Specialized Foster Care

Level 3: Mild/ Moderate/ Severe
Treatment Foster Care: Mild/ Moderate/ Severe

Resource parents serve an important role in providing a safe and structured environment for foster children. They implement intervention strategies which support the improvement of behavior of foster children placed in their home. It is likely that the behaviors and needs of foster children will improve with intervention and support, or change over time.

Specialized Foster Care agreements are time limited and reviewed for reauthorization at least every six months, but may be reviewed more often.

The authorized level of care is time limited and subject to change based on the on-going assessment and evaluation of the child/youth's needs and behaviors, as well as the interventions required by the resource parents to maintain the least restrictive level of care. **If authorization of the Specialized Foster Care is not reauthorized, payment will return to the basic rate upon expiration of the approval for Specialized Foster Care.**

Date Effective _____ Authorization Expiration Date _____

Child/Youth _____ DOB _____

Resource Parent _____ Date _____

Resource Parent _____ Date _____

Social Worker/Clinician _____ Date _____

Supervisor _____ Date _____

☐ Not Approved
☐ Approved for Level (circle one) Level III Mild Moderate Severe
TFC Mild Moderate Severe

Chief _____ Date _____

☐ Not Approved
☐ Approved for Level (circle one) Level III Mild Moderate Severe
TFC Mild Moderate Severe

Program Manager _____ Date _____

☐ Not Approved
☐ Approved for Level (circle one) Level III Mild Moderate Severe
TFC Mild Moderate Severe

Child/Youth:	Age:	Date:
Social Worker/Clinician:	CALOCUS SCORE (if available):	
Child/Youth's Strengths:		

I. Safety and Risk:
Due to one or more of the following factors, a safety plan has been put in place which the resource parent(s) **will actively implement and monitor** so that the child/youth can remain in the resource home and/or prevent a higher level of care.

☐	Suicidal ideation
☐	Child/youth requires resource parent(s) to maintain line-sight supervision due to risk factors specific to the child/youth, which are in excess to other children their age. ☐ sexual behaviors ☐ aggression toward others ☐ active flight risk ☐ risk to other children ☐ other ☐ fire setting ☐ aggression toward animals ☐ a repeated pattern of destruction of property
☐	Self-harm or aggression toward others requires resource parent(s) to maintain a modified living environment. (Sharp objects and/or medications locked, motion detectors)
☐	The number of children or type (age, gender, etc.) of children in the home where the child/youth is placed must be limited based on the needs of the child/youth.
☐	Other:

Qualify ratings (Example: Describe behavior, intensity, frequency, duration; prior interventions):

Action Plan

☐ Safety Plan Action Item
Action(s) to be taken by resource parent(s) to address safety and risk:

Support Needed (If Applicable)	Responsible Party
1.	1.
2.	2.

II. Mental Health: Child/youth has mental health needs which cause significant impairment in daily functioning, such that the resource parent(s) **will significantly structure or modify daily routines, activities, and responses** so that the child/youth can remain in the resource home and/or prevent a higher level of care.	
☐	Axis I Diagnosis which requires extraordinary amounts of time, energy, and commitment by the resource parent(s) to meet the child/youth's needs. Diagnosis:
☐	CAFAS score (if available) _____ Date of CAFAS _____
☐	Social situations while in the home or in the community require intervention or accommodation by the resource parent(s) to be successful. ☐ Child/youth is perceived as odd and/or child/youth is avoided by other children ☐ Psychotic or bizarre behaviors and/or thoughts ☐ Social isolation/anxiety ☐ Other
☐	Other:
Qualify ratings (Example: Describe behavior, intensity, frequency, duration; prior interventions):	
Action Plan	
☐ Safety Plan Action Item Action(s) to be taken by resource parent(s) to address mental health:	
Support Needed (If Applicable) 1. 2.	Responsible Party 1. 2.

III. Behavioral Status: The child/youth's behaviors require the resource parent(s) to **actively implement a behavior plan** so that the child/youth can remain in the resource home and/or prevent a higher level of care.	
☐	Behaviors that require immediate action or control
☐	Alcohol or drug abuse.
☐	Child/youth regularly engages in substance seeking behaviors requiring monitoring and intervention by the resource parent(s).
☐	Behaviors requiring extra supervision and control
☐	Other:

Qualify ratings (Example: Describe behavior, intensity, frequency, duration; prior interventions):	
Action Plan	
☐ Safety Plan Action Item Action(s) to be taken by resource parent(s) to address behavioral status:	
Support Needed (If applicable) 1. 2.	Responsible Party 1. 2.

IV. Medical Status: One or more of the following medical needs, **requires active intervention and monitoring** by the resource parent(s) so that the child/youth can remain in the resource home and/or prevent a higher level of care.	
☐	Severe impairment in activities of daily living
☐	Severe developmental disability
☐	Severe physical disability such as quadriplegia.
☐	Ongoing major medical problems
☐	Chronic medical problems
☐	Chronic bowel and/or bladder needs
☐	Therapy activities in the home
☐	Chronic sleep disturbance (sleep walking, insomnia, night terrors)
☐	Special diet required
☐	Other:
Qualify ratings (Example: Describe behavior, intensity, frequency, duration; prior interventions):	
Action Plan	
☐ Safety Plan Action Item Action(s) to be taken by resource parent(s) to address medical status:	
Support Needed (If applicable) 1. 2.	Responsible Party 1. 2.

V. Education: Due to one or more of the following factors, the resource parent(s) **will actively implement and monitor** so that the child/youth can remain in the resource home and/or prevent a higher level of care.	
☐	Difficulty attending school in spite of intervention.
☐	Child/youth has learning difficulty resulting in poor academic performance and resource parent(s) regularly spends more than two hours per day providing individualized assistance with school work assignments and interventions to help the child/youth be academically successful.
☐	Need for preparation for independent living
☐	Other:
Qualify ratings (Example: Describe behavior, intensity, frequency, duration; prior interventions):	
Action Plan	
☐ Safety Plan Action Item Action(s) to be taken by resource parent(s) to address education:	
Support Needed (If applicable) 1. 2.	Responsible Party 1. 2.

VI. Transportation: Due to one or more of the following factors, the child/youth has additional needs requiring the resource parent(s) to provide additional transportation.	
☐	Frequent, time-consuming transportation needs due to (Qualify rating):
Action Plan	
☐ Safety Plan Action Item Action(s) to be taken by resource parent(s) to address transportation:	
Support Needed (If applicable) 1. 2.	Responsible Party 1. 2.