

# ASSESSMENT FOR DETERMINATION OF CARE FOR CHILDREN IN FOSTER CARE

(Age one day through twelve years)  
Michigan Department of Human Services

Case Name					Log Number	
Case Number		County	District	Section	Unit	Last Assessment Score/Level/End Date
Date of Birth		Begin Date			End Date	
Foster Home Name						
Legal Status				Permanency Goal		

## INSTRUCTIONS:

Check the statement that most accurately describes the foster parent activity. Enter the number in the box marked "Score." Do not check the same activity more than once. Specify the foster parent activity for each item scored.

A foster care provider or supervising agency/DHS staff may initiate a request for review of a DOC at any time. The request must be done in writing. Action must be taken within 30 days of the receipt of the request.

If the foster care provider or the agency disagrees with the level of care determination, an administrative review process may be initiated within 30 calendar days of the decision. See FOM 903-3.

When a DOC supplement is due to a physical or mental disability, screen the youth for SSI eligibility, see FOM 902-10, SSI Benefits Determination.

The term foster parent as used on this form includes licensed foster parents and relatives of state wards eligible for state ward board and care payments.

**NOTE: If the child has a documented medical condition which threatens health, life or independent functioning, please do not complete this form. Complete the DHS-1945.**

<b>1. Behavior Management: All foster parents are expected to manage behavior. This section evaluates foster parent involvement above and beyond what would normally be expected of a foster parent to manage age appropriate behaviors. Children 0-2 years of age generally do not require special involvement in behavioral management.</b>	
<u>No special involvement provided by the Foster parent. Child actions are age appropriate.</u>	<input type="checkbox"/> 0
<u>Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management at least <b>weekly</b>. At least 2 hours per week of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</u>	<input type="checkbox"/> 15
<u>Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a <b>daily</b> basis. At least 1 hour per day of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</u>	<input type="checkbox"/> 30
<u>Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a <b>constant basis</b>. Constant direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</u>	<input type="checkbox"/> 45
Foster Parent Activities:	SCORE →

<p><b>2. Mental Health Participation: Therapy/counseling is defined as a clinical or outreach session provided by a master's level or above mental health professional. This does not include case management contacts and/or visits.</b></p> <p>Foster parent does not participate in the child's mental health services or the child is not in counseling/therapy.</p>	<input type="checkbox"/> 0
<p>Foster parent participates at least monthly in consultation with the therapist/counselor or with the therapeutic process for the child. The foster parent is involved in a (<b>monthly</b>) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p>	<input type="checkbox"/> 7
<p>Foster parent participates at least twice per month with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a (<b>at least twice per month</b>) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p>	<input type="checkbox"/> 14
<p>Foster parent participates at least weekly with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a (<b>at least weekly</b>) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p>	<input type="checkbox"/> 21
<p>Foster Parent Activities: _____</p>	<p>SCORE →</p>

<p><b>3. Education Participation: This category is for school-aged children and/or those children who are part of a child development program due to a certified disability or diagnosed condition. An educational need must be identified which requires foster parent participation in regular appointment with the school, specialized training in specific techniques, and follow-through on the in-home portion of a treatment plan, Individualized Education Plan or equivalent. Routine age appropriate assistance and supervision of homework does not qualify.</b></p> <p>Foster parent participation not required at home or school beyond regular age appropriate expected education intervention.</p>	<input type="checkbox"/> 0
<p>Foster parent participation requires collaboration with the school personnel <b>and</b> at least 1/2 hour of daily intervention beyond age appropriate expectation.</p>	<input type="checkbox"/> 18
<p>Foster parent participation requiring collaboration with the school personnel <b>and</b> more than 1/2 hour to 2 hours of daily intervention at home, beyond age appropriate expectations.</p>	<input type="checkbox"/> 36
<p>Foster parent participation requiring collaboration with the school personnel <b>and</b> more than 2 hours of daily intervention at home, beyond age appropriate expectations.</p>	<input type="checkbox"/> 54
<p>Foster Parent Activities: _____</p>	<p>SCORE →</p>

<p><b>4. Transportation: Routine transportation is not to be included. Routine transportation is defined as school and social activities normally expected for children placed in foster care, and includes sibling visitations, parental visits, routine medical, dental appointments, and age appropriate extracurricular activities. See FOM 722-6 for school transportation resources due to the Fostering Connections Act. Transportation for exceptional medical needs is covered under medical transportation. See BAM 825.</b></p> <p>No special transportation provided beyond routine child needs.</p>	<input type="checkbox"/> 0
<p>Foster parent is required to transport child two to seven times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.</p>	<input type="checkbox"/> 3
<p>Foster parent is required to transport child eight to twelve times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.</p>	<input type="checkbox"/> 6
<p>Foster parent is required to transport child thirteen or more times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.</p>	<input type="checkbox"/> 9
<p>Foster Parent Activities: _____</p>	<p>SCORE →</p>

<p>5. <b>Personal Care: This section is generally not applicable to children under the age of 4. The child must have a physical or a mental condition that limits his/her ability to perform age appropriate personal care tasks.</b></p> <p>Foster parent assistance not required beyond age appropriate need. The child has the physical and/or mental capabilities to perform personal care tasks.</p>	<input type="checkbox"/> 0
<p>Foster parent provides in home assistance 4 to 10 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a <b>medically documented</b> physical and/or mental impairment that renders him/her incapable of performing the described tasks without 4-10 hours of foster parent assistance per week.</p>	<input type="checkbox"/> 3
<p>Foster parent provides in home assistance 11 to 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a <b>medically documented</b> physical and/or mental impairment that renders him/her incapable of performing the described tasks without 10-20 hours of foster parent assistance per week.</p>	<input type="checkbox"/> 6
<p>Foster parent provides in home assistance over 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a <b>medically documented</b> physical and/or mental impairment that renders him/her incapable of performing the described tasks without over 20 hours of foster parent assistance per week.</p>	<input type="checkbox"/> 9
<p>Foster Parent Activities: _____</p> <p style="text-align: right;">SCORE →</p>	

<p>6. <b>Medical Items/Diet: Diapers for children age 6 and under and lice treatment products, not prescribed by a physician, do not qualify. Receipts are required for medical items. Receipts are required and the expense must be prorated over a 6 month period to qualify.</b></p> <p>Not required. The child requires no special medical items or special diet.</p>	<input type="checkbox"/> 0
<p>Foster parent provides over the counter medical supplies not covered by Medicaid, such as medically required medications, bandages, and/or special diet requirements of at least \$20 per week.</p>	<input type="checkbox"/> 16
<p>Foster parent provides over the counter medical supplies not covered by Medicaid, such as medically required medications, bandages, and/or special diet requirements between \$21 and \$35 per week.</p>	<input type="checkbox"/> 32
<p>Foster parent provides over the counter medical supplies not covered by Medicaid, such as medically required medications, bandages, and/or special diet requirements over \$35 per week.</p>	<input type="checkbox"/> 48
<p>Foster Parent Activities: _____</p> <p style="text-align: right;">SCORE →</p>	

<p>7. Add scores from Question 1-6 _____</p>	<p style="text-align: right;">TOTALSCORE →</p>	
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**8. This section is required for Level IV requests.**

8A. Document the current DOC status, why/how the scenario has changed, or necessitates an increase in level.

8B. Document the extraordinary behaviors and needs of the child.

8C. Explain how the reimbursement amount was determined. Document the extraordinary care, activities and supervision required by the foster parent. Include a list of specific activities and time required for each activity, for the foster parent to meet the child's needs.

8D. List/describe any other services and payments being provided for the child's care (i.e., assisted care, nursing services, day care, counseling/therapy, etc.).

8E. Attach the current DHS-626, pending 626 for Level IV DOC (with the county director's signature), and ISP/USP/PWSP. Attach any additional supporting documents (i.e., medical reports/records, therapy reports, IEP's, etc.).

**Please ensure that all required signatures and dates have been obtained on all documents; foster parents, services specialist, services supervisor and county director.**

Once completed, submit packet to:  
Field Operations Administration  
235 S. Grand Ave., Suite 415  
PO Box 30037  
Lansing, MI 48909

Case Name	Log Number
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9.

Level I	Score	11-50	(\$5.00)	Age Appropriate Rate →	9A \$	_____	
Level II	Score	51-90	(\$10.00)		Determination of Care (if appropriate)	9B \$	_____
Level III	Score	91-170	(\$15.00)				
Level IV	approved rate						

TOTAL FOSTER PARENT RATE (9A + 9B): 9C \$ \_\_\_\_\_

ADMINISTRATIVE RATE: 9D \$ \_\_\_\_\_  
(if appropriate)

TOTAL PER DIEM RATE (9C + 9D): \$ \_\_\_\_\_

Begin Date	End Date
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**Approval not to exceed 6 months.**

Due to the foster parent's extensive activities, a Level IV exception is being requested.

**Check all appropriate boxes below:**

<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Approved
<input type="checkbox"/> Escalation	<input type="checkbox"/> Deescalation	<input type="checkbox"/> Denied

If denied, reason why:

**SIGNATURES:**

Direct Service Worker Signature	Date	Foster Parent Signature	Date
Direct Service Supervisor Signature	Date		
DHS Monitor Signature	Date	DHS County Director Signature (Required for Level III & IV)	Date
DHS Monitor Supervisor Signature	Date	Field Operations Director or Designee Signature (Required for Level IV)	Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	AUTHORITY: PA 280 of 1939 COMPLETION: Is required by policy. CONSEQUENCE: Correct reimbursement may not be received by the foster parent.
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