



**County of Orange**  
**Social Service Agency**

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FAMILY SELF-SUFFICIENCY

**Specialized Care Increment (SCI) - Special Medical**  
(1-1-08)

**LEVEL I**

AGE	BASIC RATE	SCI	SPECIAL CARE RATE
<b>0 TO 4</b>	<b>\$446</b>	<b>\$393</b>	<b>\$839</b>
<b>5 TO 8</b>	<b>\$485</b>	<b>\$351</b>	<b>\$836</b>
<b>9 TO 11</b>	<b>\$519</b>	<b>\$330</b>	<b>\$849</b>
<b>12+</b>	<b>\$659</b>	<b>\$166</b>	<b>\$825</b>

**LEVEL II**

AGE	BASIC RATE	SCI	SPECIAL CARE RATE
<b>0 TO 4</b>	<b>\$446</b>	<b>\$606</b>	<b>\$1,052</b>
<b>5 TO 8</b>	<b>\$485</b>	<b>\$564</b>	<b>\$1,049</b>
<b>9 TO 11</b>	<b>\$519</b>	<b>\$541</b>	<b>\$1,060</b>
<b>12+</b>	<b>\$659</b>	<b>\$378</b>	<b>\$1,037</b>

**LEVEL III**

AGE	BASIC RATE	SCI	SPECIAL CARE RATE
<b>0 TO 4</b>	<b>\$446</b>	<b>\$873</b>	<b>\$1,319</b>
<b>5 TO 8</b>	<b>\$485</b>	<b>\$832</b>	<b>\$1,317</b>
<b>9 TO 11</b>	<b>\$519</b>	<b>\$809</b>	<b>\$1,328</b>
<b>12+</b>	<b>\$659</b>	<b>\$646</b>	<b>\$1,305</b>

**LEVEL IV**

AGE	BASIC RATE	SCI	SPECIAL CARE RATE
<b>0 TO 4</b>	<b>\$446</b>	<b>\$1,050</b>	<b>\$1,496</b>
<b>5 TO 8</b>	<b>\$485</b>	<b>\$1,008</b>	<b>\$1,493</b>
<b>9 TO 11</b>	<b>\$519</b>	<b>\$986</b>	<b>\$1,505</b>
<b>12+</b>	<b>\$659</b>	<b>\$824</b>	<b>\$1,483</b>

## Criteria for Special Medical Rate

Care Domains		LEVEL I	LEVEL II	LEVEL III	LEVEL IV	COMMENTS
	Equipment <input type="checkbox"/> Not applicable	<input type="checkbox"/> Has specialized equipment but not needed at this time.	<input type="checkbox"/> Has equipment that is used intermittently to maintain a stable medical condition.	<input type="checkbox"/> Has equipment that is used daily that is medically necessary to maintain a stable condition.	<input type="checkbox"/> Has 2 or more pieces of equipment that are necessary to support life.	<input type="checkbox"/>
	Diet <input type="checkbox"/> Not applicable	<input type="checkbox"/> Prescribed diet for a long-term condition. <input type="checkbox"/> Formula may require alteration to meet caloric requirement. <input type="checkbox"/> Medically-supervised weight loss program.	<input type="checkbox"/> Diet requiring additives. <input type="checkbox"/> Minimal/no supervision of diabetic diet required.	<input type="checkbox"/> Strict diet requiring an understanding of foods permitted and/or requiring greater than normal preparation time (e.g., renal diet). <input type="checkbox"/> Bolus GT feedings. <input type="checkbox"/> Supervision of diabetic diet required to maintain a stable condition.	<input type="checkbox"/> Highly restricted diet. <input type="checkbox"/> Life threatening food allergies. <input type="checkbox"/> Continuous GT feedings. <input type="checkbox"/> Supervision of diabetic diet required for unstable condition.	<input type="checkbox"/>
	Medication <input type="checkbox"/> Not applicable	<input type="checkbox"/> In addition to routine vitamins and iron, prescribed medication administered once daily to maintain a stable medical condition. Requires caregiver to be knowledgeable of side effects. At least one medication is associated with a medical condition. Any additional medication can include those for psychiatric conditions.	<input type="checkbox"/> Prescribed medication administered more than once daily to maintain a stable medical condition.	<input type="checkbox"/> Multiple prescribed medications administered to maintain a stable medical condition requiring monitoring, <sup>2</sup> recording, and close medical supervision. <input type="checkbox"/> Subcutaneous (SQ) or intramuscular (IM) meds. <input type="checkbox"/> GT medications.	<input type="checkbox"/> Multiple medications for unstable/complex medical condition, which requires continuous monitoring, <sup>3</sup> & recording. <input type="checkbox"/> Medications administered intravenously.	<input type="checkbox"/>
	Medical Supervision <input type="checkbox"/> Not applicable	<input type="checkbox"/> In addition to routine well child-care, <sup>4</sup> at least 2 specialty follow up visits <sup>5</sup> in a 6-month period.	<input type="checkbox"/> Requires at least 1 specialty visit per month in addition to routine well-child care.	<input type="checkbox"/> Regularly requires >2 specialty visits per month in addition to routine well-child care.	<input type="checkbox"/> Regularly requires 3-4 visits per month in addition to routine well-child care.	<input type="checkbox"/>

Care Domains		LEVEL I	LEVEL II	LEVEL III	LEVEL IV	COMMENTS
	Medical Therapy <sup>6</sup> <input type="checkbox"/> Not applicable	<input type="checkbox"/> Requires therapy evaluation monthly or in-home therapy once per week with caregiver participation in recommended therapeutic regimen.	<input type="checkbox"/> Caregiver takes child to therapy 1 time per week or therapist provides therapy in the home 2 times per week with caregiver participation in recommended therapeutic regimen.  <input type="checkbox"/> Requires school-based therapy with caregiver participation in recommended therapeutic regimen.	<input type="checkbox"/> Caregiver takes child to therapy >2 times per week or therapist provides therapy in the home 3 times per week with caregiver participation in recommended therapeutic regimen.	<input type="checkbox"/> Caregiver takes child out to therapy > 3 times per week, or therapist provides therapy in the home > 4 times per week with caregiver participation in recommended therapeutic regimen.	<input type="checkbox"/>
	Seizure Activity <input type="checkbox"/> Not applicable	<input type="checkbox"/> Medically-documented seizures <sup>7</sup> are well controlled with medication(s).	<input type="checkbox"/> Child has breakthrough seizures <sup>8</sup> that are not seen regularly. Low potential for injury (i.e., staring episodes)	<input type="checkbox"/> Child has breakthrough seizures that are seen regularly. Moderate potential for injury (i.e., partial seizures).	<input type="checkbox"/> Seizures are not controlled <sup>9</sup> with medication(s). High potential for injury (i.e., grand mal seizures). <input type="checkbox"/> Requires vagal stimulation.	<input type="checkbox"/>
	Substance-Exposed (Specific to Children Ages Newborn-6 months)  <input type="checkbox"/> Not applicable	<input type="checkbox"/> Child with positive toxicology results; exhibits withdrawal signs and symptoms consistent with substance exposure; requires calming interventions.	<input type="checkbox"/> Child with positive toxicology results; requires calming interventions and medication management.			<input type="checkbox"/>

	Infectious Disease <sup>10</sup> (Excludes life threatening illness-See Level A/B rates) <input type="checkbox"/> Not applicable	<input type="checkbox"/> Unconfirmed infection status with continued follow-up and testing following a confirmed exposure.	<input type="checkbox"/> Child is a chronic carrier or is diagnosed with an infectious disease requiring ongoing medical follow up. Requires no special precautions <sup>11</sup> other than standard.	<input type="checkbox"/> Child is a chronic carrier or is diagnosed with an infectious disease requiring medical follow up. Requires special precautions.	<input type="checkbox"/> Child has >2 infectious diseases requiring special precautions or frequent medical follow up.	<input type="checkbox"/>
	Caregiver Supervision	<input type="checkbox"/> Minimal risk of injury – appropriate supervision required.	<input type="checkbox"/> Moderate risk of injury – close supervision required.	<input type="checkbox"/> High risk of injury – constant supervision required.	<input type="checkbox"/> Very high risk of injury – constant supervision and significant intervention(s) required.	<input type="checkbox"/>

Care Domains	Child <input type="checkbox"/> is <input type="checkbox"/> is not a Regional Center consumer. <input type="checkbox"/> Not applicable	LEVEL I Caregiver must intervene in one of the following areas:  <input type="checkbox"/> Repetition or simplified instruction needed due to processing disorders or developmental delay <input type="checkbox"/> Administration of exercises for speech and/or language therapies <input type="checkbox"/> Assistance with activities (e.g. homework, chores) required due to delay or processing disorder	LEVEL II Caregiver must intervene in two of the following areas:  <input type="checkbox"/> Repetition or simplified instruction needed due to processing disorders or developmental delay <input type="checkbox"/> Administration of exercises for speech and/or language therapies <input type="checkbox"/> Assistance with activities (e.g. homework, chores) required due to delay or processing disorder	LEVEL III Caregiver must intervene in three of the following areas:  <input type="checkbox"/> Repetition or simplified instruction needed due to processing disorders or developmental delay <input type="checkbox"/> Administration of exercises for speech and/or language therapies <input type="checkbox"/> Assistance with activities (e.g. homework, chores) required due to delay or processing disorder	LEVEL IV Caregiver must intervene in four of the following areas:  <input type="checkbox"/> Repetition or simplified instruction needed due to processing disorders or developmental delay <input type="checkbox"/> Administration of exercises for speech and/or language therapies <input type="checkbox"/> Assistance with activities (e.g. homework, chores) required due to delay or processing disorder <input type="checkbox"/> Other (specify):	COMMENTS  <input type="checkbox"/>
	Oral Feeding (Beyond Normal Expectations):					
	Length	<input type="checkbox"/> <30 minutes	<input type="checkbox"/> >30 minutes	<input type="checkbox"/> >60 minutes	<input type="checkbox"/> Rigid feeding schedule to avoid life threatening event.	<input type="checkbox"/>
	Reflux	<input type="checkbox"/> Reflux diagnosed by a medical provider.	<input type="checkbox"/> Requires feeding techniques/interventions	<input type="checkbox"/> Requires feeding techniques/interventions. <input type="checkbox"/> Requires medication.		<input type="checkbox"/>
	Activities of Daily Living: (Specific to Children Ages 3 and older)	MINIMAL ASSISTANCE Caregiver sets up supplies and/or equipment for child. May be required to prompt during activity.	MODERATE ASSISTANCE In addition to setting up supplies/equipment, caregiver provides some assistance with ADL.	FREQUENT ASSISTANCE Requires total assistance with 2 of the following: Bathing Mobility Toileting	TOTAL DEPENDENT CARE Requires total assistance with 3 of the following: Bathing Mobility Toileting	<input type="checkbox"/>
	Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toileting (Due to impaired physical functioning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dressing/ Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Terms:**

**Highly restricted diet:** Restriction or inclusion of food categories or items related to a diagnosed condition. Non-compliance could result in severe consequences. Requires periodic laboratory monitoring. **Monitoring:** Condition that requires caregiver to monitor child's stable medical status to prevent exacerbation of the condition (e.g., ensuring the child takes a prescribed medication or that the child is not exhibiting signs and symptoms of complication).

**Continuous monitoring:** Condition that requires caregiver to monitor child's fragile/complicated medical status on a daily basis. Failure to detect deviations from a stable condition may result in harm to child's medical status.

**Well-child care:** Periodic preventive care, which includes a developmental assessment. Visits for illnesses expected for child's age and season (e.g., ear infections, flu.)

**Specialty visits:** Ongoing periodontal care, medical specialist care, chemotherapy, radiation therapy, dialysis. Excludes physical therapy, occupational therapy, speech therapy, developmental clinic.

**Medical therapy:** Occupational therapy, physical therapy, recreational therapy, infant stimulation.

**Medically-documented seizures:** Identified seizures by medical documentation regarding type, frequency, and severity.

**Breakthrough seizures:** Seizure activity supported by medical documentation regarding type, frequency, and severity that occurs intermittently even with recommended medical regimen. Seizure is brought on by changes in the environment and/or by illness.

**Seizures not controlled:** Unable to stabilize condition even with medical regimen.

**Infectious disease:** Excludes lice, scabies infestations, acute infectious episodes.

**Special precautions:** Standard precautions apply to blood, all body fluids except sweat, non-intact skin, mucous membranes and involves hand washing, barriers, and environmental controls. Additional precautions are applied for agents transmitted through contact, airborne and droplet routes. Examples of possible additional precautions involve use of barriers for intact skin, wearing a mask and exceptional environmental controls (e.g., double bagging trash, cleaning/disinfecting equipment after each use, separate laundering procedures.)

**Reflux interventions:** Refers to special positioning, assistance with feeding using manual supportive interventions, etc.

**Total dependent care:** Child is unable to provide self-care and requires total assistance from caregiver.

## Methodology

Child must meet criteria in at least two Domains to be considered for a particular level.

## Forms Required

Medical rate review worksheet, F063-25-385 (R11/07)  
Specialized Foster Care Request, F063-28-164 (R4/09)

SCI - Life Threatening Blood Borne Disease (1-1-08)			
LEVEL A			
AGE	BASIC RATE	SCI	SPECIAL CARE RATE
0 TO 4	\$446	\$998	\$1,444
5 TO 8	\$485	\$954	\$1,439
9 TO 11	\$519	\$932	\$1,451
12+	\$659	\$770	\$1,429
LEVEL B			
AGE	BASIC RATE	SCI	SPECIAL CARE RATE
0 TO 4	\$446	\$1,050	\$1,496
5 TO 8	\$485	\$1,008	\$1,493
9 TO 11	\$519	\$986	\$1,505
12+	\$659	\$824	\$1,483

### Criteria for Life-Threatening Blood Borne Disease

CARE DOMAIN	Life Threatening Blood Borne Disease	LEVEL A	LEVEL B	COMMENTS
		<input type="checkbox"/> Unconfirmed HIV infection status with continuing follow up and testing following a confirmed HIV exposure. <input type="checkbox"/> Confirmed HIV infection status – asymptomatic (i.e., no evidence of immune suppression with ongoing follow up by Infectious Disease Specialist.)	<input type="checkbox"/> Confirmed HIV infection status, symptomatic (i.e., evidence of immune suppression via laboratory findings or clinical conditions associated with HIV infection with follow-up by Infectious Disease Specialist.)	<input type="checkbox"/>

### Methodology

For Level A, child must meet either of the criteria in care domain.  
 For Level B, child must meet the criteria in care domain.

### Forms Required

For both Level A and B:

- Medical rate review worksheet, F063-25-385 (R11/07)
- Specialized Foster Care Request, F063-28-164 (R4/09)

Specialized Care Increment (SCI) - EMOTIONAL/BEHAVIORAL (1-1-08)			
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MINIMUM			
AGE	BASIC RATE	SCI	SPECIAL CARE RATE
0 TO 4	\$446	\$75	\$521
5 TO 8	\$485	\$75	\$560
9 TO 11	\$519	\$75	\$594
12+	\$659	\$75	\$734

MODERATE			
AGE	BASIC RATE	SCI	SPECIAL CARE RATE
0 TO 4	\$446	\$151	\$597
5 TO 8	\$485	\$151	\$636
9 TO 11	\$519	\$151	\$670
12+	\$659	\$151	\$810

INTENSIVE			
AGE	BASIC RATE	SCI	SPECIAL CARE RATE
0 TO 4	\$446	\$227	\$673
5 TO 8	\$485	\$227	\$712
9 TO 11	\$519	\$227	\$746
12+	\$659	\$227	\$886

THERAPEUTIC			
AGE	BASIC RATE	SCI	SPECIAL CARE RATE
0 TO 4	\$446	\$657	\$1,103
5 TO 8	\$485	\$729	\$1,214
9 TO 11	\$519	\$818	\$1,337
12+	\$659	\$772	\$1,431

## Criteria for SCI Emotional/Behavioral Rates

CARE DOMAINS		MINIMUM	MODERATE	INTENSIVE	THERAPEUTIC	COMMENTS
	Psychotropic Medications  <input type="checkbox"/> <b>Not applicable</b>	Caregiver does at least one of the following: <input type="checkbox"/> Administer multiple medications. <input type="checkbox"/> Administer medications at more than one time daily. <input type="checkbox"/> Arrange for medications to be administered at the school. <input type="checkbox"/> Observe and record medication effects and report back to MD.	Caregiver must observe/record/report medication effects to MD AND Two of the following: <input type="checkbox"/> Administer multiple medications. <input type="checkbox"/> Administer medications at more than one time daily. <input type="checkbox"/> Arrange for medications to be administered at the school.	Caregiver must observe/record/report medication effects to MD AND <input type="checkbox"/> Administer multiple medications. <input type="checkbox"/> Administer medications at more than one time daily. <input type="checkbox"/> Arrange for medications to be administered at the school.	In addition to prior level requirements: <input type="checkbox"/> Caregiver must work with the Psychiatrist as medications are changed and dosages are calibrated.	<input type="checkbox"/>
	Behavioral Health Treatment  <input type="checkbox"/> <b>Not applicable</b>	<input type="checkbox"/> Caregiver does not take child to therapy and/or medication management appointments more than one time per month. OR <input type="checkbox"/> Therapist sees child at school or home with minimal involvement of the caregiver.	Two of the following: <input type="checkbox"/> Caregiver takes child to therapy one time a week. <input type="checkbox"/> Caregiver takes child to medication management appointments at least once a month or more. <input type="checkbox"/> Caregiver meets with therapist two or more times per month to discuss how to work with the child in the home.	Three of the following: <input type="checkbox"/> Child receives therapy 2 or more times per week. <input type="checkbox"/> Medication management appointments at least once a month. <input type="checkbox"/> Caregiver meets with therapist two or more times per month to discuss how to work with the child in the home and implements therapist suggestions in the home. <input type="checkbox"/> Caregiver provides regular feedback to the therapist about the child's behavior at home.	All of the following: <input type="checkbox"/> Child receives therapy 2 or more times per week. <input type="checkbox"/> Medication management appointments at least once a month. <input type="checkbox"/> Caregiver meets with therapist two or more times per month to discuss how to work with the child in the home and implements therapist suggestions in the home. <input type="checkbox"/> Caregiver provides regular feedback to the therapist about the child's behavior at home.	<input type="checkbox"/>

CARE DOMAINS		MINIMUM	MODERATE	INTENSIVE	THERAPEUTIC	COMMENTS
	Behavior Management System  <input type="checkbox"/> <b>Not applicable</b>		<input type="checkbox"/> Caregiver implements a written behavior plan from the treating professional that requires specific rewards and consequences for specified behaviors.	<input type="checkbox"/> The behavior management system being used requires that the caregiver track behaviors and award points or tokens on a daily basis.	In addition to prior level requirements: <input type="checkbox"/> Caregiver collects information from school systematically and incorporates into the behavior plan. OR <input type="checkbox"/> A group home placement would otherwise be required.	<input type="checkbox"/>
	School Involvement  <input type="checkbox"/> <b>Not applicable</b>	<input type="checkbox"/> Caregiver must supervise homework completion. And <input type="checkbox"/> Communicate with teacher as needed regarding behaviors twice per month Or attend IEP meetings.	<input type="checkbox"/> Caregiver must provide extensive help with homework completion or provide tutoring. And <input type="checkbox"/> Contact school/tutor more than once a week. or <input type="checkbox"/> Attend IEP meetings.	In addition to prior level requirements: <input type="checkbox"/> Caregiver must attend IEP meetings.	In addition to prior level requirements: <input type="checkbox"/> Caregiver must communicate with school more than twice per week in regard to disciplinary problems.	<input type="checkbox"/>

	Problems with: <input type="checkbox"/> Enuresis  <input type="checkbox"/> Encopresis  <input type="checkbox"/> <b>Not applicable</b>	<input type="checkbox"/> Child's incidents are well controlled with interventions. <input type="checkbox"/> Child well controlled with medication management.	<input type="checkbox"/> Incidents occur three or fewer times per month. And <input type="checkbox"/> Caregiver must assist child with the steps necessary for good hygiene in response to the incident and child cooperates in maintaining proper hygiene.	<input type="checkbox"/> Incidents occur once a week or more. Or <input type="checkbox"/> Caregiver is implementing a behavior plan to address the child's lack of cooperation with hygiene. Or <input type="checkbox"/> Caregiver has developed a regular program to reinforce child for bladder/bowel control. Or <input type="checkbox"/> Caregiver is obtaining medical assistance to address the problem.	Incidents occur almost daily. And <input type="checkbox"/> Caregiver is implementing a behavior plan to address the child's lack of cooperation with hygiene. And <input type="checkbox"/> Caregiver has developed a regular program to reinforce child for bladder/bowel control. And <input type="checkbox"/> Caregiver is obtaining medical assistance to address the problem.	<input type="checkbox"/>
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CARE DOMAINS		MINIMUM	MODERATE	INTENSIVE	THERAPEUTIC	COMMENTS
	<input type="checkbox"/> Substance abuse  <input type="checkbox"/> Law violations  <input type="checkbox"/> Eating disorders  <input type="checkbox"/> <b>Not applicable</b>	<input type="checkbox"/> Child has a history of drug use, law violations, or eating disorder, but no current problems. <input type="checkbox"/> Caregiver must be aware and knowledgeable about child's triggers to use, violate the law, or engage in eating disordered behavior and Caregiver is monitoring for these behaviors.	In addition to prior level requirements, at least 2 of the following:  Caregiver: <input type="checkbox"/> Takes child to treatment appointments. <input type="checkbox"/> Takes child to support group meetings, such as NA, AA, and OA. <input type="checkbox"/> Maintains contact at least bi-weekly with probation officer/social worker/sponsor/or other treatment professionals. <input type="checkbox"/> Takes child for routine drug testing and/or monitoring of eating patterns and behavior. <input type="checkbox"/> Constant supervision needed.	In addition to prior level requirements, at least 3 of the following:  Caregiver: <input type="checkbox"/> Takes child to treatment appointments. <input type="checkbox"/> Takes child to support group meetings, such as NA, AA, and OA. <input type="checkbox"/> Maintains contact at least bi-weekly with probation officer/social worker/sponsor/or other treatment professionals. <input type="checkbox"/> Takes child for routine drug testing and/or monitoring of eating patterns and behavior. <input type="checkbox"/> Constant supervision needed.	In addition to prior level requirements, at least 4 of the following:  Caregiver: <input type="checkbox"/> Takes child to treatment appointments. <input type="checkbox"/> Takes child to support group meetings (NA, AA). <input type="checkbox"/> Maintains contact at least bi-weekly with probation officer/social worker/sponsor/or other treatment professionals. <input type="checkbox"/> Takes child for routine drug testing and/or monitoring of eating patterns and behavior. <input type="checkbox"/> Constant supervision needed.	<input type="checkbox"/>
	Special Observation and Intervention  <input type="checkbox"/> <b>Not applicable</b>	Caregiver must observe child for behaviors and/or intervene in one of the following areas: <input type="checkbox"/> Safety/injury prevention. <input type="checkbox"/> Provide simplified instructions due to processing disorders or developmental delay. <input type="checkbox"/> Administer exercises of speech and/or language therapies. <input type="checkbox"/> Assist with activities, such as homework and chores due to delay or processing disorder.	Caregiver must observe child for behaviors and/or intervene in two of the following areas: <input type="checkbox"/> Safety/injury prevention. <input type="checkbox"/> Provide simplified instructions due to processing disorders or developmental delay. <input type="checkbox"/> Administer exercises of speech and/or language therapies. <input type="checkbox"/> Assist with activities, such as homework and chores due to delay or processing disorder.	Caregiver must observe child for behaviors and/or intervene in three of the following areas: <input type="checkbox"/> Safety/injury prevention. <input type="checkbox"/> Provide simplified instructions due to processing disorders or developmental delay. <input type="checkbox"/> Administer exercises of speech and/or language therapies. <input type="checkbox"/> Assist with activities, such as homework and chores due to delay or processing disorder.	Caregiver must observe child for behaviors and/or intervene in four of the following areas: <input type="checkbox"/> Safety/injury prevention. <input type="checkbox"/> Provide simplified instructions due to processing disorders or developmental delay. <input type="checkbox"/> Administer exercises of speech and/or language therapies. <input type="checkbox"/> Assist with activities, such as homework and chores due to delay or processing disorder.	<input type="checkbox"/>



CARE DOMAINS		MINIMUM	MODERATE	INTENSIVE	THERAPEUTIC	COMMENTS
	Efforts to Improve Community/ Social Functioning  <input type="checkbox"/> <b>Not applicable</b>	<input type="checkbox"/> Caregiver is not performing any activities that assist in improving the child's level of functioning in the community.	<input type="checkbox"/> Caregiver is making at least one systematic effort to improve functioning such as: Taking child to sports activities; assisting child in developing a talent or interest; taking child to ILP classes; helping an adolescent get a job.	<input type="checkbox"/> Caregiver is making efforts to improve community functioning in two areas.	<input type="checkbox"/> Caregiver is making efforts to improve community functioning in more than two areas.	<input type="checkbox"/>
	Activities of Daily Living: (Specific to Children Ages 3 and older)	MINIMAL ASSISTANCE Caregiver sets up supplies and/or equipment for child. May be required to prompt during activity.	MODERATE ASSISTANCE In addition to setting up supplies/equipment, caregiver provides some assistance with ADL.	FREQUENT ASSISTANCE Requires total assistance with 2 of the following: • Bathing • Mobility • Toileting	TOTAL DEPENDENT CARE <sup>1</sup> Requires total assistance with 3 of the following: • Bathing • Mobility • Toileting	<input type="checkbox"/>
	• Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Toileting (Due to impaired physical functioning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Dressing/ Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Methodology for Emotional/Behavioral Rates

For all levels, Child must meet criteria in at least two Domains to be considered.  
For Therapeutic Rate, caregiver must also agree to follow a therapeutic care plan.

### Forms Required

For All Levels:

- Emotional/Behavioral Rate Review Worksheet, F063-25-386 (R7/07)
- Specialized Foster Care Request , F063-28-164 (R4/09)

In addition to the above, for Therapeutic Level:

- Therapeutic Care Plan, F063-25-432 (R9/07)

**Orange County Social Services Agency  
Children and Family Services**

**EMOTIONAL/BEHAVIORAL RATE REVIEW WORKSHEET**

<b>CHILD:</b>	<b>DOB:</b>	<b>AGE:</b>	<b>Assigned SSW:</b>
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**Note:** Child must meet criteria in at least two Care Domains to be considered for a particular level.

		MINIMUM	MODERATE	INTENSIVE	THERAPEUTIC	COMMENTS
CARE DOMAINS	<b>Psychotropic Medications</b>  <input type="checkbox"/> Not applicable	Caregiver does at least one of the following: <input type="checkbox"/> Administer multiple medications. <input type="checkbox"/> Administer medications at more than one time daily. <input type="checkbox"/> Arrange for medications to be administered at the school. <input type="checkbox"/> Observe and record medication effects and report back to MD.	Caregiver must observe/record/report medication effects to MD <b>AND</b> <b>Two of the following:</b> <input type="checkbox"/> Administer multiple medications. <input type="checkbox"/> Administer medications at more than one time daily. <input type="checkbox"/> Arrange for medications to be administered at the school.	Caregiver must observe/record/report medication effects to MD <b>AND</b> <input type="checkbox"/> Administer multiple medications. <input type="checkbox"/> Administer medications at more than one time daily. <input type="checkbox"/> Arrange for medications to be administered at the school.	<b>In addition to prior level requirements:</b> <input type="checkbox"/> Caregiver must work with the Psychiatrist as medications are changed and dosages are calibrated.	<input type="checkbox"/>
	<b>Behavioral Health Treatment</b>  <input type="checkbox"/> Not applicable	<input type="checkbox"/> Caregiver does not take child to therapy and/or medication management appointments more than one time per month. <b>OR</b> <input type="checkbox"/> Therapist sees child at school or home with minimal involvement of the caregiver.	<b>Two of the following:</b> <input type="checkbox"/> Caregiver takes child to therapy one time a week. <input type="checkbox"/> Caregiver takes child to medication management appointments at least once a month or more. <input type="checkbox"/> Caregiver meets with therapist two or more times per month to discuss how to work with the child in the home.	<b>Three of the following:</b> <input type="checkbox"/> Child receives therapy 2 or more times per week. <input type="checkbox"/> Medication management appointments at least once a month. <input type="checkbox"/> Caregiver meets with therapist two or more times per month to discuss how to work with the child in the home and implements therapist suggestions in the home. <input type="checkbox"/> Caregiver provides regular feedback to the therapist about the child's behavior at home.	<b>All of the following:</b> <input type="checkbox"/> Child receives therapy 2 or more times per week. <input type="checkbox"/> Medication management appointments at least once a month. <input type="checkbox"/> Caregiver meets with therapist two or more times per month to discuss how to work with the child in the home and implements therapist suggestions in the home. <input type="checkbox"/> Caregiver provides regular feedback to the therapist about the child's behavior at home.	<input type="checkbox"/>

CARE DOMAINS		MINIMUM	MODERATE	INTENSIVE	THERAPEUTIC	COMMENTS
	<b>Behavior Management System</b>  <input type="checkbox"/> Not applicable		<input type="checkbox"/> Caregiver implements a written behavior plan from the treating professional that requires specific rewards and consequences for specified behaviors.	<input type="checkbox"/> The behavior management system being used requires that the caregiver track behaviors and award points or tokens on a daily basis.	<b>In addition to prior level requirements:</b> <input type="checkbox"/> Caregiver collects information from school systematically and incorporates into the behavior plan. <b>OR</b> <input type="checkbox"/> a group home placement would otherwise be required.	<input type="checkbox"/>
	<b>School Involvement</b>  <input type="checkbox"/> Not applicable	<input type="checkbox"/> Caregiver must supervise homework completion. <b>And</b> <input type="checkbox"/> Communicate with teacher as needed regarding behaviors twice per month Or attend IEP meetings.	<input type="checkbox"/> Caregiver must provide extensive help with homework completion or provide tutoring. <b>And</b> <input type="checkbox"/> Contact school/tutor more than once a week. <b>or</b> <input type="checkbox"/> Attend IEP meetings.	<b>In addition to prior level requirements:</b> <input type="checkbox"/> Caregiver must attend IEP meetings.	<b>In addition to prior level requirements:</b> <input type="checkbox"/> Caregiver must communicate with school more than twice per week in regard to disciplinary problems.	<input type="checkbox"/>
	<b>Problems with</b> <input type="checkbox"/> Enuresis  <input type="checkbox"/> Encopresis  <input type="checkbox"/> Not applicable	<input type="checkbox"/> Child's incidents are well controlled with interventions. <input type="checkbox"/> Child well controlled with medication management.	<input type="checkbox"/> Incidents occur three or fewer times per month. <b>And</b> <input type="checkbox"/> Caregiver must assist child with the steps necessary for good hygiene in response to the incident and child cooperates in maintaining proper hygiene.	<input type="checkbox"/> Incidents occur once a week or more. <b>Or</b> <input type="checkbox"/> Caregiver is implementing a behavior plan to address the child's lack of cooperation with hygiene. <b>Or</b> <input type="checkbox"/> Caregiver has developed a regular program to reinforce child for bladder/bowel control. <b>Or</b> <input type="checkbox"/> Caregiver is obtaining medical assistance to address the problem.	Incidents occur almost daily. <b>And</b> <input type="checkbox"/> Caregiver is implementing a behavior plan to address the child's lack of cooperation with hygiene. <b>And</b> <input type="checkbox"/> Caregiver has developed a regular program to reinforce child for bladder/bowel control. <b>And</b> <input type="checkbox"/> Caregiver is obtaining medical assistance to address the problem.	<input type="checkbox"/>

CARE DOMAINS		MINIMUM	MODERATE	INTENSIVE	THERAPEUTIC	COMMENTS
	<input type="checkbox"/> Substance abuse <input type="checkbox"/> Law violations <input type="checkbox"/> Eating disorders <input type="checkbox"/> Not applicable	<input type="checkbox"/> Child has a history of drug use, law violations, or eating disorder, but no current problems. <input type="checkbox"/> Caregiver must be aware and knowledgeable about child's triggers to use, violate the law, or engage in eating disordered behavior and Caregiver is monitoring for these behaviors.	<b>In addition to prior level requirements, at least 2 of the following:</b>  Caregiver: <input type="checkbox"/> Takes child to treatment appointments. <input type="checkbox"/> Takes child to support group meetings, such as NA, AA, and OA. <input type="checkbox"/> Maintains contact at least bi-weekly with probation officer/social worker/sponsor/or other treatment professionals. <input type="checkbox"/> Takes child for routine drug testing and/or monitoring of eating patterns and behavior. <input type="checkbox"/> Constant supervision needed.	<b>In addition to prior level requirements, at least 3 of the following:</b>  Caregiver: <input type="checkbox"/> Takes child to treatment appointments. <input type="checkbox"/> Takes child to support group meetings, such as NA, AA, and OA. <input type="checkbox"/> Maintains contact at least bi-weekly with probation officer/social worker/sponsor/or other treatment professionals. <input type="checkbox"/> Takes child for routine drug testing and/or monitoring of eating patterns and behavior. <input type="checkbox"/> Constant supervision needed.	<b>In addition to prior level requirements, at least 4 of the following:</b>  Caregiver: <input type="checkbox"/> Takes child to treatment appointments. <input type="checkbox"/> Takes child to support group meetings (NA, AA). <input type="checkbox"/> Maintains contact at least bi-weekly with probation officer/social worker/sponsor/or other treatment professionals. <input type="checkbox"/> Takes child for routine drug testing and/or monitoring of eating patterns and behavior. <input type="checkbox"/> Constant supervision needed.	<input type="checkbox"/>
	<b>Special Observation and Intervention</b>  <input type="checkbox"/> Not applicable	Caregiver must observe child for behaviors and/or intervene in <b>one</b> of the following areas: <input type="checkbox"/> Safety/injury prevention. <input type="checkbox"/> Provide simplified instructions due to processing disorders or developmental delay. <input type="checkbox"/> Administer exercises of speech and/or language therapies. <input type="checkbox"/> Assist with activities, such as homework and chores due to delay or processing disorder.	Caregiver must observe child for behaviors and/or intervene in <b>two</b> of the following areas: <input type="checkbox"/> Safety/injury prevention. <input type="checkbox"/> Provide simplified instructions due to processing disorders or developmental delay. <input type="checkbox"/> Administer exercises of speech and/or language therapies. <input type="checkbox"/> Assist with activities, such as homework and chores due to delay or processing disorder.	Caregiver must observe child for behaviors and/or intervene in <b>three</b> of the following areas: <input type="checkbox"/> Safety/injury prevention. <input type="checkbox"/> Provide simplified instructions due to processing disorders or developmental delay. <input type="checkbox"/> Administer exercises of speech and/or language therapies. <input type="checkbox"/> Assist with activities, such as homework and chores due to delay or processing disorder.	Caregiver must observe child for behaviors and/or intervene in <b>four</b> of the following areas: <input type="checkbox"/> Safety/injury prevention. <input type="checkbox"/> Provide simplified instructions due to processing disorders or developmental delay. <input type="checkbox"/> Administer exercises of speech and/or language therapies. <input type="checkbox"/> Assist with activities, such as homework and chores due to delay or processing disorder.	<input type="checkbox"/>

	MINIMUM	MODERATE	INTENSIVE	THERAPEUTIC	COMMENTS
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	<input type="checkbox"/> Caregiver is not performing any activities that assist in improving the child's level of functioning in the community.	<input type="checkbox"/> Caregiver is making at least <b>one</b> systematic effort to improve functioning (such as: Taking child to sports activities; assisting child in developing a talent or interest; taking child to ILP classes; helping an adolescent get a job)	<input type="checkbox"/> Caregiver is making efforts to improve community functioning in <b>two</b> areas.	<input type="checkbox"/> Caregiver is making efforts to improve community functioning in <b>more than two</b> areas.	<input type="checkbox"/>
<b>Activities of Daily Living: (Specific to Children Ages 3 and older)</b>	<b>MINIMAL ASSISTANCE</b> Caregiver sets up supplies and/or equipment for child. May be required to prompt during activity.	<b>MODERATE ASSISTANCE</b> In addition to setting up supplies/equipment, caregiver provides some assistance with ADL.	<b>FREQUENT ASSISTANCE</b> Requires total assistance with 2 of the following: • Bathing • Mobility • Toileting	<b>TOTAL DEPENDENT CARE</b> <sup>1</sup> Requires total assistance with 3 of the following: • Bathing • Mobility • Toileting	<input type="checkbox"/>
• <b>Bathing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Mobility</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Toileting</b> (Due to impaired physical functioning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Dressing/ Grooming</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Reminder:** Complete *Therapeutic Care Plan, F063-25-432*, if recommending a therapeutic rate.

This assessment was based on verbal or written information obtained within the last 12 months from one or more of the following sources:  
(check all that apply)

**Records:** ☐ Medical ☐ Educational ☐ Psychological ☐ Developmental ☐ Mental Health Practitioner **Reports:** ☐ Caregiver

Signature of SSW completing worksheet: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> **Total dependent care:** Child is unable to provide self-care and requires total assistance from caregiver.

**Orange County Social Services Agency  
Children and Family Services**

**MEDICAL RATE REVIEW WORKSHEET**

<b>CHILD:</b>	<b>DOB:</b>	<b>AGE:</b>	<b>Assigned SSW:</b>
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**Note:** Child must meet criteria in at least two Care Domains to be considered for a particular level.

		LEVEL I	LEVEL II	LEVEL III	LEVEL IV	COMMENTS
CARE DOMAINS	<b>Equipment</b> <input type="checkbox"/> Not applicable	<input type="checkbox"/> Has specialized equipment but not needed at this time.	<input type="checkbox"/> Has equipment that is used intermittently to maintain a stable medical condition.	<input type="checkbox"/> Has equipment that is used daily that is medically necessary to maintain a stable condition.	<input type="checkbox"/> Has 2 or more pieces of equipment that are necessary to support life.	<input type="checkbox"/>
	<b>Diet</b> <input type="checkbox"/> Not applicable	<input type="checkbox"/> Prescribed diet for a long-term condition. <input type="checkbox"/> Formula may require alteration to meet caloric requirement. <input type="checkbox"/> Medically-supervised weight loss program.	<input type="checkbox"/> Diet requiring additives. <input type="checkbox"/> Minimal/no supervision of diabetic diet required.	<input type="checkbox"/> Strict diet requiring an understanding of foods permitted and/or requiring greater than normal preparation time (e.g., renal diet). <input type="checkbox"/> Bolus GT feedings. <input type="checkbox"/> Supervision of diabetic diet required to maintain a stable condition.	<input type="checkbox"/> Highly restricted diet. <sup>1</sup> <input type="checkbox"/> Life threatening food allergies. <input type="checkbox"/> Continuous GT feedings. <input type="checkbox"/> Supervision of diabetic diet required for unstable condition.	<input type="checkbox"/>
	<b>Medication</b> <input type="checkbox"/> Not applicable	<input type="checkbox"/> In addition to routine vitamins and iron, prescribed medication administered once daily to maintain a stable medical condition. Requires caregiver to be knowledgeable of side effects. At least one medication is associated with a medical condition. Any additional medication can include those for psychiatric conditions.	<input type="checkbox"/> Prescribed medication administered more than once daily to maintain a stable medical condition.	<input type="checkbox"/> Multiple prescribed medications administered to maintain a stable medical condition requiring monitoring, <sup>2</sup> recording, and close medical supervision. <input type="checkbox"/> Subcutaneous (SQ) or Intramuscular (IM) meds. <input type="checkbox"/> GT medications.	<input type="checkbox"/> Multiple medications for unstable/complex medical condition, which requires continuous monitoring, <sup>3</sup> & recording. <input type="checkbox"/> Medications administered intravenously.	<input type="checkbox"/>
	<b>Medical Supervision</b> <input type="checkbox"/> Not applicable	<input type="checkbox"/> In addition to routine well child-care, <sup>4</sup> at least 2 specialty follow up visits <sup>5</sup> in a 6-month period.	<input type="checkbox"/> Requires at least 1 specialty visit per month in addition to routine well-child care.	<input type="checkbox"/> Regularly requires ≥2 specialty visits per month in addition to routine well-child care.	<input type="checkbox"/> Regularly requires 3-4 visits per month in addition to routine well-child care.	<input type="checkbox"/>

CARE DOMAINS		LEVEL I	LEVEL II	LEVEL III	LEVEL IV	COMMENTS
	<b>Medical Therapy<sup>6</sup></b> <input type="checkbox"/> Not applicable	<input type="checkbox"/> Requires therapy evaluation monthly or in-home therapy once per week with caregiver participation in recommended therapeutic regimen.	<input type="checkbox"/> Caregiver takes child to therapy 1 time per week or therapist provides therapy in the home 2 times per week with caregiver participation in recommended therapeutic regimen.  <input type="checkbox"/> Requires school-based therapy with caregiver participation in recommended therapeutic regimen.	<input type="checkbox"/> Caregiver takes child to therapy $\geq 2$ times per week or therapist provides therapy in the home 3 times per week with caregiver participation in recommended therapeutic regimen.	<input type="checkbox"/> Caregiver takes child out to therapy $\geq 3$ times per week, or therapist provides therapy in the home $> 4$ times per week with caregiver participation in recommended therapeutic regimen.	<input type="checkbox"/>
	<b>Seizure Activity</b> <input type="checkbox"/> Not applicable	<input type="checkbox"/> Medically-documented seizures <sup>7</sup> are well controlled with medication(s).	<input type="checkbox"/> Child has breakthrough seizures <sup>8</sup> that are not seen regularly. Low potential for injury (i.e., staring episodes)	<input type="checkbox"/> Child has breakthrough seizures that are seen regularly. Moderate potential for injury (i.e., partial seizures).	<input type="checkbox"/> Seizures are not controlled <sup>9</sup> with medication(s). High potential for injury (i.e., grand mal seizures). <input type="checkbox"/> Requires vagal stimulation.	<input type="checkbox"/>
	<b>Substance-Exposed (Specific to Children Ages Newborn-6 months)</b>  <input type="checkbox"/> Not applicable	<input type="checkbox"/> Child with positive toxicology results; exhibits withdrawal signs and symptoms consistent with substance exposure; requires calming interventions.	<input type="checkbox"/> Child with positive toxicology results; requires calming interventions and medication management.			<input type="checkbox"/>
	<b>Infectious Disease<sup>10</sup> (Excludes life threatening illness-See Level A/B rates)</b>  <input type="checkbox"/> Not applicable	<input type="checkbox"/> Unconfirmed infection status with continued follow-up and testing following a confirmed exposure.	<input type="checkbox"/> Child is a chronic carrier or is diagnosed with an infectious disease requiring ongoing medical follow up. Requires no special precautions <sup>11</sup> other than standard.	<input type="checkbox"/> Child is a chronic carrier or is diagnosed with an infectious disease requiring medical follow up. Requires special precautions.	<input type="checkbox"/> Child has $>2$ infectious diseases requiring special precautions or frequent medical follow up.	<input type="checkbox"/>
	<b>Caregiver Supervision</b>	<input type="checkbox"/> Minimal risk of injury – appropriate supervision required.	<input type="checkbox"/> Moderate risk of injury – close supervision required.	<input type="checkbox"/> High risk of injury – constant supervision required.	<input type="checkbox"/> Very high risk of injury – constant supervision and significant intervention(s) required.	<input type="checkbox"/>

		LEVEL I	LEVEL II	LEVEL III	LEVEL IV	COMMENTS
CARE DOMAINS	<b>Child</b> <input type="checkbox"/> is <input type="checkbox"/> is not a Regional Center consumer.  <input type="checkbox"/> Not applicable	Caregiver must intervene in <b>one</b> of the following areas:  <input type="checkbox"/> Repetition or simplified instruction needed due to processing disorders or developmental delay <input type="checkbox"/> Administration of exercises for speech and/or language therapies <input type="checkbox"/> Assistance with activities (e.g. homework, chores) required due to delay or processing disorder	Caregiver must intervene in <b>two</b> of the following areas:  <input type="checkbox"/> Repetition or simplified instruction needed due to processing disorders or developmental delay <input type="checkbox"/> Administration of exercises for speech and/or language therapies <input type="checkbox"/> Assistance with activities (e.g. homework, chores) required due to delay or processing disorder	Caregiver must intervene in <b>three</b> of the following areas:  <input type="checkbox"/> Repetition or simplified instruction needed due to processing disorders or developmental delay <input type="checkbox"/> Administration of exercises for speech and/or language therapies <input type="checkbox"/> Assistance with activities (e.g. homework, chores) required due to delay or processing disorder	Caregiver must intervene in <b>four</b> of the following areas:  <input type="checkbox"/> Repetition or simplified instruction needed due to processing disorders or developmental delay <input type="checkbox"/> Administration of exercises for speech and/or language therapies <input type="checkbox"/> Assistance with activities (e.g. homework, chores) required due to delay or processing disorder <input type="checkbox"/> Other (specify):_____	<input type="checkbox"/>
	<b>Oral Feeding (Beyond Normal Expectations):</b>					
	• <b>Length</b>	<input type="checkbox"/> <30 minutes	<input type="checkbox"/> ≥30 minutes	<input type="checkbox"/> ≥60 minutes	<input type="checkbox"/> Rigid feeding schedule to avoid life threatening event.	<input type="checkbox"/>
	• <b>Reflux</b>	<input type="checkbox"/> Reflux diagnosed by a medical provider.	<input type="checkbox"/> Requires feeding techniques/interventions <sup>12</sup>	<input type="checkbox"/> Requires feeding techniques/interventions. <input type="checkbox"/> Requires medication.		<input type="checkbox"/>
	<b>Activities of Daily Living: (Specific to Children Ages 3 and older)</b>	<b>MINIMAL ASSISTANCE</b> Caregiver sets up supplies and/or equipment for child. May be required to prompt during activity.	<b>MODERATE ASSISTANCE</b> In addition to setting up supplies/equipment, caregiver provides some assistance with ADL.	<b>FREQUENT ASSISTANCE</b> Requires total assistance with 2 of the following: <ul style="list-style-type: none"> <li>• Bathing</li> <li>• Mobility</li> <li>• Toileting</li> </ul>	<b>TOTAL DEPENDENT CARE<sup>13</sup></b> Requires total assistance with 3 of the following: <ul style="list-style-type: none"> <li>• Bathing</li> <li>• Mobility</li> <li>• Toileting</li> </ul>	<input type="checkbox"/>
	• <b>Bathing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• <b>Mobility</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• <b>Toileting (Due to impaired physical functioning)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• <b>Dressing/ Grooming</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Life Threatening Blood Borne Disease Rate Criteria

CARE DOMAINS	Life Threatening Blood Borne Disease	LEVEL A	LEVEL B	COMMENTS
		<input type="checkbox"/> Unconfirmed HIV infection status with continuing follow up and testing following a confirmed HIV exposure. <input type="checkbox"/> Confirmed HIV infection status – asymptomatic (i.e., no evidence of immune suppression with ongoing follow up by Infectious Disease Specialist.)	<input type="checkbox"/> Confirmed HIV infection status, symptomatic (i.e., evidence of immune suppression via laboratory findings or clinical conditions associated with HIV infection with follow-up by Infectious Disease Specialist.)	<input type="checkbox"/>

**Reminder:** Complete *Individual Health Care Plan, F063-28-384* (for initial placements) or *Interdisciplinary Case Review, F063-25-471* (for six-month reassessment) if requesting Special Medical Placement Level III, IV, A, or B.

This assessment was based on verbal or written information obtained within the last 12 months from one or more of the following sources:  
(check all that apply)

**Records:**   ☐Medical   ☐Educational   ☐Psychological   ☐Developmental   ☐Mental Health Practitioner   **Reports:** ☐Caregiver

Signature SSW completing worksheet: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> **Highly restricted diet:** Restriction or inclusion of food categories or items related to a diagnosed condition. Non-compliance could result in severe consequences. Requires periodic laboratory monitoring.

<sup>2</sup> **Monitoring:** Condition that requires caregiver to monitor child's stable medical status to prevent exacerbation of the condition (e.g., ensuring the child takes a prescribed medication or that the child is not exhibiting signs and symptoms of complications.)

<sup>3</sup> **Continuous monitoring:** Condition that requires caregiver to monitor child's fragile/complicated medical status on a daily basis. Failure to detect deviations from a stable condition may result in harm to child's medical status.

<sup>4</sup> **Well-child care:** Periodic preventive care, which includes a developmental assessment. Visits for illnesses expected for child's age and season (e.g., ear infections, flu.)

<sup>5</sup> **Specialty visits:** Ongoing periodontal care, medical specialist care, chemotherapy, radiation therapy, dialysis. Excludes physical therapy, occupational therapy, speech therapy, developmental clinic.

<sup>6</sup> **Medical therapy:** Occupational therapy, physical therapy, recreational therapy, infant stimulation.

<sup>7</sup> **Medically-documented seizures:** Identified seizures by medical documentation regarding type, frequency, and severity.

<sup>8</sup> **Breakthrough seizures:** Seizure activity supported by medical documentation regarding type, frequency, and severity that occurs intermittently even with recommended medical regimen. Seizure is brought on by changes in the environment and/or by illness.

<sup>9</sup> **Seizures not controlled:** Unable to stabilize condition even with medical regimen.

<sup>10</sup> **Infectious disease:** Excludes lice, scabies infestations, acute infectious episodes.

<sup>11</sup> **Special precautions:** Standard precautions apply to blood, all body fluids except sweat, non-intact skin, mucous membranes and involves hand washing, barriers, and environmental controls. Additional precautions are applied for agents transmitted through contact, airborne and droplet routes. Examples of possible additional precautions involve use of barriers for intact skin, wearing a mask and exceptional environmental controls (e.g., double bagging trash, cleaning/disinfecting equipment after each use, separate laundering procedures.)

<sup>12</sup> **Reflux interventions:** Refers to special positioning, assistance with feeding using manual supportive interventions, etc.

<sup>13</sup> **Total dependent care:** Child is unable to provide self-care and requires total assistance from caregiver.

**ORANGE COUNTY SOCIAL SERVICES AGENCY  
SPECIALIZED FOSTER CARE REQUEST**

<b>CHI LD:</b>	<b>DOB:</b>	<b>AGE:</b>	<b>Case No:</b>
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CURRENT PLACEMENT: Foster Parent:  
Foster Parent Address:

Date Entered:

- ☐ Child falls within the parameter of WIC §§17731, 17732 (Bates Bill)  
☐ Child is under age 3, receiving CA Early Start Intervention Services  
☐ Child is a Regional Center consumer

Child's current foster care rate:

**TYPE OF RATE BEING REQUESTED:** Note: If child qualifies for both emotional/behavioral and medical SCI, request appropriate rate that corresponds with child's dominant care needs and attach both worksheets.

<b>REGI ONAL CENTER SUPPLEMENT</b>	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000
<b>MEDI CAL RATE</b>	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II	<input type="checkbox"/> LEVEL III	<input type="checkbox"/> LEVEL IV
<b>EMOTI ONAL/ BEHAVI ORAL RATE</b>	<input type="checkbox"/> MIN I M U M	<input type="checkbox"/> MODERATE	<input type="checkbox"/> I N T E N S I V E	<input type="checkbox"/> T H E R A P E U T I C

**REGI ONAL CENTER SUPPLEMENT CRI TERI A:** ATTACH SOC 836 for child, age 3 or older.

**EMOTI ONAL/ BEHAVI ORAL RATE CRI TERI A**

- ☐ The child has been placed in a therapeutic residential facility within the last **6 months**.  
☐ Psychological evaluation conducted on \_\_\_\_\_  
☐ Acute psychiatric hospitalization Date: \_\_\_\_\_

Care Domains	Minimum	Moderate	Intensive	Therapeutic
Psychotropic Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor Sexualized Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggression/ Suicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enuresis and/or Encopresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse, Law Violations, Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Observation/Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve Community/Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEDI CAL RATE CRI TERI A**

Care Domains	Level I	Level II	Level III	Level IV
Equipment				
Type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Use:				
Prescribed Diet				
Restrictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication (See below listing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Supervision				
Type of Medical Specialists:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Visits:				
Medical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Activity				
Type: Frequency: Severity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance-Exposed	<input type="checkbox"/>	<input type="checkbox"/>		
Infectious Disease (excludes life-threatening illness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding Difficulties				
Length of Feedings: minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Feedings:				
Assistance with Daily Living Activities				
<input type="checkbox"/> Minimum <input type="checkbox"/> Moderate <input type="checkbox"/> Total dependent care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MENTAL HEALTH/ MEDICAL DIAGNOSIS		MEDICATION(S)	DOSAGE & FREQUENCY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**CONCURRENT TREATMENT(S):**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Individual Therapy<br>Type: _____<br>Frequency: _____ times/wk/month            | <input type="checkbox"/> Family Therapy<br>Frequency: _____ times/wk/month   | <input type="checkbox"/> Group Therapy<br>Frequency: _____ times/wk/month   | <input type="checkbox"/> Day Treatment<br>Frequency: _____ times<br>wk/month |
| <input type="checkbox"/> Therapeutic Behavior Services<br>(TBS Coach)<br>Frequency: _____ times/wk/month | <input type="checkbox"/> PT<br>Frequency: _____ times/wk/month<br><input type="checkbox"/> OT<br>Frequency: _____ times/wk/month | <input type="checkbox"/> Speech Therapy<br><br><input type="checkbox"/> In home <input type="checkbox"/> School<br><input type="checkbox"/> Out of home<br>Frequency: _____ times/wk/mo | <input type="checkbox"/> Other<br>Frequency: _____ times<br>wk/month         |

**CAREGIVER INVOLVEMENT:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Attends therapy with child<br>Frequency: _____ times/wk/month   | <input type="checkbox"/> Attends Foster Parent<br>Support Group | <input type="checkbox"/> Obtained parent<br>education/training<br>relevant to minor's condition | <input type="checkbox"/> Transports child to<br>treatment appointments |
| <input type="checkbox"/> Meets with child's therapist<br>Frequency: _____ times/wk/month | <input type="checkbox"/> Submits quarterly report               | <input type="checkbox"/> Other _____  |  |

**COMMENTS/ RECOMMENDATIONS FOR SERVICES:**
**NURSE:**
**PSYCHOLOGIST:**
**SSW/ PM:**

<b>Specialized Foster Care Rate Level:</b> _____	<b>Time Period of Rate:</b> From _____ To _____
Basic \$ _____	Special Care Increment \$ _____
Dual Agency Supplement \$ _____	<b>TOTAL \$</b> _____

**SSW:** \_\_\_\_\_ Date: \_\_\_\_\_

**SSSS:** \_\_\_\_\_ Date: \_\_\_\_\_  
Approved

**PM:** \_\_\_\_\_ Date: \_\_\_\_\_  
Approved

# Orange County Social Services Agency Children and Family Services

## Therapeutic Care Plan

Child:

DOB:

Caregiver:

Date of agreement:

Time period covered by this agreement:

The following care plan has been agreed upon by the above child's Social Worker and Caregiver. It is agreed that the Caregiver will receive a therapeutic foster care rate for caring for the child and in exchange will provide all of the services outlined in the following plan of care:

### Behavioral Health Treatment:

The caregiver will:

- ☐ Arrange for Behavioral Health treatment for the child
- ☐ Continue the child's current Behavioral Health Treatment at

The caregiver will make sure that the child attends therapy:

- ☐ Twice a week
- ☐ Once a week
- ☐ As recommended by the therapist
- ☐ Other

The caregiver will:

- ☐ Provide information and feedback to the therapist.
- ☐ Implement the therapist's suggestions in the home.

### Managing Problem Behaviors in the Home:

☐ The caregiver will develop a plan to address the following problem behaviors:  
[describe]

☐ The above plan will be developed in conjunction with the child's therapist.

☐ The caregiver will describe this plan to the Social Worker during updates of the child's progress.

### Psychotropic Medications:

☐ The caregiver will administer medications as prescribed. The caregiver will make arrangements for the school and/or other caregiver to administer medications, if applicable. The caregiver will transport the child to appointments with the Psychiatrist, will fill medication prescriptions and will observe and record the medication effects and side effects for the Doctor.

Other:

### School Involvement: (Please check all that apply)

The Caregiver will:

- ☐ Transport the child to and from school.

# Orange County Social Services Agency Children and Family Services

## Therapeutic Care Plan, continued

☐ Communicate with the child's teacher regarding the child's behavior and/or academic progress ☐ daily; ☐ weekly; ☐ monthly; ☐ other (describe):

☐ Provide ☐ tutoring; ☐ supervision; ☐ assistance with homework completion.

☐ Respond to the school (and pick up child if necessary) when advised of disciplinary problems.

☐ Attend IEP meetings and other meetings with school personnel when requested by the school.

☐ Other (describe):

## Community/Social Functioning

The caregiver will take the child to:

☐ Organized sports (describe):

☐ Art or music classes (describe):

☐ Social activities (describe):

☐ ILP classes (describe):

☐ Help with job applications (describe):

☐ Other (describe):

☐ The caregiver will make any special accommodations necessary to help the child to be successful in this/these activities, such as staying with the child during the activity in order to coach the child on how to behave properly or working with the other adults in the program to help them understand the child's special needs.

## Special Interventions:

The caregiver will:

☐ Monitor and supervise child for:

☐ Aggression

☐ Self-destructive behaviors

☐ Disordered or problematic eating patterns

☐ Substance abuse

☐ Obtain medical assistance for:

☐ Substance abuse

☐ Eating disorder

☐ Enuresis or encopresis;

☐ Take child to self help, support or 12-step groups to address a substance abuse or eating disorder.

☐ Take child to a probation officer or community service program or other services designed to curb delinquent behavior.

☐ Assist child in learning toileting habits and hygiene.

☐ Clean up or help child to clean up after toileting accidents.

## Orange County Social Services Agency Children and Family Services

☐ Develop a program to teach and reinforce child for bladder/bowel control.

### Therapeutic Care Plan, continued

☐ Provide special supervision or modifications to the home to provide for the child's physical safety.

☐ Provide simplified instructions or extra assistance to a language disorder or developmental delay.

☐ Obtain any other recommended specialized services, as appropriate.

Please describe:

### Other issues/concerns:

☐ The caregiver will obtain additional training on

☐ The caregiver will obtain in-home services to assist in managing the child's behaviors. Explain:

☐ Other

Signature of Senior Social Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Caregiver: \_\_\_\_\_ Date \_\_\_\_\_