

Ice Breakers

There are many visitation practices that have positive outcomes, one of which is the use of Ice Breakers. This is the practice of the foster parent and the birth parent meeting shortly after the child is placed. The meeting is facilitated – by caseworker or meeting facilitator- for the purpose of sharing information. The birth parents have an opportunity to tell the foster parent what they feel the foster parent needs to know about their child, which will make the placement smoother for her child. The foster parent tells the birthparents some information about his or her home and answers questions that the parents may have. This meeting can be the beginning of building rapport. This is not always the case, and in some instances, for safety reasons an ice breaker is not held, but families can share written information regarding the child.

When there is contact between birth parents and foster parents, the caseworker should expect:

- Information sharing regarding the child
- Fewer complaints regarding substitute care and
- Increased communication and collaboration between the birth parents and the foster parent

Be proactive about establishing healthy boundaries to birth parents and foster parent contact.

In studies of planned contact between birth parents and foster parents, results have shown that:

Children

- Return home sooner
- Have more stable placements
- Experience better emotional development
- Are more successful in school

Birth parents

- Feel more at ease about their child's safety, well-being and placement
- Share more information about their child

Foster parents

- Ask for specific information about the child from the birth parents
- Ask questions that will help them understand the child's needs including cultural traditions
- Talk about why they became foster parents and some basic rules of their home.

Appendix 4.2 (Behavioral Issues)

This section to be completed by caseworker

F. Intensive Supervision Services

The child requires intensive behavioral supervision beyond the hours documented in this form. Documentation must support the request for additional hours. Hours may be added by the branch Special Rate Review Committee. Attach documentation in these cases.

Though this section may total up to 111 hours, a maximum of 105 hours can be assigned because many of the services overlap.

1. Relief care: A maximum of 48 hours of relief care is available to the foster home if one relief care provider cares for all the children in the home. Additional relief care reimbursement may be provided if the child's condition requires a separate provider. Documentation must support the need for a separate provider.

Comments: Tommy was diagnosed with Conduct Disorder and Oppositional Defiant Disorder during his recent stay at Mid Valley Residential Treatment. In a prior foster care placement Tommy was found engaging in inappropriate sexualized behavior with another child. Since being placed in this home Tommy has begun exhibiting some predatory/grooming behaviors. Due to this child's high supervision requirements, and history of predatory behavior, 48 hours of relief care is required to maintain this placement. Foster parent must use a separate provider for Tommy to ensure the safety of this child and others in the home.

Total for 1 (maximum of 48 hours): **48**

2. In-Home Assistance: A maximum of 48 hours of in-home assistance is available to the foster home if the child's documented needs require an extra provider to assist the foster parent with tasks required to care for the child. Documentation must support this request.

Comments: n/a

Total for 2 (maximum of 48 hours): **0**

3. Intensive Behavior Supervision: A maximum of 15 hours of intensive behavior supervision is available to children who must be within the line of vision, within arm's reach or within ear shot at all times during waking hours. Documentation must support this request.

Comments: 15 hours of Intensive Behavior Supervision is required to maintain safety of this child and others in the home. Tommy must be within line of vision at all times during waking hours. Please see above historical information to justify this request.

Total for 3 (maximum of 15 hours): **15**

Appendix 4.2 (Behavioral Issues)



Total for F (maximum of 105 hours): **63**

Appendix 4.2 (Behavioral Issues)

This section to be completed by caseworker

F. Intensive Supervision Services

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Though this section may total up to 111 hours, a maximum of 105 hours can be assigned because many of the services overlap.

1. Relief care: A maximum of 48 hours of relief care is available to the foster home if one relief care provider cares for all the children in the home. Additional relief care reimbursement may be provided if the child's condition requires a separate provider. Documentation must support the need for a separate provider.

Comments: Susie was born at 29 weeks, with severe respiratory complications due to her premature birth. She is on an apnea monitor and oxygen as needed. Susie has frequent episodes of slow breathing and must be stimulated or given oxygen during these episodes. This infant requires around the clock monitoring and care. 48 hours of relief care, provided by a separate (more highly skilled) relief care provider is required to maintain this placement. Relief care provider will need to have instruction and delegation of the apnea monitor and oxygen therapy prior to relief care being provided.

Total for 1 (maximum of 48 hours): **48**

2. In-Home Assistance: A maximum of 48 hours of in-home assistance is available to the foster home if the child's documented needs require an extra provider to assist the foster parent with tasks required to care for the child. Documentation must support this request.

Comments: Susie is a very medically compromised infant who requires around the clock monitoring and intervention when she experiences respiratory difficulties. 48 hours of in-home assistance is required to assist the foster parent in meeting the medical and maintenance (bathing, feeding) requirements of this infant. The in-home assistant will require training and delegation of the apnea monitor and oxygen therapy (see above).

Total for 2 (maximum of 48 hours): **48**

3. Intensive Behavior Supervision: A maximum of 15 hours of intensive behavior supervision is available to children who must be within the line of vision, within arm's reach or within ear shot at all times during waking hours. Documentation must support this request.

Comments: Susie has frequent episodes of slow breathing and must be stimulated and/or given oxygen when she has an episode. Infant must be within visual or hearing distance at all times to maintain safety and well being of child.

Total for 3 (maximum of 15 hours): **9**

Appendix 4.2 (Behavioral Issues)



Total for F (maximum of 105 hours): 105

Special Rate Foster Care Authorization

I. Identifying Information

Child's Name (Last, First, MI) Smith, Suzie		P/L J	Sex F	Date of Birth (Mo/Day/Yr) 12/5/05
Case Name Smith, Donna		Case Number zzzzzzz	SDA Office zzz	WKID zzzz
Provider Number xxxxxxxxxx	Provider Name Jones, Jennifer	Caseworker Name Adams, Amy		Phone Number xxx-xxx-xxxx

II. Foster Home Information

Other Special Needs Children in Home

		First name only	Placement date	Special rate hours
Number of years as a provider?	1			
Number of providers in home?	1			
Number of children (include biological) in home?	1			
Number of DHS children in home?	1			
Number of special needs children (see right)?	1	Suzie	12/10/05	

III. Summary - For IIS Input (fill out pages 3 and 4 before completing this section).

1. Effective date of special rate:	1/2/06																			
	Mo / Day / Yr	Review date:	Post review initials	Post review initials																
End date of special rate:	1/2/07	7/2/07																		
	Mo / Day / Yr	Mo / Day / Yr	Worker	Supervisor																
2. Direct costs:		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Part A</td> <td style="width: 10%;">\$ 444.90</td> <td colspan="3" style="text-align: center;">Recommended Action:</td> </tr> <tr> <td>Part B</td> <td>\$ 313.48</td> <td><input type="checkbox"/> Terminate</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Continue</td> </tr> <tr> <td>Total amount above standard Part A & B</td> <td>\$ 768.38</td> <td colspan="3">NOTE: The review date shall be no longer than six (6) months from the special rate begin date.</td> </tr> </table>				Part A	\$ 444.90	Recommended Action:			Part B	\$ 313.48	<input type="checkbox"/> Terminate	<input type="checkbox"/> Change	<input type="checkbox"/> Continue	Total amount above standard Part A & B	\$ 768.38	NOTE: The review date shall be no longer than six (6) months from the special rate begin date.		
Part A	\$ 444.90	Recommended Action:																		
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Total amount above standard Part A & B	\$ 768.38	NOTE: The review date shall be no longer than six (6) months from the special rate begin date.																		

IV. Agreements for Authorization of Service

The special rate agreement is valid only and so long as there is a current Family Foster Home/Shelter Care Contract (CF0996), and all conditions and provisions of that contract apply. The foster parents agree to provide the increased care, supervision, and services authorized by this agreement, in addition to the regular nurturing and supportive foster family care provided named child(ren) at the current approved rate under the Family Foster Home/Shelter Care Contract. The Service Delivery Area (SDA) Child Welfare Office will notify the foster parent(s) at the time of rate agreement that documentation may be required for special Maintenance Direct Cost noted in Section II, Part A and B.

The parties agree that this Agreement is the complete and exclusive statement of the Agreement between the parties, and supersedes all prior written or oral communications, representations, and agreements relating to the subject mater of this Agreement.

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

V. Termination

This contract may be terminated at any time by mutual consent to both parties. Either party may terminate the contract immediately if circumstances make continuation of the contract impracticable, or by either party at any time upon 30 days' notice in writing. If the foster parents fail to provide care and services in accordance with this contract, Department of Human Services reserves the right to terminate the contract and stop payment immediately. Termination of the Contractor certificate or termination of the Family Foster Home/Shelter Care Contract (CF0996) for any reason shall terminate this agreement.

This agreement will be in effect when duly signed by the Caseworker, Casework Supervisor, Certified Foster Parent, Special Rate Committee Chair, and the Service Delivery Area Manager or Designee as required by policy.

_____	_____	_____	_____
Caseworker	Date	Supervisor	Date
_____	_____	_____	_____
Foster Parent	Date	Special Rate Committee-Chairperson	Date
_____	_____	_____	_____
Service Delivery Area Manager or Designee		Date	

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

COMPUTATIONS FOR PART A AND PART B

Part A: Special Maintenance Costs		
(Direct costs and supervision for special maintenance services)		
1.	Diet costs not prescribed by physician:	\$ <u>0</u>
2.	Laundry reason: <u>diarrhea and reflux</u>	
	No. of loads per month <u>30</u> X * Rate <u>1.00</u> =	\$ <u>30.00</u>
3.	Transportation costs, child/parent visits:	
	No. of miles per month _____ X * Rate _____ =	\$ <u>0</u>
4.	Supervision costs (from page 3):	
	Total number of hours: <u>90</u> X * Rate <u>4.61</u> =	\$ <u>414.90</u>
5.	Other: Payment to cover the cost of (and cost of providing) clothing, school supplies, or a child's personal incidentals, that occur on an ongoing basis. The state shall also provide Title IV-E foster care maintenance payments to cover the necessary costs incurred on behalf of a child who resides with his or her minor parent in foster care. That payment for the child of the minor parent will be based on the current basic foster care maintenance rate for a child of that age.	\$ <u>0</u>
	Description of costs: _____	
Part A Total		\$ <u>444.90</u>

Part B: Non IV-E Eligible Expenses		
1.	Program educational expenses (attach list):	\$ <u>0</u>
2.	Transportation costs:	
	No. of miles per month: _____ X * Rate _____ =	\$ <u>0</u>
3.	Foster parent relief care (documentation must support request):	
	Total number of hours: <u>68</u> X * Rate <u>4.61</u> =	\$ <u>313.48</u>
Part B Total		\$ <u>768.38</u>

*** Rate: Current rates refer to Policy I-E.5.1, "Rate Structure."**

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Documentation to Support Supervision Costs (Part A and B)

Behavioral Management and Supervision Assessment Instructions

For each category below, enter 1 to 25 hours based on the additional time required per month to provide care for a child with behavioral or supervision problems as compared to the time required to provide the care for a dependent child of the same age. Note the reason for the recommended hours in the space given. Use the following guidelines:

Time Table

Monthly Hours:

1-5 hours = Child's functional impairment is minimal -
25% or less.

Daily Minutes

Monthly Hours

6-15 hours = Child's functional impairment is substantial -
25% - 60%.

5

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=
3

10

5

15

=
8

20

10

25

=
13

30

15

16-25 hours = Child's functional impairment is extensive - over 60%.

35

=
18

40

20

45

=
23

50

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Part A Behavioral Management and Supervision

In the following areas, the child has problems that require patience, training, and active intervention by the foster parent on a one-to-one basis to correct.

Problem	Hours	Reason child requires management or supervision. Foster parent intervention.
A. Adaptation: Frequently requires reassurance and attention to adjust. May exhibit hostility/negativity; attachment difficulties; sexual acting out. (1-25 hours max.)	25	This foster parent is the grandmother of infant. Difficulty with adapting to home d/t intrauterine drug affects—withdrawal from opiates. FP is providing warm baths, swaddling, and low stimuli environment to assist the infant through withdrawal. FP is also administering Methadone as prescribed by MD.
B. Judgment: Frequently needs guidance in correct decision making process. Is physically aggressive or may make decision which threatens health and safety of self and/or others. (1-25 hours max.)	0	n/a
C. Behavioral demands on others: Frequently requires guidance, patience, and direction to correct attitudes and habits that create difficult environment. (1-25 hours max.)	25	Drug affected infant—infant has a shrill cry d/t drug withdrawal—FP is using front pack to carry child 4-6 hours daily to help the child calm. Reflux and diarrhea associated with drug withdrawal requires frequent bathing, diaper and clothing changes (greater than normal required).
D. Incomplete socialization: Frequently requires special time for recreational/ educational. (1-25 hours max.)	25	Drug affected infant at risk for developmental delays. FP is providing age appropriate stimuli (careful not to over stimulate drug withdrawing infant) Infant massage to assist with relaxation associated with drug withdrawal. FP has made referral to early intervention for assessment.
E. Requires intensive behavioral supervision during waking hours by foster parent. (1-15 hours max.)	15	FP must carefully monitor infant during withdrawal period for s/s of seizures, dehydration, diarrhea, breathing difficulties.
TOTAL HOURS: (Enter on page 2, Part A, #4)	90	

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Part B Foster Parent Relief/Care Assistance

Problem	Hours	Reason child requires management or supervision. Foster parent intervention.
<p>Child requires intensive behavioral supervision beyond the hours of documented above. *Documentation must support request for additional hours. Hours may be added by Service Delivery Area Special Rate Review Committee.” (1-90 hours maximum.)</p>	68	<p>Suzie was born drug affected and is experiencing moderately severe withdrawal symptoms which require 24 hour monitoring and intervention. 48 hours of relief care is required to maintain this placement. Relief care provider should be well trained in caring for an infant who is drug affected.</p> <p>20 hours of in-home assistance is required to assist this grandmother with the daily care of this high needs infant. Suzie continues to experience multiple episodes of diarrhea and reflux requiring baths and clothing changes. She also requires swaddling and walking to aid in calming her.</p> <p>*****The need for in-home assistance should be re-evaluated in six months to assess the need for continuation.</p>

TOTAL HOURS:
(Enter on page 2, Part B, #3.)

68

Instructions for Completing Special Rate Foster Care Authorization (CF 0172A (NPC))

Section I: Identifying Information

Child information is available on the IIS Screen ICDB.

Foster parent information is available on the IIS screen IPDC.

Section II: Foster Home Information

Number of Years as a Provider:

Enter the number of years the foster Parent has been a provider. This is to assist in determining the amount of skills the Foster Parent may have as a result of experience.

Number of Providers in Home:

Enter the number of Foster Parents now living in the home.

Number of DHS Children (include biological) in the Home:

Enter the number of children in the home. This is used to assist in determining the number of children for whom the Foster Parent has time to care.

Number of DHS Children in the Home:

Enter the number of children in the home for whom DHS has custody. This is used to determine if the Foster Parent is providing care for the number of children within their certification guidelines and to assure that the Foster Parent is not over burdened.

Number of Special Needs Children:

Enter the number of special needs children in the foster home. This is used to assure that the Foster Parent is not over burdened and to assist in the proper usage of time allowed to the Foster Parent for group activities such as relief care, babysitting, etc.

Other Special Needs Children in the Home, Placement Date, Special Rate Amount:

Enter the first names of the other special needs children in the foster home. This is used to assist in determining the length of time a child has been in the foster home, the gender makeup of the home and to gain an awareness of the rate amounts if children already in the home who may have similar needs.

Section III: Summary

IIS Input: Shaded area to be entered in ICMR:

1. Effective date of special rate: The date the special rate is to begin.

End date of special rate: The date the special rate is to end.

2. Direct costs from Page 2, Part A, 1 through 5.

Direct costs from Page 2, part B, 1 through 4.

Review Date:

- Recommended caseworker review date: Enter date next review scheduled.
- Post review initials: After review is completed, caseworker initials and indicate status.

Supervisor initials approval.

Section IV: Agreements

Section V: Termination

No Exception:

Caseworker, supervisor, foster parent signatures when no exception requested.

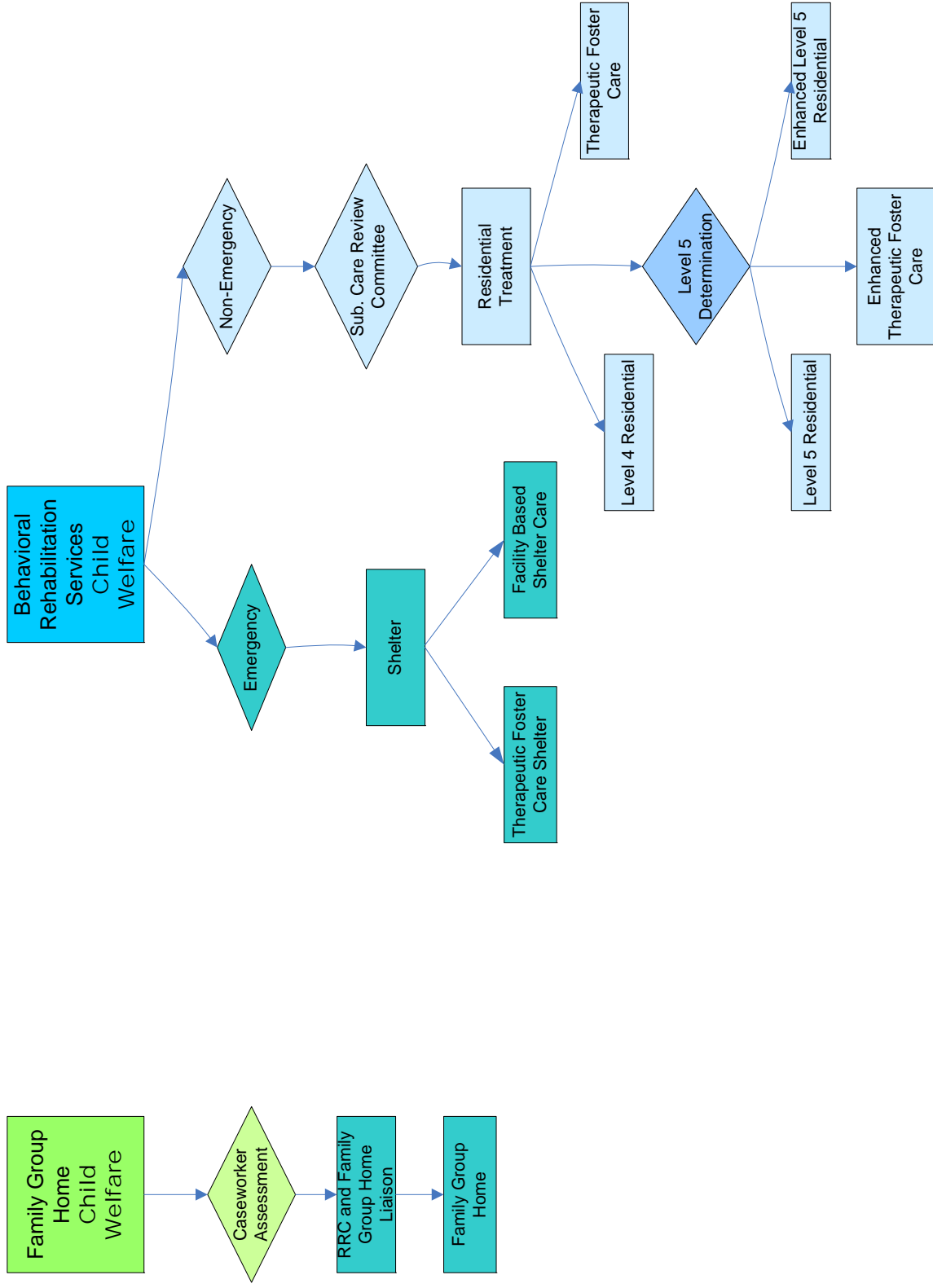
Exception:

Special Rate Committee Chairperson signature and Service Delivery Area Manager: Required if there are costs for Part A or Part B which are not in policy (I-E.5.1.2) or when total special rate exceeds \$500.00 per month.

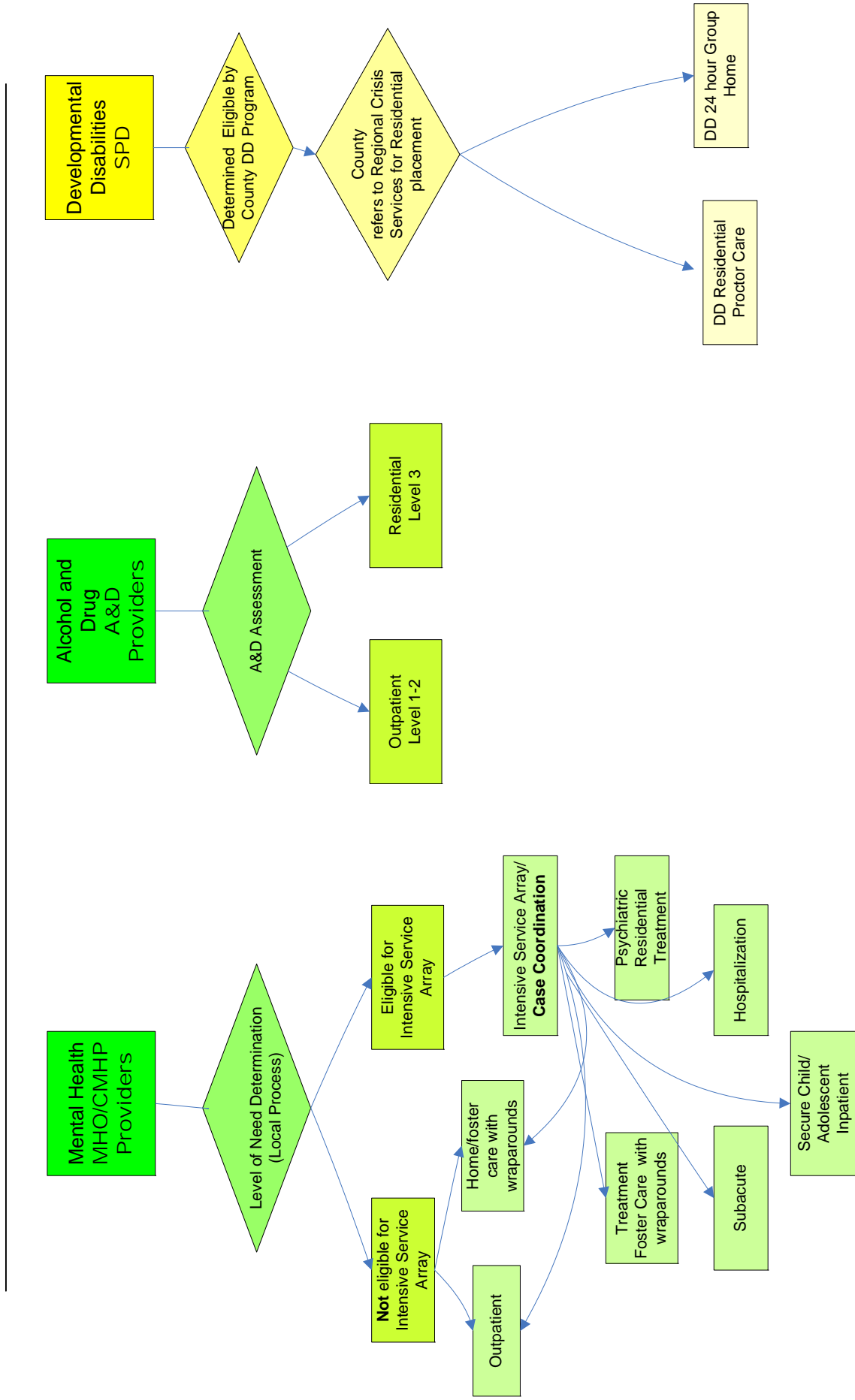
THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

DHS Child/Adolescent Residential Treatment Service Continuum 1 of 2

Appendix 4.4



DHS Child/Adolescent Residential Treatment Service Continuum 2 of 2



Brief explanation of a 5 Axis Diagnosis

from Mental-Health-Matters website.

For further information on mental health disorders, refer to the DSM-IV or find many good resources available free from the National Institute of Mental Health website at <http://www.nimh.nih.gov/>.

The diagnosis that is made is standardized according the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). With this manual, there is a 5 Axis system of diagnosis that is used. The five axes are as follows:

Axis I: Clinical Disorders

This includes:

- Disorders usually diagnosed in infancy, childhood or adolescence (Autism, ADHD, Etc.)
- Delerium, dementia and other cognitive disorders (Dementias, Alzheimer's Disease, etc.)
- Mental disorders due to a general medical condition
- Substance-related disorders (such as alcohol or drugs)
- Schizophrenia and other psychotic disorders
- Mood disorders (Depression, Bipolar)
- Anxiety disorders
- Somatoform disorders (Conversion Disorder, Hypochondriasis, etc.)
- Factitious disorders
- Dissociative disorders (Dissociative Identity Disorder, etc.)
- Sexual and gender identity disorders
- Eating disorders (Anorexia, Bulimia, etc.)
- Sleep disorders (Insomnia, Sleep Terrors, etc.)
- Impulse-control disorders (Intermittent Explosive Disorder, Kleptomania, etc.)
- Adjustment disorders

Axis II: Personality Disorders and Mental Retardation

Examples:

- Paranoid personality disorder
- Borderline personality disorder
- Antisocial personality disorder
- Dependent personality disorder
- Mental retardation

Axis III: General Medical Condition

Listed here are general medical (physical) concerns that may have a bearing on understanding the client's mental disorder, or in the management of the client's mental disorder

Axis IV: Psychosocial and Environmental Problems

- Problems with the primary support group (divorce, abuse, deaths, births, etc.)
- Problems related to social environment (retirement, living alone/friendships, etc.)
- Educational problems (illiteracy, academic problems, conflict with teachers, etc.)
- Occupational problems (unemployment, difficult work conditions, job dissatisfaction, etc.)
- Housing problems (homelessness, unsafe neighborhood, problems with neighbors, etc.)
- Economic problems (poverty, insufficient finances, etc.)
- Problems with access to health care services (inadequate health care, transportation to health care, health insurance, etc.)
- Problems related to interaction with the legal system/crime (arrest, incarceration, or victim of crime, etc.)
- Other psychosocial and environmental problems (Disasters, problems with health care providers, etc.)

Axis V: Global Assessment of Functioning

This is a number from 1-100 that reflects the caregiver's judgment of the overt level of functioning. A general outline of the levels is:

- 100: No symptoms
- 90: Minimal symptoms, good functioning
- 80: Transient symptoms that are expected reactions to psychosocial stressors
- 70: Mild symptoms OR some difficulty in social occupational or school functioning
- 60: Moderate symptoms OR moderate difficulty in social, occupation or school

- functioning
- 50: Serious symptoms OR any serious impairment in social occupational or school functioning
 - 40: Some impairment in reality testing or communication OR major impairment in several areas such as work or school, family relations, judgment, thinking or mood
 - 30: Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment OR inability to function in almost all areas
 - 20: Some danger of hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication
 - 10: Persistent danger of severely hurting self or others OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death