



# Special or Extraordinary Rate Request

(To be completed by the Child's Family Service Worker, Permanency Specialist, Subsidy Specialist, or Contract Agency)

Placement Type:  Foster Care  Adoptive  Subsidized Permanent Guardianship

Request Type:  Initial  Re-Evaluation

Rate Request Type:  Special  Extraordinary

Child's Name	TFACTS ID	Date of Birth
Date of Custody	Adjudication Type	
Service County	Telephone	Fax
Name of Foster Parent	Foster Home ID	Name of Family Service Worker

For Special Circumstances and Extraordinary Rate Requests:

In order for a child to meet the criteria for a special circumstance rate, the child has to meet all three of the following criteria: **a)** with documented unique needs due to a diagnosed medical/mental health condition or developmental delay that substantially limits a major life activity (for example: walking, speaking, breathing, working, learning, performance of manual tasks, vision, hearing, or self care); **b)** who requires a level of supervision exceeding that of their peers; and **c)** who requires extra care (treatment) due to physical, emotional, or mental disability.

In order for a child to be considered for an extraordinary rate, the child has to first meet the special circumstances criteria and then have the specific information from the professional, who is treating the child for the diagnosis/disability, to support the "checked box" on the Special/Extraordinary Rate Request form.

Please describe the child's unique medical, emotional, or behavioral condition that requires special and additional care or supervision, beyond that of a typical child. Please be specific and attach supporting documents.

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### Category 1 (\$40) – Any TWO of the following care needs qualify for this category.

Professional documentation must be attached to support EACH box checked below.

A	<b>PHYSICAL OR MEDICAL IMPAIRMENTS- Foster Parent Involvement Required</b>
	Diagnosis:
<input type="checkbox"/>	Any physical or medical impairment or combination of impairments requiring an average of <b>3 hours of daily medically prescribed therapy or procedures</b> performed by the foster parents.
<input type="checkbox"/>	Legal blindness in both eyes
<input type="checkbox"/>	Hearing impairment requiring foster parent to know sign language or encourage and monitor hearing aid or auditory training devices.

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<input type="checkbox"/>	Out-of-home weekly therapy, medical appointments, or medical training involving the foster parents.
<input type="checkbox"/>	In home weekly therapy, nursing, or teacher appointments requiring foster parent participation.
<b>B BEHAVIORAL OR EMOTIONAL PROBLEMS Foster Parent Involvement Required</b>	
Diagnosis:	
<input type="checkbox"/>	<b>Weekly</b> therapy or counseling appointments requiring foster parent participation <b>at least twice a month.</b>
<input type="checkbox"/>	Special Education requiring <b>twice a month</b> telephone or face to face contact <u>between foster parent and special education provider</u> , due to the child's behavioral or emotional problems that requires intervention by the foster parent.
<input type="checkbox"/>	Documented incident occurring within the last year requiring additional supervision and attention due to a <b>moderate</b> level of risk concerning the safety of the child and/or the community for which the child is receiving treatment as documented by a licensed provider.
<input type="checkbox"/>	Documented need for supervision of and attention to daily hygiene skills (i.e., bathing, clothing, feeding, etc.) in excess of that required for average developmental levels of children of the same age as documented by licensed medical provider for children age five years or over.
<input type="checkbox"/>	Documented <b>twice a month</b> interventions greater than 2 hours per episode in order to de-escalate a child to keep from causing minor injury to self, others, and property within the last 6 months.
<input type="checkbox"/>	Documented acute residential treatment within the last <b>6 months</b> .
<b>C</b>	<input type="checkbox"/> The parent of a minor child/infant not in DCS custody but residing in the same foster home. (NOTE: No additional check boxes are required to qualify for this category if this criteria is met.)

**Category 2 (\$50)** – Any TWO of the following care needs qualify for this category. Professional documentation must be attached to support EACH box checked below.

<b>A PHYSICAL OR MEDICAL IMPAIRMENTS-Foster Parent Involvement Required</b>	
Diagnosis:	
<input type="checkbox"/>	Any physical or medical impairment or combination of impairments requiring an average of at least <b>4 hours daily prescribed therapy or procedures</b> performed by the foster parents.
<input type="checkbox"/>	Any life threatening medical needs or conditions, such as oxygen 24 hours per day.
	Please specify: <input type="text"/>
<input type="checkbox"/>	Child age two or over weighing 20 pounds or over who is <b>totally dependent</b> , without use of own limbs for mobility.
<input type="checkbox"/>	Child age four or over without self-care skills (i.e., cannot dress, feed, or bathe self) requiring <b>total care</b> due to physical impairments or developmental delays.
<input type="checkbox"/>	Any active, chronic, infectious disease requiring regular sterile procedures.
<input type="checkbox"/>	Child who is totally blind requiring mobility training and/or major environmental modifications.

<b>B BEHAVIORAL OR EMOTIONAL PROBLEMS- Foster Parent Involvement Required</b>	
Diagnosis:	
<input type="checkbox"/>	<b>Weekly</b> counseling or therapy appointments requiring <b>weekly</b> foster parent participation
<input type="checkbox"/>	Special Education requiring <b>twice a week</b> telephone or face to face contact with at least face to face contact once per week <u>between foster parent and special education provider</u> , due to the child's behavioral or emotional problems that requires intervention by the foster parent.
<input type="checkbox"/>	Documented history of incidents occurring within six (6) months requiring additional supervision and attention due to a <b>high</b> level of risk concerning the safety of the child and/or the community, for which the

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	<input type="checkbox"/>	child is receiving treatment as documented by a licensed provider.
	<input type="checkbox"/>	Documented need for supervision of and attention to daily hygiene skills (i.e., bathing, clothing, feeding, etc.) in excess of that required for average developmental levels of children of the same age, as documented by licensed medical provider for children age five years or over.
	<input type="checkbox"/>	Documented <b>daily</b> interventions greater than 2 hours per episode in order to de-escalate a child to keep from causing minor injury to self, others, and property within the last 6 months.
	<input type="checkbox"/>	Documented chronic residential treatment within the last year.
C	<input type="checkbox"/>	The parent of a minor child/infant not in DCS custody, but residing together in the same foster home. The child/infant in the foster home is experiencing moderate to severe physical, emotional, behavioral problems. (NOTE: No additional check boxes are required to qualify for this category if this criteria is met.)

**Category 3 (\$60)** - THREE or more of the conditions identified in Category 2 qualify for this category. Professional documentation must be attached to support EACH box checked below.

A	<input type="checkbox"/>	PHYSICAL OR MEDICAL IMPAIRMENTS
		Please describe daily care: <input type="text"/>
B	<input type="checkbox"/>	BEHAVIORAL OR EMOTIONAL PROBLEMS
		Please describe daily care: <input type="text"/>
C	<input type="checkbox"/>	If the minor parent meets the criteria for a Category 2 or 3 rate and the infant is not in DCS custody, but residing together in the same foster home. The infant/child in the foster home is experiencing moderate to severe physical, emotional, behavioral problems. (NOTE: No additional check boxes are required to qualify for this category if this criteria is met.)
		Please describe daily care: <input type="text"/>

Signatures:

\_\_\_\_\_ Date:

Family Service Worker/Permanency Specialist,/Contract Agency County:

\_\_\_\_\_ Date:

Contract Agency Supervisor (If Applicable)

Approval signatures will be determined by regional protocol and based on the type of request

Approved <input type="checkbox"/>	Special Foster Care Board Rate	<input type="checkbox"/>	Dollar Amount Approved	\$ <input type="text"/>
Denied <input type="checkbox"/>	Extraordinary Foster Care Board Rate	<input type="checkbox"/>		
Approved <input type="checkbox"/>	Special Adoption Assistance Rate	<input type="checkbox"/>	Dollar Amount Approved	\$ <input type="text"/>
Denied <input type="checkbox"/>	Extraordinary Adoption Assistance Rate	<input type="checkbox"/>		
Approved <input type="checkbox"/>	Special Subsidized Permanent Guardianship Board Rate	<input type="checkbox"/>	Dollar Amount	\$ <input type="text"/>
Denied <input type="checkbox"/>				

	Extraordinary Subsidized Permanent Guardianship Board Rate	<input type="checkbox"/>	Approved	
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Effective Date of the Rate Approval:		Re-evaluation Due Date:	
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Approved by:

\_\_\_\_\_

*DCS Team Leader*

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Date:

\_\_\_\_\_

*DCS Team Coordinator*

\_\_\_\_\_

Date:

\_\_\_\_\_

*Regional Administrator Designee/Central Office Approval*

\_\_\_\_\_

Date:

**Whoever knowingly obtains, or attempts to obtain, or aids, or abets any person to obtain, by means of a willfully false statement or representation or by impersonation, or other fraudulent device, any assistance on behalf of a child or other persons pursuant to the Interstate Compact on Adoption and Medical Assistance to which such child or other person is not entitled or assistance greater than such child or other person is entitled, commits a Class E felony.**

**(This means that making any statement that is not true OR failing to inform the Department of any later change that might affect the adopted child's eligibility for the current assistance rate can result in criminal charges.)**

(Unless otherwise specified, all foster care rate requests must be re-evaluated every six months from the effective date of the approval.)