



SAN BENITO COUNTY

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FOSTER CARE RATES EFFECTIVE JANUARY 1, 2008

SPECIALIZED CARE RATES

LEVEL 1	\$345.00
LEVEL 2	\$586.00
LEVEL 2	\$826.00

ISSUANCE OF SPECIALIZED CARE RATES ARE DETERMINED BY THE CPS SOCIAL WORKER
AFTER AN ASSESSMENT IS COMPLETED

San Benito County Policy and Procedure Specialized Care Increment

References:

ACIN I-05-10
ACL No. 10-62
ACIN I-113-00
ACIN I-131-82

Policy:

AB 2695 (Chapter 977, Statutes of 1982) mandated that the California Department of Social Services (CDSS) develop and establish a statewide rate setting system for Foster Care (FC) to include a Specialized Care Rate Program (SCR) that would allow for supplemental payments greater than the family home basic rate for children with serious health and/or behavioral problems. This supplemental payment provides for the cost of additional supervision to meet the child's daily care. The SCR program is an effective alternative to more costly group home and Foster Family Agency certified placements. The program promotes placement of special needs children in the least restrictive, most family-like setting.

Procedure:

San Benito County has a Specialized Care Rate Program (SCR). There are three levels of eligibility for a specialized care rate increment. The child's specific needs will determine the level for which the child qualifies. The SCR for a child is based on Medical Needs, Emotional Needs, Behavioral Needs or Educational Needs. A combination of needs may increase the level of care for the child. The Specialized Care Rate determination worksheet will assist the Social Worker with assessing the level of need for the child. The Specialized Care Rate Determination Worksheet will assist Social Worker with determining which level applies to the child being assessed for this rate, based on his/her needs.

- If a child is assessed to have one or more serious Medical, Emotional and/or Behavioral Needs the Social Worker will initiate the completion of the Specialized Care Rate Determination Worksheet
- The Social Worker will provide verification of child's needs (i.e. medical records, IEP plan, Mental Health Referral and/or progress notes) most of this information should be in the case file for review as requested

- The Assessing social worker will sign assessment and give it to the SW Supervisor
- The SW Supervisor will review the worksheet and approve and/or deny assessed level of need and sign assessment
- The SW Supervisor will provide a copy of the Signed Specialized Care Rate Determination Worksheet to the Foster Care Eligibility Worker for final approval and payment

Pursuant to the Manual of Policy and Procedures (MPP) section 11-400(6), a specialized care increment is the dollar amount paid to a provider, over and above the family home basic rate for specialized care. The increment is determined by the level of severity of the child's health and/or behavioral needs.

Pursuant to MPP section 11-400(7), a specialized care rate is the total dollar amount paid to a provider on behalf of the Aid to families with Dependent Children (AFDC)-(FC) child who needs specialized care and supervision. This rate includes the family home basic rate and the specialized care increment.

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**SPECIALIZED CARE
RATE DETERMINATION WORKSHEET**

Foster Care AAP → If 1st AAP, rate child last received in foster care is _____

Does child have other income (such as SS, SSI, Regional Center)? Explain and show amount: _____

CG = Caregiver (Foster Parent, Relative, NREFM, Adoptive Parent)

Child's (CURRENT) Name	DOB	Age	Social Worker
Caregiver's Name:		Case Name (if a Court Dependent)	
Date Placement Began:	Initial SCI Plan Date/Rate:	Current SCI Level Date/Rate:	
Anticipated duration of placement:			

LEVEL:	Level 1	Level 2	Level 3
# of Areas of Concern For Social Worker:			

Specialized Care for this child is based on:

Medical needs Emotional needs Behavioral needs Educational needs

Social Worker will determine if child meets minimum standards for any level. In order to qualify for any level of care, the child should have a preponderance of problems within that level in order to receive the rate assigned to that level. Do not duplicate entries i.e. 'Asthma medication' and '1-3 medications per day.' Check one box per level if it applies.

Social Worker (signature): _____ Date: _____

Supervisor (signature): _____ Date: _____

Foster Care ICW Receipt date: _____ Initials: _____

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SPECIALIZED CARE RATE DETERMINATION WORKSHEET

Child Age: Birth Through 18 Months

PHYSICAL CARE NEEDS

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
TRANSPORTATION CG is expected to provide transportation to visits, well-child appointments, and weekly medical and/or therapy appointments.	At least three family visits, medical-type appointments, or therapy appointments per week. —or— Required to travel at least 40 miles — two or more times per week for the above appointments. <input type="checkbox"/>	At least four family visits, medical-type appointments, or therapy appointments per week or 1 out-of-County visit or medical-type appointment per month. —or— Required to travel at least 40 miles — three or more times per week for the above appointments. <input type="checkbox"/>	At least five family visits, medical-type appointments, or therapy appointments per week or 2 or more out-of-County visits or medical-type appointments per month —or— Required to travel at least 40 miles — four or more times per week for the above appointments. <input type="checkbox"/>
SEIZURES: CG must monitor minor for seizure activity	<ul style="list-style-type: none"> • At least weekly • Loss of consciousness less than 10 minutes, no apnea • Medical treatment needed to control <input type="checkbox"/>	<ul style="list-style-type: none"> • At least daily • Loss of consciousness more than 10 minutes, with apnea; or medical treatment needed to stop • Intensive medical care required <input type="checkbox"/>	<ul style="list-style-type: none"> • Hospitalization or surgery required to control. <input type="checkbox"/>
INFECTIOUS DISEASE: CG must use the following special hygiene precautions	<ul style="list-style-type: none"> • Known or suspected, and more than usual hygiene measures needed. • Increased risk for contracting, so should remain in home as much as possible <input type="checkbox"/>	<ul style="list-style-type: none"> • Known; requiring specialized handling of all body fluids. • Great risk for contracting — specialized handling of food, toys, etc needed <input type="checkbox"/>	<ul style="list-style-type: none"> • Child must be isolated from other children and adults not living in the home. <input type="checkbox"/>
FEEDING: CG must use special handling of procedure for feeding. Minor's food intake must be monitored.	<ul style="list-style-type: none"> • Special diet/food preparation beyond what is normal for age of child • Takes 41-50 minutes for caregiver to feed a bottle • Projection vomit at least twice daily • Vomits entire feeding <input type="checkbox"/>	<ul style="list-style-type: none"> • Chokes or gags easily— frequent special handling needed • Takes 51+ minutes for caregiver to feed a bottle • Requires medication to control vomiting. • Has difficulty gaining weight. <input type="checkbox"/>	<ul style="list-style-type: none"> • Requires feeding by N/G, GTT, JT and/or pump • Every 2 hours with night feedings <input type="checkbox"/>
ELIMINATION: CG must use special handling or procedures according to minor's need	<ul style="list-style-type: none"> • Prone to urinary tract infections, requiring medication/needs increased fluids • Chronic constipation/ occasional suppository <input type="checkbox"/>	<ul style="list-style-type: none"> • Credé needed to empty bladder • Chronic diarrhea/runny stools; or constipated and needs daily program <input type="checkbox"/>	<ul style="list-style-type: none"> • Has vesicostomy/ uretostomy/illial conduit • Colostomy/ileostomy <input type="checkbox"/>
SLEEP PATTERN: CG must comfort minor during night sleep time—beyond what is normal for age.	<ul style="list-style-type: none"> • May wake up several times nightly (Wakefulness not due to normal functions such as teething or needing to eat) and require significant interaction. <input type="checkbox"/>	Prolonged periods of crying creating sleep disturbance requiring significant interaction. <input type="checkbox"/>	<ul style="list-style-type: none"> • Averages less than 2-3 hours of sleep nightly • Inconsolable crying <input type="checkbox"/>
MUSCLE TONE: CG must spend extra time handling minor and working with minor to improve muscle functioning	Impact on care and or some developmental delay; need to monitor Hyperreflexia <input type="checkbox"/>	Requires special handling; follow up with therapy recommendations at home <input type="checkbox"/>	Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
MEDICALLY FRAGILE CG must constantly monitor minor's medical needs, FP must insure minor receives ongoing medical care	<ul style="list-style-type: none"> • High SIDS risk • Tremors 	<ul style="list-style-type: none"> • Born with serious medical defects. Close monitoring and medical supervision needed. • Requires apnea monitor Describe:	<ul style="list-style-type: none"> • Born with major medical defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care Describe:

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to address medically fragile condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPIRATORY PROBLEMS: CG must monitor minor's condition and follow appropriate medical procedure to address respiratory condition	Frequent colds, respiratory infections, including ear infections requiring medication	Asthma needing at least one medication daily.	Bronchial Pulmonary Disease. Asthma needing two or more medications daily.
SPECIAL EQUIPMENT: CG must be trained in the use of equipment needed to assist minor in the areas listed	Splints, braces or positioning equipment	<ul style="list-style-type: none"> • Aspiration, suctioning ventilator, or must tent • Apnea monitor 	Daily oxygen, broviac catheter, or tracheotomy (Circle those that apply)
MEDICATIONS: CG must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included	Consistent need for prescription medication (other than those that apply in another section of SC worksheet). EXCLUDES VITAMINS	2-4 prescription medications per day (other than those that apply in another section of SC worksheet).	5 + prescription medications per day (other than those that apply in another section of SC worksheet).
OTHER; Minor has physical need not covered above that requires CG to perform activities that differ from those listed. Indicate condition & additional FP activities	Describe:	Describe:	Describe:
SUBSTANCE EXPOSED; AT RISK	<ul style="list-style-type: none"> • Acute/Long Term With _____ • Uncoordinated fine motor skills • Sensory input problems • Jitteriness/irritability • Poor feeding/reflux • Hyper/hypotonicity 	<ul style="list-style-type: none"> • Acute withdrawal (opiates & methadone) • Diagnosis of acute gastroesophageal reflux 	<ul style="list-style-type: none"> • Includes Level 1 and Level 2 plus medication needed to control withdrawal

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SPECIALIZED CARE RATE DETERMINATION WORKSHEET
Child Age: 18 Months to 3 Years

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
TRANSPORTATION CG is expected to provide transportation to visits, well-child appointments, and weekly medical and/or therapy appointments.	At least three family visits, medical-type appointments, or therapy appointments per week. —or— Required to travel at least 40 miles — two or more times per week for the above appointments. <input type="checkbox"/>	At least four family visits, medical-type appointments, or therapy appointments per week or 1 out-of-County visit or medical-type appointment per month. —or— Required to travel at least 40 miles — three or more times per week for the above appointments. <input type="checkbox"/>	At least five family visits, medical-type appointments, or therapy appointments per week or 2 or more out-of-County visits or medical-type appointments per month —or— Required to travel at least 40 miles — four or more times per week for the above appointments. <input type="checkbox"/>
SEIZURES: CG must monitor minor for seizure activity	<ul style="list-style-type: none"> • At least weekly • Loss of consciousness less than 10 minutes, no apnea <input type="checkbox"/>	<ul style="list-style-type: none"> • At least daily • Loss of consciousness more than 10 minutes, with apnea; or medical treatment needed to stop <input type="checkbox"/>	<ul style="list-style-type: none"> • Hospitalization or surgery required to control. <input type="checkbox"/>
INFECTIOUS DISEASE: CG must use the following special hygiene precautions	<ul style="list-style-type: none"> • Known or suspected, and more than usual hygiene measures needed. • Increased risk for contracting, so should remain in home as much as possible <input type="checkbox"/>	<ul style="list-style-type: none"> • Known; requiring specialized handling of all body fluids. • Great risk for contracting — specialized handling of food, contacts, toys, etc is needed <input type="checkbox"/>	<ul style="list-style-type: none"> • Child must be isolated from other children and adults not living in the home. <input type="checkbox"/>
FEEDING: CG must use special handling of procedure for feeding. Minor's food intake must be monitored.	<ul style="list-style-type: none"> • Special diet/food preparation beyond what is normal for age of child • Takes 41-50 minutes for caregiver to bottle feed <input type="checkbox"/>	<ul style="list-style-type: none"> • Chokes or gags easily; frequent special handling needed • Takes 51+ minutes for caregiver to bottle feed • Vomits at least twice daily; or requires medication to control vomiting. • Has difficulty gaining weight. <input type="checkbox"/>	<ul style="list-style-type: none"> • Requires feeding by N/G, GTT, JT and/or pump • Every 2 hours with night feedings <input type="checkbox"/>
ELIMINATION: CG must use special handling or procedures according to minor's need	<ul style="list-style-type: none"> • Prone to urinary tract infections, requiring medication/needs increased fluids • Chronic constipation/ occasional suppository <input type="checkbox"/>	<ul style="list-style-type: none"> • Credé needed to empty bladder • Chronic diarrhea/runny stools; or constipated and needs daily program <input type="checkbox"/>	<ul style="list-style-type: none"> • Has vesicostomy/ uretostomy/illial conduit • Colostomy/ileostomy <input type="checkbox"/>
SLEEP PATTERN: CG must comfort minor during night sleep time—beyond what is normal for age.	May wake up several times nightly (Wakefulness not due to normal functions such as teething or needing to eat). <input type="checkbox"/>	Prolonged periods of crying creating sleep disturbance <input type="checkbox"/>	<ul style="list-style-type: none"> • Averages less than 2-3 hours of sleep nightly • Inconsolable crying • Night terrors <input type="checkbox"/>
MUSCLE TONE: CG must spend extra time handling minor and working with minor to improve muscle functioning <input type="checkbox"/>	Impact on care and or some developmental delay; need to monitor <input type="checkbox"/>	Requires special handling; follow up with therapy recommendations at home <input type="checkbox"/>	Same as Level 2; and requires special equipment for feeding, positioning, bathing, etc. <input type="checkbox"/>
APPOINTMENTS: CG must take minor to medical/therapy appointments; or insure minor's attendance at medical/therapy appointments <input type="checkbox"/>	5 or more appointments monthly (not including visitation) <input type="checkbox"/>	7 or more appointments monthly (not including visitation) <input type="checkbox"/>	Level 2 plus frequent need for emergency appointments <input type="checkbox"/>

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MEDICALLY FRAGILE: CG must constantly monitor minor's medical needs, FP must insure minor receives ongoing medical care to address medically fragile condition	N/A	<ul style="list-style-type: none"> Born with serious medical defects. Close monitoring and medical supervision needed Describe: High SIDS risk <input type="checkbox"/> 	<ul style="list-style-type: none"> Born with major medical defects that are life-threatening. Constant care and supervision needed; surgery pending or post surgical care needed <input type="checkbox"/>
RESPIRATORY PROBLEMS: CG must monitor minor's condition and follow appropriate medical procedure to address respiratory condition <input type="checkbox"/>	Frequent colds, respiratory infections, including ear infections requiring medication <input type="checkbox"/>	Asthma needing at least one medication daily. <input type="checkbox"/>	Bronchial Pulmonary Disease. Asthma needing two or more medications daily. <input type="checkbox"/>
SPECIAL EQUIPMENT: CG must be trained in the use of equipment needed to assist minor in the areas listed <input type="checkbox"/>	Splints, braces or positioning equipment <input type="checkbox"/>	<ul style="list-style-type: none"> Aspiration, suctioning ventilator, or must tent Apnea monitor <input type="checkbox"/> 	Daily oxygen, broviac catheter, or tracheotomy (Circle those that apply) <input type="checkbox"/>
MEDICATIONS: CG must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included <input type="checkbox"/>	Consistent need for prescription medication (other than those that apply in another section of SC worksheet). <input type="checkbox"/>	2 – 4 prescription medications per day (other than those that apply in another section of SC worksheet). <input type="checkbox"/>	5 + prescription medications per day (other than those that apply in another section of SC worksheet). <input type="checkbox"/>
OTHER; Minor has physical need not covered above that requires CG to perform activities that differ from those listed. Indicate condition & additional FP activities <input type="checkbox"/>	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>
SUBSTANCE EXPOSED— <i>Neurological Issues</i>	<ul style="list-style-type: none"> Acute/Long Term With _____ Sensory input problems Jitteriness Poor feeding/reflux Hyper/hypotonicity <input type="checkbox"/> 	<ul style="list-style-type: none"> Acute withdrawal (opiates & methadone) Diagnosis of acute gastroesophageal reflux <input type="checkbox"/> 	Level 1 and Level 2 with— <ul style="list-style-type: none"> Meds needed to control withdrawal <input type="checkbox"/>

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BEHAVIORS WHICH ARE NOT AGE APPROPRIATE
 Child Age: 18 Months to 3 Years

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
EXCESSIVE ACTIVITY: Constant movement, over-excitability and restlessness won't sit still.	MODERATE: Is difficult to control, but will respond to sustained specialized intervention. <input type="checkbox"/>	SEVERE: Requires continuous specialized intervention. <input type="checkbox"/>	
POOR TOLERANCE FOR CHANGE or SEPARATION ANXIETY ^: Restlessness or disruption of typical functioning, cries when FP not present.	MODERATE: - Anxiety & fear which is difficult to control, but will respond to sustained specialized intervention. - Resists being alone or is withdrawn. -Multiple fears <input type="checkbox"/>	SEVERE: Anxiety & fear which requires continuous specialized intervention. <input type="checkbox"/>	
AGGRESSION TOWARD SELF OR OTHERS: Deliberate violent episodes injury to others or destruction of property.	MODERATE: Is difficult to control, but will respond to sustained specialized intervention. <input type="checkbox"/>	SEVERE: Requires continuous specialized intervention. <input type="checkbox"/>	Rages for more than 1 hour 2 or more times per week; destructive to property. Behaviors potentially put child in danger. Requires immediate professional intervention. <input type="checkbox"/>
REACTIVE ATTACHMENT DISORDER *	MODERATE: Is difficult to control, but will respond to sustained specialized intervention. <input type="checkbox"/>	SEVERE: Requires almost continuous specialized intervention. <input type="checkbox"/>	
OTHER	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>	

^ Separation anxiety is the recurrent, excessive distress when separated from home or attachment figure. This distress may include persistent and excessive worry about losing or possible harm to major attachment figure, persistent reluctance or refusal to go to school, excessively fearful or reluctant to be alone or repeated physical complaints when separation is anticipated.

* Reactive Attachment Disorder is the persistent failure to initiate or respond in the developmentally appropriate fashion to most social interactions as manifested by inhibition, hypervigilance, and highly ambivalent, contradictory responses.

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SPECIALIZED CARE RATE DETERMINATION WORKSHEET
Child Age: 3 through 5 years

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
TRANSPORTATION CG is expected to provide transportation to visits, well-child appointments, and weekly medical and/or therapy appointments.	At least three family visits, medical-type appointments, or therapy appointments per week. —or— Required to travel at least 40 miles — two or more times per week for the above appointments. <input type="checkbox"/>	At least four family visits, medical-type appointments, or therapy appointments per week or 1 out-of-County visit or medical-type appointment per month. —or— Required to travel at least 40 miles — three or more times per week for the above appointments. <input type="checkbox"/>	At least five family visits, medical-type appointments, or therapy appointments per week or 2 or more out-of-County visits or medical-type appointments per month —or— Required to travel at least 40 miles — four or more times per week for the above appointments. <input type="checkbox"/>
SEIZURES CG must monitor minor for seizure activity	<ul style="list-style-type: none"> • At least weekly • Loss of consciousness less than 10 minutes, no apnea. <input type="checkbox"/> 	<ul style="list-style-type: none"> • At least daily • Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop <input type="checkbox"/> 	<ul style="list-style-type: none"> • Hospitalization or surgery required to control. <input type="checkbox"/>
INFECTIOUS DISEASE CG must use the following hygiene precaution	<ul style="list-style-type: none"> • Known or suspected & more than usual hygiene measures needed • Increased risk for contracting, so should remain in home as much as possible <input type="checkbox"/> 	<ul style="list-style-type: none"> • Known; requiring specialized handling of all body fluids • Great risk for contracting — specialized handling of food, toys, etc. is needed <input type="checkbox"/> 	<ul style="list-style-type: none"> • Child must be isolated from other children and adults not living in the home. <input type="checkbox"/>
FEEDING CG must use special handling or procedure for feeding. Minor's food intake must be monitored.	<ul style="list-style-type: none"> • Special diet/food preparation beyond what is normal for age of child <input type="checkbox"/> 	<ul style="list-style-type: none"> • Chokes or gags easily; frequent special handling needed • Vomits at least twice daily; or requires medication for vomiting <input type="checkbox"/> • Failure to gain weight <input type="checkbox"/> 	<ul style="list-style-type: none"> • Requires feedings by N/G, GTT, JT and/or Pump • Night feeding needed every 2 hours <input type="checkbox"/>
BLADDER/BOWEL FUNCTIONING CG must use special handling or procedure according to minor's need	<ul style="list-style-type: none"> • Prone to urinary tract infections, needs increased fluids • Chronic constipation/ occasional suppository <input type="checkbox"/> 	<ul style="list-style-type: none"> • Credé needed to empty bladder • Chronic diarrhea/runny stools; or constipated & needs daily program <input type="checkbox"/> 	<ul style="list-style-type: none"> • Has vesicostomy/ uretostomy/illial conduit • Colostomy/ ileostomy <input type="checkbox"/>
ADAPTIVE FUNCTIONING: CG must assist minor with developmental delays in the formation of age-appropriate self-help & developmental skills and/or perform such skills the minor is incapable of performing.	Can learn some self-care with constant repetitive training & instructions, i.e. toilet-training, speech delay <input type="checkbox"/>	Cannot perform age appropriate functions or can only do so with assistance. Specify _____ _____ _____ <input type="checkbox"/>	Requires total care. Cannot communicate verbally. FP must bathe, dress, diaper because of Dx of adaptive function delay. <input type="checkbox"/>
MEDICALLY FRAGILE CG must constantly monitor minor's medical needs and insure minor receives ongoing medical care to address medically fragile condition	N/A	Born with serious medical defects having long-term implications. Close monitoring & medical supervision needed. <input type="checkbox"/>	Born with major medical defects that are life threatening. Constant care & supervision needed; surgery pending or post surgical care needed. <input type="checkbox"/>
RESPIRATORY PROBLEMS: CG must Monitor minor's condition & follow appropriate medical procedure to address	Frequent colds, respiratory infections, including ear infections requiring medication	Asthma requiring at least one medication daily.	Bronchial Pulmonary Disease. Asthma needing two or more medications daily.

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respiratory condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL EQUIPMENT: CG must be trained in the use of technology needed to assist minor in the areas listed.	Splints, braces or positioning equipment <input type="checkbox"/>	<ul style="list-style-type: none"> Aspiration, suctioning, ventilator, or mist tent Apnea monitor <input type="checkbox"/>	Daily oxygen, broviac catheter, tracheostomy (Circle those that apply) <input type="checkbox"/>
MEDICATIONS CG must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.	Consistent need for prescription medication (other than those that apply in another section of SC worksheet). <input type="checkbox"/>	2 — 4 medications per day (other than those that apply in another section of SC worksheet). <input type="checkbox"/>	5 + medications per day (other than those that apply in another section of SC worksheet) <input type="checkbox"/>
CG performs physical therapy/occupational therapy/speech therapy exercises with minor as prescribed by therapist or doctor	CG performs 1 – 4 times a month <input type="checkbox"/>	CG performs at least one hour per day of exercise regimen prescribed by physical therapist or doctor <input type="checkbox"/>	CG performs 2 – 3 hours per day of exercise regimen prescribed by physical therapist or doctor <input type="checkbox"/>

EMOTIONAL CARE NEEDS

Child Age: 3 through 5 years

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
ATTENTION SEEKING: CG must provide minor with extra attention during crisis or to avoid crisis; must know behavior indicators & intervene as needed	<ul style="list-style-type: none"> Demanding, clinging, constant crying, regression to infantile behavior. FP must provide extra comfort & attention. Tantrums & is not easily distracted from tantrum behavior <input type="checkbox"/>	At least daily tantrums, very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting. <input type="checkbox"/>	Rages lasting 2 hours or more per day and requiring professional intervention. Security Management needed. Potentially life-threatening. <input type="checkbox"/>
ADDITIONAL STRUCTURE/SUPERVISION: CG must provide minor with a level of structure higher than appropriate to minor's chronological age.	Child cannot play alone or with peers for any period of time without adult supervision <input type="checkbox"/>	Child can <u>never</u> be left unattended <input type="checkbox"/>	
SLEEP DISTURBANCE: CG must comfort minor during night sleep time.	Nightmares <u>or</u> night terrors 2x per week. <input type="checkbox"/>	Level 1 + Child agitated at bedtime. <input type="checkbox"/>	Nightmares <u>or</u> night terrors every night. <input type="checkbox"/>
ENURESIS: CG must monitor, assist minor with gaining control; extra laundry	Loss of bladder control at night <input type="checkbox"/>	Loss of bladder control during the day & at night. <input type="checkbox"/>	Need for medical intervention to gain bladder control <input type="checkbox"/>
ENCOPRESIS: CG must monitor; assist minor with gaining control; extra laundry.	Occasional bowel accidents—at least weekly. <input type="checkbox"/>	Daily bowel accidents. <input type="checkbox"/>	Need for medical intervention to gain bowel control <input type="checkbox"/>
AGGRESSIVE TO OTHERS/PROPERTY: CG must monitor	Emerging pattern of physical aggression with peers. Emerging pattern of property destruction. <input type="checkbox"/>	Regularly aggressive/assaultive FP must protect other children & property <input type="checkbox"/>	Same as level 2 & chronic, extreme destruction of property Specify <input type="checkbox"/>

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aggressive behavior; intervene to reduce or eliminate aggressive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEXUAL BEHAVIOR: CG must monitor minor's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect minor from exploitation	<ul style="list-style-type: none"> • Redirection of sexualized behavior — beyond what is age-appropriate. • Preoccupation with public masturbation 	<ul style="list-style-type: none"> • Child often initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults, FP must monitor closely • Requires counseling 	Same as level 2 & history of initiating sexual activity with other children on more than one occasion; sexually aggressive & FP must supervise peer contact to protect other children
SCHOOL PROBLEMS CG maintains contact with pre-school/school personnel; attends pre-school/school meetings and/or IEPs, assist minors with schoolwork and/or homework; insure minor's educational needs & objectives are met.	Child presents discipline problems; or learning problems. IEP or 504 Plan has been initiated.	Same as level 1 & Has been evaluated for special education services and has an IEP or 504 Plan. Receives pull-out services.	Child receives Special Ed Services due to being emotionally disturbed. Receives full-time Academic Spec. Ed.
EMOTIONAL & BEHAVIORAL CONCERNS CG must know & understand minor's mental health needs; monitor & intervene as necessary; assist and/or obtain assistance for minor; follow-thru with therapy recommendations	Behavior indicates need for therapy from a psychologist or a psychiatrist.	Unresponsive & withdrawn; FP must monitor closely; Caregiver expected to participate in therapy sessions at least twice weekly.	Suicidal gesture or ideation; need for on-going or intensive therapy three or more times per week.
CG IS EXPECTED TO PARTICIPATE IN THERAPY SESSION	At least twice weekly		
HYPERACTIVE: CG must constantly monitor & redirect the minor's behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	Highly active & demanding of attention from family members. No medication necessary.	Recommended by doctor to control activity with medication.	Constant movement & restlessness. Cannot be controlled with medication. Child up at nights wandering through the house.

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SPECIALIZED CARE RATE DETERMINATION WORKSHEET
Child's Age: 6 through 11
PHYSICAL CARE NEEDS

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
TRANSPORTATION CG is expected to provide transportation to visits, well-child appointments, and weekly medical and/or therapy appointments.	At least three family visits, medical-type appointments, or therapy appointments per week. —or— Required to travel at least 40 miles — two or more times per week for the above appointments. <input type="checkbox"/>	At least four family visits, medical-type appointments, or therapy appointments per week or 1 out-of-County visit or medical-type appointment per month. —or— Required to travel at least 40 miles — three or more times per week for the above appointments. <input type="checkbox"/>	At least five family visits, medical-type appointments, or therapy appointments per week or 2 or more out-of-County visits or medical-type appointments per month —or— Required to travel at least 40 miles — four or more times per week for the above appointments. <input type="checkbox"/>
SEIZURES: CG must monitor minor for seizure activity	<ul style="list-style-type: none"> • At least weekly • Loss of consciousness less than 10 minutes, no apnea <input type="checkbox"/> 	<ul style="list-style-type: none"> • At least daily • Loss of consciousness more than 10 minutes; with apnea; or medical treatment needed to stop <input type="checkbox"/> 	<ul style="list-style-type: none"> • Hospitalization or surgery required to control. <input type="checkbox"/>
INFECTIOUS DISEASE: CG must use the following hygiene precautions.	<ul style="list-style-type: none"> • Known or suspected and more than usual hygiene measures needed. • Increased risk for contracting so should remain in home as much as possible <input type="checkbox"/> 	<ul style="list-style-type: none"> • Known; requiring specialized handling of all body fluids. • Great risk for contracting — specialized handling of food, toys, etc. is needed <input type="checkbox"/> 	<ul style="list-style-type: none"> • Child must be isolated from other children and adults not living in the home. <input type="checkbox"/>
FEEDING: CG must use special handling or procedure for feeding. Minor's food intake must be monitored.	<ul style="list-style-type: none"> • Some choking; occasional special handling needed. • Special diet/food preparation <input type="checkbox"/> 	<ul style="list-style-type: none"> • Chokes or gags easily; frequent special handling needed • Vomits at least twice daily, or requires medication for vomiting <input type="checkbox"/> 	<ul style="list-style-type: none"> • Requires feedings by N/G, GII, JT and/or pumps • Same as level 2; and affecting adequate weight gain <input type="checkbox"/>
BLADDER/BOWEL FUNCTIONING: CG must use special handling or procedure according to minor's need	<ul style="list-style-type: none"> • Prone to urinary tract infections, need increased fluids • Chronic constipation/ occasional suppository <input type="checkbox"/> 	<ul style="list-style-type: none"> • Credé needed to empty bladder • Chronic diarrhea/runny stools; or constipated and needs daily program <input type="checkbox"/> 	<ul style="list-style-type: none"> • Has vesicostomy/ uretostomy/illial conduit • Colostomy/ileostomy <input type="checkbox"/>
ADAPTIVE FUNCTIONING: CG must monitor minor with developmental delays and assist minor in the formation of age-appropriate self-help and developmental skills	Can learn some self-care with constant repetitive training and instruction, i.e. toilet-training, speech delay <input type="checkbox"/>	Cannot perform age-appropriate functions or can only do so with assistance. Specify: _____ _____ _____ <input type="checkbox"/>	Requires total care. Cannot communicate verbally. CG must bathe, dress, diaper because of Dx of delayed adaptive functioning. <input type="checkbox"/>
MEDICALLY FRAGILE: CG must constantly monitor minor's medical needs. FP must insure minor receives ongoing medical care to address medically fragile condition.	N/A	Born with serious defects having long-term implications. Close monitoring and medical supervision needed. <input type="checkbox"/>	<ul style="list-style-type: none"> • Born with major defects that are life-threatening. • Constant care and supervision needed; surgery pending or post surgical care <input type="checkbox"/>

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<p>SUBSTANCE EXPOSED – AT RISK</p>	<p>Diagnosis of FAS/FAE or other history of in utero drug exposure requiring extraordinary care. Describe:</p>	<ul style="list-style-type: none"> • Central Nervous System disturbance • Metabolic/ respiratory disturbance • GI disturbance <p>Requiring extraordinary care. Describe:</p>	<p>Other, more involved. Describe:</p>
<p>RESPIRATORY PROBLEMS: CG must monitor minor's condition and follow appropriate medical procedure to address respiratory condition</p>	<p>Frequent colds, respiratory infections, including ear infections requiring medication</p>	<p>Asthma needing at least one medication daily</p>	<p>Bronchial Pulmonary Disease. Asthma needing two or more medications daily.</p>
<p>SPECIALIZED EQUIPMENT: CG must be trained in the use of technology needed to assist minor in the areas listed.</p>	<p>Splints, case, braces or positioning equipment</p>	<p>Aspiration, suctioning ventilator, or mist tent Apnea monitor</p>	<p>Oxygen, broviac catheter, tracheostomy (Circle those that apply)</p>
<p>NON-AMBULATORY CG must monitor minor's condition; assist with or perform functions the minor is incapable of performing</p>	<p>N/A</p>	<p>With help, can perform some self-care functions, can move with assistance of special equipment, e.g.; motorized wheelchair</p>	<p>Need total care. Same as level 2; and requires special equipment for feeding positioning, bathing, etc.</p>
<p>MEDICATIONS CG must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.</p>	<p>Consistent need for prescription medication (other than those that apply in another section of SC Worksheet)</p>	<p>2—4 medications per day</p>	<p>5 + medications per day</p>
<p>CG must perform physical therapy, occupational therapy or speech therapy exercises with minor on a daily basis as prescribed by therapist or doctor</p>	<p>N/A</p>	<p>CG provides at least one hour per day of exercise regimen prescribed by physical therapist or doctor</p>	<p>CG provides 2 – 3 hours per day of exercise regimen prescribed by physical therapist or doctor</p>
<p>OTHER Minor has physical need not covered above that requires CG to perform activities that differ from those listed. Indicate condition & additional FP activities</p>	<p>Describe:</p>	<p>Describe:</p>	<p>Describe:</p>

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EMOTIONAL CARE NEEDS
 Child's Age: 6 through 11

CONCERNS	LEVEL 1	LEVEL 2	LEVEL 3
DISTRUPTIVE BEHAVIORS: CG must provide minor with extra attention during crisis or to avoid crisis; must know behavior indicators and intervene as needed.	<ul style="list-style-type: none"> • Demanding, clinging, constant crying, regression to infantile behavior. FP must provide extra comfort & attention. • Tantrums & is not easily distracted from tantrum behavior <input type="checkbox"/> 	Level 1 + at least daily tantrums, very difficult to get child to cease behavior, refusal to follow basic rules. FP must provide constant limit setting. <input type="checkbox"/>	Rages that put themselves or others at risk, requiring emergent professional intervention. <input type="checkbox"/>
ADDITIONAL STRUCTURE/SUPERVISION: CG must provide minor with a level of structure higher than appropriate to minor's chronological age.	Child cannot play alone or with peers for any period of time without adult supervision <input type="checkbox"/>	Child can never be left unattended <input type="checkbox"/>	
SLEEP DISTURBANCE CG must comfort minor during night sleep time.	Nightmares & night terrors. <input type="checkbox"/>	Child terrified of sleeping becomes very agitated at bedtime acts out, etc. every night. <input type="checkbox"/>	Requires CG to calm child; unable to go to sleep without parent in the room. <input type="checkbox"/>
ENURESIS; CG must monitor, assist minor with gaining control; extra laundry	Loss of bladder control at night <input type="checkbox"/>	Loss of bladder control during the day. <input type="checkbox"/>	Need for on-going medical intervention to gain bladder control <input type="checkbox"/>
ENCOPRESIS CG must monitor; assist minor with gaining control; extra laundry.	Bowel accidents up to 2x per week <input type="checkbox"/>	Daily bowel accidents <input type="checkbox"/>	Need for on-going medical intervention to gain bowel control <input type="checkbox"/>
EMOTIONAL & BEHAVIORAL CONCERNS: CG must know & understand minor's mental health needs; monitor & intervene as necessary; assist and/or obtain assistance for minor; follow-thru with therapy recommendation <input type="checkbox"/>	Requires need for assessment by mental health professional or in therapy. <ul style="list-style-type: none"> - Child is easily frustrated - Mood swings - Depression - Avoidant - Suspicious - Hostile <input type="checkbox"/>	CG must monitor closely; work with therapist <ul style="list-style-type: none"> - Unresponsive & withdrawn; - Defiant/oppositional - Explosive outbursts - Disoriented <input type="checkbox"/>	Need for on-going or intensive therapy <ul style="list-style-type: none"> - suicidal gestures - Anxiety/panic attacks requiring medical attention <input type="checkbox"/>
SEXUAL BEHAVIOR CG must monitor minor's behavior, intervene to reduce or eliminate inappropriate sexual behavior, protect minor from exploitation <input type="checkbox"/>	<ul style="list-style-type: none"> • Redirection of sexualized behavior — beyond what is age-appropriate. • Preoccupation with public masturbation <input type="checkbox"/>	<ul style="list-style-type: none"> • Child often initiates talk of sex, sees daily activities in sexual terms; is inappropriate with adults, FP must monitor closely <input type="checkbox"/>	Same as level 2 & history of initiating sexual activity with other children on more than one occasion; sexually aggressive & FP must supervise peer contact to protect other children <input type="checkbox"/>
SCHOOL PROBLEMS CG maintains contact with school personnel; attends school meetings and/or IEP's assist minor with school work and/or home-work; insure minor's	Child presents discipline problems; or learning problems. IEP or 504 Plan has been initiated.	Same as level 1 & Has been evaluated for special education services and has an IEP or 504 Plan. Receives pull-out services.	Child receives Special Ed Services due to being emotionally disturbed. Receives full-time Spec. Ed.

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educational needs and objectives are met <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYPERACTIVE: CG must constantly monitor and redirect the minor's behavior. Also may need to administer medication. Must adapt the environment for the child's safety <input type="checkbox"/>	Highly active and demanding of attention from family members. No medication necessary <input type="checkbox"/>	Activity level must be controlled with medication <input type="checkbox"/>	Constant movement and restlessness. Cannot be controlled with medication. Child up at nights wandering through the house. <input type="checkbox"/>
CAREGIVER IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS <input type="checkbox"/>	At least twice weekly <input type="checkbox"/>		
CONDUCT VIOLATIONS: CG must be aware of the minor's behavior in the community; has constant contact with police or probation; handle community complaints; monitor minor's property to insure it is not stolen; monitor drug use and intervene as necessary <input type="checkbox"/>	AWOL behavior that puts child at risk. - Impulsive - Stealing in the home - Habitual lying that does not benefit the child in any way - Bullying - Threatening - Intimidating others <input type="checkbox"/>	Pattern of truancy; stealing in the home or community; minor antisocial behavior. - Running away - Cruelty to animals - Fascination with Fires - Initiating fights <input type="checkbox"/>	Alcohol/drug use; major theft, assaultive; weapons possession. - Killing animals - Setting fires that cause property damage <input type="checkbox"/>

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needed to assist minor in the areas listed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-AMBULATORY CG must monitor minor's condition; assist with or perform functions the minor is incapable of performing	N/A	With help, can perform some self-care functions, can move with assistance of special equipment, e.g.; motorized wheelchair	Needs total care. Same as level 2; and requires special equipment for feeding positioning, bathing, etc.
MEDICATIONS: CG must administer & monitor medications prescribed by minor's doctor. Non-prescription medication not included.	Consistent need for prescription medication (other than those that apply in another section of SC Worksheet)	2—4 medications per day (other than those that apply in another section of SC Worksheet)	5 + medications per day (other than those that apply in another section of SC Worksheet)
CG must perform physical therapy, occupational therapy or speech therapy exercises with minor on a daily basis as prescribed by therapist or doctor	N/A	CG provides at least one hour per day of exercise regimen prescribed by therapist or doctor	CG provides 2 – 3 hours per day of exercise regimen prescribed by therapist or doctor
OTHER Minor has physical need not covered above that requires FP to perform activities that differ from those listed. Indicate condition & additional FP activities	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>	Describe: <input type="checkbox"/>
SUBSTANCE EXPOSED – AT RISK	Diagnosis of FAS/FAE or other history of in utero drug exposure	<ul style="list-style-type: none"> • Central Nervous System disturbance • Metabolic/ respiratory disturbance • GI disturbance 	

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minor, follow-thru with therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYPERACTIVE: CG must constantly monitor & redirect the minor's behavior. Also may need to administer medication. Must adapt the environment for the child's safety.	Highly active and demanding of attention from family members. No medication necessary	Activity level must be controlled with medication	Constant movement and restlessness. Cannot be controlled with medication. Child up at nights wandering through the house
CAREGIVER IS EXPECTED TO PARTICIPATE IN THERAPY SESSIONS	At least twice weekly		
CONDUCT VIOLATIONS: CG must be aware of the minor's behavior in the community; has constant contact with police or probation; handle community complaints; monitor minor's property to insure that it isn't stolen; monitor drug use & intervene as necessary.	AWOL behavior that puts child at risk. - Impulsive - Stealing in the home - Lying - Bullying - Threatening - Intimidating others	Pattern of truancy; stealing in the home or community; minor antisocial behavior. - Running away - Cruelty to animals - Fascination with Fires - Initiating fights Law Violation requiring a Diversion Program	Alcohol/drug use; major theft, assault; weapons possession. - Killing animals - Setting fires that cause property damage Has been arrested by law enforcement and placed on formal probation.
OTHER -- Minor has emotional need not covered above that requires the CG to perform activities differing from the above.	Describe:	Describe:	Describe: