

	STATE OFFICE for SERVICES to CHILDREN and FAMILIES	NUMBER: I-E.5.1.2
	CLIENT SERVICES MANUAL I	SECTION: E. Substitute Care
	ISSUED BY: Program Operations EFFECTIVE DATE: September 20, 1999	SUBSECTION: 5. Payments 1. Maintenance and Treatment Services
SUBJECT: 2. Special Rates/Personal Care		

Responsible Manager: Manager,
Transitional Resources Unit

Approval: 
Assistant Administrator,
Program Operations

Interpretation: RN Personal Care Coordinator,
Transitional Resources Unit

REFERENCES: PAM 9058 - "Special Rate and Personal Care Handbook"
PAM 9057 - "RN Assessment Handbook"
CF 172A - "Personal Care Services Foster Care Authorization"
CF 172A (NPC) - "Special Rate Foster Care Authorization"
CF 172RN - "Registered Nurse Assessment and Care Plan"
CF 172RNT - "Registered Nurse Delegation Initial and Supervisory"
CF 172MD - "Physician's Order"
CF 308 - "Plan/Service Authorization"
State Plan # 88-4 Attachment 3-1-A, pages 9b, 9c, 9d and 9e
Title IV-E, (ACYF - CB-PIQ-97-01)
Attachment B, "Caretakers Eligible to Receive Payment for Care of
Children"

PURPOSE

413-090-0100 These rules provide guidelines for a monthly payment to caregivers that is in addition to the basic standard rate for children in foster care. This payment is for services to children in the care and custody of the agency who have special needs inconsistent with their ages.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

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DEFINITIONS

413-090-0110 (1) "Activities of Daily Living (ADL)": Personal functional activities required by an individual for continued well-being including eating/nutrition, dressing, personal hygiene, mobility, toileting, and behavior management.

(2) "Agency": The State Office for Services to Children and Families (SOSCF) of the Oregon Department of Human Resources.

(3) "Alternate Caregiver": Any person who is charged with supervision of the special needs child other than the certified foster parent with whom the child was placed by the agency.

(4) "Caregiver": The person who has been certified as a foster parent responsible to provide care for a child who is a ward of the court and/or under agency custody.

(5) "Child": An individual under 21 years of age, placed under SOSCF supervision.

(6) "Delegated Nursing Procedure": Routine and skilled nursing procedures identified in OAR 851-47-0000 through 851-47-0030 (Standards for Registered Nurse Teaching and Delegation to Unlicensed Person) that can be safely assigned to an unlicensed person to perform.

(7) "Direct Educational Costs": Costs prior authorized by the agency that are incurred by the caregiver that include educational services not eligible for payment by the local school district, educational services required to maintain this child in the home provided by a private resource, transportation to educational services excluded as part of the child's Individual Education Plan and/or planned recreation which is part of the

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treatment plan. Also, one of the four fiscal categories used by SOSCF to track special rate payments to foster parents.

(8) "Direct Maintenance Costs": Costs to maintain the child in a foster home as a result of increased daily supervision and/or direct costs essential to a child's care plan goals. ((Title IV-E Maintenance definition: Maintenance payments directly related to a child's special needs to cover the cost of (and cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to the child, and reasonable travel to the child's home for visitation.)

(9) "Extraordinary Needs": Physical, mental, behavioral, emotional or educational needs inconsistent with the age of the child.

(10) "Foster Care": The condition wherein a child is placed in a foster home by the agency.

(11) "Personal Care Services": One-on-one medically oriented services for children with documented physical or mental impairments whose supportive care needs require a registered nurse assessment care plan, and periodic care plan review to allow the child to live safely in the most independent, least restrictive living situation. Also, one of four fiscal categories used by SOSCF to track special rate payments to foster parents.

(12) "Physician's Order": A written order by a physician that states personal care services are required to meet the child's care needs.

(13) "Registered Nurse": An individual licensed and registered to practice nursing.

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(14) "Relative": The child's parents, step-parents, adoptive parent(s), spouse of any blood relative previously listed, siblings, step-siblings, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, and grandparents.

(15) "RN Assessment and Care Plan": A registered nurse assessment of a child's needs and a Care Plan which indicates the care, treatments, and procedures that are to be provided by the caregiver to meet the child's needs.

(16) "Special Need": A trait or impairment peculiar to a child that requires extraordinary care or attention.

(17) "Special Rate": A supplemental payment for children in foster care that is determined by direct maintenance costs, and/or direct educational costs. Special rates help to maintain the child in foster care by assisting caregivers providing care, supervision and/or other services identified to address the child's extraordinary physical, mental, behavioral and/or emotional needs.

(18) "Special Rate Review Committee": A committee of agency staff representing the region or branch that may include a registered nurse and foster parents.

Statutory Authority: ORS 418.005

Stats. Implemented: Title IV-E, Title XIX

POLICY

413-090-0120 (1) Children with special needs have requirements that produce additional costs and services on the part of the foster parents. The agency's foster parents are entitled to be reimbursed for their extra costs and services.

(2) These additional costs and services make up the child's special rate or Personal Care payment. The agency tracks them by three fiscal categories: direct

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maintenance costs, (Title IV-E); non-Title IV-E eligible expenses, (General Fund, and/or TANF); personal care services, (Title XIX).

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

SPECIAL RATE/PERSONAL CARE ELIGIBILITY REQUIREMENTS

413-090-0130 To be eligible for a special rate, a child must meet all the following conditions:

(1) All foster care policy related to child and foster parent eligibility must be met.

(2) All prior resources for achieving objectives, including the child's own resources, those available from family and/or friends, community resources and other agency resources must have been explored by the branch and been found insufficient or inappropriate to meet the identified needs.

(3) A determination regarding eligibility for Personal Care Services. This includes checking for Supplemental Security Income (SSI) eligibility, and whether the child has a documented, diagnosed physical or mental impairment.

(a) To be eligible for Personal Care Services a child must:

(A) Be eligible for medicaid, either funded from the state general fund or Title XIX; and

(B) Have care needs which exceed the norm for the child's age which can be met through the Personal Care Services Program.

(b) To initiate the provision of Personal Care Services, a registered nurse must assess the child's Personal Care Service needs, develop a Care Plan

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based on a documented physical and/or mental impairment, secure the physician's signed prescription of the Personal Care Services to be provided, evaluate the competency of the caregiver, and recommend the number of hours per month of care required to meet the Care Plan.

(4) The child must have a basic foster care maintenance payment.

(5) The child's primary caregivers must be certified foster parents.

(a) If Personal Care services are to be provided, the child's foster parent(s) must be evaluated by a registered nurse and have written verification of competency to provide the care authorized in the child's RN Care Plan;

(b) If Personal Care Services include RN delegated nursing tasks, the RN will use form CF 172RNT to document the introductory explanation, demonstration, and return demonstration of all delegated nursing tasks. Detailed written instructions, as well as side effects and/or adverse reactions and actions to be instituted should side effects occur, must also be outlined during the initial delegation process per Oregon State Board of Nursing (OSBN) Guidelines;

(c) It is the responsibility of the foster parent to select alternate-caregivers who are knowledgeable of the specific care needs of the child and who understand and can follow the child's care plan. If alternate care givers perform delegated nursing tasks for the child, they may receive RN training/written instructions per OSBN guidelines at the same time as the foster parent(s). If this is not possible, an RN must notify the branch that alternate providers need delegation training and request authorization to schedule training for the alternate provider(s). RN delegations are not transferrable.

(6) The child's Special Problem Code(s) must be entered on the agency's Integrated Information System.

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(7) The child must have one or more physical and/or mental impairments that may include, but are not limited to, the following needs or conditions:

(a) Non-ambulatory inconsistent with their age and need individual care, such as lifting, bathing, toileting, feeding, dressing, etc.;

(b) Enuresis or encopresis inconsistent with their age, necessitating extra laundry such as clothing, bed linen (including protective mattress coverings), or diaper changing;

(c) Special diets prescribed in writing by a physician;

(d) Special treatment such as exercise or other physical therapy. Such services must be part of the written prescribed medical treatment plan;

(e) Medical supervision and/or care;

(f) Twenty-four hour supervision for their own protection and/or the protection of others;

(g) Aggressive, acting-out behavior which causes excessive damage to their own or their foster parents' property; i.e., destruction of bed linen, furnishings, furniture, and other household equipment;

(h) Special treatment prescribed by a physician or clinic that can be provided by foster parents with or without supplementary training and/or supervision;

(i) Extremely withdrawn and/or depressed behaviors which require frequent reassurance, attention, and/or stimulation;

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(j) Underdeveloped personal habits and growth requiring intensive provision of day-to-day learning experiences by the foster parent(s) in keeping with the child's abilities;

(k) Developmental delays requiring skilled care;

(l) Aggressive, acting-out, abusive and disruptive behavior;

(m) Delinquent behavior;

(n) Extreme school problems which require foster parent involvement.

Statutory Authority: ORS 418.005

Stats. Implemented: Title XIX

PERIODIC REVIEW OF ELIGIBILITY REQUIREMENTS

413-090-0140 (1) The child's eligibility for a special rate or personal care shall be reviewed by the child's service worker and supervisor at intervals of six months or less from the effective date of the authorization. With justifying documentation to the branch manager, the child's service worker and supervisor shall make recommendations to continue, change, or terminate the special rate or personal care payment.

(a) The Special Rate or Personal Care review requirement is to assure the Care Plan is appropriate and meets the child's needs. A branch may consult with the RN and/or request the RN to complete a new assessment for this review.

(2) A re-assessment for a Special Rate or Personal Care may occur at any time if the child's behavioral or medical conditions change enough to warrant such re-assessment. The re-assessment must be authorized by the service worker and/or supervisor for the child.

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(3) An Annual Review should be completed for every child receiving a Special Rate or Personal Care service. This review will be completed by the case worker and/or RN depending on the type of assessment necessary.

(a) Physician's Order. At least annually, the child's physician prescribing the continuation or revision of Personal Care Services must evaluate the child's care need and have face-to-face contact with the child.

(4) Foster Parents shall be notified by the agency of any intended rate changes prior to agency authorization of the Special Rate or Personal Care Services Foster Care Authorization form. The agreement shall be forwarded to the foster parent within 30 days of authorization.

Statutory Authority: ORS 418.005
Stats. Implemented: Title XIX

COST DETERMINATION

413-090-0150 (1) Special maintenance costs will be determined by the worker based on direct costs to maintain the child in the home.

(a) Direct maintenance costs (Title IV-E eligible) are:

(A) Diet - specify type (cost above regular diet);

(B) Laundry services - launder clothing, bedding for child due to their special needs, (a service beyond typical needs of a child this age) (cost per load times the number of loads);

(C) Transportation -cost associate with transporting the "child" for parental visitation.

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(D) Supervision - Cost not eligible for Personal Care services to maintain the child in the home, documented on the 172 (NPC) Part A.

(E) Other - Payment to cover the cost of (and cost of providing) clothing, school supplies, or a child's personal incidentals, that occur on an ongoing basis. This is not to be used to reimburse one-time payments.

(b) Direct costs (non Title IV-E eligible expenses) eligible are:

(A) Education services provided by a private resource and necessary to the maintenance of the child in the home, (allowed only if not eligible to be paid by the local school district;

(B) Transportation related to education services which has been excluded as a part of the cost of the child's Individual Education Plan;

(C) Medical-related transportation that has been verified by the Office of Medical Assistance Programs of the Department of Human Resources as not qualifying for payment according to their medical policy (OMAP Medical Transportation Services Guide; AFS Workers Guide, Ch. 23);

(D) Planned recreation which is part of the treatment plan for physically or mentally impaired children;

(E) Foster Parent Relief Care: Based on the special needs of the child, an alternate care provider provides temporary care of the child in foster care.

(2) Personal Care Services payment amounts will be determined by the Special Rate Review Committee based upon such Personal Care Services to the child

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prescribed by a physician and described in the RN Assessment and Care Plan.
Personal Care Services (Title XIX eligible) include:

- (a) Basic personal hygiene, including bathing, hair grooming, nail care, foot care, dressing/undressing, and skin care;
- (b) Toileting, including bowel and bladder care required for the total toileting process, helping to and from the bathroom, diapering and bedpan routine;
- (c) Ambulation and transfer, including repositioning and assistance with or without mechanical aids;
- (d) Feeding and eating with or without mechanical aids, including assurance of adequate fluid intake and preparation of special diets;
- (e) Behavior management, in conjunction with a diagnosis from a qualified professional contained in the "Diagnostic and Statistical Manual of Mental Disorders. (DSM IV)," including problems related to adaptation, judgment, behavioral demands on others and incomplete socialization;
- (f) Administration of prescribed and over-the-counter medications, including dispensing, observing for reactions, and assuring prescriptions are refilled when necessary;
- (g) Standby Assistance. Standby assistance is being available to help the child with personal care tasks that cannot be scheduled for a child who cannot be left alone;
- (h) Nighttime Care Needs. Nighttime Care is the time required to assist a child to sleep through the night;

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(i) Supportive Services. Supportive services are those tasks authorized on the RN Care Plan that are not Activities of Daily Living, but are required to meet the child's identified goals, such as: preparation of a special diet, household assistance essential to the child's health and comfort, travel to medical appointments, and shopping for a child's health care or nutritional needs;

(j) Routine and Skilled Nursing Procedures. Nursing procedures are procedures related to Activities of Daily Living which can be delegated by a registered nurse to a person who is not a nurse. Procedures include mobility, care of unstable fracture/new cast; feeding, feeding per nasogastric tube; bladder, catheter care; bowel, care of colostomy or ileostomy; skin and nails, care of non-healing wounds, nail care for diabetics; behavior, maintenance and care for child requiring soft restraints; oxygen/ventilator, administration; tracheostomy/suctioning, sterile care of stoma, suctioning; medications, injections, finger stick or other blood sugar tests; heart monitor supervision. A delegated nursing procedure shall be reviewed every 60 days or more frequently based on the RN recommendation;

(k) Development of RN Care Plan. Based on the assessment, the RN will develop a Care Plan which identifies the child's impairment-related problem(s) and provides instructions for the care required.

(A) The registered nurse will enter on the assessment form a recommendation for the number of hours required monthly to meet the care plan. Any recommended hour change requires registered nurse acknowledgment by initial or signature next to the change;

(B) The caseworker, after discussion with the RN, will recommend to the Special Rate Review Committee a rate based upon the number of hours of Personal Care Services per month recommended by the

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registered nurse;

(C) The Special Rate Review Committee may add additional hours under Intensive Supervision Services, and Relief Care for the care provided to the child who requires intensive behavioral supervision beyond the RN assessment. This intensive supervision need must be documented.

Statutory Authority: ORS 418.005

Stats. Implemented: Title IV-E, Title XIX

COSTS REIMBURSABLE BY SOSCF

413-090-0160 (1) The agency will reimburse costs by the foster parent(s) for extraordinary services and supplies that are required on a daily, weekly, monthly or other continuing basis. The costs are separated into three areas: Costs which are reimbursable to the state under Title IV-E eligible federal guidelines, (CF 172A, Part A); costs paid with state general funds and TANF(CF 172A, Part B); Title XIX eligible federal guidelines, (CF 172A, Part C).

(2) Supervision costs above standard maintenance costs may be paid according to a combination of Title IV-E and TANF or Title XIX allowable costs.

(3) Supervision costs above standard maintenance costs include one or more of the following:

(a) Supervision Eligible for Title IV-E Funding (Part A - 172NPC). Supervision eligible for Title IV-E funding is only for behaviors or direct care needs that are beyond the normal requirements for a child of a similar age and the child does not have a documented diagnosis;

(b) Supervision Eligible for Title XIX (Part C - 172A). Supervision eligible

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for Title XIX is for behaviors or direct care needs that are beyond the normal requirements for a child of a similar age and the child has a documented diagnosis and an RN assessment and Care Plan has been completed;

(c) Relief Care is only for a child whose documented behavioral supervision needs exceed the normal requirements for a child of a similar age and additional supervision is necessary to the maintenance of the child in the home.

(4) The narrative for any supervision costs must:

(a) Document the behaviors and direct care and supervision needs the child has that are beyond the normal requirements for a child of a similar age;

(b) Describe the necessary interventions and services the foster parent(s) must provide for each special need, including expected outcome which, if not achieved, would require that the child would need placement in a higher level of care program;

(c) Describe the foster parents' skill and experience which enable them to provide appropriate care for the child's special needs and behaviors.

Statutory Authority: ORS 418.005

Stats. Implemented: Title IV-E, Title XIX

COSTS NOT COMPENSATED BY SOSCF

413-090-0170 Direct costs not compensated are:

(1) Kindergarten.

(2) Day care.

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(3) Clothing.

(4) Regular school transportation.

(5) Special needs which may be paid for through the agency's "One-Time Payment for Special Needs," Policy #I-E.5.2.

Statutory Authority: ORS 4148.005

Stats. Implemented: ORS 418.005

REIMBURSEMENT REQUIREMENTS

413-090-0180 Requirements for Special Rate payment include:

(1) Billing. Billing for the service will be submitted on the agency's approved reimbursement form.

(2) Periods of Absence. The agency will not pay providers for services not provided. (See policy I-E.5.1, OAR 413-090-0030.)

(3) Employer/Employee Relationship. There is not an employer/employee relationship between the agency and the providers, or the provider's relief worker(s), authorized to receive reimbursement through the Special Rate Program.

(4) Special Rate/Personal Care Services Foster Care Authorization Form. A caregiver can only be paid an amount above the standard family foster care rate for services authorized on the Special Rate/Personal Care Services Foster Care Authorization form, CF 172A.

(5) Foster Parent Contract. When a certified foster parent is under contract with a licensed child caring agency to serve a child(ren) in their home, the agency may not

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enter into a separate contract with them to provide services to the same child.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

PAYMENT AUTHORIZATION

413-090-0190 (1) Payment of a special foster care rate may be made only after:

(a) The branch/region Special Rate Review Committee has:

(A) Reviewed the methods used to arrive at the special rate/personal care amount;

(B) Considered the amounts paid for services provided that may apply to more than one child; i.e., supervision, relief care, in-home assistance, laundry, transportation, etc.;

(C) Considered the equitability of rates for similar types of children.

(b) The agreement (CF 172A) is authorized by the signatures of the caseworker, foster parent(s) and supervisor. Exceptions must additionally be authorized by the Special Rate Committee chairperson and branch manager.

(c) The required payment information has been entered on the agency's integrated information system.

(2) A change in the foster care provider or revision of the special rate which produces a different rate than previously paid is a new special rate and as such requires a new agreement (172A or 172NPC).

(3) Children placed in foster homes outside the branch having custody and

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requiring a special rate or Personal Care must have an agreement completed by the branch having custody. The branch where the child is placed, if asked, is responsible to participate in assessing the child's needs and in completing the agreement. Agreement authorization shall be completed in the branch having custody.

(4) The special rate is effective from the date of branch authorization. For special rate (172NPC - Non-Personal Care) services provided prior to the date of the authorizing signature, the regional manager or designee may make the effective date of the agreement retroactive up to 90 days prior to the signature date. For Personal Care Rates the above does not apply. The Personal Care Rate is effective on the date the RN does the assessment. This date may be retroactive only to the 1st of the month in which the RN did the assessment.

(5) End Date: The maximum period of time for a special rate or Personal Care Authorization is 12 months. A special rate or Personal Care may be authorized for a lesser period as determined by the branch manager. If a special rate or Personal Care Authorization expires and is not renewed before the next regular scheduled payment date, foster care payment will revert to the basic maintenance rate.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

EXCEPTIONS AND VARIANCES

413-090-0200 (1) Exceptions and variances consist of:

- (a) Costs that are not in these rules; or
- (b) Costs that exceed \$500 per month.

(2) Requests for exceptions and variances must be made in writing by the caseworker to the branch manager. Requests must state the reason(s) specific

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requirements of these rules cannot be met or met only in modified form, and state the requested additional rates or amount of time needed.

(3) Requests for exceptions and variances must be approved by the branch manager.

(4) The granting of an exception shall not constitute a precedent for any other provider or client.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

TERMINATION OF SPECIAL RATE

413-090-0210 The Special Rate or Personal Care will be terminated when the child no longer meets the Special Rate eligibility requirements.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

PROCEDURE MANUAL

413-090-0220 All procedures and forms for the implementation of the Special Rate/Personal Care Program are contained in each State Office for Services to Children and Families.

Statutory Authority: ORS 418.005

Stats. Implemented: ORS 418.005

Personal Care Services Foster Care Authorization

I. Identifying Information

Child's Name (Last,First,MI)		P/L	Date of Birth Mo Dy Yr
Case Name		Case Number	Branch
Case Number	Case Name	Branch	WKID
Provider Number	Provider Name	Caseworker Name	Phone Number

II. Direct Costs- Completed by the Caseworker after CF172RN has been completed.

Part A - Special IV-E Eligible Maintenance Costs (Direct Costs and Supervision for Special Rate Maintenance Services Not provided by Personal Care.)

1. Diet Costs Not Prescribed by physician _____

2. Laundry - Reason _____ No. of loads per month X *Rate _____ = _____

3. Transportation - related to child/family visits _____ No. of miles per month X *Rate _____ = _____

4. Supervision costs: _____ Total No. of hours X *Rate _____ = _____

5. Other - (Requires supervisor approval.) Must come under definition of IV-E Foster Care Maintenance Payment covering the cost of (and the cost of providing); food, clothing, school supplies and a child's personal incidentals. _____

Part A Total \$ _____

Part B- Non IV-E Eligible Expenses

1. Program Educational Expenses - (attach list) _____

2. Transportation costs _____ No of miles per month _____ X *Rate _____ = _____

3. Other - (Requires Supervisor approval) _____

4. Foster Parent Relief Care _____ Total hours _____ X *Rate _____ = _____

Part B Total \$ _____

III Registered Nurse Assessment / Care Plan

Part C - Personal Care Service (From CF 172RN Summary Page)

Cost = Total Hours _____ X Hourly Rate _____ = _____

Part C Total \$ _____

IV. Summary - for IIS Input. (Fill out pages 3 & 4 before completing this section)

Physician's Authorization (CF 0172MD)	1. Effective Date of Special Rate	_____ / _____ / _____ Mo Dy Yr
Begin Date: _____ / _____ / _____ Mo Dy Yr	End Date of Special Rate	_____ / _____ / _____ Mo Dy Yr
End Date: _____ / _____ / _____ Mo Dy Yr	2. Direct Costs	Part A _____ Part B \$ _____
Recommended Review Date: _____ / _____ / _____ Mo Dy Yr	3. Personal Care	Part C \$ _____
Recommended Action: <input type="checkbox"/> Terminate <input type="checkbox"/> Change <input type="checkbox"/> Continue	Total amount above standard	Part A & B & C \$ _____

Post Review Initials

Worker _____

Supervisor _____

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

IV. Agreements for Authorization of Service

The special rate agreement is valid only and so long as there is a current Family Foster Home/Shelter Care Contract, (CF996) and all conditions and provisions of that contract apply. The foster parents agree to provide the increased care, supervision and services authorized by this agreement in addition to the regular nurturing and supportive foster family care provided named child(ren) at the current approved rate under the Family Foster Home/Shelter Care Contract. The branch will notify the foster parent(s) at the time of rate agreement that documentation may be required for special Maintenance Direct Cost noted in section II, Part A & B.

V. Termination

This contract may be terminated at any time by mutual consent to both parties. Either party may terminate the contract immediately if circumstances make continuation of the contract impracticable, or by either party at any time upon 30 days notice in writing. Notice shall be delivered by certified mail or in person. If the foster parents fail to provide care and services in accordance with this contract, SCF reserves the right to terminate the contract and stop payment immediately. Termination of the Contractor certificate or termination of the Family Foster Home/Shelter Care Contract (CF996) for any reason shall terminate this agreement.

This agreement will be in effect when duly signed by the Caseworker, Casework Supervisor, Certified Foster Parent, Special Rate Committee Chair, and the Branch Manger or Regional Manager as required by policy.

			
Caseworker	Date	Supervisor	Date
			
Foster Parent	Date	Special Rate Committee-Chairperson	Date
			
Branch Manager	Date		

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Special Rate Foster Care Authorization

I. Identifying Information

Child's Name (Last,First,MI)		P/L	Date of Birth Mo Dy Yr
Case Name	Case Number	Branch Name	WKID
Provider Number	Provider Name	Caseworker Name	Phone Number

II. Foster Home Information

	Other Special Needs Children in Home (First Name Only)	Placement Date	Special Rate Amount
Number of years as a provider? <input style="width: 30px;" type="text"/>	_____	_____	_____
Number of providers in home? <input style="width: 30px;" type="text"/>	_____	_____	_____
Number of Children (include biological) in home? <input style="width: 30px;" type="text"/>	_____	_____	_____
Number of SCF children in home? <input style="width: 30px;" type="text"/>	_____	_____	_____
Number of Special Needs children? (See right) <input style="width: 30px;" type="text"/>	_____	_____	_____

III. Summary - for IIS Input. (Fill out pages 3 & 4 before completing this section)

1. Effective Date of Special Rate:	Mo / Dy / Yr	Review Date	Post Review Initials	Post Review Initials
End Date of Special Rate:	Mo / Dy / Yr	Mo / Dy / Yr	Worker	Supervisor
2. Direct Costs		Recommended Action <input type="checkbox"/> Terminate <input type="checkbox"/> Change <input type="checkbox"/> Continue		
Part A	\$ _____	NOTE: The Review Date shall be no longer than six months from the Special Rate Begin Date.		
Part B	\$ _____			
Total amount above standard Part A & B	\$ _____			

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V. Termination

This contract may be terminated at any time by mutual consent to both parties. Either party may terminate the contract immediately if circumstances make continuation of the contract impracticable, or by either party at any time upon 30 days' notice in writing. Notice shall be delivered by certified mail or in person. If the foster parents fail to provide care and services in accordance with this contract, SCF reserves the right to terminate the contract and stop payment immediately. Termination of the Contractor certificate or termination of the Family Foster Home/Shelter Care Contract (CF996) for any reason shall terminate this agreement.

This agreement will be in effect when duly signed by the Caseworker, Casework Supervisor, Certified Foster Parent, Special Rate Committee Chair, and the Branch Manger as required by policy.

Caseworker	Date	Supervisor	Date
Foster Parent	Date	Special Rate Committee-Chairperson	Date
Branch Manager	Date		

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COMPUTATIONS FOR PART A AND PART B

Part A: Special Maintenance Costs (Direct costs and supervision for special maintenance services)

1.	Diet Costs not prescribed by physician	\$ _____
2.	Laundry Reason: _____ No. of loads per month _____ X *Rate _____	\$ _____
3.	Transportation Costs: Child/Parent visits No. of miles per month _____ X *Rate _____ = _____	\$ _____
4.	Supervision costs: (from page 3) Total No. of hours _____ X *Rate _____ = _____	\$ _____
5.	Other: Payment to cover the cost of (and cost of providing) clothing, school supplies, or a child's personal incidentals, that occur on an ongoing basis. (Requires Supervisor Approval.) Description of costs: _____	\$ _____
Part A Total		\$ _____

Part B: Non IV-E Eligible Expenses

1.	Program educational expenses (attach list)	\$ _____
2.	Transportation costs: No. miles per month _____ X *Rate _____ = _____	\$ _____
3.	Other: (Requires Supervisor approval.) Description of costs: _____	\$ _____
4.	Foster Parent Relief Care: (Documentation must support request) Total Hours _____ X *Rate _____	\$ _____
Part B Total		\$ _____

* Rate: Current rates refer to Policy I-E.5.1 - Rate Structure.

Documentatin to support Supervision Costs (Part A & B)

Behavioral Management and Supervision Assessment Instructions

For each category below, enter 1 to 25 hours based on the additional time required per month to provide care for a child with behavioral or supervision problems as compared to the time required to provide the care for a dependent child of th same age. Note the reason for the recommended hours in the space given. Use the following guidelines:

Time Table		
Daily Minutes	=	Monthly Hours
5	=	3
10	=	5
15	=	8
20	=	10
25	=	13
30	=	15
35	=	18
40	=	20
45	=	23
50	=	25

Monthly Hours:

1-5 hours = Child's functional impairment is minimal - 25% or less.

6-15 hours = Child's functional impairment is substantial - 25% - 60%.

16-25 hours = Child's functional impairment is extensive - over 60%.

Part A Behavioral Management and Supervision - 100 HOURS MAXIMUM

In the following areas the child has problems that require patience, training and active intervention by the foster parent on a one-to-one basis to correct.

Problem	Hours	Reason child requires management or supervision. Foster parent intervention.
A. Adaptation-frequently requires reassurance and attention to adjust. May exhibit hostility/negativity; attachment difficulties; sexual acting out. (1-25 hours max.)		
B. Judgement- frequently needs guidance in correct decision making process. Is physically aggressive or may make decision which threatens health and safety of self and/or others. (1-25 hours max.)		
C. Behavioral demands on others- frequently requires guidance, patience, and direction to correct attitudes and habits that create difficult environment. (1-25 hours max.)		
D. Incomplete socialization- frequently requires special time for recreational/educational. (1-25 hours max.)		
TOTAL HOURS: (Enter on page 2, Part A #4.)		

Part B Foster Parent Relief/Care Assistance

Child requires intensive behavioral supervision beyond the hours of documented above. *Documentation must support request for additional hours. Hours may be added by branch Special Rate Review Committee. (1-90 hours maximum.)		
TOTAL HOURS: (Enter on page 2, Part B #4.)		

Instructions for Completing Special Rate Foster Care Authorization (CF 172A (NPC))

Section I: Identifying Information

Child information is available on the IIS Screen ICDB
Foster Parent information is available on the IIS screen IPDC.

Section II Foster Home Information

Number of Years as a Provider: Enter the number of years the foster Parent has been a provider. This is to assist in determining the amount of skills the Foster Parent may have as a result of experience.

Number of Providers in Home: Enter the number of Foster Parents now living in the home.

Number of SCF Children (include biological) in the Home: Enter the number of children in the home. This is used to assist in determining the number of children for whom the Foster Parent has time to care.

Number of SCF Children in the Home: Enter the number of children in the home for whom SCF has custody. This is used to determine if the Foster Parent is providing care for the number of children within their certification guidelines and to assure that the Foster Parent is not over burdened.

Number of Special Rate Children: Enter the number of special rate children in the foster home. This is used to assure that the Foster Parent is not over burdened and to assist in the proper usage of time allowed to the Foster Parent for group activities such as relief care, babysitting, etc.

Other Special Needs Children in the Home, Placement Date, Special Rate Amount: Enter the first names of the other special needs children in the foster home. This is used to assist in determining the length of time a child has been in the foster home, the gender makeup of the home and to gain an awareness of the rate amounts if children already in the home who may have similar needs.

Section III: Summary

IIS Input: Shaded area to be entered in ICMR

1. Effective date of Special Rate: The date the special rate is to begin.
End Date of Special Rate: The date the special rate is to end.

2. Direct Costs from Page 2, Part 1, 1 through 5.
Direct costs from Page 2, part B, 1 through 4.

Review Date:

- Recommended Caseworker Review Date: Enter date next review scheduled.
- Post Review Initials: After review completed, caseworker initial and indicate status.
Supervisor initial approval.

Section IV: Agreements

Section V: Termination

No Exception:

Caseworker, Supervisor, Foster Parent Signatures when no exception requested.

Exception:

Special Rate Committee Chairperson Signature and Branch Manager: Required if there are costs for Part A or Part B that are not in policy (I-E.5.1.2) or when total special rate exceeds \$500.00 per month.

Personal Care Services Program Registered Nurse Assessment and Care Plan

Due Date: _____

Child's Name (Last, First, MI)		P/L	Date of Birth Mo Day Yr	
Case Name	Case Number	Branch Name	WKID	
Date RN Service Authorized:		Phone Number		

FOSTER PARENT

Name: _____ ()
 Last First MI Work Phone

Address _____ ()
 Street Home Phone

_____ City State Zip

FOSTER PARENT INFORMATION

	Other Special Needs Children (First Name Only)	Placement Date	Special Rate Amount
Number of years as a provider	<input type="checkbox"/>	_____	_____
Number of care providers in home	<input type="checkbox"/>	_____	_____
Number of children (including biological) in home	<input type="checkbox"/>	_____	_____
Number of SCF Children in home	<input type="checkbox"/>	_____	_____
Number of Special Rate children in home	<input type="checkbox"/>	_____	_____

RN ASSESSMENT

Nurse has seen child in home Nurse did not see child Assessment Date: _____

CHILD'S MEDICAL INFORMATION

1 **Physician's** _____ Phone _____

2 **Physician's Address:**

 Street City State Zip

3 **Diagnosis (from SCF Case Record):**

4 **Allergies, Sensitivities:**

5 **Current Medications:** Start Date/Recent dosage changes: Blood test/ B/P monitored:

6. **Relevant Medical History**

Date of last medical exam: _____ Results/Findings: _____
Date of last vision exam: _____ Results/Findings: _____
Date of last hearing exam: _____ Results/Findings: _____
Date of last dental exam: _____ Results/Findings: _____

Are immunization current? _____ If no, please explain:

Height

Weight

a. Any hospitalizations, serious illnesses or injuries in the last 6 months? If yes, explain:

b. Other:

7 **Relevant Social Information:**

a. Why was child placed in SCF care?

b. How long has child been in this placement?

c. Court status/Long term plan:

d. Biological Family Visits (frequency, supervised/unsupervised, child's reaction:

e. Counseling:

8 Relevant Education

a. School: _____

b. Grade: _____

a. Explain if any of the following apply (IEP, special education, speech, physical or occupational therapy):

PERSONAL CARE SERVICE ASSESSMENT

Column A = Foster Child

Column A - Enter 1 to 25 hours based on the **additional** time required per month to provide care for a child with medical or developmental problems as compared to the time required to provide the care for a dependent child of the same age. Note the reason for the recommended hours in the space given. Use the following guidelines:

Monthly Hours

- 1 - 5 hours = Child's functional impairment is minimal (25% or less).
- 6 - 15 hours = Child's functional impairment is substantial (25% - 60%).
- 16 - 25 hours = Child's functional impairment is extensive (over 60%).

Column B- Foster Parent.

Column B- Rate the foster parent's ability to provide safe and accurate care. If there is an entry in Column A: enter "C" if foster parent is competent to provide care and enter "T" if training is required.

Column C = Training

Enter date training was completed and the initials of the trainer.

Time Table		
Daily Minutes	=	Monthly Hours
5	=	3
10	=	5
15	=	8
20	=	10
25	=	13
30	=	15
35	=	18
40	=	20
45	=	23
50	=	25
Daily Hours		X 30.5 = Monthly Hours

A. Activities of Daily Living Functional Assessment (ADL)

(Underline specific problems or enter the problem) Enter only those additional hours of care required per month due to child's functional impairment.

1. Task Oriented Activities of Daily Living

100 Hours Maximum

a. Bathing, hair care and personal hygiene: _____ Functional Impairment Foster Parent Intervention(s): _____
(1-25 hours)

A Hrs	B C/T	C Mo Day Yr

b Dressing and undressing: (1-25 hours)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

c Contenance - (bowel/ bladder /toileting.)
(Include additional laundry time: 1 load = 15 minutes). (1-25 hours)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

d Ambulation and transfer (gross motor skills,
physical therapy.)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

e Feeding and eating (1-25 hours)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day.Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

A.1: a - e = Total Hours (Maximum 100) _____

f Standby Assistance-Hired help for required care which cannot be scheduled. Number of hours should reflect care needs documented above in ADLs.
Score: 1-15 hours:

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

A.1.F=Total Hours (Maximum 15) _____

2 Behavioral Management and Supervision

100 Hours Maximum

In the following areas the child has problems that require patience, training and active intervention by the care giver on a one-to-one basis to correct.

a Adaption and attachment difficulties- frequently requires reassurance and attention to adjust; needs rigid predictable schedule; exhibits fearful, anxious, withdrawn or prematurely sexualized behavior:
(1-25 hrs)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

b Judgement-frequently needs guidance in correct decision making process; is physically aggressive or may make decisions which threaten health & safety of self &/or others, sexual predator/victim:
(1-25 hrs)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

c Behavioral demands on others- frequently requires guidance, patience and direction to correct attitudes and habits that create difficulty in environment, i.e., lying, manipulation, poor impulse control:
(1-25 hrs.)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

d Incomplete socialization & developmental delay- frequently requires special time for recreation, education, occupational therapy, and speech: (1-25 hrs)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

A.2 a - d = Total Hours (Maximum 100)

B Supportive Care Plan Services

1 Time required to prepare special diet: (1-5 hrs. max.)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Housekeeping assistance related to functional impairment of child: (1-5 hrs. max.)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Medical transportation time only. 5 hours maximum. (Medical appointments, therapy, counseling: (1-5 hrs. max.)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Shopping time to support care plan:
(1-5 hrs. max.)

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. 1.4 = Total Hours (20 hours maximum)

C Special Care Needs

1 Placement adaption- (Maximum- 6 months per placement.) Extra time required to develop mutual communication and understanding in new placement.
Score 1-10 hrs: _____

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Extra time required to provide care unique to this child; ie, assigned tasks of care: medication, seizure/ asthmatic care or special skin care Score 1-20 hrs: _____

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

C.1 - 2 = Total Hours (Maximum 30 hours for 1st 6 months, then maximum 20 hours)

D Night-time Care Needs
Hours of direct care required during period of 10:00 p.m. to 6:00a.m.

Functional Impairment Foster Parent Intervention(s):

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Hours Score 1-15 _____

E Delegated Nursing Procedures - Procedural Documentation on CF 172RNT

(Score 1-10 hours per procedure) (Maximum 90 hours)

In order to score delegated nursing procedures the RN must: observe the provider perform the procedure and provide a copy of the written care plan instructions to the provider. The RN must also determine a review schedule for ongoing observation of the delegated procedures. Nursing supervisory visits shall occur at a minimum of every 60 days for children who have nursing tasks of care which have been delegated.

1 Feeding- feedings per gastric or nasogastric tube.

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Bowel, bladder or ostomy care.

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Skin and nails- care of non-healing wounds, nail care for diabetics, burn care

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Behavior-Maintenance and care for child requiring mechanical restraints. (Physician order required. Attach copy of order.)

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Oxygen Administration, Ventilator care.

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

6 Tracheotomy care

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 Suctioning

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

8 Medications- injections, finger stick or other blood sugar tests, central line management.

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

9 Heart monitor supervision, pulse oximeter.

A Hrs	B C/T	C Mo Day Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>

F Intensive Supervision Services:

Child requires intensive behavioral supervision beyond the hours documented above. (Max. 105)
 *Documentation must support request for additional hours. Hours may be added by branch Special Rate Review Committee. Attach documentation

SUMMARY PAGE

Initial Assessment _____	Annual Assessment _____
Date of Assessment _____	
Physician's Order <input type="checkbox"/>	Date: _____

NOTE: If additional space is necessary, attach dated Care Plan changes on separate sheet.)

Functional Impairment Foster Parent Intervention(s):

	A hrs	B c/t	C mo dy yr
A. Activities of Daily Living			
1. Task oriented: a-e (100 hours max.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.f. Standby assistance (1-15 hours)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Behavioral management a-d (100 hours max.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Care plan supportive services: (20 hours max.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Special care needs: (30 hours max.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Night-time care needs: (15 hours max.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Delegated procedures: 1-9 (90 hours max.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Intensive behavior supervision: (105 hours max.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL MONTHLY HOURS	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Documentation must clearly reflect request*

Next recommended review date: _____

Provider Name: _____

RN Name: _____ RN Signature: _____

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