Protection Association (NFPA) standard 72, s. DHS 83.43 (4) (b), Stats., and s. Comm 21.09. The smoke detector at the head of an open stairway may also serve as the smoke detector for that floor of the home.

(b) *Smoke detector maintenance.* The licensee shall check the operating condition of each smoke detector at least once a month and shall immediately repair or replace any unit or part of a unit found to be inoperative. For a single-station battery-operated smoke detector, the battery shall be replaced at least once each year.

(c) *Fire extinguisher.* A fire extinguisher with a UL rating for A, B and C burning materials shall be available in or near the kitchen of a foster home. The foster parent shall know how to operate the fire extinguisher. Licensing agencies may also require a fire extinguisher near the sleeping areas of the home.

(8) FIRE SAFETY EVACUATION PLAN.

(a) The licensee shall develop a written plan for the immediate and safe evacuation of the foster home in the event of a fire. The plan shall include the following:

1. The means to be used for emergency exiting from all floor levels of the foster home.
2. The place away from the foster home at which all evacuated members of the household will meet so that it can be determined if all persons are out of danger.
3. The means by which foster children who are not ambulatory will be assisted in evacuating the home.

(b) 1. The licensee shall review the fire safety evacuation plan with all household members at least once every 3 months and immediately following placement of a new foster child in the licensee's home.

2. The fire safety evacuation plan shall be posted in the home and its location made known to all household members.

(c) At least once every 2 years the licensing agency shall review the fire safety evacuation plan with the licensee and the licensee shall revise the plan if the licensing agency determines it is necessary.

(9) FIRE SAFETY INSPECTION. If required by the licensing agency, a foster parent shall arrange for a fire safety inspection by fire safety experts at any time there is cause for concern for the safety of household residents because of conditions in the foster home or elsewhere on the premises.

(9m) CARBON MONOXIDE DETECTOR. (a) Effective February 1, 2011, a foster home in a one- or two-unit building shall have a functional carbon monoxide detector installed in the basement and on each floor level, except the attic, garage, or storage area of each unit, in accordance with the requirements of s. 101.647, Stats.

Note: A one-unit building is a single family residence. A two-unit building is a duplex or two-flat.

(b) A foster home in a building with at least 3 units shall have one or more functional carbon monoxide detectors installed in accordance with the requirements of s. 101.149, Stats.

(10) REPORTING FIRES. The licensee shall report by no later than the end of the next working day to the licensing agency any fire in the foster home or elsewhere on the premises that requires the assistance of the fire department.

(10m) DISASTER PLAN. Each licensed foster home shall file a disaster plan with the licensing agency that would allow the licensing agency to identify, locate, and ensure continuity of services to children under the placement and care responsibility or supervision of an agency who are displaced or adversely affected by a disaster. Disaster plans shall include all of the following information:

- (a) Where a family, provider, or child would go in an evacuation, including one location in the nearby area and one location out of the area.
- (b) Phone numbers, electronic mail addresses, and other contact information for the foster parent.
- (c) Contact information for a relative or friend out of the area who will know where the family is located.
- (d) A list of items that the licensee will take if evacuated, including any medication and medical equipment for the child.
- (e) A phone number the licensee will call to check in with the licensing agency or caseworker.

(11) SAFETY OF INFANTS AND CHILDREN WITH DISABILITIES.

(a) A licensing agency may impose additional safety conditions upon a licensee if the licensee cares for a child under one year of age or a child with mental or physical disabilities when the age, impaired judgment, or mobility of the child creates additional safety risks.

(b) A licensing agency may require modifications to a foster home or other accommodations necessary to meet specific requirements identified by the child's team or treatment team. These modifications may include any of the following:

1. Supplemental electrical service to the home.
2. Electrical back-up systems that will provide a reliable level of power in the event of an electrical system failure.
3. Adequate mechanisms for the safe and legal storage and disposal of medical supplies.
4. Minimum and maximum standards for heating and cooling temperatures within the home.
5. Structural or cosmetic changes to allow the child access into and throughout the home.
6. Mechanisms for ensuring that hot water temperatures from bathtub, sink, shower, and other bathroom fixtures do not exceed a maximum safe temperature of 110 degrees Fahrenheit.
7. Mechanisms for measuring and achieving established air purity standards in the home.
8. Other modifications to accommodate needs identified by the child's team or treatment team.

(c) Any additional conditions imposed under par. (a) or (b) shall be in writing and reviewed jointly by the licensing agency and licensee before taking effect.

(d) The licensing agency and licensee shall review the conditions under par. (a) or (b) for possible revision at least annually.

Note: A licensing agency may use an exceptional payment under s. DCF 56.23 (3) to pay for any necessary adjustments to the foster home to meet the special needs of a foster child.

(12) STAIRWAYS. Each stairway shall have a handrail.

History: CR 00-020: cr. Register February 2002 No. 554, eff. 3-1-02; EmR0937: emerg. r. and recr. (4) (b) and (c), am. (5) (b), cr. (10m), eff. 1-1-10; CR 10-021: r. and recr. (4) (b) and (c), am. (5) (b), cr. (9m) and (10m) Register September 2010 No. 657, eff. 10-1-10; **EmR1050: emerg. am. (8) (a) 2., cr. (8) (a) 3., r. and recr. (11), eff. 1-1-11; CR 10-148: am. (8) (a) 2., cr. (8) (a) 3., r. and recr. (11) Register August 2011 No. 668, eff. 9-1-11.**

DCF 56.09 Care of foster children.

(1) PRINCIPLES FOR NURTURING CARE. The foster parent shall provide nurturing care to each child placed in a foster home. Nurturing care is care that does all of the following:

- (a) Ensures that the child is provided a humane physical and psychological environment.
- (am) Socializes the child into family living and teaches social and community living skills, including accepting tasks and responsibilities.
- (b) Is respectful of the child as a person.
- (bm) Increases the child's opportunities to develop decision-making skills and to make informed choices.
- (c) Gives the child room to grow and the maximum of personal and physical freedom appropriate to the child's age and maturity.
- (cm) Increases the child's independence in performing tasks and activities by teaching skills that reduce dependence on caretakers.
- (d) Does not deny a foster child access to confidential family planning and reproductive health services.
- (dm) Educates the child regarding human sexual development, as appropriate.
- (e) Does not discriminate against the child because of the child's race or cultural identification, sex, age, sexual orientation, color, creed, ancestry, national origin or disability.
- (em) Promotes cultural understanding and sensitivity in the child and respects the cultural traditions of the child's family.
- (f) Lets the child participate in community activities of the child's choice, including sports and activities of school, community, social and religious groups, with this participation restricted only by reasonable curfew hours, cost considerations, a court order or for a reason agreed upon by the foster parent and the licensing and supervising agencies.
- (fm) Increases the child's opportunities to interact with diverse community populations.
- (g) Gives the child reasonable opportunity to voluntarily participate or not participate in religious practices, activities, and services of the child's choice or the choice of the child's parents. Any discrepancy between the child's choice and the choice of the child's parents shall be resolved by the child's caseworker.
- (gm) Teaches the child life skills in situations where the skills are used.

(h) Allows a foster parent to conduct a search without the foster child's consent if the foster parent believes a search is necessary to prevent harm to the foster child or another person or because the foster child is violating a law. The foster parent shall share the information about the search with the child's supervising agency caseworker.

(hm) Provides daily schedules, routines, environments, and interactions similar to those of other children of the same age and in accordance with the child's case plan, permanency plan, or treatment plan.

(i) Lets a child keep and wear his or her own clothing as appropriate to the season or setting unless the clothing is too small for the child, is prohibited by the child's case manager or is otherwise unsuitable for wear.

Note: An example of clothing unsuitable for wear is clothing infested with lice.

(j) Permits a child to receive mail, to make and to receive a reasonable number of telephone calls and to visit with family, friends and others unless a visit is contraindicated by the child's case plan, by a court order or by another controlling document.

(k) Does not inflict or tolerate infliction of physical or verbal abuse, physical punishment, ill treatment or harsh or humiliating discipline of the child.

(L) Does not require a child to perform labor that financially benefits the foster parent without the child's agreement, approval of the child's parent or guardian and approval of the supervising agency.

(m) Allows the child access to clothing and written and recorded materials and other items appropriate to the child's age and comprehension. None of these materials may be permanently withheld from the child without the specific consent of the child's caseworker. Any withheld material shall be given to the child's caseworker who shall determine whether the material should be returned to the child or given to the child's parent or guardian. A foster child's personal belongings may not be damaged or destroyed.

Note: The primary intent of par. (m) is to allow a foster child to have clothes, books, recorded music and similar items which the child enjoys. If a foster parent does not wish to have certain types of such materials in his or her home, the foster parent should communicate that in writing to the licensing agency.

(n) Does not permit a child to be mechanically restrained or locked or confined in any enclosure, room, closet or other part of the house or premises for any reason, except as provided under sub. (5) (i).

(o) Responds appropriately to disruptive behavior.

(1g) PHYSICAL RESTRAINT.

(a) A foster parent may not use any type of physical restraint on a foster child unless the foster child's behavior presents an imminent danger of harm to self or others and physical restraint is necessary to contain the risk and keep the foster child and others safe.

(b) A foster parent shall attempt other feasible alternatives to de-escalate a child and situation before using physical restraint.

(c) A foster parent may not use physical restraint as disciplinary action, for the convenience of the foster parent, or for therapeutic purposes.

(d) If physical restraint is necessary under par. (a), a foster parent may only use the physical restraint in the following manner:

1. With the least amount of force necessary and in the least restrictive manner to manage the imminent danger of harm to self or others.

2. That lasts only for the duration of time that there is an imminent danger of harm to self or others.
3. That does not include any of the following:
 - a. Any maneuver or technique that does not give adequate attention and care to protection of the child's head.
 - b. Any maneuver that places pressure or weight on the child's chest, lungs, sternum, diaphragm, back, or abdomen causing chest compression.
 - c. Any maneuver that places pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the child's head or neck, or that otherwise obstructs or restricts the circulation of blood or obstructs an airway, such as straddling or sitting on the child's torso.
 - d. Any type of choke hold.
 - e. Any technique that uses pain inducement to obtain compliance or control, including punching, hitting, hyperextension of joints, or extended use of pressure points for pain compliance.
 - f. Any technique that involves pushing on or into a child's mouth, nose, or eyes, or covering the child's face or body with anything, including soft objects, such as pillows, washcloths, blankets, and bedding.
4. Notwithstanding subd. 3. f., if a child is biting himself or herself or other persons, a foster parent may use a finger in a vibrating motion to stimulate the child's upper lip and cause the child's mouth to open and may lean into the bite with the least amount of force necessary to open the child's jaw.

(e) A foster parent shall report the use of any physical restraint to the licensing agency as soon as possible after the imminent danger has been resolved but no later than 24 hours after the use of any physical restraint. Information shall include a description of the situation that led to the use of restraint, the nature of the restraint that was used, any follow-up actions that were taken, any injuries that may have resulted from use of the restraint, and any additional information required by the licensing agency.

(1m) NUMBER OF CHILDREN FOR WHOM CARE MAY BE PROVIDED.

- (a) *In general.* Care and maintenance may be provided for no more than 4 children in a foster home.
- (b) *Sibling connections.* Notwithstanding par. (a), for the purpose of maintaining sibling connections, a licensing agency may grant an exception to allow 7 or fewer foster children in a foster home. A licensing agency shall apply to the department exceptions panel to place 8 or more children in a foster home if necessary to keep siblings together. The licensing agency shall follow the requirements established under s. DCF 56.02 (2) when granting or requesting an exception under this subsection and shall modify the license to reflect a reduction in the number of foster children in the home if any of the children leave.
- (c) *Parental connection.* Notwithstanding par. (a), for the purpose of maintaining a parental connection for a minor parent and minor child who are placed together, a licensing agency may grant an exception to allow 7 or fewer foster children in a foster home. A licensing agency shall apply to the department exceptions panel to place 8 or more children in a foster home if necessary to keep a minor parent and minor child together. The licensing agency shall follow the requirements established under s. DCF 56.02 (2) when granting or requesting an exception under this section and shall modify the license to reflect a reduction in the number of foster children in the home if any of the children leave.

Note: In order to exceed the limit of 4 children in a foster home, any additional child must be related to one of the initial 4 children placed in the home.

(d) *Number of children in a foster home with Level 3 to 5 certification.* Notwithstanding par. (a), a licensing agency may limit the number of children for whom a foster home with a Level 3 to 5 certification may provide care and maintenance to fewer than 4.

(e) *More than 2 children in a foster home with a Level 3 to 5 certification.* If a licensing agency plans to place or places more than 2 foster children in a foster home with a Level 3 to 5 certification, the licensing agency shall notify any placing agency or supervising agency with a child already placed in the home. The notice shall be in writing and sent to the placing agency or supervising agency prior to placement of the third or fourth child, if possible. If written notice prior to the additional placement is not possible, the licensing agency shall verbally notify any placing agency or supervising agency prior to the placement and subsequently provide written notice.

(f) *Total number of individuals receiving care.* The number of individuals receiving care in a foster home, including the combined total of foster children, minor children of the foster parent, other children, and adults who need care may not exceed the following:

1. In a foster home with a Level 1 to 2 certification, 8 persons.
2. In a foster home with a Level 3 to 5 certification, 6 persons.

(g) *Children under 2 years of age.* A foster parent may not regularly provide care for more than 2 children under 2 years of age, including the combined total of foster children, minor children of the foster parent, and any other children.

(2) SUPERVISION OF CHILDREN.

(a) The licensee may not combine the care of foster children with regular part-time care of other non-related children or adults or conduct business or provide services in the foster home without the written approval of the licensing agency. The licensing agency shall confer with any other certifying or licensing agencies involved with the additional activities before granting approval and may approve a request only if the foster parent presents satisfactory evidence that the additional activities will not interfere with the quality or manner of care provided to foster children. The licensing agency may not allow a foster parent who operates a foster home with a Level 3 to 5 certification to also operate a licensed family child care center under ch. DCF 250 or a certified child care home under ch. DCF 202 in the foster home.

(b) Both foster parents may not be employed away from the home on a full-time, part-time or seasonal basis without written approval of the licensing agency. When there is only one foster parent, that person may not be employed away from the home without written approval of the licensing agency. Approval by the licensing agency for this employment shall depend on the foster parent or parents presenting satisfactory evidence that there are suitable plans for the care of the children and for responding in emergency situations during the absence of the foster parent or parents from the home.

(c) A person who provides child care for a foster child for compensation on a regular basis in a location other than the child's foster home shall be certified under ch. DCF 202 or licensed under ch. DCF 250 251 or 252.

(d) A licensee may not leave foster children under 10 years of age without supervision by a responsible care provider.

(e) A licensee shall ensure that foster children 10 years of age or older receive responsible supervision appropriate to their age, maturity and abilities as might reasonably be provided by a prudent parent to that parent's own children.

(f) A foster parent shall secure authorization from the supervising agency before taking a foster child out of state for a period longer than 48 hours.

(g) A foster parent shall secure approval of the supervising agency before making plans for the care of a foster child by any other person in or away from the foster home for any period in excess of 48 hours. Pursuant to

specified information in the placement agreement for a foster child, the supervising agency may require a foster parent to secure agency authorization for periods less than 48 hours.

(3) HOUSEHOLD CHORES.

(a) A foster parent may require a foster child to share in household chores appropriate to the child's age, degree of maturity, mental capability, health, and physical ability. These duties shall not interfere with a child's school attendance, family visits, sleep, studies, or religious practice and may not violate the humane and nurturing care described in sub. (1).

(b) Foster children may not be given responsibility for chores that may cause harm to themselves or others.

(4) HEALTH OF FOSTER CHILDREN.

(a) Within 30 days after the date that the child is placed in foster care, the foster parent shall arrange for medical and dental examinations of the child in accordance with the schedule of the HealthCheck program. An appropriate reproductive health needs and confidential family planning assessment shall be a part of the medical examination as included in the HealthCheck program.

Note: If the foster parent does not receive an authorization to provide medical care form signed by a parent or guardian, the foster parent may not be able to obtain the required medical services for the child. Without the consent of the parent or guardian, it becomes the responsibility of the placing agency to ensure that the HealthCheck physical for the child is completed.

(b) All foster children shall receive medical and dental care under the HealthCheck program unless they have private insurance that covers services required in this chapter. The HealthCheck program shall supplement any required services not covered by private insurance. A foster child's case record shall contain medical records utilizing the HealthCheck program forms.

(c) The foster parent shall notify the supervising agency as soon as possible if a foster child has any serious illness or any injury that requires medical treatment.

(d) The foster parent shall ensure that each foster child who needs medical attention receives appropriate and adequate medical services promptly.

(dm) The foster parent shall ensure that each foster child who needs mental health services receives appropriate services promptly.

(e) The foster parent shall ensure that each foster child receives 2 dental examinations and cleanings per year through a HealthCheck program referral.

(f) No foster parent may purchase tobacco products for a child or employ the child's use of tobacco products as part of a treatment or behavior modification program.

(g) *1. A foster parent may not smoke or allow another person to smoke in a foster home or in a vehicle when a foster child is present.

2. Nothing in this paragraph shall be interpreted to interfere with traditional or established spiritual or cultural ceremonies involving the use of tobacco.

(5) DISCIPLINE.

- (a) Disciplinary action by a foster parent or any other person serving as a substitute caretaker in the absence of the foster parent shall be aimed at encouraging the foster child to understand what is appropriate social behavior.
- (b) The type of discipline imposed shall be appropriate to the child's age and understanding.
- (c) Physical punishment of foster children is prohibited.
- (d) A licensee may not subject any foster child to verbal abuse, profanity, derogatory remarks about the child or his or her family or to threats to expel the child from the home.
- (e) A licensee may not permit another adult or child, other than a responsible care provider, to discipline a foster child.

Note: If the licensee leaves the foster child in the care of another person, such as a babysitter, that other person is responsible for providing the discipline in accordance with this chapter and any licensing agency policies.

- (f) No foster child may be punished by being deprived of meals, mail, or family interaction.
- (g) No foster child may be punished or ridiculed for bed-wetting or other lapses in toilet training.
- (h) No foster child may be mechanically restrained or locked in any enclosure, room, closet or other part of the house or elsewhere on the premises for any reason.
- (i) No foster child may be punished by being restricted to an unlocked room or area of the home except as follows:
 - 1. A foster child under 6 years of age may be restricted to an unlocked living area of the home for not longer than 10 minutes for any episode of misbehavior. The foster child shall be within hearing of a responsible caretaker and shall be permitted use of the toilet if necessary.
 - 2. A foster child 6 to 10 years of age may be restricted to an unlocked living area of the home for not longer than 30 minutes for any episode of misbehavior. The foster child shall be within hearing of a responsible caretaker and shall be permitted use of the toilet if necessary.
 - 3. A foster child over 10 years of age may be restricted to an unlocked living area of the home for up to 60 minutes for any episode of misbehavior. The foster child shall be within hearing of a responsible caretaker and shall be permitted use of the toilet if necessary.

***(6) CLOTHING.**

- (a) The licensee shall ensure that funds allocated for the purchase of clothing for foster children are used in such a manner that children in the licensee's care are comfortably and appropriately dressed within the limits of the funds. Foster children's clothing shall be maintained in a state of good repair and cleanliness.
- (b) Clothing purchased for a foster child or otherwise provided to a foster child with the understanding that the clothing belongs to the foster child shall be the property of the child and shall be given to the child to take when he or she leaves the foster home.

***(7) PERSONAL BELONGINGS.** When a foster child leaves a foster home, he or she may take all special equipment or other personal belongings that the child had when placed in the foster home, that were given to the child to keep, that the child received as gifts, or that were purchased on behalf of the child with public funds, unless the items are permanently affixed to the foster home.

*** (8) SPENDING MONEY.** The foster parent shall give each foster child spending money each week. The amount of spending money given to a foster child shall be appropriate to the child's age and maturity and in accordance with the child's case plan established by the supervising agency.

(9) NUTRITION.

(a) The foster parent shall ensure that each foster child receives at least 3 meals a day. Meals a child receives as part of a meals program at school may be counted. A school-age foster child who does not participate in a school lunch program shall be provided a sack lunch or be provided lunch at the foster home or shall otherwise have lunch arranged for by or with the approval of the foster parent.

(b) The foster parent shall ensure that each foster child is provided a quantity and variety of foods sufficient to meet the child's nutritional needs and to maintain his or her health and growth.

(c) No foster child may be forced to eat against his or her wishes except by order of and under the supervision of a physician.

(10) EDUCATION OF FOSTER CHILDREN.

(a) The foster parent shall make every reasonable effort to ensure that foster children of school age in their care attend school unless otherwise excused by school officials.

*** (b)** The foster parent shall make every reasonable effort to participate, as appropriate, in school activities involving foster children in their care.

*** (c)** The foster parent may not provide a home-based private educational program to foster children in their care. This does not apply to homebound study under s. 118.15 (1), Stats., or as defined in the child's individualized education program.

*** (d)** Foster children shall be given the opportunity to develop appropriate friendships with schoolmates and to visit their friends.

*** (e)** The foster parent shall provide suitable reading material and facilities for undisturbed reading and study for all foster children in their home who wish to read or who have homework assignments.

*** (f)** The foster parent shall assist the agency and any contracted agency with the transfer of independent living skills to and the preparation for independent living of a foster child whose permanency plan indicates the need for these skills and preparation.

(g) The foster parent shall assist a foster child in planning for achievement of the child's educational or vocational goals.

(11) CASE RECORDS.

(a) The foster parent shall maintain a record on each foster child. The record shall contain information regarding the child for the entire duration of the placement and shall contain at least the following information:

1. The child's name, nickname and any alias by which the child is known.
2. The child's birthdate.
3. The names, addresses and telephone numbers of persons to be notified in an emergency involving the foster child.
4. The date the child was placed in the foster home.
5. The name address and telephone number of the person or agency placing the child.
6. The name of the physician to be called in an emergency.
7. Medical information about the child, including known allergies and the dates of medical examinations, immunizations, illnesses and accidents since the time the child was placed in the foster home.

Note: This information must be included on the form required by ch. DCF 37.

8. The name and address of the child's dentist and dates the child received dental care since the child was placed in the foster home.
9. If the child attends school while in the foster home, the name of the school and the grades the child received.

(b) The foster parent shall give the foster child's record to the child's supervising agency when the child leaves the foster home.

(c) At the request of the licensing or supervising agency, the foster parent shall make the foster child's record available for inspection by that agency. A foster child's record may also be examined by authorized representatives of the department.

(12) CONFIDENTIALITY. The foster parent and other persons in the household having access to confidential information about the foster child and his or her family may not discuss or otherwise disclose that information to any other person while the child is in the foster home or after the child leaves the foster home, except as follows:

(a) To the licensing agency or agency placing the child in the care of the licensee.

(b) To another foster parent or respite care provider as authorized by the agency, such as when another foster parent is being considered as a placement for the child or the person is providing respite for the child.

(c) By order of a court.

(d) As otherwise provided by law.

Note: Disclosure of confidential information is governed by ss. 48.78 and 48.981 (7), Stats., and other state and federal laws and regulations.

History: CR 00-020: cr. Register February 2002 No. 554, eff. 3-1-02; corrections in (2) (c) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; EmR0937: emerg. revisions as in CR 10-021, eff. 1-1-10; CR 10-021: am. (1) (d), (g), (m), (2) (a), (g), (3) (a), (4) (b), (5) (f), (11) (a) 4. and 8., cr. (1m), r. and recr. (7) Register September 2010 No. 657, eff. 10-1-10; **EmR1050: emerg. cr. (1) (am), (bm), (cm), (dm), (em), (fm), (gm), (hm),**

(o), (1g), (1m) (d) to (g), (4) (dm), (g), (10) (g), am. (1) (h), (1m) (b), (c), (2) (a), (4) (e), r. and recr. (2) (c), r. (2) (h), (i), eff. 1-1-11; CR 10-148: cr. (1) (am), (bm), (cm), (dm), (em), (fm), (gm), (hm), (o), (1g), (1m) (a) (title), (b) (title), (c) (title), (d) to (g), (4) (dm), (g), (10) (g), am. (1) (h), (1m) (b), (c), (2) (a), (4) (e), r. and recr. (2) (c), r. (2) (h), (i) Register August 2011 No. 668, eff. 9-1-11.

DCF 56.10 Hearing.

(1) APPEAL. An applicant for a license to operate a foster home who is denied a license or a licensee whose license is revoked or whose application for renewal of the license is denied may appeal the decision by asking for a hearing in accordance with ch. 227, Stats.

Note: The appeal rights described in this section relate only to licensure decisions. Foster parents also have appeal rights for non-licensure decisions as provided under s. 48.64 (4), Stats., and ch. HA 3 rules. Any decision made by a circuit court regarding a placement or a placed child is not appealable by the foster parent under this section.

(2) REQUEST FOR A HEARING. A request for a hearing shall be in writing and shall be addressed to the department of administration's division of hearings and appeals. The date of the request for a hearing shall be the date on which the request is received by that office. Any request for a hearing shall be received no more than 15 days after the date of the notice of the agency decision to deny, revoke, or not renew the license.

Note: The request for a hearing should be sent to the Division of Hearings and Appeals, P.O. Box 7875, Madison, Wisconsin 53707 or delivered to the Division at 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

(3) ARRANGEMENTS FOR A HEARING. In response to a request for a hearing under this section, the division of hearings and appeals shall appoint a hearing examiner, set a date for the hearing and notify the parties in writing at least 10 days before the hearing of the date, time and place of the hearing and of the procedures to be followed.

History: CR 00-020: cr. Register February 2002 No. 554, eff. 3-1-02; CR 10-021: am. (2) Register September 2010 No. 657, eff. 10-1-10.

DCF 56.12 Foster parent handbook.

A licensing agency shall provide each licensed or prospective foster parent with a copy of the agency's foster parent handbook prior to or at the time of the issuance of the license to operate a foster home. The foster parent handbook shall include information on the following topics:

(1) General information, including:

- (a) Overview of the child welfare system.
- (b) Description of the purpose of foster care.
- (c) Overview of the juvenile court system.
- (d) Description of the concept of and procedures for permanency planning, permanence goal options, and concurrent permanency planning.
- (e) Requirements for foster parents to report child abuse or neglect under s. DCF 56.06 (1) (c).
- (f) A brochure that explains the foster parent insurance program and information regarding how to file a claim under that program.
- (g) A brochure that explains the foster care reimbursement and rate structure, including the clothing allowance.

(2) Agency-specific information, including:

- (a) Agency expectations of foster parents in working with children's families and supporting family interaction plans.
- (b) Expectations for foster parents in working with the licensing and placing agencies.
- (c) Confidentiality requirements.
- (d) Description of agency policies and procedures in cases of allegations of child maltreatment against foster parents.
- (e) Procedures in the event of emergencies affecting the foster parent or any foster child.
- (f) Procedures for filing grievances and appeals and the processes used by the agency in responding to such grievances and appeals.

(g) Procedures for reimbursement for such expenditures as travel costs, clothing for foster children, and school fees.

(3) Information about caring for children, including:

- (a) Attachment.
- (b) Child development.
- (c) Grief and loss.
- (d) Discipline of foster children.
- (e) Independent living and the transfer of independent living skills.

(4) Information about resources for foster families, including:

- (a) A description of the support services available through the agency, including the availability of respite care services and how foster parents can access those services.
- (b) Contact information for the Wisconsin Foster and Adoptive Parent Association, the National Foster Parent Association, the Wisconsin Foster Care and Adoption Resource Center, and, if available, local foster parent associations or support groups.

History: CR 00-020: cr. Register February 2002 No. 554, eff. 3-1-02; EmR0937: emerg. r. and recr. eff. 1-1-10; CR 10-021: r. and recr. Register September 2010 No. 657, eff. 10-1-10; correction to numbering made under s. 13.92 (4) (b) 1., Stats., Register September 2010 No. 657; **correction in (1) (e) made under s. 13.92 (4) (b) 7., Stats., Register August 2011 No. 668.**

DCF 56.13 Foster home level of care certification.

(1) CHILD SPECIFIC LICENSE.

- (a) In this section, “child-specific license” means a license to operate a foster home that is issued to a relative of a child or an individual who has a previous existing relationship with the child or the child’s family.
- (b) A child-specific license may remain valid with any granted waivers or exceptions for the duration of the licensing period or up to 6 months after the child returns home or is placed elsewhere, whichever occurs first.
- (c) A foster home operated by a foster parent with a child-specific license may be certified at any level of care.

(2) CERTIFICATION. A licensing agency shall certify each foster home for a level of care under subs. (3) to (7) commensurate with the foster parent’s knowledge, training, skills, experience, and relationship to the child in accordance with the licensing agency’s programming and capacity.

(3) LEVEL 1 CHILD-SPECIFIC FOSTER HOME.

- (a) *Child-specific license.* A licensing agency may grant a Level 1 certification only to a foster home operated by a foster parent with a child-specific license.
- (b) *Training.* Each foster parent who operates a Level 1 foster home shall complete a minimum of 6 hours of pre-placement training under s. DCF 56.14 (6) before or after the placement of a child but no later than 6 months after the date of initial licensure.

Note: A foster parent with a child-specific license often does not actually receive this training before placement of the child but it is still referred to as “pre-placement training.”

(4) LEVEL 2 BASIC FOSTER HOME.

(a) *Training.* 1. a. Each foster parent who operates a Level 2 foster home shall complete a minimum of 6 hours of pre-placement training under s. DCF 56.14 (6) before or after initial licensure but prior to the placement of any child in the home.

b. Notwithstanding subd. 1. a., each foster parent with a child-specific license who operates a Level 2 foster home shall complete the pre-placement training under s. DCF 56.14 (6) before or after the placement of a child but no later than 6 months after the date of initial licensure.

Note: A foster parent with a child-specific license often does not actually receive this training before placement of the child but it is still referred to as “pre-placement training.”

2. Each foster parent who operates a Level 2 foster home shall complete a minimum of 30 hours of initial licensing training under s. DCF 56.14 (7) during the initial licensing period.

3. Each foster parent who operates a Level 2 foster home shall complete 10 hours of ongoing training under s. DCF 56.14 (8) in each 12-month period of licensure subsequent to the initial licensing period.

(b) *References.* An applicant for certification to operate a Level 2 foster home shall submit at least 3 favorable reference letters written by persons unrelated to the applicant. A reference letter shall include a statement indicating how long the person giving the reference has known the applicant, under what circumstances he or she knows the applicant, and his or her knowledge of the applicant’s characteristics under s. DCF 56.05 (1) (b).

(5) LEVEL 3 MODERATE TREATMENT FOSTER HOME.

(a) *Licensee experience.* 1. An applicant for certification to operate a Level 3 foster home shall have at least 3 of the following:

a. A minimum of one year of experience as a foster parent or kinship care provider with a child placed in his or her home for at least one year.

b. A minimum 5 years of experience working with or parenting children.

c. A minimum of 500 hours of experience as a respite care provider for children under the supervision of a human services agency.

d. A high school diploma or the equivalent.

e. A college, vocational, technical, or advanced degree in the area of a child’s treatment needs, such as nursing, medicine, social work, or psychology.

f. A substantial relationship with the child to be placed through previous professional or personal experience.

g. Work or personal experience for which the applicant has demonstrated the knowledge, skill, ability, and motivation to meet the needs of a child with a level of need of 3.

2. If an applicant for certification to operate a Level 3 foster home relies on experience that meets the requirements in subd. 1. b. or f. as one of the 3 required criteria in this paragraph, the applicant shall also meet one of the criteria in subd. 1. a., c., e., or g.

(b) *Training.*

1. Each foster parent who operates a Level 3 foster home shall complete a minimum of 36 hours of pre-placement training under s. DCF 56.14 (6d) before or after initial licensure but prior to the placement of any child in the home.
2. Each foster parent who operates a Level 3 foster home shall complete a minimum of 24 hours of initial licensing training under s. DCF 56.14 (7e) during the initial licensing period.

3. Each foster parent who operates a Level 3 foster home shall complete 18 hours of ongoing training under s. DCF 56.14 (8) in each 12-month period of licensure subsequent to the initial licensing period.

(c) *References.* An applicant for certification to operate a Level 3 foster home shall submit at least 4 favorable reference letters, as follows:

1. 'From whom.' a. Three of the letters shall be written by persons unrelated to the applicant. At least one of these reference letters shall be regarding the applicant's qualifications under par. (a) 1., excluding par. (a) 1. d.
 - b. The fourth favorable reference letter shall be from a relative, preferably from an adult child if applicable.
2. 'Content.' Each reference letter shall include a statement indicating all of the following:
 - a. How long the person giving the reference has known the applicant.
 - b. Under what circumstances he or she knows the applicant.
 - c. His or her knowledge of the applicant's qualifications and characteristics under s. DCF 56.05 (1) (b).

(6) LEVEL 4 SPECIALIZED TREATMENT FOSTER HOME. (a) *Licensee experience.* 1. An applicant for certification to operate a Level 4 foster home shall have at least 4 of the following:

- a. A minimum of one year of experience with children with a level of need of 3 as a foster parent or kinship care provider with a child placed in his or her home for at least one year.
- b. A minimum of 5 years of experience working with or parenting children.
- c. A minimum of 500 hours of experience as a respite care provider for children under the supervision of a human services agency.
- d. A high school diploma or the equivalent.
- e. A college, vocational, technical, or advanced degree in the area of a child's treatment needs, such as nursing, medicine, social work, or psychology.

- f. A substantial relationship with the child to be placed through previous professional or personal experience.
- g. Work or personal experience for which the applicant has demonstrated the knowledge, skill, ability, and motivation to meet the needs of children with a level of need of 4.

2. If an applicant for certification to operate a Level 4 foster home relies on experience that meets the requirements in subd. 1. b. or f. as one of the 4 required criteria in this paragraph, the applicant shall also meet one of the criteria in subd. 1. a., c., e., or g.

(b) *Training.* 1. Each foster parent who operates a Level 4 foster home shall complete a minimum of 40 hours of pre-placement training under s. DCF 56.14 (6h) before or after initial licensure but prior to the placement of any child in the home.

2. Each foster parent who operates a Level 4 foster home shall complete a minimum of 30 hours of initial licensing training under s. DCF 56.14 (7e) during the initial licensing period.

3. Each foster parent who operates a Level 4 foster home shall complete 24 hours of ongoing training under s. DCF 56.14 (8) in each 12-month period of licensure subsequent to the initial licensing period.

(c) *References.* An applicant for certification to operate a Level 4 foster home shall submit at least 4 favorable reference letters as follows:

1. 'From whom.' a. Three of the letters shall be written by persons unrelated to the applicant. At least one of these reference letters shall be regarding the applicant's qualifications under par. (a) 1., excluding par. (a) 1. d.

b. The fourth favorable reference letter shall be from a relative, preferably from an adult child if applicable.

2. 'Content.' Each reference letter shall include a statement indicating all of the following:

a. How long the person giving the reference has known the applicant.

b. Under what circumstances he or she knows the applicant.

c. His or her knowledge of the applicant's qualifications and characteristics under s. DCF 56.05 (1) (b).

(7) LEVEL 5 EXCEPTIONAL TREATMENT FOSTER HOME.

(a) *Need for Level 5.* An applicant for certification to operate a Level 5 foster home, in conjunction with a licensing agency, may apply to the department exceptions panel if all of the following circumstances exist:

1. A placement is needed for a child with the following conditions:

a. The child has behaviors or conditions that require a high degree of supervision and overnight a wake care that is provided by program staff who rotate shifts within a 24-hour period.

b. The child will benefit from a home-like environment that has fewer children than a group home or residential care center for children and youth.

c. The child is expected to need long-term care or has needs agreed to by the department.

2. All other community placement options have been investigated and determined to be unavailable or not in the best interest of the child.

Note: A foster home with a Level 4 or lower certification level and additional staff that provide less than 50% of a child's care should be considered as the first option when the child needs additional treatment or services.

(b) *Clarify specific and limited circumstances before submitting an application.* Prior to submitting an application to operate a Level 5 foster home, a licensing agency shall inform the department exceptions panel chairperson of the agency's intent, discuss the agency's plans, and clarify department requirements for certification of a Level 5 foster home.

(c) *Application.* An application for certification to operate a Level 5 foster home shall be on a form prescribed by the department and shall include all of the following:

1. A program description, information on personnel, and information on a specific child or the population to be served.
2. If for a specific child, letters on the appropriateness of a Level 5 foster home for the child from parents, therapists, social workers, physicians, and other professionals who are currently working with the child.

Note: An application for certification of a Level 5 foster home, DCF-F-2559-E-E, can be found on the department website at <http://dcf.wisconsin.gov/children/foster/forms/formsINDX.htm>.

(d) *Level 5 is the only shift-staffed foster home.* A foster parent may do any of the following only if the foster home has a Level 5 certification:

1. Live in a residence that is not the foster home.
2. Provide less than 50 percent of a child's care.

(e) *Program manager.* 1. 'Responsibilities.' A licensing agency shall ensure that each Level 5 foster home has a program manager who is the foster parent and licensee for the Level 5 foster home. In conjunction with the program manager, a licensing, placing, or supervising agency shall oversee program operation and development of a Level 5 foster home and do all of the following:

- a. Review the appropriateness of admission of each child to the Level 5 foster home with the licensing agency.
- b. Participate in developing, reviewing, and updating child assessments and treatment plans.
- c. Provide technical assistance to program staff and the licensing, placing, and supervisory agencies, including supervision, support, consultation, coaching, staff development, and staff monitoring.
- d. Periodically review and update the Level 5 foster home policies and procedures.
- e. Oversee the day-to-day operations of the Level 5 foster home, including hiring, training, and evaluating program staff.
- f. Participate in the child treatment team as the foster parent.

3. 'Management skills.' An applicant to be a program manager of a Level 5 foster home shall have either of the following:

- a. Previous employment as a manager or supervisor.
- b. A professional development plan to develop management and supervisory skills.

4. 'Education or experience in human services.' An applicant for a program manager position for a Level 5 foster home shall have at least one of the following:

- a. A 4-year college degree from an accredited college or university with a major in social work; sociology; special education; psychology; counseling and guidance; criminal justice; nursing, certified nursing assistant, or other health related field; education; or any other area in a human services field as approved by the department.
- b. Two years of supervised full-time work experience in an out-of-home care program or assisted living program with adults.
- c. Personal experience with a family member who has needs similar to the population to be served.

5. 'Pre-placement training.' A program manager for a Level 5 foster home shall complete a minimum of 40 hours of pre-placement training under s. DCF 56.14 (6p) before or after initial licensure but prior to the placement of any child in the home.

6. 'Initial licensing training.' A program manager for a Level 5 foster home shall complete a minimum of 30 hours of initial licensing training under s. DCF 56.14 (7s) during the initial licensing period.

7. 'Ongoing training.' A program manager for a Level 5 foster home shall complete a minimum of 24 hours of ongoing training under s. DCF 56.14 (8) in each 12-month period of licensure subsequent to the initial licensing period.

(f) *Program staff.* 1. 'Staff ratios.' A Level 5 foster home shall have program staff in sufficient numbers to meet the following staff ratios:

- a. One program staff person for every 2 children during waking hours.
- b. One program staff person for every 4 children during sleeping hours.

2. 'Ratios are minimum.' A licensing, placing, or supervising agency or the department may require the number of program staff on duty to be higher than the minimum requirements in subd. 1. as necessary to meet the needs of the children placed and to ensure their safety and welfare.

3. 'Responsibilities.' Program staff shall be responsible for daily supervision of the children and direct care to the children to ensure their safety and well-being.

4. 'Qualifications.' An applicant for a program staff position shall have at least one of the following qualifications:

- a. A bachelor or associates degree from an accredited college or university with a major in a field specified in par. (e) 4. a.
- b. Current enrollment in and regularly attending an accredited college or university with a major in a field specified in par. (e) 4. a.
- c. At least one year of full-time experience working in a formal program with the type of child population served by the Level 5 foster home where the applicant is applying for employment.
- d. Certification as a child and youth care worker under the standards of the Wisconsin Association of Child and Youth Care Professionals or other department-recognized certifying authority.

Note: A copy of the standards of the Wisconsin Association of Child and Youth Care Professionals can be obtained from the www.wacycp.org or 161 W. Wisconsin Avenue, Milwaukee, WI 53202; telephone (414) 227-3130.

e. Completion of a traineeship program in which program staff work with qualified experienced program staff for at least the first 120 hours of employment before working independently with a child.

Note: This is an additional 40 hours to the 80 hours required under s. DCF 56.13 (7) (f) 10. b.

5. 'Age.' A program staff person who is hired or contracted for on or after January 1, 2011, shall be at least 21 years old.

6. 'Hiring and employment.' Before an applicant for a program staff position in a Level 5 foster home begins employment, the program manager shall do all of the following regarding the applicant:

a. Conduct and document a caregiver background check pursuant to s. 48.685, Stats., and ch. DHS 12.

b. Make a determination that the applicant has the capacity to successfully nurture and care for children and does not have a history of a civil action, criminal conviction, or administrative rule violation that substantially relates to the care of a child or a history of exercising unsound judgment or abuse of alcohol or drugs.

Note: For help in determining whether a civil action, criminal conviction, or administrative rule violation substantially relates to the care of children consult s. DHS 12.06.

c. Make a determination that the applicant has not had a license to operate a foster home, group home, or residential care center for children and youth revoked or denied within the last 2 years.

d. Obtain favorable references from at least 3 non-relatives, with documentation by letter or by notes of a verbal contact. Documentation shall include how long the person giving the reference has known the applicant, under what circumstances he or she knows the applicant, and his or her knowledge of the applicant's qualifications.

7. 'Health exam.' Upon hire and before working with residents, a program manager shall require each program staff person to have a tuberculosis test and provide a statement from a physician, physician assistant, or a HealthCheck provider that the program staff person meets the minimum physical requirements of the position, is in general good health, and does not have a communicable disease. The statement shall be based on a medical examination performed within the previous 6 months.

Note: A HealthCheck form may be obtained by contacting the local public health department.

8. 'Health concerns.' If a licensing agency or the department has reason to believe that the physical or mental health of a program staff person for a Level 5 foster home may pose a threat of harm to children or to the quality and manner of their care or that the program staff person is not able to provide responsible care for children, the licensing agency or the department may require that the program staff person submit a written statement from a physician or, if appropriate, a licensed mental health professional on the physical or mental condition of the program staff person and the possible effect of that condition on the foster home or the children in care.

9. 'Background check.' A program manager of a Level 5 foster home shall require each program staff person to complete a background information disclosure form designated by the department and shall conduct a caregiver background check under s. 48.685, Stats., and ch. DHS 12 every 4 years or at any time within that period.

10. 'Training and orientation.' Each program staff person who provides care for a child in a Level 5 foster home shall do all of the following before working independently with a child:

a. Complete a minimum 40 hours of pre-placement training under s. DCF 56.14 (6t).

b. Work with qualified, experienced program staff or similar professionals for at least the first 80 hours of employment.

11. 'Ongoing training.' Each program staff person who provides care for a child in a Level 5 foster home shall complete a minimum of 24 hours of ongoing training under s. DCF 56.14 (8) in each year of employment subsequent to the initial year of employment.

(g) *Volunteers.* Each volunteer used by a Level 5 foster home shall be supervised by a program staff person and may not work independently with a child. Before a volunteer may begin performing activities, the program manager shall do all of the following:

1. Notify the licensing agency.

2. Orient the volunteer to the activities that the volunteer may perform as specified in the foster home's personnel policies and procedures.

3. Get permission from the child's parent or guardian to allow the volunteer to perform the activities.

4. Require each volunteer to maintain in confidence all information about the foster child and the child's family.

(h) *Placements into a Level 5 foster home.* 1. ‘Last community option.’ A licensing agency and program manger shall only consider placing a child into a Level 5 foster home as the last community placement option when all other community placement options have been investigated and deemed to be unavailable or not in the best interest of the child and the child benefits from a more home-like environment with fewer children than that provided in a group home or residential care center for children and youth.

2. ‘Compatibility with other children.’ Before a new child is placed in a Level 5 foster home, a licensing agency and the program manager shall evaluate the compatibility of this child with the children currently placed in the home. The placement of a child in a Level 5 foster home may not displace or endanger the health, safety, or well-being of any child currently placed in the foster home.

3. ‘Coordinate transitions.’ A licensing agency and the program manager of a Level 5 foster home shall carefully plan and coordinate transitions into and out of a Level 5 foster home with special consideration to the school the child will attend, medical and mental health providers, community-based services, and disabled adult long-term support program services.

4. ‘Medically-fragile child.’ A licensing agency and the program manager shall ensure that the treatment plan for a medically-fragile child who is placed in a Level 5 foster home includes emergency medical protocols.

5. ‘Waiver funding.’ A licensing agency and the program manager shall notify the department of health services if there is or will be an application submitted to support a child’s placement in a Level 5 foster home with funding under the disabled children’s long-term support program as defined in s. 46.011 (1g), Stats.

Note: Under s. 46.011 (1g), Stats., the “disabled children’s long-term support program” means the programs described under 2001 Wisconsin Act 16, section 9123 (16rs) or 2003 Wisconsin Act 33, section 9124 (8c).

(m) *Respite care.* A Level 5 foster home may only provide respite care to a child who was previously placed in the home, a child specifically identified and approved by the department on a planned basis, or a child who has needs agreed to by the department.

(n) *Interagency memorandum of understanding.* If a requirement in this chapter is not designated as the responsibility of a licensing agency, placing agency, or supervising agency, all agencies involved in providing care and maintenance, supervision, or services for a child placed in a Level 5 foster home shall enter a memorandum of understanding to determine responsibility for all requirements for which responsibility is not designated.

(8) LEVEL 3 TO 5 FOSTER CARE. The foster care provided for a child with a level of need of 3 or higher in a foster home with a certification of Level 3 to 5 shall do all of the following:

(a) Use a family-based and community-based approach to treatment for a child with physical, mental, medical, substance abuse, cognitive, intellectual, behavioral, developmental, or similar problems.

(b) Make efforts to change the behavior or ameliorate the condition that, in whole or in part, resulted in the child’s separation from his or her family.

(c) Use specially selected and specifically trained foster parents who are the primary change agents in the treatment process and who have shared responsibility for implementing the child’s treatment plan with other treatment team members.

History: EmR0937: emerg. cr. eff. 1-1-10; CR 10-021: cr. Register September 2010 No. 657, eff. 10-1-10; **EmR 1050: emerg. renum. (1) to be (1) (a), (b) and am., cr. (1) (c), (5) to (8), am. (title), (1) (title), (2), (3), (4) (title), (a) 1., 2., 3., (b), eff. 1-1-11; CR 10-148: renum. (1) to be (1) (a), (b) and am., cr. (1) (c), (5) to (8), am. (title), (1) (title), (2), (3), (4) (title), (a) 1., 2., 3., (b) Register August 2011 No. 668, eff. 9-1-11; correction in (7) (h) 4., 5. made under s. 13.92 (4) (b) 1., Stats., Register August 2011 No. 668.**

DCF 56.14 Foster parent training.

(1) PURPOSES. This section implements s. 48.67 (4), Stats., which requires all foster parents to successfully complete training in the care and support needs of children who are placed in foster care that has been approved by the department. The purposes of foster parent training are to:

- (a) Improve the quality of care provided to children who live in foster or adoptive homes.
- (b) Prepare foster and adoptive families to care for and provide stability for foster children in their homes.
- (c) Promote communication, respect, and understanding among all involved parties, with a focus on working for the best interests of the foster child.
- (d) Provide opportunities to foster parents to mutually explore their values, strengths, limitations, and needs as they relate to compatibility with foster and adoptive children.
- (e) Develop an understanding of the child welfare system and the importance of permanency for children.
- (f) Encourage foster and adoptive parent networking and the use of resources.

(2) ADVISORY COMMITTEE. A statewide advisory committee appointed by the department and representing county agencies, private child-placing agencies, tribal agencies, foster parents, vocational-technical education, the university system, and the department shall study needs and resources and advise the department on specific training needs and quality of materials.

(3) QUALIFICATIONS OF TRAINERS. Persons preparing or presenting materials for foster parent training shall have expertise in the subject matter as evidenced by prior experience or education, an ability to communicate their knowledge, and cultural competence.

(4) TRAINING EXPENSES. (a) The department shall provide funds to county agencies and, in a county with a population of more than 500,000, the department, to enable foster parents to attend training. The funds may be used for materials, fees, transportation, and child care expenses incurred to attend training that is required or approved under this section or s. DCF 56.13.

(b) No licensing agency of a foster home with a Level 3 to 5 certification or licensed private child-placing agency may require a foster parent to pay to attend training under this section.

(5) TRAINING REQUIREMENTS. (a) *Level of care certification.* Each foster parent shall complete any pre-placement, initial licensing, or ongoing training required for the foster home's level of care certification under s. DCF 56.13, except as provided in par. (c) and subs. (6) (b) and (7) (c) and (d).

(b) *Each foster parent.* The foster parent training requirements in this section and s. DCF 56.13 apply to each foster parent identified on the license to operate the foster home.

(c) *Proposed adoptive parent.* A foster parent who is licensed solely for the purpose of adoption of a domestic infant under s. 48.837, Stats., or a foreign child under s. 48.839 or 48.97, Stats., will not be required to complete the training in this section if the foster parent completes the pre-adoption preparation training required under s. DCF 51.10.

(6) PRE-PLACEMENT TRAINING FOR LEVELS 1 AND 2. (a) The department shall approve a standardized curriculum for pre-placement training for a foster parent who operates a foster home with a Level 1 or 2 certification that includes information on all of the following:

- 1. Foster care overview.
- 2. Expectations of foster parents.

3. Caring for children in foster care.
4. Developing and maintaining family connections.
5. Foster family self care.

(b) A foster parent who obtains a license to operate a foster home with Level 1 or 2 certification before January 1, 2011, is not required to complete the pre-placement training under this subsection, unless otherwise required by the licensing agency.

(6d) PRE-PLACEMENT TRAINING FOR LEVEL 3. (a) 1. The pre-placement training for a foster parent who operates a Level 3 foster home shall include the standardized curricula provided under subs. (6) (a) and (7) (a).

2. Notwithstanding subd. 1., a licensing agency may submit to the department for approval a proposed pre-placement training curriculum that is designed to meet the needs of foster parents licensed by that agency. The pre-placement training for a foster parent who operates a Level 3 foster home may be a curriculum that has been approved by the department.

(b) 1. Trainers for the portion of the Level 3 pre-placement training standardized curriculum that is provided under sub. (7) (a) shall be an agency staff person or contractor and a foster or adoptive parent.

2. Notwithstanding subd. 1., a foster parent may attend a pre-placement training for which no foster or adoptive parent is a trainer if the licensing agency approves and provides opportunities for the foster parent attending the training to participate in activities or programs that promote networking among foster parents and provide an opportunity for an experienced foster parent to answer questions from the new foster parent.

(6h) PRE-PLACEMENT TRAINING FOR LEVEL 4. (a) 1. The pre-placement training for a foster parent who operates a Level 4 foster home shall include all of the following:

- a. The standardized curricula provided under subs. (6) (a) and (7) (a).
- b. Four hours of training on child-specific or population-specific information.

2. Notwithstanding subd. 1. a., a licensing agency may submit to the department for approval a proposed pre-placement training curriculum that is designed to meet the needs of foster parents licensed by that agency. The pre-placement training for a foster parent who operates a Level 4 foster home may be a curriculum that has been approved by the department.

(b) 1. Trainers for the portion of the Level 4 pre-placement training standardized curriculum that is provided under sub. (7) (a) shall be an agency staff person or contractor and a foster or adoptive parent.

2. Notwithstanding subd. 1., a foster parent may attend a pre-placement training for which no foster or adoptive parent is a trainer if the licensing agency approves and provides opportunities for the foster parent attending the training to participate in activities or programs that promote networking among foster parents and provide an opportunity for an experienced foster parent to answer questions from the new foster parent.

(6p) PRE-PLACEMENT TRAINING FOR LEVEL 5 PROGRAM MANAGERS. The pre-placement training for a foster parent who is a program manager of a Level 5 foster home shall include information on all of the following:

- (a) The standardized curriculum provided under sub. (6) (a).
- (b) School advocacy.

- (c) Cardiopulmonary resuscitation.
- (d) First aid.
- (e) Blood-borne pathogens.
- (f) Medication management.
- (g) Patients rights.
- (h) Positive behavioral supports.
- (i) Individual service plans.
- (j) Emergency plans.
- (k) Four hours of child-specific or population-specific training, orientation, or observation.

(6t) PRE-PLACEMENT TRAINING FOR LEVEL 5 PROGRAM STAFF. The pre-placement training for program staff for a Level 5 foster home shall include information on all of the following:

- (a) The standardized curriculum provided under sub. (6) (a).
- (b) The topics listed in sub. (6p) (b) to (j).
- (c) Fifteen hours of child-specific or population-specific training, orientation, or observation.

(7) INITIAL LICENSING TRAINING FOR LEVEL 2. (a) The department shall approve a standardized curriculum for initial licensing training for a foster parent who operates a Level 2 foster home that includes information on all of the following:

1. Permanency.
2. Cultural dynamics in placement.
3. Child abuse and neglect.
4. The impact of maltreatment on child development.
5. Attachment.
6. Separation and placement.
7. The importance of maintaining a foster child's family connections.
8. Guidance and positive discipline.
9. Access to resources.

Note: The standardized curriculum for initial licensing training is the *Wisconsin Foundation Training for Foster Parents*.

(b) 1. Trainers for the Level 2 initial licensing training shall be an agency staff person or contractor and a foster or adoptive parent.

2. Notwithstanding subd. 1., a foster parent may attend an initial licensing training for which no foster or adoptive parent is a trainer if the licensing agency approves and provides opportunities for the foster parent attending the training to participate in activities or programs that promote networking among foster parents and provide an opportunity for an experienced foster parent to answer questions from the new foster parent.

(c) A foster parent who operates a Level 2 foster home that is licensed before January 1, 2011, shall complete the initial licensing training before January 1, 2015, except as provided under par. (d).

(d) A foster parent who operates a Level 2 foster home that is licensed before January 1, 2011, and who provides verification to the licensing agency that he or she successfully completed a competency-based, pre-service foster parent training as described in the department's DCFS Memo Series 2002-12 is not required to comply with par. (c).

Note: DCFS Memo Series 2002-12 was issued on September 18, 2002. It is available at http://dcf.wisconsin.gov/memos/num_memos/2002/2002-12.HTM. Acceptable competency-based, pre-service foster parent training includes the *Partners in Alternative Care Education* (PACE) curriculum.

(7e) INITIAL LICENSING TRAINING FOR LEVEL 3. The initial licensing training for a foster parent who operates a Level 3 foster home shall include information on all of the following:

- (a) Crisis management.
- (b) Sexuality and sexual boundaries.
- (c) Sexual abuse.
- (d) Effects of maltreatment and trauma on child development.
- (e) Building life skills.
- (f) Building birth family and cultural connections.
- (g) Other topics required by the licensing agency.

(7m) INITIAL LICENSING TRAINING FOR LEVEL 4. The initial licensing training for a foster parent who operates a Level 4 foster home shall include information on all of the following:

- (a) The topics listed in sub. (7e).
- (b) Six hours of child-specific or population-specific training.

(7s) INITIAL LICENSING TRAINING FOR LEVEL 5 PROGRAM MANAGERS. The initial licensing training for a foster parent who is a program manager for a Level 5 foster home shall include information on all of the following:

- (a) The topics listed in sub. (7e).
- (b) Six hours of child-specific or population-specific training.

(8) ONGOING TRAINING. (a) *Individualized training plan.* At the time of renewal of a license to operate a foster home, the licensing agency and the foster parent shall evaluate the foster parent's overall performance and develop an individualized training plan for the foster parent based on his or her demonstrated need for training in particular topics or in managing specific case situations.

(b) *Licensing agency approval.* The licensing agency shall approve a foster parent's ongoing training based on the following:

1. The content of the training shall meet at least one of the purposes of foster parent training under sub. (1) and conform with the foster parent's individualized training plan, unless a greater training need is demonstrated after the plan was developed.

1g. In addition to subd. 1., the content of ongoing training for a foster parent who operates a Level 4 foster home shall include 8 hours of child-specific or population-specific training.

1r. In addition to subd. 1., the content of ongoing training for program managers and program staff for a Level 5 foster home shall include all of the following:

- a. Child maltreatment and reporting requirements.
- b. Prompt and adequate treatment.
- c. Any required reauthorizations for first aid, blood-borne pathogens, and cardiopulmonary resuscitation.
- d. Eight hours of child-specific or population-specific training.

2. The format of the training may include any of the following:

- a. Face-to-face consultation with professionals with expertise in specific identified areas.
- b. Video, audio, and web-based presentations.
- c. Support groups.
- d. Adult education courses.
- e. Books, periodicals, and web-based resources.
- f. Television and radio presentations.
- g. Mentor family consultations.
- h. Conferences, workshops, seminars, and webinars.

3. The total credit given for training using books, periodicals, and web based resources under subd. 2. e. and television and radio presentations under subd. 2. f. may not exceed 20 percent of the required hours.

4. The cost of a particular training option and the usefulness of the skills or knowledge that is expected to be gained shall be considered.

(c) *Department as training resource.* The department shall maintain an inventory of resources for foster parent training and shall coordinate statewide, regional, and local training programs to prevent duplication of effort.

History: EmR0937: emerg. cr. eff. 1-1-10; CR 10-021: cr. Register September 2010 No. 657, eff. 10-1-10; corrections in (1), (5) (a), (6) (b) and (7) (b) to (d) made under s. 13.92 (4) (b) 1. and 7., Stats., Register September 2010 No. 657; **EmR1050: emerg. renum. (4), (7) (b) to be (4) (a), (7) (b) 1. and am., cr. (4) (b), (6d), (6h), (6p), (6t), (7e), (7m), (7s), (8) (b) 1g., 1r., am. (6) (title), (a) (intro.), (b), (7) (title), (a) (intro.), (c), (d), (8) (b) 3., eff. 1-1-11; CR 10-148: renum. (4), (7) (b) to be (4) (a), (7) (b) 1. and am., cr. (4) (b), (6d), (6h), (6p), (6t), (7) (b) 2., (7e), (7m), (7s), (8) (b) 1g., 1r., am. (6) (title), (a) (intro.), (b), (7) (title), (a) (intro.), (c), (d), (8) (b) 3. Register August 2011 No. 668, eff. 9-1-11.**

DCF 56.15 Supervising agency.

(1) AGENCY RESPONSIBILITIES. (a) A supervising agency shall do, or contract for, all of the following for each child in the agency's care:

1. Ensure that every child is assigned a supervising agency caseworker, in coordination with the placing agency, if different.
2. Provide the foster parent with the telephone number of a social worker or supervising agency caseworker who will provide crisis intervention, emergency counseling, and related services on a 24-hour per day, 7-day per week basis for the foster parent.
3. Support and assist the foster parent to effectively fulfill responsibilities in this chapter and to the child's team or treatment team.
4. Notify the clerk of the school district in which a foster home is located when a school-age child is placed in that foster home, as required under s. 48.64 (1r), Stats. The notification shall include all of the following:
 - a. The name, address, and phone number of the foster parent.
 - b. The name of the foster child.
 - c. Information about the child required by the school, as allowed under any applicable confidentiality laws.
5. Advocate for the child with the child's school, medical facility, or any other program in which the child is involved to ensure that services provided to the child are consistent with the case plan; permanency plan; and treatment plan, if applicable.
6. Assist the foster parents with any necessary arrangements in an emergency situation.
7. Arrange for care of a foster child in the event that the foster parent is unavailable to provide care on a temporary basis, in conjunction with the foster parent.

(b) In addition to the requirements under par. (a), a licensing or supervising agency shall do all of the following for each child with a level of need of 3 or higher in the agency's care who is placed in a foster home with a Level 3 to 5 certification:

1. Provide the foster parent with the telephone number of a supervising agency caseworker, counselor, clinical consultant, or clinical staff member who will provide crisis intervention, emergency counseling, and related services to the foster parent on a 24-hour per day, 7-day per week basis.
2. Respond to a request from a foster parent for crisis intervention emergency counseling and related services within one hour.

3. Provide or arrange for additional child care personnel during stressful or critical periods, as determined by the treatment team.

Note: An example of a stressful or critical period might be the time from the end of the school day until bedtime.

4. Assist and support the foster parent in obtaining any medical supplies and services required for the child. If required medical supplies and services are not included in the treatment plan, the supervising agency and placing agency shall revise the treatment plan to include the required medical supplies and services and to determine financial responsibility.

5. Ensure that a child with a severe emotional disturbance has a clinical consultant assigned to the case. A social worker, caseworker, or other professional involved with the case may also serve as the clinical consultant. The clinical consultant shall have all of the following qualifications:

- a. A master's degree in social work, psychology, child development, or counseling.
- b. A license or certification under ch. 457, Stats., and ch. MPSW 3, 6, 11, 12, or 17.
- c. A minimum of 2 years of experience working with seriously disturbed adolescents.
- d. Knowledge of the neurological, biological, and psychiatric components of emotional disturbances.

6. Evaluate the child's progress and provide services identified in the aftercare plan following termination of a placement. The child's treatment team shall determine how long these services shall be provided. The aftercare plan shall identify follow-up support services for the child, the child's parent, or other care providers, including any of the following:

- a. Phone contact.
- b. Consultations by professionals in the child's home to assist the child's family implement the permanency plan, provide skill training for specific problems, and provide support for the child's family.
- c. Participation in parent groups.
- d. Crisis intervention.
- e. For youth who will live independently, follow-up support services may include housing assistance, job location, and individual support.

(1m) MULTIPLE AGENCIES. If more than one agency is performing supervising responsibilities under subs. (1) and (3), the agencies shall specify in writing which agency is responsible for each requirement.

(2) QUALIFICATIONS FOR SUPERVISING AGENCY CASEWORKER FOR LEVEL 3 TO 5. A supervising agency caseworker shall have all of the following qualifications to perform the responsibilities under sub. (3) for a child with a level of need of 3 or higher in the agency's care who is placed in a foster home with a Level 3 to 5 certification:

(a) One of the following:

1. A master's degree or higher in a social work or related field.
2. A bachelor's degree and a minimum of 2 years of post degree experience in a social work related field.

(b) Licensed or certified under ch. 457, Stats., and ch. MPSW 3, 6, 11, 12, or 17.

(3) RESPONSIBILITIES OF SUPERVISING AGENCY CASEWORKER FOR LEVELS 3 TO 5. A caseworker employed by or under contract to the supervising agency shall do all of the following regarding a child with a level of need of 3 or higher in the agency's care who is placed in a foster home with a Level 3 to 5 certification:

- (a) Coordinate assessments of the child.
- (b) Select the appropriate foster home for a child after careful consideration of how well a prospective foster family will do all of the following:
 - 1. Meet the child's specific needs.
 - 2. Address concerns of the child's birth or adoptive parents.
 - 3. Accomplish the goals of the child's permanency plan.
- (c) Form the child's treatment team and serve as the team coordinator.
- (d) Provide foster parents with information about the child under ch. DCF 37.
- (e) Educate a child's treatment team members on services and procedures for a child's specific needs.
- (f) Develop appropriate interventions and services for the child with the child's treatment team.
- (g) Be available or have a designee who is available for the foster parents to consult on a 24-hour per day basis.
- (h) Assist in the training of foster parents.
- (i) Comply with agency contact requirements with the foster parent and foster child in ss. DCF 56.18 and 56.19.
- (j) Supervise a child's case plan, permanency plan, and treatment plan.
- (k) Keep written progress notes.
- (L) Coordinate provided or purchased services for the child and the child's family.
- (m) Arrange for the assistance of appropriate specialists.
- (n) Perform necessary court responsibilities as appropriate.
- (o) Perform liaison activities with other agencies.
- (p) Coordinate educational and community services.
- (q) Advocate for the best interests and rights of the child.
- (r) Organize treatment team meetings under s. DCF 56.17 (2) (g).

(4) SUBSTITUTE FOR CASEWORKER RESPONSIBILITIES. Notwithstanding sub. (3) (intro.), the supervisory agency may assign specific duties in sub. (3) to another person who meets the same qualifications as the supervisory agency caseworker or to a person who is an intern or in a field placement for a higher education program and is supervised by a person meeting the same qualifications as a supervisory agency caseworker.

History: EmR0937: emerg. cr. eff. 1-1-10; CR 10-021: cr. Register September 2010 No. 657, eff. 10-1-10;
EmR1050: emerg. r. and recr., eff. 1-1-11; CR 10-148: r. and recr. Register August 2011 No. 668, eff. 9-1-11.

DCF 56.16 Licensing agency responsibilities.

(1) A licensing agency shall do all of the following:

- (a) Recruit a pool of foster parents who are interested in and capable of working with the types of children who are commonly placed by that agency.
- (b) Assess and screen families who are interested in becoming foster parents.
- (c) Develop foster homes to meet the needs of a specifically identified child in need of placement.
- (d) Provide, arrange, and approve required pre-placement, initial, and ongoing training for foster parents under s. DCF 56.14.
- (e) Consult with supervising agency caseworkers and social workers to match a child's specific needs with available foster parents.
- (f) Provide each licensed or prospective foster parent with a copy of the agency's foster parent handbook under s. DCF 56.12.
- (g) Comply with agency responsibilities regarding respite care under s. DCF 56.21 (2).
- (h) Provide general support to foster parents.
- (i) Review the foster parent's fire safety evacuation plan under s. DCF 56.08 (8) and disaster plan under s. DCF 56.08 (10m) with the foster parent to ensure that the plans provide for adequate safety and communication with the agency.
- (j) Encourage peer support among foster parents and inform foster parents of available supports, especially among foster parents who are caring for children with similar conditions.
- (k) Notify the placing agency of any serious incident reported by a foster parent under s. DCF 56.06.
- (L) Notify the clerk of the school district in which a foster home is located when a license to operate a foster home is issued in that school district, pursuant to s. 48.62 (3), Stats. The notification shall include all of the following:
 - 1. The name of the foster parent.
 - 2. The address and phone number of the foster parent.
 - 3. The type of children expected to be placed in the foster home.
 - 4. The name, address, and phone number of a contact person from the licensing agency.

(2) In addition to sub. (1), a licensing agency shall do all of the following regarding foster homes with a Level 3 to 5 certification:

(a) Identify foster homes with similar qualifications as existing foster homes to be used as emergency or alternative options.

(b) Develop and facilitate peer support among foster parents, especially among foster parents who are caring for children with similar conditions.

(c) Participate in the determination of supplemental payments under s. DCF 56.23 (2) and exceptional payments under s. DCF 56.23 (3) as follows:

1. Review the payment amount that a placing agency is proposing for a child's placement and discuss the child's needs with the placing agency.

2. Inform a prospective foster parent of the placing agency's proposed payment amount.

3. Recommend any modifications to the payment amount that the placing agency has proposed.

4. Participate with the placing agency, foster parent, and treatment team members in the redetermination of the payment amount following a reassessment under s. DCF 56.22 (5) (b).

5. At a foster parent's request, assist a foster parent in resolving a disagreement between the foster parent and the placing agency regarding a payment amount before the foster parent requests a hearing under s. DCF 56.10.

History: EmR1050: emerg. cr., eff. 1-1-11; CR 10-148: cr. Register August 2011 No. 668, eff. 9-1-11.

DCF 56.17 Child's treatment team for Levels 3 to 5.

(1) MEMBERSHIP. (a) A child with a level of need of 3 or higher who is placed in a foster home with a Level 3 to 5 certification shall have a treatment team that consists of the child, the child's parent or legal guardian, the foster parent, and at least one representative each from the supervising and placing agencies. At least one member of the team shall have clinical training in a field related to the primary needs of the child. In addition, the treatment team may include other social workers, caseworkers, clinical consultants, physicians, nurses, psychologists, therapists, school personnel, home health agency staff, or other significant individuals in the child's life.

(b) A parent or child may be excluded from the treatment team by the child's supervising agency caseworker only when their inclusion would be inappropriate due to age, condition, or unwillingness to cooperate. Any justification for exclusion shall be documented in the child's case record and anyone excluded shall be informed of the reason for the decision, as appropriate.

(2) RESPONSIBILITIES. The treatment team for a foster child shall do all of the following:

(a) Using specialists when necessary, arrange for additional appropriate assessments based on the needs and strengths of the child, child's family, and foster parent as identified in the assessment under s. DCF 56.22. If the child may have a serious emotional disturbance, arrange for a bio-psycho-social assessment that includes all of the following:

1. An assessment of the child's disability.

2. Measurement of the behavioral and cognitive correlates of the disability.

3. An assessment of how psycho-social and environmental factors influence how the child copes with the disability.

4. A review of biological factors that affect the disability.
 5. Identification of possible treatments for the disability.
- (b) Develop the child's written treatment plan within 30 days after the child's placement in a foster home. The treatment plan shall do all of the following:
1. Specify the treatment and services to be provided to the child and the child's family.
 2. Identify who is responsible for providing each treatment and service.
 3. Establish measurable goals and objectives for the placement in all areas of the child's life, including all of the following:
 - a. Supervision and safety.
 - b. Health, emotional, and behavioral stability.
 - c. Daily living and community integration.
 - d. Education.
 - e. Communication skills.
 - f. Legal status, including permanency planning issues.
 4. If a child is 15 years of age or over, include a description of the programs and services that are or will be provided to assist the child in preparing for the transition from out-of-home care to independent living as required under s. 48.38 (4) (h) or 938.38 (4) (h), Stats.
- (c) Establish an appropriate level of nursing, other medical care, and other types of care for the child based upon the child's needs and the abilities of the foster parent.
- (d) Determine the need for and arrange appropriate and qualified psychiatric and psychological services for the child.
- (e) Provide copies of the treatment plan to all treatment team members, including the child if the child is more than 12 years old, as allowed by law.
- (f) Implement and support the treatment plan, including ensuring that all available resources and treatments are known or explored and developing new resources if appropriate.
- (g) Meet to formally review the treatment plan, share information, exchange ideas and opinions, and discuss issues at least every 3 months from the date of distribution of the treatment plan. The supervising agency caseworker shall determine if more frequent treatment team meetings are necessary. Other treatment team members may request a meeting.
- (h) Share knowledge regarding the child and the treatment plan with other treatment team members as allowed by law and encourage support for the treatment plan.
- (i) Ensure that family counseling is provided to the child's family and the foster family as needed.
- (j) Ensure that 24-hour per day, 7-day per week crisis intervention is provided for the foster child and the foster parent as needed.

(k) Monitor and evaluate the progress of the treatment plan and the continued appropriateness and effectiveness of the provided services and supports and placement of the child on an ongoing basis.

(L) Make treatment plan revisions and adjustments as necessary. Ensure revisions and adjustments to the treatment plan are in writing and are based on all of the following:

1. Observations from the supervising agency caseworker's direct contact with the child.
2. Discussions that include the child, child's parent, guardian at litem, service providers, and collateral contacts.
3. Other relevant data or information.

(m) Design and implement new treatment strategies as needed.

(n) Consult with the foster parent or supervising agency caseworker about events in the foster home if requested.

(o) Arrange for interaction between the child and the child's family as provided in the child's permanency plan or treatment plan.

(p) Resolve any disagreements between the foster parent and the supervising agency. Efforts by the treatment team to resolve disagreements may not replace any internal grievance procedures established by the supervising agency or the foster parent's fair hearing rights under s. 48.64 (4) (a), Stats.

(q) Develop an aftercare plan for a child that ensures continuity in managing a child's needs after the child's placement ends.

History: EmR1050: emerg. cr., eff. 1-1-11; CR 10-148: cr. Register August 2011 No. 668, eff. 9-1-11.

DCF 56.18 Agency contact with foster parent.

(1) CONTACT REQUIREMENTS. (a) *Level of care 1 or 2.* A licensing agency, supervising agency, or placing agency shall have at least one contact per month with a foster parent who operates a foster home with a Level 1 or 2 certification if a child is placed in the foster home. The contact may be in person, by phone, or by an interactive electronic format.

(b) *Level of care 3 to 5.*

1. A licensing agency, supervising agency, or placing agency shall have at least 2 in-person contacts per month with a foster parent who operates a foster home with a Level 3 to 5 certification if a child is placed in the foster home. At least one of these contacts shall be in the foster home.

2. Notwithstanding subd. 1., if a child with a level of need below 3 is placed in a foster home with a Level 3 or 4 certification, the licensing agency, placing agency, or supervising agency shall have at least one in-person contact per month with the foster parent each full calendar month that the child is in the foster home.

3. If a foster home with a Level 3 to 5 certification has not had placement of a child for 3 or more months and the licensing agency, supervising agency, or placing agency has not seen the foster parent in the foster home during that time, the licensing agency, supervising agency, or placing agency shall have an in-person contact with the foster parent in the foster home before a child is placed in the foster home or within 24 hours of the child's placement in the foster home.

(c) *Multiple foster parents.* If there is more than one foster parent on the license to operate the foster home, the agency may have contact with only one of the foster parents.

(2) MULTIPLE AGENCIES. If the licensing agency, supervising agency, and the placing agency under sub. (1) are different agencies, those agencies shall determine a contact plan.

(3) PURPOSES OF CONTACT. The agency contact with the foster parent shall focus on the safety, permanence, and well-being of the child to evaluate the compatibility of the child with the foster parent and other household members and the ability of the foster parent to meet the needs of the child in a safe manner. The contacts shall include discussion of any additional support needed by the foster parent to safely maintain any child in foster care living in the foster home.

History: EmR1050: emerg. cr., eff. 1-1-11; CR 10-148: cr. Register August 2011 No. 668, eff. 9-1-11.

DCF 56.19 Agency contact with foster child.

(1) CONTACT REQUIREMENTS.

(a) *Level of care 1 or 2.* A licensing agency, placing agency, or supervising agency shall have at least one in-person contact with a child each full calendar month that the child is placed in a foster home with a Level 1 or 2 certification.

(b) *Level of care 3 or 4.*

1. A licensing agency, placing agency, supervisory agency shall have an in-person contact with a child placed in a foster home with a Level 3 or 4 certification at least every other week. At least one contact per month shall be in the child's foster home.

2. Notwithstanding subd. 1., if a child with a level of need below 3 is placed in a foster home with a Level 3 or 4 certification, the licensing agency, placing agency, or supervising agency shall have at least one in-person contact with the child each full calendar month that the child is in the foster home.

(c) *Level of care 5.* 1. A licensing agency, placing agency, supervisory agency representative other than a program manager shall have an in-person contact with a child at least every other week that the child is placed in a Level 5 foster home.

2. A program manager shall have an in-person contact with a child who is placed in a Level 5 foster home at least every week that the child is placed in the foster home.

(2) MULTIPLE AGENCIES. If the licensing agency, placing agency, and supervisory agency under sub. (1) are different agencies, those agencies shall determine a contact plan.

(3) IN FOSTER HOME. More than 50 percent of the agency in-person contacts with a child between October 1 of one year and September 30 of the following year shall be in the child's foster home.

(4) COMBINE WITH FOSTER PARENT CONTACT. One agency contact with a child per month may be combined with an agency contact with a foster parent under s. DCF 56.18.

(5) PURPOSE OF CONTACT. An agency contact with a child shall do all of the following:

(a) Focus on the safety, permanence, and well-being of the child.

(b) Be of sufficient duration and substance to address the goals of the child's case plan; permanency plan; or treatment plan, if applicable.

(c) Provide an opportunity for the child to speak privately with the agency representative.

History: EmR1050: emerg. cr., eff. 1-1-11; CR 10-148: cr. Register August 2011 No. 668, eff. 9-1-11.

DCF 56.20 Evaluation of Level 3 to 5.

At least annually, a foster parent who operates a foster home with a Level 3 to 5 certification and the licensing, placing, and supervising agencies shall develop written evaluations of the care and supervision provided to a child and the overall performance of all individuals involved in the child's care. The evaluations shall be used to improve the quality of the child's care and the foster care program. Copies of any evaluations shall be maintained at the licensing agency and at the foster home.

History: EmR1050: emerg. cr., eff. 1-1-11; CR 10-148: cr. Register August 2011 No. 668, eff. 9-1-11.

DCF 56.21 Respite care for foster parents.

(1) **APPLICABILITY.** This section applies to care provided in either of the following circumstances:

- (a) Services or emergency care provided to a foster child during a planned absence of the foster parent for more than 48 hours.
- (b) Care for a foster child during the foster parent's absence that is paid for by a licensing, supervising, or placing agency.

(2) **LICENSING AGENCY RESPONSIBILITIES.** A licensing agency shall do all of the following:

- (a) Develop policies and procedures to govern the agency's respite care program.
- (b) Inform a foster parent of the process to be used to fund respite care prior to the first placement of a child in a foster home.
- (c) Assist and intervene when issues arise between a foster parent and the respite care provider if the parties are not able to resolve those issues.
- (d) Keep documentation of a respite care provider's qualifications in the foster parent's file at the licensing agency.
- (e) For respite care in foster homes with a Level 3 or 4 certification, the licensing agency shall do all of the following:
 - 1. Develop, in consultation with foster parents, a pool of respite care providers that will be used when respite care is provided. If the respite care is to be provided in a foster home, the foster parent may approve the use of a particular respite care provider.
 - 2. Provide training and support to respite care providers.
 - 3. Consult with a foster parent and the child's social worker or supervising agency caseworker to develop a respite care schedule for a specific child and provide the schedule to the respite care providers.

(3) **RESPIRE CARE PROVIDER QUALIFICATIONS.** A respite care provider shall have the following qualifications:

- (a) Be at least 18 years of age and at least 5 years older than any foster child being cared for by the respite provider, except if the respite care provider is a relative of the child, be at least 3 years older than the child.
- (b) Have direct care experience or training in working with children with conditions similar to those of the foster child for whom he or she will be caring.
- (c) Be physically able to provide the care needed.
- (d) Be flexible and willing to work varied, atypical hours.
- (e) Be able to reliably get to and from respite care assignments.
- (f) Have the ability to do all of the following:
 - 1. Accept responsibility.
 - 2. Work independently.
 - 3. Exercise good judgment.

4. Maintain confidentiality.

5. Manage the varied medical, behavioral, and other care needs of the foster children for whom the respite care provider will be caring.

(g) Reside in a home that meets the physical, safety, and environmental needs of the foster child for whom care is to be provided if the respite care is to be provided in the respite care provider's residence.

(h) Authorize the licensing or supervising agency to conduct a criminal records check as described in s. DCF 56.05 (1) (f).

(i) Agree to provide quality, reliable, and temporary care for the child in foster care that is consistent with the child's treatment, case, or service plan.

(j) Obtain from the foster parent appropriate information about the specific care procedures and interaction strategies relevant for the child's care.

(k) Agree to perform household and emergency tasks directly related to the general health and well-being of the foster child.

(L) Possess a valid driver's license and automobile insurance if transporting a foster child.

(m) Agree to abide by s. DCF 56.09 (1g), (2) (d) and (e), and (5).

(n) May not be an employee of the licensing agency or a relative of an employee of the licensing agency if the employee works in the area of the agency that issues foster care licenses.

(4) ELIGIBILITY FOR SUBSIDIZED RESPITE CARE. (a) *Level 1 or 2.* A licensing agency may establish policies and procedures to fund respite care for a foster parent who operates a foster home with a Level 1 or 2 certification.

(b) *Level 3 or 4.*

1. A licensing agency shall fund and arrange for a foster parent who operates a foster home with a Level 3 or 4 certification to have 8 to 24 consecutive hours of respite care per month of care provided. Respite care shall be provided in a combination of days to be determined by the foster parent and the licensing agency. The licensing agency may require that any respite care include an overnight stay.

2. Notwithstanding subd. 1., a licensing agency is not required to fund and arrange respite care of a child with a level of need below 3 who is placed in a foster home with a Level 3 or 4 certification.

History: EmR1050: emerg. cr., eff. 1-1-11; CR 10-148: cr. Register August 2011 No. 668, eff. 9-1-11.

DCF 56.22 Assessment of needs and strengths.

(1) RESPONSIBILITY FOR ASSESSMENT. (a) A placing agency shall use a standardized assessment tool prescribed by the department to assess the needs and strengths of a child placed or to be placed into a foster home and the needs of the child's foster parent. A placing agency may subcontract this responsibility.

Note: The assessment tool is available in the forms section of the department's website at <http://dcf.wisconsin.gov>.

(b) Notwithstanding par. (a), this section does not apply to a child placed or to be placed into a foster home that is licensed solely for the purpose of adoption of a domestic infant under s. 48.837, Stats., or a foreign child under s. 48.839 or 48.97, Stats.

(2) QUALIFICATION TO ASSESS. An individual performing the assessment shall be trained and certified in the use of the department's standardized assessment tool.

(3) TIMES OF ASSESSMENT. (a) *Assessment within 30 days after placement.* A placing agency shall assess each foster child before placement in a foster home or within 30 days after the child's placement. A placing agency shall assess each foster parent within 30 days after the child's placement in the foster home.

(b) *Reassessment every 6 months.* A placing agency shall reassess each foster child and the child's foster parent within 6 months after the child's last assessment or reassessment. The placing agency, licensing agency, or foster parent may request a reassessment more frequently.

(4) STANDARDIZED ASSESSMENT TOOL. (a) *Basics of the tool.* The standardized assessment tool shall include a list of items that may have a direct impact on service planning for the child and the child's foster parent. The list of items included in the standardized assessment tool shall assist with evaluation of all of the following:

1. The child's functioning, including all of the following:

a. The impact of trauma on the child.

b. Life functioning, including physical, mental, and dental health; relationships with family members; and social skills.

c. Functioning in a child care or school setting.

- d. Behavioral and emotional needs.
 - e. Risk behaviors.
 - f. Strengths.
 - g. The effect of the culture of the child and the child's family on service provision.
2. The foster parent's functioning in relation to the identified foster child, including all of the following:
- a. Supervision.
 - b. Problem solving.
 - c. Involvement with care.
 - d. Knowledge.
 - e. Empathy with the child.
 - f. Organization.
 - g. Social resources.
 - h. Physical health.
 - i. Mental health.
 - j. Substance use.
 - k. Developmental.
 - L. Family stress.
 - m. Cultural congruence.

(b) *Gather information.* Before administering the standardized assessment tool, the person who will administer the tool shall first do all of the following:

1. Review the child's case record.
2. Interview or collect information from an individual who has interviewed the child, child's family, foster parent or other out-of-home care provider, the child's team or treatment team, and the licensing agency.
3. Review information gathered in collaboration with the child's team or treatment team and the licensing agency.

Note: See s. DCF 56.17 (1) on treatment team membership.

(c) *Rating a child.* The person administering the standardized assessment tool shall rate the child on each item in the tool on a 4-point scale relative to what is developmentally appropriate for a child of a similar age, as follows:

1. 'Needs.' The following ratings shall apply to items representing needs of a child or the child's family:

- a. A rating of 0 means there is no evidence of the existence of a special need.
 - b. A rating of 1 means there is a history or concern that a basic special need may exist.
 - c. A rating of 2 means there is a presence of a moderate special need.
 - d. A rating of a 3 means there is a presence of an intensive special need.
2. 'Strengths.' The following ratings shall apply to items representing strengths of a child or the child's family:
- a. A rating of 0 indicates a centerpiece strength.
 - b. A rating of 1 indicates a useful strength
 - c. A rating of 2 indicates an identified strength.
 - d. A rating of 3 indicates no strength has been identified.

(d) *Rating a foster parent.* The person administering the standardized assessment tool shall rate a foster parent's needs on each item in the tool on a 4-point scale in relation to a specific identified child, as follows:

- 1. A rating of 0 means there is no reason to believe a need exists.
- 2. A rating of 1 means there is a history or concern that needs to be monitored.
- 3. A rating of 2 means there is a presence of a need that must be acted upon.
- 4. A rating of 3 means there is a presence of a need that requires immediate or intensive action.

(5) USE OF ASSESSMENT INFORMATION. (a) The placing agency shall use information from the assessment of the child, the child's family, the child's foster parent, the supervising agency, and the licensing agency for all of the following:

- 1. To communicate information about the needs and strengths of the child and child's family.
- 2. To assist with determining the child's service needs and developing the child's plan of care.
- 3. To determine a level of need of 1/2, 3, 4, 5, or 6 for the child.
- 4. To inform decisions regarding a placement at a level of care that is appropriate to meet the child's level of need.
- 5. To evaluate the match between the knowledge, skills, and abilities of a foster parent and the needs and strengths of the child.
- 6. To assist in the development of services and supports needed for a specific child and foster parent to promote the stability of the placement.
- 7. To provide a mental health screen to all children entering foster care.
- 8. To determine any supplemental payments under s. DCF 56.23 (2).
- 9. To determine any supplemental payments for purposes of an adoption assistance agreement under s. 48.975, Stats., and ch. DCF 50.

(b) A placing agency shall re-evaluate the appropriateness of a child's placement, services provided to the child, and supplemental payments made to the foster parent following a reassessment of the child under sub. (3) (b).

(6) MATCHING AND PREPLACEMENT VISITS. (a) *Matching the child and foster family.* A placing agency may place a child in a foster home only after careful consideration is made on how well the prospective foster family will do all of the following:

1. Meet the child's identified specific needs.
2. Address any concerns of the birth or adoptive parents.
3. Accomplish the goals of the child's permanency plan.

(b) *Pre-placement interactions for placements in foster homes with a Level 3 to 5 certification.* Before placing a child in a foster home with a Level 3 to 5 certification, the placing agency, supervising agency, and, if different, the licensing agency shall arrange for pre-placement, face-to-face interactions among the child, foster parent, and, if appropriate, the child's family, unless the placement is an emergency under s. 48.205, 48.63, or 938.205, Stats.

(7) PLACEMENT IN A FOSTER HOME. (a) A placing agency, in accordance with a licensing agency, may place a child in a foster home that is certified to provide a given level of care if the child's level of need is at or below the level of care that the foster home is certified to provide.

(b) Notwithstanding par. (a), a placing agency may place a child with a level of need that is higher than the level of care that a foster home is certified to provide if the placing agency grants an exception and documents in the child's electronic case record what services and supports will be provided to meet the child's needs as identified in the assessment tool.

(c) A child whose level of need is lower than 5 may not be placed in a Level 5 foster home, except for continuation of an existing placement during planning for the child's transition to a less restrictive setting following a reassessment under sub. (3) (b).

Note: See Appendix A for the placement complexity chart that shows placement options based on a child's level of need and a provider's level of care.

History: EmR1050: emerg. cr., eff. 1-1-11; CR 10-148: cr. Register August 2011 No. 668, eff. 9-1-11.

DCF 56.23 Supplemental payments, exceptional payments, initial clothing allowance, and retainer fee.

(1) COVERAGE. (a) A placing agency shall determine the amount of any payment made directly to a foster parent for the care and maintenance of a foster child under one or more of the following:

1. Basic maintenance payments established under s. 48.62 (4), Stats.
2. Supplemental payments under sub. (2).
3. Exceptional payments under sub. (3).
4. Initial clothing allowance under sub. (4).

(b) The total monthly payment amount to a foster parent under par. (a) 1., 2., and 3. is subject to a maximum determined by the department.

(c) A placing agency may not make a supplemental or exceptional payment or pay an initial clothing allowance for a child placed in a Level 1 foster home.

Note: See s. DCF 56.16 (2) (c) on licensing agency participation in rate determination.

(2) SUPPLEMENTAL PAYMENTS. A placing agency shall make a supplemental payment to a foster parent for a child's special needs. The placing agency shall determine the amount of a supplemental payment based on the total under the following:

(a) *Identified needs and strengths.* 1. On a form prescribed by the department, the placing agency shall use information obtained using the standardized assessment tool to rate the child under s. DCF 56.22 (4) (c) relative to what is developmentally appropriate for a child of a similar age in the following areas:

- a. Adjustment to trauma.
- b. Life functioning, including physical, mental, and dental health; relationships with family members; and social skills.
- c. Functioning in a child care or school setting.
- d. Behavioral and emotional needs.
- e. Risk behaviors.
- f. Child's language.
- g. Strengths.

2. For points that have been assigned in the areas under subd. 1., the placing agency shall add the total points that represent all of the following:

- a. A child's need that has a rating of 2 indicating there is a presence of a moderate special need.
- b. A child's need that has a rating of a 3 indicating there is a presence of an intensive special need.
- c. A child's strength that has a rating of 2 that indicates an identified strength.
- d. A child's strength that has a rating of 3 that indicates no strength has been identified.

3. A placing agency shall make a supplemental payment under this paragraph that is a dollar amount determined by the department multiplied by the total points determined under subd. 2.

(b) *Level of care higher than level of need.* A placing agency shall make a supplemental payment under this paragraph that is an amount determined by the department if a foster home's level of care certification is higher than the level of need of a child placed in the foster home and the foster home has a Level 3 or 4 certification.

(3) EXCEPTIONAL PAYMENT. (a) A placing agency may make an exceptional payment to a foster parent to accomplish any of the following:

1. Enable the child to be placed or remain in a foster home instead of being placed or remaining in a more restrictive setting.
2. Enable the placement of siblings or minor parent and minor children together.
3. Assist with transportation costs to the school the child was attending prior to placement in out-of-home care.

4. Replace a child's basic wardrobe that has been lost or destroyed in a manner other than normal wear and tear.

5. For a child placed in a foster home before February 21, 2011, and who remains placed in that foster home, equalize the total payment amount lost by the child's foster parent due to implementation of the method of determining supplemental payments in sub. (2).

(b) A placing agency may determine the frequency and amount of an exceptional payment necessary to meet one or more purposes in par. (a), provided no total monthly payment to the foster parent exceeds the maximum amount determined by the department under sub. (1) (b).

(4) INITIAL CLOTHING ALLOWANCE. (a) A placing agency may pay an initial clothing allowance to a foster parent when a child is initially placed in foster care.

(b) The amount of the initial clothing allowance shall be the actual cost of the clothing not to exceed a maximum determined by the department.

(c) If a child is placed in foster care 120 days or more after a previous out-of-home care placement was terminated, the placement shall be considered an initial placement for the purpose of par. (a).

Note: See the department's uniform foster care rate-setting policy and forms related to rates on the department's website www.dcf.gov in the section on foster care program and services. The policy includes current information for all of the following:

1. Total monthly maximum payment to a foster parent.
2. Dollar amount that is multiplied by the total points of a child's identified needs and strengths to determine the portion of a supplemental payment under sub. (2) (a).
3. Dollar amount of the portion of a supplemental payment under sub. (2) (b) if a foster home's level of care is higher than a child's level of need.
4. Maximum initial clothing allowance.

(5) RETAINER FEE. A placing agency may provide a monthly retainer fee to a foster parent to maintain openings in a foster home for emergency placements under ss. 48.205 and 938.205 Stats. This fee may not be considered part of the foster care payment for a specific child.

History: EmR1050: emerg. cr., eff. 1-1-11; CR 10-148: cr. Register August 2011 No. 668, eff. 9-1-11.

**Appendix A
Placement Complexity Chart Options**

| | | Placement Options | | |
|-----------------------|--------------------------|-----------------------|------------|-------------------------|
| Child's Level of Need | Provider's Level of Care | Foster Home | Group Home | Residential Care Center |
| 1/2 | 1 | Child-Specific | | |
| | 2 | Basic | | |
| 3 | 3 | Moderate Treatment | Group Home | |
| 4 | 4 | Specialized Treatment | | |
| 5 | 5 | Exceptional Treatment | | Residential Care Center |
| 6 | 6 | | | |

| | |
|--|---|
| | Step-down level to be used for transition planning to a less restrictive placement setting. |
| | Placement of children at this level is not appropriate. |

Note: A child in foster care can be served by a foster home with a certification lower than the child's level of need if an exception has been granted and documented in the child's electronic case record by the placing agency and the agency shows what services and supports will be provided to meet the child's needs.

History: EmR1050: emerg. cr., eff. 1-1-11; CR 10-148: cr. Register August 2011 No. 668, eff. 9-1-11.

Home Configurations

Definitions

“Attic” means a space under the roof and above the ceiling of the topmost part of a dwelling.
[s. Comm 20.07(6)]

“Balcony” means a landing or porch projecting from the wall of a building.
[s. Comm 20.07(7)]

“Basement” means that portion of a dwelling below the first floor or groundfloor with its entire floor below grade.
[s. Comm 20.07(8)]

“First floor” means the first floor level above any groundfloor or basement or, in the absence of a groundfloor or basement, means the lowest floor level in the dwelling.
[s. Comm 20.07(34e)]

“Grade” means the level of the ground outside of the house.

“Groundfloor” means that level of a dwelling, below the first floor, located on a site with a sloping or multilevel grade and which has a portion of its floor line at grade.
[s. Comm 20.07(36m)]

“Second floor” means the floor level with its floor at least 5’ above the floor level of the first floor, except if the floor above the first floor is an attic.

Discussion

Every home has a first floor. All other levels are defined in reference to the first floor. If there are no other levels in the home, then the only level is the first floor, even if that level is below grade on all 4 sides.

In a split-level home, if the floor of one level is within 5’ of the floor of the other level, both of those levels may be considered one level.

Exits

Definitions

"Balcony" means a landing or porch projecting from the wall of a building.

[s. Comm 20.07(7)]

"Basement" means that portion of a dwelling below the first floor or groundfloor with its entire floor below grade.

[s. Comm 20.07(8)]

"Exit" means a continuous and unobstructed means of egress to a street, alley or open court and includes intervening doors, doorways, corridors, halls, balconies, ramps, fire escapes, stairways and windows.

[s. Comm 20.07(29)]

"Stairway" means one or more flights of steps, and the necessary platforms or landings connecting them, to form a continuous passage from one elevation to another.

[s. Comm 20.07(66)]

"Window" means a glazed opening in an exterior wall, including glazed portions of doors, within a conditioned space.

[s. Comm 20.07(78)]

Discussion

Exits from 1st Floor

Every house must have 2 exits from the first floor. One of the exits must discharge to grade and may include an interior or exterior stairway. The second exit may be either one of the following:

- An exit to an outside balcony if the balcony has a guardrail no higher than 46" above the floor of the balcony, if the floor of the balcony is no more than 15' above the grade below the balcony, and if the floor of the balcony is at least 3' by 3' (the guardrail may infringe on this area).
- An exit into an attached garage if the garage has a door that discharges to grade. An overhead garage door does not count as the door that discharges to grade.

Exits from 2nd Floor

There must be at least 2 exits from the 2nd floor. One of these exits must be a stairway (or ramp that leads to the 1st floor or discharges to grade. The second exit may be either one of the following:

- A stairway (or ramp) which discharges to grade or to a balcony.
- A window, except that if the house is an up-and-down duplex, a window may not be used as an exit from the "up" half of the duplex. See Appendix C regarding the requirements for a window that is to be used as an exit.

Exits above the 2nd Floor

There must be 2 exits from every habitable floor above the 2nd floor. The exits must be stairways (or ramps) that lead to the 2nd floor or discharge to grade.

Exits from Basements or Ground Floors Used for Sleeping

There must be 2 exits from any basement or ground floor used for sleeping. The exits must be as far away from each other as practical and may not be accessed from the same stairway (or ramp).

The first exit must be either:

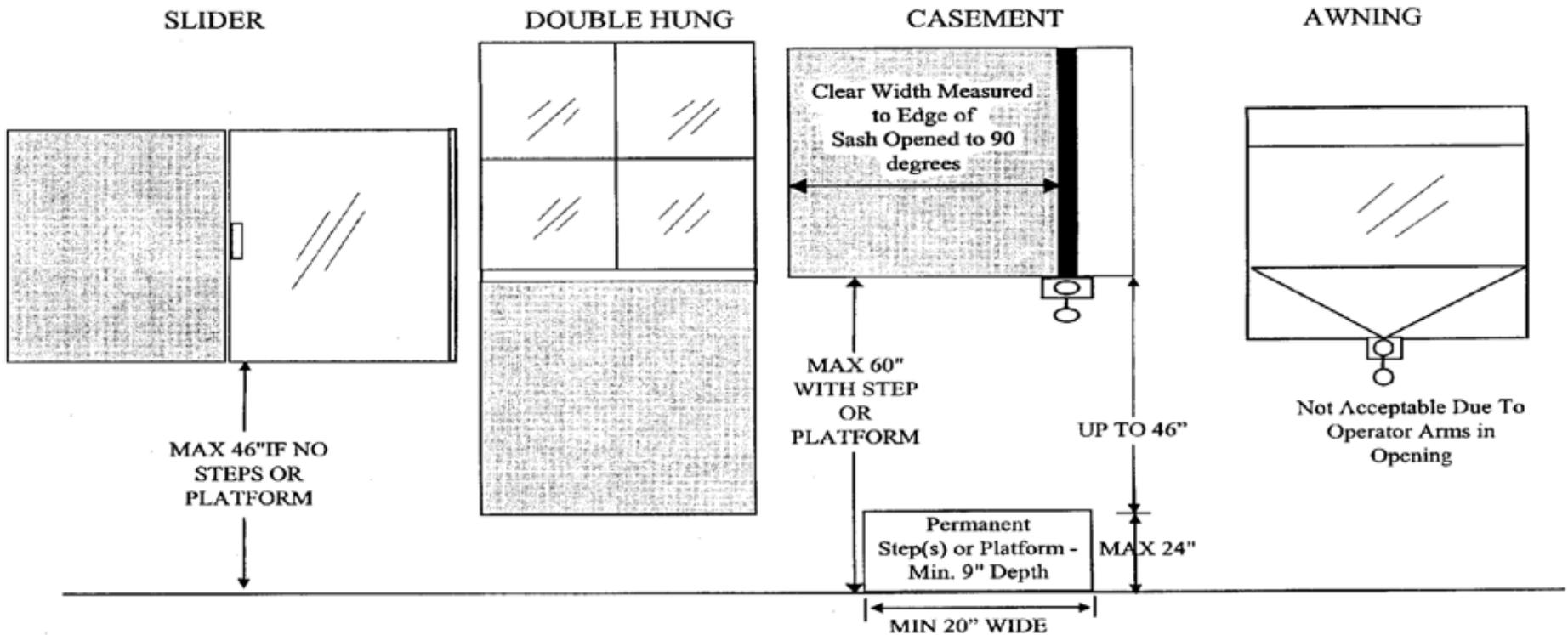
- A door leading to the exterior of the building; or
- A stairway (or ramp) that leads to the floor above the basement.

The second exit may be any of the following:

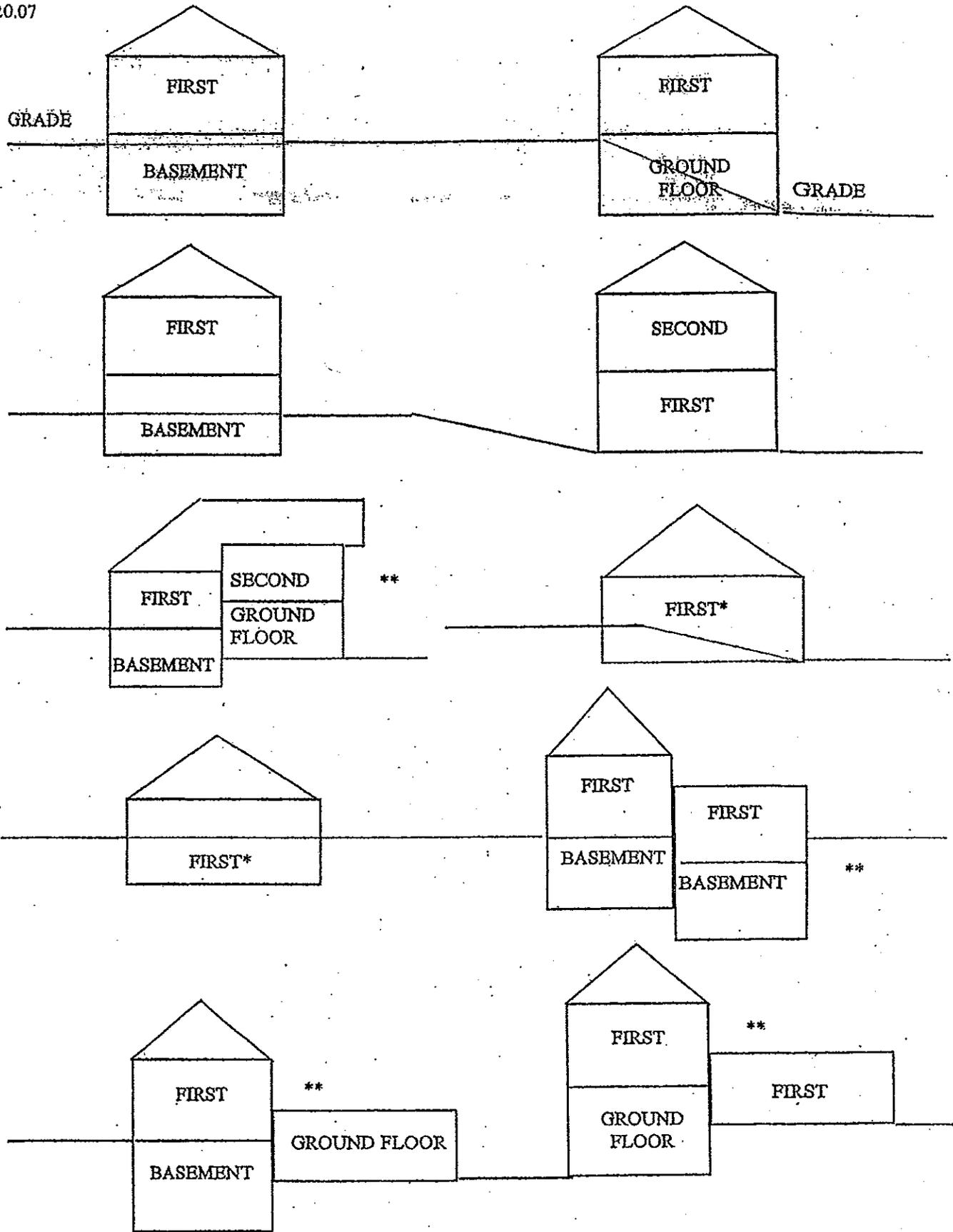
- A door leading to the exterior of the building
- A stairway (or ramp) that leads to the floor above the basement
- A stairway that leads to a garage as long as the garage has an exit door other than an overhead garage door
- A window that meets the requirements described in Appendix C

Comm 21.03 (6) Egress Window Dimensions

Minimum
20" wide x 24" high
or
24" wide x 20" high



The above diagram details the requirements for egress windows located in habitable rooms on the second floor of a dwelling. These are also the requirements for egress windows located in basement bedrooms



*There is always a first floor in a dwelling

**See s. Comm 21.03(11)

s. Comm 20.07 (8), (34k), 36m)

BASEMENT, FIRST FLOOR AND GROUND FLOOR DEFINITIONS

Windows and Doors Used for Exits

Definitions

“Window” means a glazed opening in an exterior wall, including glazed portions of doors, within a conditioned space.

Discussion

Windows As noted in Ch. HFS 56 and Appendix B of this document, windows may be used as exits in certain situations and on certain levels of a home. In order for a window to qualify as an exit window, it must meet all of the following characteristics.

- The window must be openable from the inside without the use of tools or the removal of a sash. If the window has a screen or storm window, the screen or storm window must also be openable from the inside.
- The open part of the window must be no smaller than 20” by 24” (either can be height or width). Fractions ½” or greater shall be rounded up and fractions less than ½” shall be rounded down.
- No part of the window (including stops, stools, meeting rails and operating arms) can infringe on the required open space.
- The lowest part of the opening shall not be more than 60” (5’) above the floor.
- If the lowest part of the opening is more than 46” above the floor, there must be a permanent platform or fixture installed so that a flat surface at least 20” wide and 9” deep is located no more than 46” directly below the bottom of the opening.
 - The top surface of the platform or fixture cannot be more than 24” above the floor.
 - The platform or fixture must be able to support at least 200 pounds.

If the exit window leads to a space below grade (e.g., a window well) there must be an areaway that meets the following requirements:

- The width of the areaway must be at least the same width as the opening of the window
- The areaway must extend at least 36” away from the outside wall of the house
- If the bottom of the areaway (e.g., window well) is more than 46” below the level of the grade or the top of the areaway, the areaway must be provided with a ladder or at least one additional step to facilitate exit from the areaway.
 - Any ladder or additional step may infringe by no more than 6” on the 36” required measurement of the areaway away from the outside wall of the house
- The areaway must be constructed in such a way that water entering the areaway does not enter the house or remain in the areaway

Doors

Doors used as exits must meet the following requirements:

- At least one of the exit doors must be a swing type door at least 36" wide by 80" high.
- Other required doors must be at least 32" wide and 76" high
 - If one of the secondary doors is a sliding patio door, it must have a clear opening of at least 30" If double doors are used as a required exit, each door leaf must be at least 30" wide and there cannot be a mullion between the doors.
 - All exit doors must be openable from the inside without the use of a key.

Note: All of the measurements for the doors described above are determined by measuring the door, not the opening between the jambs.

Farm Safety Licensing Checklist

- First Aid kits are located in farm vehicles, the house and other farm buildings
- A member of the foster family is trained in first aid and CPR
- Gasoline and other flammable liquids are stored in appropriate and clearly marked containers
- All agri-chemicals are safely stored in their original containers and in locked buildings, rooms or cabinets
- Danger signs are posed by chemical storage areas
- Spare or extra tires that have been removed from equipment are lying down or fastened securely and are not propped against a building, tree, etc.
- All power tools are safely and properly stored
- All family members and foster children of appropriate age know the locations of fire extinguishers and have been trained in using them
- Play areas are fenced in and clearly marked and away from livestock, traffic and machinery and farm equipment
- Play equipment is free of broken pieces, sharp edges, protrusions and tripping hazards
- When mowing, protective gear is worn (e.g., eye protection, appropriate footwear)
- Hard-toed shoes are worn around livestock
- Foster children have been trained how to behave around livestock (e.g., being calm and quiet, keeping an eye on animals, avoiding entering animal pens without adult supervision, not approaching animals from behind)
- Livestock are always fed from the outside of fences
- Keys are removed from farm machinery which is not in operation
- Riders are not permitted on tractors, farm machinery and wagons
- Slow moving vehicles are identified with reflective Slow Moving Vehicle (SMV) signs
- Shields on Power Take Offs (PTOs), augers and other farm machinery are in place and are secured
- Children are not permitted to play in grain or grain loading or storing equipment
- Danger decals are prominently displayed on all dangerous farm machinery and equipment, including grain handling equipment

Age at Which Child May Be Left Alone

Background

One of the most common questions the Department receives from parents generally is what is the law regarding leaving one's children at home alone. This question is certainly applicable to foster children and foster parents as well.

There is no state law directly related to this issue. It is up to parental discretion except, in the case of foster care, the foster parent should discuss the issue with the agency, which placed the child.

The Department has outlined some relevant considerations that should be weighed when deciding to leave a child home alone. These are not concrete regulations or qualifications for leaving a child home alone; the ultimate decision is left up to a parent or caregiver and any placing agency.

Factors for Consideration

The Division of Safety and Permanence has not established an age for a child to be left home alone since the child's age is only one of many factors that can determine how responsible and comfortable a child is being at home without adult supervision. Some of the other factors include:

- The age of the child
- The maturity of the child
- The role of the child in supervising younger children
- The length of time a parent or caregiver will be away
- The availability of or access to another adult in emergencies
- The accessibility of a caregiver or parent, especially in case of emergencies
- The time of the year (issues with respect to cold in the winter and heat in the summer)
- The location and accessibility of the home (in the city or the country)
- The safety of the environment and neighborhood
- The comfort level of the child being home without supervision
- The responsibility of the child, especially in urgent or emergency situations
- Access to "adult" cable TV and Internet
- Access to the child by persons who may represent a threat to the child

In addition, the ultimate decision is made by the adults and children involved in the situation. The Division cannot guarantee criteria that will describe or cover all children and families deciding to leave a child home alone.

Policy Recommendation

The Division of Safety and Permanence does not establish a specific minimum age for children being left home alone. We recommend that parents or caregivers discuss the situation with their children to evaluate the situation and determine whether or not both the child and parent or caregiver are comfortable with a child being home alone.

