4. Foster Care Related and Difficulty of Care Payment

4.0 PURPOSE

To provide guidelines on payments that supplement the basic foster care room and board payments for a foster child who is under the department's placement responsibility and for a foster child who requires a higher level of daily care and supervision due to problems identified by a treating professional and included as part of the child's service plan.

4.1 AUTHORITY

| Α. | P. L. 96-272 | Adoption Assistance and Child Welfare Act of 1980 |
|----|--|--|
| Β. | HRS 346-14 | Duties, Generally |
| C. | HRS 346-17 | Child placing organizations. child caring institutions, and foster boarding homes; authority over and investigation of |
| D. | <u>HAR 17-807</u> <u>replaced by</u> 17-1617 | Child Welfare Service Payments |
| E. | HAR 17-828 replaced by 17-1617 | Foster Care Services for Children |
| F. | HAR 17-834 replaced by 17-1617 | State Provided Foster Care Special Services |

4.2 ELIGIBILITY REQUIREMENTS FOR FOSTER CARE RELATED PAYMENTS

4.2.1 Children eligible

- A. Child must be under the placement responsibility of the department;
- B. Child must be in a licensed foster boarding home, family emergency shelter home, approved relative home, group home or child caring institution;
- C. The need must be established by the department's social worker; and
- D. Services are contingent on availability of funds.

4.2.2 Children not eligible

- A. Children in higher education;
- B. Children under the placement responsibility of another agency;
- C. Children receiving Adoption Assistance;
- D. Children receiving Permanency Assistance. (Payments related to permanency assistance are addressed in the Permanency Assistance procedures.)

4.3 ELIGIBILITY REQUIREMENTS FOR DIFFICULTY OF CARE PAYMENTS

4.3.1 General

- A. The child is under the placement responsibility of the department or the child has been placed via an independent placement agreement with the department; (The department is in the process of reviewing the continuation of independent placement services; however, until otherwise notified, the following procedures apply to independent placements.)
- B. The child is in an approved foster home or approved relative home;
- C. The child needs additional daily care and supervision because of a physical, mental, emotional, or behavioral problem;
- D. A qualified professional (e.g. psychologist, medical doctor, therapist, etc.), other than the DHS worker, has provided written verification of the child's need for additional care and supervision and has determined that the services are necessary as part of a treatment plan;
- E. The additional activities/services needed by the child and provided by the foster parent shall be included in the service plan for the child; and
- F. The foster parents are capable to provide for the child's needs by virtue of education, special training (classes, one-to-one hands-on) or by experience. If the foster parents do not have the education, training, or experience, they will obtain the

necessary training within one month of the initiation date of the difficulty of care payment.

4.3.2 Examples

The following are some examples of the kinds of children for whom difficulty of care payments shall be considered:

- A. Child with visual, auditory, speech, etc. impairment;
- B. Child who is physically disabled;
- C. Child who is mentally retarded;
- D. Child with a chronic illness or a debilitating condition;
- E. Child with delayed motor development;
- F. Child with slow or delayed educational/vocational skills;
- G. Child who is learning disabled;
- H. Child who is considered emotionally handicapped in an educational setting;
- I. Child who has mental or emotional problems;
- J. Child who displays violent, destructive behavior to himself or others;
- K. Child who displays withdrawal behavior;
- L. Child who displays inappropriate sexual behavior; or
- M. Child who displays defiant, rebellious behavior.

4.4 SCOPE OF SERVICES FOR FOSTER CARE RELATED PAYMENTS

The department shall provide for the following when the need has been established by the department and to the extent that funds are available:

4.4.1 School bus fare or private car mileage

A. Available when free school transportation is not available and for the months school is in session. Car mileage is to be paid

to the foster parents at the current state mileage allowance rate.

B. Use SAC K261 or K265. Do not use these SACs for visitation with family or placement of children.

4.4.2 Local bus fare, private car mileage, taxi fare for medical care/therapy

- A. Available to obtain services from a medical doctor, psychologist, psychiatrist, or therapeutic group, when not covered by Med-QUEST or Medicaid and when other resources are not available. Car mileage is to be paid to the foster parents at the current established state mileage allowance rate.
- B. Use SAC K261 or K265.

4.4.3 Transportation to effect placement or reunify with family

- A. If transportation costs are for out-of-state travel, obtain prior approval from the Section Administrator and from the receiving state's interstate compact coordinator. Prior approval from the Interstate Compact is important, otherwise it is a violation of the Compact. Also obtain written approval from the Director via an ICF.
- B. For Placement, use SAC K601 and SAC K701.
- C. For Reunification, use SAC K603 and SAC K703.

4.4.4 Minimum cost of transportation for foster parents to attend authorized meetings

- A. The social worker may approve attendance at meetings and training sessions that will enhance the foster parents' care of foster children.
- B. The Licensing Worker pays via Purchase Order.

4.4.5 Minimum cost of transportation for child visitation with parents

A. This applies to costs for children to visit their parents when

this is part of a case plan. If transportation costs are for outof-state travel, obtain prior approval from the Section Administrator and written approval from the Director via ICF.

- B. Use SAC K602 and SAC K702.
- C. For Visitation of Parents with the Child, refer to the procedures Family Intervention Service Payments.

4.4.6 Medical treatments/medicines for foster family needed as a result of a foster child's condition

- A. Up to \$500 per incident or \$500 per person may be authorized when cleaning supplies or special immunizations, testing, or treatment is needed to ensure the child and foster family's well-being (e.g., if a foster child was found to have hepatitis B following placement with a foster family, the family members may need to be tested, immunized and/or treated for hepatitis B).
- B. Need must be established by the department social worker.
- C. Use SAC K241 or K245.

4.4.7 Group activity fees for organized group activities

- A. These fees are for community organized group activities that have been determined by the social worker as necessary for the child's growth and development. Such activities include, but are not limited to: Scouts, YMCA, YWCA, Community Soccer, Community Baseball, Community Swimming, Boys and Girls Clubs.
- B. Use SAC K251 or SAC K255.
- C. Clothing (such as uniforms) needed for these activities is allowed if approved by the worker. Use SAC K231 or K235. (Refer to procedures in State Funded Foster Care Maintenance Payments.)
- D. These fees are for group activities and not for individual activities such as piano lessons, ballet, karate or hula. For these activities, if deemed appropriate, request funds from other community resources, such as Friends of Foster Kids, or Friends of Children's Advocacy Center.

4.5 SCOPE OF SERVICES FOR DIFFICULTY OF CARE PAYMENTS

The following are some examples of the activities/services foster parents shall provide to eligible foster children with physical, psychological, or emotional problems.

- A. Participate as a team member to modify the behavior of a child exhibiting excessive withdrawal, self-destructive, aggressive, or other socially maladaptive behaviors;
- B. Teach and train a developmentally disabled child to acquire personal care and self-help skills;
- C. Provide physical therapy activities, special exercises, or both, for a developmentally delayed or handicapped child, as recommended by a doctor or therapist; or
- D. Provide nursing care to a child recuperating from an illness or injury or suffering from a chronic health condition.

4.6 PROCEDURES FOR DIFFICULTY OF CARE PAYMENTS

4.6.1 General

- A. The Difficulty of Care payment is included as part of the foster board payment for a child who requires a higher level of care and supervision.
- B. It is important to determine how much care the child requires and to determine what the foster parents are providing to meet the child's extraordinary needs,
- C. With the foster parents, distinguish between what is considered "normal" foster parenting care, based on the age of the child, and what is "additional" care and supervision. For example, toilet training is considered a normal part of parenting a toddler, but not for a school age child.

4.6.2 Determination

A. Upon a child's placement, promptly make a determination on whether the child meets the eligibility criteria for difficulty of care payments and if so, fill out the top of Page 1 of the "Difficulty of Care Eligibility Determination and Foster Parent Agreement," <u>DHS 1581 (Exp. 08/98).</u>

- B. Give the letter <u>DHS 1581 (Exp. 08/98 CL2</u>) and the Worksheet to the foster parent for a child who meets the eligibility criteria.
- C. Fill out Page 2 of the "Difficulty of Care Eligibility Determination Worksheet" <u>DHS 1581 (Exp. 08/98)</u> with the foster parent. In this way, any differences can be discussed and resolved immediately so an agreement can be reached and the forms signed. If it is not possible to fill out the Worksheet jointly, have the foster parent fill it out and return it to the worker.
- D. In order to fill out the Worksheet, the social worker and foster parent need to know the child and the child's special needs. Discuss what the foster parents need to do to meet these needs, and review specific foster parent activities. Review how long it takes to do a particular activity and then how often the foster parents have to do it. For some activities it may be easier to first figure out how much time the activity takes in one day then calculate it out for a week. On page 2 of the Worksheet, only fill in the units per week for each service.
- E. Complete Page 1 of the Worksheet and have the foster parent sign. (Only the foster parent providing the services needs to sign if the other foster parent is not available to sign.) After the social worker signs, the supervisor reviews and approves.
- F. Once the agreement has been signed by foster parents, social worker and supervisor, the difficulty of care payment can be initiated. File the form in the case record.

4.6.3 Payment

- A. Difficulty of care payments shall be made directly to the foster boarding home parents on a monthly basis, after the end of the month, for the number of units of services provided. The service unit rate = \$4.75 for one hour of service.
- B. The maximum number of service units that can be paid in any given month is 120 service units. At the service unit rate of \$4.75, that is equal to a maximum of \$570/month. When combined with the board of \$529, the total maximum payable to a foster parent is \$1099/month.

- C. In the CPSS, enter one of the following codes to start payments for Difficulty of Care Payment:
 - 1. K271, Special Services by Foster Parent (including emergency shelter parents). Use this in conjunction with K221, K222, K223, or K121.
 - 2. K275, Special Services by Relative Caretaker. Use in conjunction with K225.
 - 3. K171, No Placement Responsibility but DHS is Ordered to Pay Special Service Costs. (This is not to be offered and is only included to cover a rare instance when the court orders it in spite of our objections.)

4.6.4 Changes in difficulty of care payments

- A. The Difficulty of Care Payments can be changed at any time and it is recommended that it be reviewed every 6 months to correspond with the case reviews. At a minimum, the special needs of the child shall be reviewed once a year by the CWS worker.
- B. Any changes to the difficulty of care payments require a new Worksheet and agreement that must be signed by the foster parents, social worker and supervisor. Initiate the change in Difficulty of Care Payments effective the new date and do not alter the previous amount. If the amount is now higher, do not retroactively make any adjustments to the previous amount under the prior agreement.
- C. If the child moves to another foster home and the needs and requirements remain the same and the foster parent will be providing the same activities, page 2 of the "Difficulty of Care Worksheet" may be copied and attached to a new page 1 that is signed by the new foster parents, social worker and supervisor.

4.6.5 Number of children getting difficulty of care payments in a home

A. Due to the higher level of daily care and supervision needed for these children, it is recommended that there be no more than 3 in one home if the children require the maximum amount of care, even if the home is licensed for a larger number of children.

- B. When too many children, who require a higher level of care and supervision, are placed in a home, each child is deprived of getting optimal care and supervision and there is a risk of overwhelming the foster parents.
- C. Consider the other children in the home who require a higher level of care and supervision, including foster children placed by other units and children receiving permanency assistance payments.

4.6.6 Inclusion of services/activities provided in service plan

In the service plan, include what activities/services the foster parents are providing to meet the child's special needs.

4.6.7 Termination of service

Difficulty of Care Payments shall be terminated when one of the following conditions is met:

- A. The child's condition improved and difficulty of care payments are no longer needed;
- B. The department social worker has determined that the child can no longer benefit from difficulty of care services;
- C. The child is no longer in foster care;
- D. The foster parents are not providing the needed service as required; or
- E. The foster parents have not received the necessary training to handle the child's special needs within one month of the initiation of the difficulty of care payment.

4.7 NOTICE OF TERMINATION AND REDUCTION OF SERVICES

- A. In the event action is necessary to terminate or reduce difficulty of care payments, issue K509/G509.
- B. The written notice will contain the following information:
 - 1. The action the department intends to take;

- 2. The reason for the action with the departmental rule supporting the action;
- 3. The individual's right to request an informal review, a fair hearing or both pursuant to Hawaii Administrative Rules, 602.1.
- 4. The circumstances under which the service will be continued if a fair hearing is requested.
- C. If the foster parent requests an informal review or fair hearing, refer to Procedures, Chapter I, Section 3, Hearings.

4.8 OVERPAYMENT AND RECOUPMENT

- A. An overpayment occurs when the foster parents receive payments to which they are not entitled.
- B. Overpayments, other than fraudulent, may be collected in the following ways:
 - 1. Adjust the current foster board payment by ten per cent of the monthly foster care payment, until the overpayment is recouped; or
 - 2. Refer to the Investigations Office (INVO) for individuals who are no longer eligible for cash payments.
- C. Refer to Chapter V, Section 2, State Funded Foster Care Maintenance Payments, for overpayment and recoupment procedures.
- D. For fraudulent overpayments, refer to Investigations Office (INVO) for investigation.

4.9 FORMS

- A. DHS 1581 (Exp. 08/98 CL), Difficulty of Care Letter.
- B. DHS 1581 (Exp. 08/98), Difficulty of Care Worksheet. (2 Pages).
- C. <u>DHS 1581 (Exp. Rev 09/03), Difficulty of Care (doc) Worksheet and</u> <u>Agreement for an Emergency Shelter Home (ESH)</u>

Attachment - get official copy

Department of Human Services Social Services Division Child Welfare Services Branch [Address]

Dear

Re: Difficulty of Care Determination

For ____

Name of Child and Birth date

This is a worksheet to help us determine eligibility for Difficulty of Care payments for the above named child. Difficulty of Care Payments may be allowed for services provided by you, the certified foster parent(s), legal guardian(s), or permanent custodian(s) for daily care and supervision <u>over and beyond the normal care of children. This payment is for children with identified physical, mental, emotional or behavioral problems</u>. The child must meet the eligibility criteria listed at the top of page 1 of the Worksheet.

After careful study of the child, please list the activities that you provide which are <u>more than the care required by a "normal" child</u>. I will be reviewing the worksheet and if any changes are made, I will discuss them with you. After you and I sign the agreement, the supervisor will have to approve.

The Difficulty of Care Payments will be authorized as soon as the determination is completed and the payments will be included as part of the monthly foster board or permanency assistance payments. Please remember that this type of payment may not remain the same throughout the child's placement in your home as there may be changes in the child's functioning with additional services provided by you.

You will be asked to complete this worksheet at intervals, depending on the child's situation, but at least once a year. A copy of the final determination and agreement sheet will be sent to you for your signature.

If you have any questions, please feel free to call me at _____

Sincerely,

Social Worker

DHS 1581 (Exp. 08/98 CL)

Attachment – get official copy

DIFFICULTY OF CARE ELIGIBILITYDETERMINATION AND AGREEMENT

Name of Child: _____ Date of Birth: _____

Criteria: The Social Worker ensures that all the following criteria are met:

| [] | This child has special needs and requires a higher level of care than usual for a child this age as verified in writing by a professional (other than the DHS Social Worker) treating this child. This verification must be attached; and |
|----|---|
| [] | The services to be provided are necessary due to the child's identified problems; and |
| [] | This child is or was under the placement responsibility of the department or has been placed via an |
| | Independent Placement Agreement with the department; and |
| [] | This child is in an approved foster home, or with legal guardians or permanent custodians; and |
| [] | The special services are/will be included in the child's service plan if the child is in a foster home; and |
| [] | The foster parents, legal guardians or permanent custodians have the training or experience to provide for the child's special needs or will be obtaining the necessary training within one month of the initiation date of the payment. |

Special Services Worksheet:

Fill out Page 2 of the Worksheet with the assistance of the Social Worker, keeping in mind that 1 service unit = 1 hour.

Computation of Special Services to Determine Difficulty of Care:

| 1. | Total Unit | s Per Week: (Transfer totals from Page 2) | |
|----|-------------|---|-------------------------------|
| | [] | Medical/Physical Care | |
| | [] | Therapeutic/Emotional Care | |
| | [] | Academic/Educational Care | |
| | [] | Auxiliary | |
| | | Total = | (a) |
| | | | |
| 2. | Total Unit | s Per Month | |
| | [] | Multiply total units/wk. (a) x 4 1/3 = | (b) (Not to exceed 120 units) |
| | | | |
| 3. | Total Diffi | culty of Care Costs | |
| | [] | Multiply total units/mo. (b) x \$ 4.75 = | (c) (Not to exceed \$570) |

Agreement

This has been discussed with and agreed to by me. I will inform the appropriate parties of any changes. If I fail to report changes and receive payments to which I am not entitled, the amount of overpayment will be collected from me, and I may be prosecuted for fraud.

| Foster Parent/Legal Guardian/Permanent Custodian Date | | Foster Parent/Legal Guardian/Permanent Custodian Date | | |
|---|---|---|---------------|--|
| | | APPROVED BY: | | |
| Social Worke | r Date | Supervisor, DHS | Date | |
| Distribution: DHS 1581 (Ex | Original in Case Record Copy to Foster Parents/Legal Guardia (p. 08/98) | n/Permanent Custodian | [Page 1 of 2] | |

Attachment – get official copy

Name of Child _____

DIFFICULTY OF CARE WORKSHEET

MEDICAL/PHYSICAL CARE ACTIVITIES:

UNITS/WEEK

| Transport child for on-going medical or physical therapy or occupational therapy sessions | |
|---|--|
| Participate with the doctors or therapists with the child as part of a team | |
| Carry out the medical or physical therapy/occupational therapy plan at home Specify activity: | |
| Monitor specialized medical equipment; carry out specialized medical procedures | |
| Provide additional assistance with toileting - excess time for child this age | |
| Provide additional assistance with feeding - excess time for child this age | |
| Provide additional assistance with dressing - excess time for child this age | |
| Provide additional assistance with bathing - excess time for child this age | |
| Other - specify: | |
| Total: | |

THERAPEUTIC / EMOTIONAL CARE ACTIVITIES:

| Transport child for therapeutic counseling - psychologists, psychiatrists, support group, etc. | |
|--|--|
| Specify to whom: | |
| Participate in therapeutic counseling with child or consult / share information with professionals | |
| Carry out therapist's recommendation or activities or method to modify child's behavior | |
| Specify activity: | |
| Provide additional supervision needed due to child's identified problem. | |
| Specify what kind of supervision: | |
| Other - specify: | |
| Total: | |

ACADEMIC/EDUCATIONAL CARE ACTIVITIES:

| Assist child with special educational needs at home - hours in excess of 10 hrs./week | |
|---|--|
| Transport child for tutoring | |
| Meeting with teachers/school personnel - hours in excess of 1 hr./week | |
| Specify reason for frequent meetings: | |
| Other - specify: | |
| Total: | |

AUXILIARY ACTIVITIES:

Other - specify:

Total:

DHS 1581 (Exp. 08/98)

[Page 2 of 2]



LILLIAN B. KOLLER, ESQ. DIRECTOR

> HENRY OLIVA DEPUTY DIRECTOR



STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES (unit name and address)

Date

DIFFICULTY OF CARE (DOC) WORKSHEET AGREEMENT FOR AN EMERGENCY SHELTER HOME (ESH)

Name of Child:

LINDA LINGLE

Date of Birth:

The Department bases its determination of the child's need for a higher level of care on the following criteria and documentation from an appropriately qualified professional, such as the CWS social worker.

<u>CRITERIA</u>: THE CWS SOCIAL WORKER MUST ENSURE THAT THE FOLLOWING CRITERIA ARE MET:

- θ The child is under the placement responsibility of the Department;
- $\boldsymbol{\theta}$ The child is placed in a DHS licensed ESH;
- θ The child requires the highest level of care due to the child's emotional and behavioral needs, such as suspected attention deficit hyperactive disorder or drug exposure, or the child has medical needs that require monitoring;
- θ The ESH foster parent will provide the highest level of supervision for the child, will work closely with the child's therapist and/or CWS social worker to implement recommended services, and will administer medications as prescribed.

ESH Foster Parent Date

CWS Social Worker Date

CWS Section Administrator Date

Distribution: Original in case record; copy to ESH foster parent

DHS 1581 ESH (Exp. Rev. 9/03)