#### Extraordinary Needs Assessment

	Date:
Child's Name:	DOB:
Foster Home Name:	Social Worker:

PHILOSOPHY: Children in foster care may demonstrate physical or behavioral needs for care well beyond the needs of the usual foster child. Extraordinary needs are those needs that require extraordinary time, expense, and training on the part of the foster parent. The extraordinary need is a recurring or ongoing, professionally diagnosed medical, psychiatric, educational, or social need. The Department may increase the foster care payment when these needs are demonstrated and verifiable through case record and collateral documentation.

1. <u>Physical/Medical</u> - The child needs help with prosthetics, extraordinary medical equipment and assistance, and because of significant developmental delays requires consistent help with activities of daily living such as toileting and eating; assistance with skin conditions, help with extensive speech and hearing problems. The child may be non-ambulatory. The child may require regular hospitalization and medical assistance. These result in the foster parent having to provide extensive additional care on a consistent basis.

Growth Concerns – The child has significant deficit in regard to development, is medically documented as delayed, and has an extraordinaryized program developed by medical personnel in place to address the problem. The deficit/delay requires foster parent to provide specific care resulting in an increase in care and time spent with the child beyond that of a normal foster child.

Help with Self Care – The foster parent must assist with daily living activities well beyond that of normal developmental states; activities may include bathing, feeding, and dressing, which require ongoing extensive supervision beyond that of a typical foster child.

Mobility Delays – The child's lack of developmentally normal mobility requires increased supervision and assistance by foster parent on a daily basis due to the child's behavior and symptoms as documented by clinical records.

Seizures – The child's diagnosed seizure disorder requires ongoing medical care and requires the foster parent to attend frequent extraordinaryized appointments and/or training to daily care for child.

Severe FAS – The child demonstrates behaviors due to syndrome requiring ongoing supervision and assistance; including inability to sleep, irritability, and daily care needs beyond that normal for the age range.

Difficult Dietary Needs – The child's feeding habits or needs demand assistance with feeding over lengthy periods of time for each meal, or use of extraordinaryized equipment such as a g-tube.

Extraordinary Equipment – The child requires education by specialist or physician for ongoing use, not merely an incidental need but a dependence on the equipment must be demonstrated on a consistent basis which impacts on foster parent(s) time and care of the child beyond the normal range. The child's chronic condition requires treatment with extraordinaryized equipment for which requires training by medical personnel.

Excessive Hospitalization – The foster parent must make consistent visits to hospital for training and future care of the child in preparation for discharge as demonstrated in medical documentation and recommendations. The demands on foster parent's time are well above what normally would be required for a foster child of this age.

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2. <u>Emotional/Mental Health</u> -The child has a diagnosis from the *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV)* and receives treatment and therapy on a consistent basis to treat the diagnosed disorder. The child may be enrolled in an IEP but additionally is maintained in a self-contained classroom or psycho-educational setting. The child has been or is likely to be placed in a psychiatric facility. The child has cognitive and developmental impairments, is classified as mentally retarded, or requires a behavioral management plan with the assistance of therapeutic intervention. The child acts out aggressively and demonstrates significant anger control problems resulting in the need for assistance from law enforcement or outside agencies. The child has a diagnosed eating disorder, has difficulty bonding, or expresses suicidal thoughts and defiance or other condition that require the foster parent to provide extensive additional care on a consistent basis.

Socialization/Aggressiveness Problems – The child requires ongoing supervision and need for assistance by foster parent on daily basis because the child chronically demonstrates behaviors in interactions with other children that threatens their safety or is characterized by repetitive conflict.

Destruction of Property – The child has a history of chronic property destruction verifiable through law enforcement documentation or by that of the foster parent such that foster parent supervision well beyond what would be anticipated for the age range is necessary.

Aggressiveness Beyond Age Appropriate – The child requires ongoing supervision in relation to aggression, which poses a risk to the child or other children in the home as demonstrated by documented behaviors while in substitute care.

Mental Illness- The child's chronic behavior is associated with a DSM-IV diagnosis and is such that there is a need for extraordinaryized ongoing supervision of child due to risk to child or other children in the home. Is not merely a need for therapy, but a demonstrated behavior related to diagnosis which impacts foster parents need to supervise and care for the child.

Educational Neglect – The child's behaviors in an Individual Educational Plan (IEP) require ongoing need for supervision beyond the normal foster child, and the need for additional services to meet the child's educational needs has an impact on foster parent in relation to time spent assisting educationally.

Mental Retardation – The child's mental retardation causes a need for extensive assistance by foster parent related to daily care, supervision, and/or meeting the child's physical needs beyond that usually anticipated for this aged child.

3. <u>Behavioral</u> - The child demonstrates sexual acting out and/or has a history of sexual abuse. The child has been adjudicated delinquent and is currently on probation for a violent or non-violent crime. These behaviors result in the need for extensive supervision of the child. The child acts out aggressively which frequently results in the destruction of property. Behavior has resulted or is likely to result in the need for institutionalization. The child is constantly worried or sleepless resulting in the need for additional supervision or demonstrates other behaviors that require the foster parent to provide extensive additional care on a consistent basis.

Stealing – The child requires extensive supervision to prevent or address chronic criminal behavior. The child has impacted foster parents via theft of the foster parent's money or property within the home.

Pre-institutional Placement – The child may be in need of residential placement due to behaviors exhibited in the home. These behaviors must be documented and must have verifiable information related to planning for an institutional placement in future if warranted by "danger to self or others" or medical recommendation for care.

Sexual Acting Out – The child poses a risk to other children due to documentation or sexual acting out behaviors requiring constant foster parent supervision.

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Self-Destructive Behavior – The child demonstrates behavior requiring emergent therapeutic intervention or extraordinary supervision to prevent injury to self.

Sleep Problems – The child exhibits sleep deprivation, which causes a need for foster parent to supervise child beyond normal time frames. The behavior is not incidental but is chronic and documented and has been verified through a physician or therapist working with the child in regard to improving sleep patterns and behavior.

Delinquency – The child is an adjudicated delinquent or has demonstrated behaviors such as destruction of property, violent crimes or acts, which would result in delinquency adjudication as documented by therapist, law enforcement, or other collateral sources. This behavior must result in a chronic need for increased time allocated to supervising the child.

Impulse Control Problems – The child demonstrates non-aggressive impulse control problems resulting in a need for increased supervision because of risk to self or others in home. Supervision must be a long-term need based on diagnosis or collateral involvement by physician or therapist.

4. <u>Intervention and Case Planning Services</u> – These services are considered excessive in relation to those normally expected in the care of foster children and/or those specified by contractual agreement. These extraordinary services may include those that cause on-going, additional expenses to be incurred by the foster parent, the requirement to participate in extensive case planning services, or the requirement to work extensively with the child's biological family beyond that of contractual requirements.

Excessive Transportation - Related to medical and/or therapeutic needs as recommended by a specialist or physician – five times a week minimum or extensive travel distances (a minimum of five trips per week over a period of weeks).

Extensive Wear and Tear on the Home - The child's chronic behavior problems and destruction of property exceed that anticipated from the typical foster child and necessitate ongoing repair of the home.

Peer Parenting - As needed with children with excessive extraordinary needs such as medically fragile or those requiring excessive behavioral techniques as taught to parent through clinical or medical intervention.

Difficult to place children due to: Age – Child/youth age 12-18 years

## TOTAL NUMBER OF INDICATORS

#### Procedure for Determining Amount of Extraordinary Needs Payment

There are three levels of payment. Each level is based on the ratio of indicators displayed by the child compared to the total number of indicators listed above. Foster parents will be compensated based on the extent of the child's behavior as indicated by the total number of indicators in any one general area or over all three areas. The rate of compensation will be the payment amount for the level of the child's extraordinary need (see below) plus the regular foster home payment.

Level A:	10% up to 30% = \$3.00	
Level B:	30% up to 50% = \$7.00	
Level C:	50% or higher = \$10.00	

Payment Level Calculation: \_\_\_\_(# indicators checked) ÷ \_25\_ (total # indicators) x 100 = \_\_\_\_%

## **Extraordinary Needs Assessment**

# **Special Needs Rate Increase Evaluation Summary**

	REVIEW OF EXISTING DETERMINATION	
DATE:	_	
CHILD'S NAME (Full, legal):		
OTHER ALIASES:		
	_ DOB:	
FOSTER PARENT'S NAME:		
PLACEMENT DATE:		
LEVELOF PAYMENT:		
AMOUNT OF PAYMENT INCREASE:		
DATE PAYMENT TO BE INCREASED:		
DOCUMENTATION, SUPPORT INFORMATION INCLUDED:		
COMMENTS:		
SOCIAL WORKER COMPLETING FORM:		
DATE APPROVED:		