



# FOSTER CARE CHILD NEEDS ASSESSMENT AND AGREEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOSTER CARE

SFN 1865 (6-2024)

This form is to be completed by the case manager when an Excess Maintenance Payment (EMP) is being considered. The child's needs determination will be rated by CFS/Field Service Specialists and reviewed at every child and family team meeting. The Excess Maintenance Payment (EMP) is effective the first day of the month in which the request is approved. In addition, effective dates may differ from the 1<sup>st</sup> of the month based on the child's placement dates and identified circumstances.

**One form is required for each child.**

Child's Name		Date of Birth (Age)	
Foster Care Provider		Provider Number	
Address	City	State	ZIP Code
Name of Worker Completing the Form			
Date of Completion	Custodial Agency Name (Human Service Zone, Tribe, or Division of Juvenile Services)		

### COMPLETED BY CFS-FSS

The EMP shall terminate at the time the family foster care placement is discontinued or the child's needs increase or decrease. This agreement must be reviewed at each quarterly child and family team meeting and cannot exceed 6 months from date of issuance. The case manager is responsible for reviewing the agreement and the expectations with the foster care provider.

**Level I:** \$3.33 per day - approximately \$100 per month above regular FC maintenance rate

**Level II:** \$5.00 per day - approximately \$150 per month above regular FC maintenance rate

**Level III:** \$6.66 per day - approximately \$200 per month above regular FC maintenance rate

\* Partial months must be authorized only for placement dates.

**Level IV:** The Department agrees to reimburse the Provider an amount not to exceed \$ \_\_\_\_\_/month or \$ \_\_\_\_\_/day for partial months.

Effective Date of Agreement

From: \_\_\_\_\_ To: \_\_\_\_\_

Custodial Agency Case Manager Signature	Date
Custodial Agency Supervisor Signature	Date
Children and Family Services Field Service Specialist Signature	Date Approved

**Instructions:** Custodial agency will complete the summary of needs for each item and forward to CFS/Case Management Field Service Specialist. **CFS will provide a rating based on the summary of needs.** CFS will contact the worker/custodial agency if there are questions regarding the information provided prior to final approval. This assessment is being submitted in reference to a family foster care Excess Maintenance Payment request and has been completed with the assistance of the child and family team.

1. The child has had more than one placement that was disrupted because of child's medical, behavioral, or mental health conditions, including substance use of the child. And/or it is difficult to find a placement due to the needs of the child; child is at a lower level because the appropriate level of care cannot be secured. *Does not refer to multiple placements not due to the child's needs.
Summarize severity and frequency of medical, behavioral or mental health needs, disrupted placements, and denials due to the needs.
2. The child is being transitioned to a family setting from a higher level of care or medical hospitalization.
Specify level of care or setting from which the child is transitioning and the length of time the child was in that setting.
3. The child requires an unusual amount of or continued supervision, services or supports due to a medical health condition or due to pre- or post-natal exposure.
Identify medical condition or pre-/post-natal substance exposure which requires continued supervision, services or supports. Include specific issues, such as withdrawal symptoms and/or care necessary to meet the child's needs.
4. The child requires an unusual amount of or continued supervision, services or supports due to a behavioral/mental health condition.
Identify behavioral or mental health condition which requires continued supervision, services or supports. Include specific issues or care necessary to meet the child's needs.
5. The child requires additional supervision around peers and other children in the home due to behavioral and/ or mental health conditions, including sexually reactive behaviors.
Specify the age of the child and describe the degree to which the child must be supervised: to maintain healthy relationships and keep others safe.

6. The child requires an unusual amount of supervision because of self-harm and/or suicidal thoughts/ideation.

Summarize the behaviors related to self-destructive, self-harm and/or suicidal thoughts/ideation and the degree to which the child must be supervised.

7. The child has a mental or behavioral health disorder significantly impacts daily living including how the child learns, behaves and handles emotions.

Describe current disorder and how it impacts functioning as described above.

8. The child requires an unusual amount of time for feeding and/or unusual special dietary needs. Includes cares required for G-Tube or other specialized equipment. Does not refer to child who has not chronologically met these developmental milestones.

Summarize additional time necessary for feeding and special dietary needs not otherwise covered by Medical Assistance and why. Examples: Child requires greater than 20 minutes to consume their meal; Child is physically unable to feed themselves; Child has a feeding tube; Child has a swallowing related condition; Child has severe food allergies; Texture sensitivity; Food hoarding; Portion control; Child has special dietary needs, such as 4 or more small meals per day due to stomach or digestive issues or nutritional supplements to meet nutritional requirements.

9. The child requires an unusual amount of time and/or assistance for dressing or for getting ready for the day/ school or to maintain hygiene due to medical condition, such as enuresis or encopresis. Does not refer to child who has not chronologically met these developmental milestones.

Summarize the amount of time and/or level of assistance needed to meet the child's needs. Can include organizational skills and preparing for the day.

10. The child has enuresis/encopresis or a medical condition resulting in an excessive amount of laundry or unusually high cost for laundry supplies not otherwise covered by Medical Assistance.

Describe the medical condition or need resulting in excessive amounts of laundry and/or unusually high cost for supplies.

11. The child requires repeated teaching of self-help and independent living skills-(due to special needs, environmental deprivation, or rehabilitation because of medical condition.

Describe the child's needs and summarize amount of time, number of repetitions and level of assistance needed.

12. The child has a history or current substance use issues.

Describe the substance use history or current usage and type of substance used since the last Child and Family Team Meeting (if applicable). Is the usage happening daily, weekly, every other week, monthly?

13. The child has a history or current pattern of running away to unsafe locations where the likelihood to be victimized is high.

Describe the pattern of behavior and locations where the child runs since the last Child and Family Team Meeting (if applicable). Is the behavior happening daily, weekly, every other week, monthly?

14. The child currently exhibits negative behaviors such as stealing or lying.

Summarize the negative pattern of behavior since the last Child and Family Team Meeting (if applicable). Is the behavior happening daily, weekly, every other week, monthly?

15. The child requires an unusual amount of lifting due to a medical condition or disability.

Describe the level of assistance needed – total assistance, partial assistance, two-person lift – and the age/weight of the child.

16. The child requires extra time due to transporting, such as school activities, medical treatment/ appointments, visitations, extracurricular activities, etc. not otherwise covered by foster care irregular payments or Medical Assistance.

Summarize activities or needs requiring additional transportation; and the amount of time per week required. Provide specific information related to when the appointments/activities occur and the distance of required travel. Identify the travel costs that cannot be covered by foster care irregular payments and/or Medical Assistance.

17. Foster care provider(s) require special training or participate in services to best meet-the child's medical needs.

Summarize type and length of training or service participation. Is it ongoing or one-time? Is a refresher training required? If yes, how often? \*Does not include training to meet licensure requirements.

18. Foster care provider(s) require special training or participate in services provided through a professional such as PCIT, RAD Therapy or another services to best meet the child's behavioral and/or emotional needs.

Summarize type and length of training or service participation. Is it ongoing or one-time? Is a refresher training required? If yes, how often? \*Does not include training to meet licensure requirements.

19. Foster care provider(s) provide foster care for a sibling group with multiple children with special needs.

List the number of children in the sibling group and how many of the siblings also have an Excess Maintenance Payment.

Comments

**Rating Scale - CFS Use Only**

N/A	Low			Medium			High			Extreme
0	1	2	3	4	5	6	7	8	9	10

**Rate each item using the guidance provided and the needs scale above.**

<b>Rating</b>	1. Severity of child's needs (1-4 pts.) + number of disruptions (1-3 pts.) + number of denials/wait list for appropriate placement (1-3 pts.) = Total
<b>Rating</b>	2. YCC/Detention (9-10 pts), PRTF/psychiatric facility (6-8 pts), QRTP (3-5 pts), TFC (1-2 pts). Higher point value if over 180 days in current level of care. Medical hospitalization points depend on nature of the hospitalization and length. Discharge from cancer treatment (9-10 pts); discharge upon birth with pre-natal exposure - withdrawal present (9-10 pts), no withdrawal present (6-8 pts); discharge from major surgery with after care required (9-10 pts); surgery with minor aftercare required (6-8 pts); intermittent hospitalizations for ongoing treatment (3-5 pts).
<b>Rating</b>	3. <i>Extreme</i> (8-10 pts) = Constant intervention with/without medication, therapy, and/or hospitalizations (10 pts); Occurs daily (8-9 pts); <i>High</i> (5-7 pts) = Condition require frequent intervention with/without medication and therapy (6-7 pts) Occurs weekly (5 pts) <i>Medium</i> (3-4 pts) = Condition controlled with/without medication and with or without occasional intervention (4 pts); Occurs every other week (3 pts) <i>Low</i> (1-2 pts) = Behaviors controlled with/without medication (2 pts); Occurs monthly (1 pt)
<b>Rating</b>	4. <i>Extreme</i> (8-10 pts) = Constant intervention with/without medication, therapy, and/or hospitalizations (10 pts); Occurs daily (8-9 pts); <i>High</i> (5-7 pts) = Behaviors require frequent intervention with/without medication and therapy (6-7 pts) Occurs weekly (5 pts) <i>Medium</i> (3-4 pts) = Behaviors controlled with/without medication and with or without occasional intervention (4 pts); Occurs every other week (3 pts) <i>Low</i> (1-2 pts) = Behaviors controlled with/without medication (2 pts); Occurs monthly (1 pt)
<b>Rating</b>	5. <i>Extreme</i> (8-10 pts) = Constant intervention and/or supervision (10 pts); Occurs daily (8-9 pts); <i>High</i> (5-7 pts) = Frequent intervention and/or supervision (6-7 pts) Occurs weekly (5 pts) <i>Medium</i> (3-4 pts) = Occasional intervention and/or (4 pts); Occurs every other week (3 pts) <i>Low</i> (1-2 pts) = Controlled on a regular basis (2 pts); Occurs monthly (1 pt)
<b>Rating</b>	6. <i>Extreme</i> (8-10 pts) = Constant intervention and/or supervision (10 pts); Occurs daily (8-9 pts); <i>High</i> (5-7 pts) = Frequent intervention and/or supervision (6-7 pts) Occurs weekly (5 pts) <i>Medium</i> (3-4 pts) = Occasional intervention and/or (4 pts); Occurs every other week (3 pts) <i>Low</i> (1-2 pts) = Controlled on a regular basis (2 pts); Occurs monthly (1 pt)
<b>Rating</b>	7. Multiple diagnoses (6-10 pts); single diagnosis (1-5 pts). Rating within each depends on the impact to the child's daily functioning.
<b>Rating</b>	8. Feeding/dietary needs Requires constant supervision and assistance to meet needs, such as G-Tube feeding (9-10 pts); Requires nearly constant supervision and assistance (7-8 pts); Requires daily monitoring at a level of supervision and assistance at a much higher than age-appropriate level (5-6 pts); Requires daily monitoring at a level of supervision assistance at a higher than age-appropriate level (1-4 pts). Additional points added for dietary needs or supplements not covered by foster care irregular payments or Medical Assistance.
<b>Rating</b>	9. To support the child in getting ready for the day: Requires constant supervision and assistance to meet needs (9-10 pts); Requires nearly constant supervision and assistance (7-8 pts); Requires daily monitoring at a level of supervision and assistance at a much higher than age-appropriate level (5-6 pts); Requires daily monitoring at a level of supervision assistance at a higher than age-appropriate level (1-4 pts). Additional points added for dietary needs or supplements not covered by foster care irregular payments or Medical Assistance.
<b>Rating</b>	10. To support the child in addressing medical need related to excess laundry: Requires constant supervision and assistance to meet needs (9-10 pts); Requires nearly constant supervision and assistance (7-8 pts); Requires daily monitoring at a level of supervision and assistance at a much higher than age-appropriate level (5-6 pts); Requires daily monitoring at a level of supervision assistance at a higher than age-appropriate level (1-4 pts). Number of loads of laundry above usual (1-5 pts) + cost of special detergents, etc.(1-5 pts). Total cannot exceed 10 points.
<b>Rating</b>	11. To support the child in self-help and independent living skills: Requires constant supervision and assistance to meet needs (9-10 pts); Requires nearly constant supervision and assistance (7-8 pts); Requires daily monitoring at a level of supervision and assistance at a much higher than age-appropriate level (5-6 pts); Requires daily monitoring at a level of supervision assistance at a higher than age-appropriate level (1-4 pts)

<b>Rating</b>	12. Type of substance (1-5 pts) + Frequency of usage (1-5 pts) = Total
<b>Rating</b>	13. Runs away daily (8-10 pts); runs away weekly (6-7 pts); runs away every other week (4-5 pts); runs away monthly (2-3 pts); less than monthly but since the last CFTM (1 pt). Location to where the child runs may increase rating, which cannot exceed 10 points.
<b>Rating</b>	14. Negative behaviors daily (8-10 pts); negative behaviors weekly (6-7 pts); negative behaviors every other week (4-5 pts); substance use monthly (2-3 pts); less than monthly but since the last CFTM (1 pt)
<b>Rating</b>	15. Amount of assistance - total/partial (1-5 pts) + age - above developmentally appropriate age for assistance (1-2 pts) + weight - one or two person required (1-3 pts) = Total
<b>Rating</b>	16. 7 or more hours per week (9-10 pts); 5 hours per week (6-8 pts); 4 hours per week (4-5 pts); 3 hours per week 2-3 pts) 2 hour per week (1 pt)
<b>Rating</b>	17. During this review period: 20 hours of training or participation in services (7-8 pts); 15-19 hours of training (5-6 pts); 10-14 hours of training (3-4 pts); 5-9 hours of training (1-2 pts); ongoing refreshers (1-2 pts). Additional points for intensity of training/services. Total not to exceed 10 points.
<b>Rating</b>	18. During this review period: 20 hours of training or participation in services (7-8 pts); 15-19 hours of training (5-6 pts); 10-14 hours of training (3-4 pts); 5-9 hours of training (1-2 pts); ongoing refreshers (1-2 pts). Additional points for intensity of training/services. Total not to exceed 10 points.
<b>Rating</b>	19. One point for each additional sibling who also has an Excess Maintenance payment approved.

Level I:	10-29	\$100 above regular F/C maintenance rate (\$3.33/day)
Level II:	30-49	\$150 above regular F/C maintenance rate (\$5.00/day)
Level III:	50-69	\$200 (\$6.66/day)
Level IV:	70 and above	to be determined

Youth Score	Payment Level	Amount Requested (if Level IV)
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Copies: Custodial Agency Case Manager  
Children and Family Services Field Service Specialist