



Special or Extraordinary Rate Request

(To be completed by the Requestor)

Request Type: Adoption Assistance Subsidized Permanent Guardianship
 Rate Request Type: Special Extraordinary

 Child's Name TFACTS ID Date of Birth

SPECIAL CIRCUMSTANCES RATE REQUESTS

In order for a child to meet the criteria for a special circumstance rate, the child has to meet **ALL** three of the following criteria:

1. With documented unique needs due to a diagnosed medical/mental health condition or developmental delay that substantially limits a major life activity (for example: walking, speaking, breathing, working, learning, performance of manual tasks, vision, hearing, self care, social skills, or interpersonal relationships);
2. Who requires a level of supervision exceeding that of their peers; **and**
3. Who requires extra care (treatment) due to physical, emotional, or mental disability.

EXTRAORDINARY RATE REQUESTS

In order for a child to be considered for an extraordinary rate, the child has to first meet the special circumstances criteria and then have the specific information from the licensed professional, who is treating the child for the diagnosis/disability, to support the "checked box" in the Extraordinary Category.

Category 1 (\$40) – Any **TWO** of the following care needs qualify for this category.

Professional documentation must be attached to support **EACH** box checked below.

A	PHYSICAL OR MEDICAL IMPAIRMENTS- Foster Parent Involvement Required
<input type="checkbox"/>	Any physical or medical impairment or combination of impairments requiring an average of 3 hours of daily medically prescribed therapy or procedures performed by the foster parents.
<input type="checkbox"/>	Legal blindness in both eyes
<input type="checkbox"/>	Hearing impairment or other physical/developmental impairment requiring foster parent to know sign language or encourage and monitor hearing aid or auditory training devices.
<input type="checkbox"/>	Out-of-home weekly therapy, medical appointments, or medical training requiring foster parent participation, as determined necessary by the treating professional.
<input type="checkbox"/>	In home weekly therapy, nursing, or teacher appointments requiring foster parent participation, as determined necessary by the treating professional.
B	BEHAVIORAL OR EMOTIONAL PROBLEMS Foster Parent Involvement Required
<input type="checkbox"/>	Weekly therapy or counseling appointments requiring foster parent participation at least twice a month.
<input type="checkbox"/>	Special Education requiring twice a month telephone or face to face contact <u>between foster parent and special education provider.</u> due to the child's behavioral or emotional problems that requires <u>intervention by the foster parent.</u>

<input type="checkbox"/>	Documented incident occurring within the last year requiring additional supervision and attention due to a moderate level of risk concerning the safety of the child and/or the community for which the child is receiving treatment as documented by a licensed provider.
<input type="checkbox"/>	Documented twice a month interventions greater than 2 hours per episode in order to de-escalate a child to keep from causing minor injury to self, others, and property within the last 6 months.
<input type="checkbox"/>	Documented acute residential treatment within the last 6 months .
C	ADDITIONAL CARE NEEDS
<input type="checkbox"/>	Documented need for supervision of and attention to daily hygiene skills (i.e., bathing, clothing, feeding, etc.) in excess of that required for average developmental levels of children of the same age as documented by licensed provider for children age five years or over. (NOTE: The documented need could be the result of a physical/medical impairment or a behavioral/emotional problem.)
D	MINOR PARENT WITH A CHILD/INFANT <i>Verification of relationship and custodial status is required.</i>
<input type="checkbox"/>	The minor parent of a child/infant not in DCS custody but in the custody of the minor parent and residing in the same foster/adoptive home. <i>(NOTE: No additional check boxes are required to qualify for this category if this criteria is met.)</i> <i>For Adoption Assistance and SPG, the child/infant must be residing in the foster/adoptive home at the time of the adoption or SPG finalization.</i>

Category 2 (\$50) – Any TWO of the following care needs qualify for this category. Professional documentation must be attached to support EACH box checked below.

A	PHYSICAL OR MEDICAL IMPAIRMENTS-Foster Parent Involvement Required
<input type="checkbox"/>	Any physical or medical impairment or combination of impairments requiring an average of at least 4 hours daily prescribed therapy or procedures performed by the foster parents.
<input type="checkbox"/>	Any life threatening medical needs or conditions, such as oxygen 24 hours per day.
<input type="checkbox"/>	Child age two or over weighing 20 pounds or over who requires the use of an assistive device for mobility, such as a wheelchair, walker, etc.
<input type="checkbox"/>	Child age four or over who cannot independently perform any self-care skills requiring total care due to physical impairments or developmental delays.
<input type="checkbox"/>	Any active, chronic, or infectious disease requiring regular sterile procedures.
<input type="checkbox"/>	Child who is totally blind requiring mobility training and/or major environmental modifications.
B	BEHAVIORAL OR EMOTIONAL PROBLEMS- Foster Parent Involvement Required
<input type="checkbox"/>	Weekly counseling or therapy appointments requiring weekly foster parent participation
<input type="checkbox"/>	Special Education requiring twice a week telephone or face to face contact with at least face to face contact once per week between foster parent and special education provider , due to the child's behavioral or emotional problems that requires intervention by the foster parent.
<input type="checkbox"/>	Documented history of incidents occurring within six (6) months requiring additional supervision and attention due to a high level of risk concerning the safety of the child and/or the community, for which the child is receiving treatment as documented by a licensed provider.
<input type="checkbox"/>	Documented need for supervision of and attention to daily hygiene skills (i.e., bathing, clothing, feeding, etc.) in excess of that required for average developmental levels of children of the same age, as documented by licensed provider for children age seven years or over.
<input type="checkbox"/>	Documented daily interventions greater than 2 hours per episode in order to de-escalate a child to keep from causing minor injury to self, others, and property within the last 6 months.
<input type="checkbox"/>	Documented chronic residential treatment within the last year.
C	MINOR PARENT WITH A CHILD/INFANT <i>Verification of relationship and custodial status is required.</i>

	<input type="checkbox"/>	The minor parent of a child/infant not in DCS custody, but in the custody of the minor parent and residing together in the same foster/adoptive home. The child/infant in the foster/adoptive home is experiencing moderate to severe physical, emotional, behavioral problems. <i>(NOTE: No additional check boxes are required to qualify for this category if this criterion is met.)</i> <i>For Adoption Assistance and SPG, the child/infant must be residing in the foster/adoptive home at the time of the adoption or SPG finalization.</i>
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Category 3 (\$60) - THREE or more of the conditions identified in Category 2 qualify for this category. Professional documentation must be attached to support EACH box checked below.

A	<input type="checkbox"/>	PHYSICAL OR MEDICAL IMPAIRMENTS
		Please check the appropriate box(es) in Category 2-Physical or Medical Impairments supported by professional documentation.
B	<input type="checkbox"/>	BEHAVIORAL OR EMOTIONAL PROBLEMS
		Please check the appropriate box(es) in Category 2-Behavioral or Emotional Problems supported by professional documentation.
C	<input type="checkbox"/>	MINOR PARENT WITH A CHILD/INFANT <i>Verification of relationship and custodial status is required.</i>
		If the minor parent meets the criteria for a Category 2 rate due to Medical or Physical Impairments and/or Behavioral or Emotional Problems and the infant is not in DCS custody, but residing together in the same foster/adoptive home. The infant/child in the foster/adoptive home is experiencing moderate to severe physical, emotional, behavioral problems. Documentation must be submitted to support the infant/child's condition. <i>(NOTE: No additional check boxes are required in Category 3 to qualify for this category if this criterion is met.)</i> <i>For Adoption Assistance and SPG, the child/infant must be residing in the foster/adoptive home at the time of the adoption or SPG finalization.</i>

Requestor Signatures:

_____ Date: 11/21/11
Requestor

_____ Date: 11/21/11
Supervisor (If Applicable)

Whoever knowingly obtains, or attempts to obtain, or aids, or abets any person to obtain, by means of a willfully false statement or representation or by impersonation, or other fraudulent device, any assistance on behalf of a child or other persons pursuant to the Interstate Compact on Adoption and Medical Assistance to which such child or other person is not entitled or assistance greater than such child or other person is entitled, commits a Class E felony.

(This means that making any statement that is not true OR failing to inform the Department of any later change that might affect the adopted child's eligibility for the current assistance rate can result in criminal charges.)