

Special and Exceptional Foster Care Rates

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Related Forms: CS-884, 884B, 884C, 884D, 884E(attached) , DPS-017, DPS-017B, DPS-017C, DPS-017D, DPS-017E OCFS-LDSS-7018 (attached)			
SUMMARY: When applying for special or exceptional care rates for a child, the provider agency child or case planner must identify and document the child's condition or placement status that establishes the child's eligibility, based on criteria set by OCFS. The ACS Children with Special and Exceptional Needs (CSEN) Unit reviewer is responsible for determining the child's eligibility based on documentation of the child's special or exceptional needs unless a State fair hearing has been requested. In such cases, the Office of General Counsel Fair Hearings & Compliance Unit assumes			

responsibility for determining and/or litigating the child's eligibility for special or exceptional care rate. It is the responsibility of the agency to ensure the foster parent is appropriately trained, willing to provide the necessary care for the child and willing to work with all treatment plan members.

This policy sets forth procedures for provider agency staff to follow in order to obtain approval for special or exceptional care rates for children who have physical, medical, learning, or emotional disability needs.

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ATTACHMENTS

- A. Form CS-884: Special/Exceptional Care Request
- B. Form CS-884B: Medical/Psychiatric Certification
- C. Form CS-884C: Letter from The Medical Professional (MD/DO/NP/PA)
- D. Form CS-884D: Case Planner's Evaluation of Family and Child
- E. Form CS-884E: Checklist for Special/Exceptional Rate Application Packet
- F. OCFS-LDSS-7018 New York State Office of Children and Family Services Notification of Foster Care Level of Care and Room and Board Payment

I. INTRODUCTION

- A. The Administration for Children's Services (ACS) is committed to placing children in the most appropriate and least restrictive foster care settings that can provide the greatest opportunity for their growth and development. ACS seeks to place children in regular foster boarding homes whenever possible. Children diagnosed with physical, medical, learning, or emotional disabilities requiring medical or psychiatric attention may need a higher level of supervision, assistance and/or services than other foster children. Because of this, the New York State Office of Children and Family Services (OCFS) authorizes ACS to pay additional funds to foster parents who are trained and qualified to support the provision of needed additional care for children with documented special and/or exceptional care needs.
- B. To apply for special or exceptional care rates for a child, the foster care provider agency ("provider agency") child planner or case planner ("case planner")¹ must identify and document the child's condition and placement status to establish the child's eligibility, based on criteria set by OCFS.² The ACS Children with Special and Exceptional Needs (CSEN) Unit reviewer is responsible for determining the child's eligibility based upon a review of documentation of the child's special or exceptional needs.³ If approved, continued eligibility for special and/or exceptional care may need to be re-determined and reauthorized, depending on the child's condition.
- C. This policy sets forth procedures for provider agency staff to follow in order to obtain approval for special or exceptional care rates for children who have qualifying physical, medical, learning, or emotional disability needs. Provider agencies must submit an application for special or exceptional rate for all children with an identified special need or diagnosis in order to assure that children start to receive needed professional attention as early as possible. The policy also describes how foster parents can request conferences with the provider agency, ACS CSEN Unit, and/or State fair hearings when they disagree either with a decision made by the Agency, or the failure to make a decision or delay in making a decision.
1. This policy does not address children who qualify for special or exceptional rates for non-clinical reasons⁴. If a child falls under one of the criteria set by NY State regulations outside of physical or mental health, his/her agency may submit the appropriate documentation to the CSEN Unit or Fair Hearings & Compliance Unit. The procedure outlined below in Section X "Fair Hearings" remains the same for such children.

¹ The child planning agency is responsible for submitting requests for special or exceptional care rates. For the purpose of brevity, this policy will refer to the child planner or case planner as "case planner."

² See 18 NYCRR § 427.6(c)-(e).

³ If a State fair hearing has been requested, the ACS Office of General Counsel Fair Hearings & Compliance Unit assumes responsibility for determining and/or litigating the child's eligibility for special or exceptional care rate.

⁴ For example, 18 NYCRR 427.6 also outlines eligibility for higher rates for children with certain placement or immigration status, which are outlined in the regulation but not detailed in this policy.

- D. Foster care rate designations are assigned to the child and thus follow the child for the authorized period through the placement changes and movements. Prior to placing a child with identified special or exceptional needs with a foster parent, agencies must confirm that the foster parent(s) is aware of the child's needs and is able and willing to meet the identified needs of the child. Agencies must also facilitate provision of training and in-home and community-based services and treatment as needed and as recommended by the child's health and mental health providers.⁵
- E. Children born to youth in foster care who remain in their parent's custody and receive support through 8D maintenance payments may also be considered for special and/or exceptional rates, subject to the same criteria and application procedure outlined in this policy.⁶
- F. Rate requests must be submitted to the CSEN mailbox, OCFH.CSENRates@acs.nyc.gov. Each provider agency shall designate a central liaison to receive and review all material relating to these requests, including obtaining information or documentation as requested by the CSEN reviewer.
- G. Rate packages for fair hearings must be submitted to the FHCU mailbox, OGC.FHCUfairhearings@acs.nyc.gov. Each provider agency shall designate a central liaison to receive and review all material relating to these requests, including obtaining information or documentation as requested by the FHCU reviewer.
- H. Initial rate requests may be submitted as soon as the child's need for additional care and supervision are identified and supporting clinical documentation is available. When a special or exceptional rate is approved for a child, the agency will be notified of the effective date as well as the authorization time period, which varies depending on the child's diagnosis. ACS begins payment of the authorized rate based on the day the diagnosis was documented or from the day of placement, whichever date is later. Reauthorization requests must be submitted two months prior to the authorization expiration.⁷
1. Agencies are expected to revert a child's rate back to a regular rate if the authorization time period has ended. If an agency fails to revert the rate to a regular rate, the agency will be subject to recoupment by ACS.

⁵ It is the responsibility of the agency to correct the level of difficulty (LOD) at the end of each authorization period. For more detail, go to Section VI(D) below.

⁶ See 94-ADM 12, Minor Parent/Infant Foster Care and Adoption, issued 7/7/94, Section III5(B) on page 6, or any amended or successor guidance.

⁷ Late submissions will still be reviewed

II. LEVELS OF DIFFICULTY

There are three levels of difficulty⁸ (LOD) for children who are placed in foster boarding homes: regular, special, and exceptional.

- A. *Regular* foster care payments are the standard payment made to certified or approved foster parents who provide routine and typical parental care for a child. This is denoted as Level of Difficulty (LOD) 1 on authorization forms.
- B. *Special* foster care payments are a higher payment made to certified or approved foster parents who, beyond providing routine and typical parental care, provide additional services that are required due to a child's special medical or mental health needs.⁹ The agency must confirm that the foster parent is qualified to provide for the child's additional needs because of applicable experience and/or provide regular specialized training to the foster parent, and connect the child and foster parent to in-home and community-based supportive services, as needed. This is denoted as LOD 2 on authorization forms.
- C. *Exceptional* foster care payments are the maximum payment made to certified or approved foster parents who, beyond providing routine and typical parental care, provide the intensive services and supervision required by a child eligible to receive the higher service and care. The agency must confirm that the foster parent is qualified to provide for the child's additional needs, because of applicable experience and/or provide regular specialized training to the foster parent, and connect the child and foster parent to in-home and community-based supportive services, as needed. This is denoted as LOD 3 in authorization forms.

III. ELIGIBILITY FOR SPECIAL OR EXCEPTIONAL CARE¹⁰

The documentation submitted to request a special or exceptional care rate designation must show that the child meets one or more of the conditions described below. For applications based on medical or psychiatric criteria, the child's condition must be verified by a qualified medical professional. Nurse practitioners (NPs), doctors (MDs or DOs), and physician assistants (PAs) are all considered qualified medical professionals for the purposes of these forms. For mental health and behavioral criteria, certification can be by a board-certified psychiatrist, psychologist or psychiatric nurse practitioner, or a general practitioner (MD/DO/NP) with the specific training and expertise in the mental health field. Any mental health diagnosis must include the appropriate DSM-V codes.

⁸ This is not the same as levels of placement, which determines the rates given to a foster boarding home by NY State, versus a level of difficulty, which determines the rate assigned to an individual child. See *Standards of Payment for Foster Care or Children Program Manual* [here](#) for additional information.

⁹ This policy will not address children who fall outside of special medical or mental health needs in order to assure that children start to receive needed professional attention as early as possible. If a child falls under one of the criteria set by NY State regulations outside of physical or mental health, his/her agency may submit the appropriate documentation to the CSEN unit/Fair Hearings and Compliance Unit. Same comment as on page 3.

¹⁰ OCFS 91-ADM-7 adds brief commentary to the change in 18 NYCRR § 427.6, which is cited below.

A. Special Care Eligibility

1. Medical/Psychiatric

To qualify for the special rate, a child must meet one of the following:

- a. A pronounced physical condition that requires a high degree of physical care;¹¹ or
- b. A moderate developmental disability, emotional disturbance, or behavioral disorder that requires a high degree of supervision;¹² or
- c. Entering foster care directly from inpatient hospital care.¹³

B. Exceptional Care Eligibility

1. Medical/Psychiatric

To qualify for the exceptional rate, a child must have one of the following:

- a. A physical condition that requires constant 24-hour care by qualified medical personnel closely supervised by qualified nurses or physicians;¹⁴
- b. A severe, chronic mental illness, serious emotional disturbance (SED)¹⁵, severe developmental disability, or traumatic brain injury;¹⁶
- c. Severe behavior problems characterized by a repeated pattern of violence toward self, other persons or the child's physical surroundings that require high levels of individual supervision;¹⁷ or
- d. A diagnosis of Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV), AIDS or an HIV-related illness. A laboratory report must be submitted for these applications.¹⁸

¹¹ 18 NYCRR § 427.6(c)(2).

¹² 18 NYCRR 427.6(c)(4).

¹³ 18 NYCRR 427.6(c)(6).

¹⁴ 18 NYCRR 427.6(d)(2).

¹⁵ A serious emotional disturbance (SED) means a child or adolescent has a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) and has experienced functional limitations due to emotional disturbances over the past 12 months on a continuous or intermittent basis. The functional limitations must be moderate in at least two of the following areas or severe in at least one of the following areas: ability to care for self, family life, social relationships, self-direction/self-control, or ability to learn. 14 NYCRR § 507.4. See 14 NYCRR § 507.4 for examples of each area.

¹⁶ 18 NYCRR 427.6(d)(4).

¹⁷ 18 NYCRR 427.6(d)(3).

¹⁸ 18 NYCRR 427.6(d)(5).

- e. Infants who have been exposed intrauterine to HIV or AIDS are eligible for exceptional care rate for the 12 months following their birth.¹⁹²⁰

C. Special or Exceptional Care Rate Assigned at Placement

1. After review of all available medical and diagnostic documentation, the ACS Office of Placement Administration assigns the special or exceptional care rate to a child at placement for any pre-existing conditions or diagnoses. If the reason for the enhanced rate occurs after placement, the special or exceptional rate will be assigned at the time of occurrence (e.g., when a diagnosis is made) of the condition. OPA must notify CSEN of the initial rate designation (see Section IV). Agencies must submit a request to the CSEN unit to reauthorize enhanced rates designated by OPA at placement two months prior to the end of the authorized period as outlined in Section IV, below.

D. Length of approval assignments

Requests for reauthorization of the rate must be submitted within 60 days before the end of the approved period. The timeframe is designated by the CSEN unit when the rate is approved (see Section X(B) below). Timeframes are designated as follows:

1. Annual authorization is needed: If a child's condition is of a short duration, or the child's condition may improve so as to no longer require the special or exceptional rate – this authorization period is designated in CCRS/CNNX Activities module with Modifier A;
2. No reauthorization required: If the child's condition is chronic and there is no reasonable expectation of improvement or significant change in condition, the CSEN reviewer may determine that no further reauthorizations required while the child is in care – this authorization period is designated in CCRS/CNNX Activities module with Modifier D.

IV. AUTHORIZATION AND REAUTHORIZATION REQUESTS

A. Authorization Forms

The provider agency case planner must use the forms referenced below to apply for special or exceptional care rates. The following forms and documentation must be submitted for the rate request to be approved by CSEN:

1. **Form CS-884 Special/Exceptional Care Request (Attachment A)**
Form CS-884 lists the requirements for eligibility by level of difficulty (LOD) for each criterion. The case planner shall identify an eligible child by selecting the criteria which best describe the child's condition and submitting supporting documentation. Case planners can select multiple criteria where applicable. After its review, the CSEN Unit

¹⁹ Such payment is limited to the portion of the 12 months after birth during which the child was in placement.

²⁰ 18 NYCRR 427.6(d)(5).

returns this form to the provider agency to provide notice of the rate decision, as well as:

- a. Establish the child's eligibility for special or exceptional care rates; and
- b. Set effective dates for initial authorization or reauthorization periods.

B. The following form must be submitted for all applications for authorization or reauthorization based on medical or psychiatric eligibility for special or exceptional care:

1. Form CS-884B Medical/Psychiatric Certification (Attachment B)

Form CS-884B is a licensed medical provider's confirmation of the child's condition and need for special or exceptional care.

- a. Documents the child's medical or mental health condition and special needs as determined by a qualified clinician (board-certified psychiatrist, psychologist, nurse practitioner, general pediatrician, or physician assistant);
- b. Includes DSM-V diagnoses, as applicable; and
- c. Includes the medical ID number of the clinician who examined the child.

2. Supporting Documentation

Documentation that supports or verifies the information provided on forms CS-884 and CS-884B *must* be included in the request for authorization or reauthorization, including:

- a. Recent medical or psychiatric evaluations that verify the diagnoses and assessment provided on form CS-884B. To be considered recent, medical and psychiatric evaluations must be dated within 12 months of the submission; psychological evaluations must be dated within 24 months of the submission. If more than one LOD criteria is selected on the CS-884 form, the documentation should support the indication of the child's multiple needs;
- b. Training certificates or sign-in sheets that verify the foster parent's attendance at regular and specialized trainings;
- c. Information about the foster parent's skills, previous knowledge or employment that demonstrates that the foster parent is able to meet the child's needs. This could be a letter from an employer, verification of previous training or education obtained by the foster parent, or information about children with special or exceptional needs that the foster parent has previously cared for;
- d. To demonstrate eligibility for criteria 6, a laboratory report is required; and
- e. Additional documentation of the child's need for intensive supervision, care or support.

3. Optional Additional Forms

These forms are not required to apply for special or exceptional rates but can be submitted by the case planner with the request package as supporting documentation.

- a. **Form CS-884C Letter from the Medical Professional (Attachment C)**
This form can be filled out by the child's treating medical professional to provide additional information about the duration, progression and any complications of the child's condition and the doctor's assessment of the child's need for medication and/or support services. This form cannot be used as a substitute for the CS-884B Form, which is required.
- b. **Form CS-884D Case Planner's Evaluation of Family and Child (Attachment D)**
This form can be filled out by the case planner to provide additional information to the CSEN reviewer about the foster parent and child. The form includes the case planner's assessment of the foster parent's ability and willingness to meet the child's needs and an assessment of the child's response to the care received.
- c. **Form CS-884E Checklist for Special/Exceptional Rate Application Packet (Attachment E)** is a checklist outlining all of the required and optional forms and documentation for CSEN review. This form is primarily for the case planner's reference and should not be submitted to CSEN.

- 4. In order for the CSEN Unit to make timely determinations, the documentation submitted must be complete, thorough and current. Inclusion of previous approvals, foster parent information, and any other appropriate documentation will give the CSEN reviewer a more comprehensive picture of the child's needs and the foster parent's ability to meet those needs.
- 5. The CSEN Unit's review of any rate request, including both authorization and reauthorization, terminates when a State fair hearing is requested, at which time FHCU assumes responsibility at the rate request (see Section X below).

C. Initial Authorization Request

- 1. If OPA makes the original rate designation,²¹ OPA must notify both the receiving agency and CSEN of the rate decision and provide copies of the supporting documentation that informed the rate designation decision.
 - a. OPA must notify CSEN if OPA assigns the initial enhanced rate by emailing OCFH.CSENRates@acs.nyc.gov;
 - b. OPA must also send CSEN and the receiving agency a completed 884B form, along with copies of any supporting documentation that informed the rate designation, to CSEN.
- 2. The case planner must submit an initial authorization request to the CSEN Unit within 90 days of one of the following events:

²¹ This may occur when the child is placed with specialized programs, such as TFFC or TFCO.

- a. Identification at the time of initial placement or while in placement of a child's medical or psychiatric condition for special or exceptional care that meets the LOD criteria listed above in Section III;
 - b. A change in a child's currently approved medical or psychiatric or programmatic criterion (see also Section XI, "Changes in Medical or Psychiatric Status or Placement" below); or
 - c. A child has returned to care after an absence of over 90 days.
3. Initial Authorization Period
- a. If the case planner submits the request late (beyond the 90-day period), the effective authorization date shall be the date it is approved by the CSEN reviewer, unless the case planner has provided a valid reason for the late submission.
 - b. The authorization time frame varies according to the child's condition. Children with documented permanent conditions are exempt from reauthorization (see Section III(D) for information on authorization modifiers). If the case planner submits the request timely, the authorization period begins on the date that the documentation identified the problem or change, the date of return to care, or the date of placement.

D. Reauthorization Request

1. A reauthorization allows for a continuation of special or exceptional care based on the same eligibility criterion as the initial approval. It is required to confirm a child's continued eligibility for special or exceptional care, as well as to confirm that the foster parent has received the required training and still has the ability to provide the intensive services required by the child. The case planner must submit a reauthorization request under the following circumstances:
 - a. When the current authorization period is expiring (requests must be submitted 60 days before the expiration date); or
 - b. When a child has returned to care after an absence of 90 days or more; or
 - c. When a child remains in the same home and the authorization has expired or is expiring; or
 - d. If the child's condition changes, leading to an LOD criterion change, (see Section VI(C) above and Section VII below).
2. If a youth was assigned a special or exceptional rate *before* their 21st birthday, that rate will be continued for one year after reauthorization. If the request for a special or exceptional rate or a reauthorization is submitted *after* their 21st birthday, CSEN will determine eligibility on a case-by-case basis.²² Such cases are not eligible for state or federal reimbursement.

²² [Guidelines for the Continuation of Care and Support Beyond Age 21](#)

3. The case planner must submit a request for reauthorization to the CSEN unit 60 days before the current authorization period ends. If the request is late, the reauthorization shall be effective on the date the CSEN reviewer approves it, unless the case planner can document a valid reason for the late submission, and provide appropriate medical documentation demonstrating continuum of services during the gap in rate payment.
4. If approved, the CSEN reviewer will indicate the effective dates for the new authorization period on the CS-884 form, which is returned to the provider agency once completed.

V. AGENCY FOSTER PARENT REVIEW AND MATCHING

Agencies must verify that foster parents with whom they place a child eligible for special and/or exceptional care have demonstrated their ability and willingness to meet the identified needs of children. The initial application for a special or exceptional care rate must include the agency's affirmation that the foster parent with whom the child is placed has the special skills, experience and/or training relevant to the child's condition and identified needs to provide appropriate care for the child.

- A. Foster parents are expected to work with professionals involved in the treatment plan and must be willing to accept assistance and guidance from these professionals.
- B. Agencies must confirm that foster parents are willing and able to accompany the child to medical and mental health appointments, or must make alternative transportation arrangements for the child, which may include a backup resource, case planner or case aide accompanying the child to appointments.
- C. Foster parents are expected to be able to provide the necessary intensive supervision required to care for a child with special or exceptional needs, and/or to permit the entry of in-home supports, such as home health aides, early intervention specialists or visiting nurses.
- D. Foster parents are expected to be actively involved in any case conferences the provider agency schedules regarding the child's service needs.
- E. If a child is placed in such a foster home for non-therapeutic reasons (such as sibling reunification), and does not require such intensive services, s/he is not automatically eligible for the special or exceptional rate. That child shall be deemed eligible for regular care foster payment unless a higher level of difficulty (LOD) is authorized and based on the child's individual mental health or medical needs.

VI. FOSTER PARENT TRAINING REQUIREMENTS

A. All training attained and completed by foster parents must be entered in the CNNX Foster and Adoptive Home Development (FAD) stage by the case planner.²³ Agencies are responsible for providing training to foster parents, or facilitating training related to the child's condition and diagnosis with the child's medical providers and other supports. The agency must verify and affirm that a foster parent has past relevant skills, experience or training before placing a child with special or exceptional needs with the foster parent and must affirm that relevant training will be facilitated expeditiously following placement and that it is safe and appropriate for the child to remain there in the interim.

B. Specialized Training

Foster parents who are approved to provide care for a child with special or exceptional care needs must receive training relevant to the child's functional needs and condition, any special training recommended by a medical practitioner, and training relevant to addressing the child's condition. The specialized training requirements are in addition to the regular foster care training requirements, which may have already begun at the time of initial approval. Specialized trainings can be arranged and conducted by professionals who treat the child, such as doctors, nurses or therapists are qualified to train on the subject. These trainings can be conducted individually or with a group; the provider must document attendance. Foster parents who provide care for multiple children with special and/or exceptional needs must receive specialized training relevant to each child's needs.

1. Initial Training Requirements

The specialized initial training relevant to the child's condition must begin prior to or at the time of the child's placement with the foster parent and must be completed no later than six (6) months from the date of the placement. The provider agency must follow up with the foster parent that the following requirements are met:

- a. A minimum of four (4) hours of additional training²⁴ related to the child's condition, to be completed within six (6) months of a special care determination; or
- b. A minimum of five (5) hours of additional training related to the child's condition, to be completed within six (6) months of an exceptional care determination.²⁵

2. Foster Parent Refresher Trainings

²³ See 17-OCFS ADM-05, Use of the Foster and Adoptive Home Development (FAD) Stage in CONNECTIONS, issued 6/9/17. Please note that the ADM states minimum statewide training hours requirements for foster parents working with children who receive the special or exceptional rate. ACS, as the local district of social services (LDSS), has established more stringent training expectations, as outlined below. See Appendix H of the CNNX Step-by-Step Guide, Training for FAD Caseworkers, (Practice Exercise 6: Record Foster Parent Training Information, begins page 358) for a step-by-step guide to entering training information into the FAD stage.

²⁴ 18 NYCRR 427.6(e)(3)

²⁵ Ibid

To continue to receive the special or exceptional care rate for a child, foster parents must actively participate in refresher trainings offered by the provider agency or other service providers, such as the child's doctor or mental health provider.

Specialized refresher training focuses on care for the child's condition and needs. All necessary trainings related to the child's condition must be completed annually and documented in CNNX by the case planner, who must review the foster parent's participation in training as part of their annual recertification or re-approval process. The expectations for specialized refresher training are as follows:

- a. Six (6) hours²⁶ of specialized review training related to the child's condition annually for foster parents caring for a child with a special care need; or
- b. Nine (9) hours of specialized review training related to the child's condition annually for foster parents caring for a child with an exceptional care need.²⁷

VII. CHANGES IN MEDICAL/PSYCHIATRIC STATUS OR PLACEMENT

- A. While in placement, a child's medical or psychiatric status may change, which could affect eligibility for special or exceptional rate and/or a change in the child's foster care placement.
 1. If a child's diagnosis changes such that the child requires a higher level of supervision, assistance and/or services but does not need to change foster care placement location, the case planning provider agency must submit a new application package to the CSEN Unit for a higher rate.
 2. If a child's diagnosis changes but the child continues to require the same level of supervision, assistance and/or services based on an alternative diagnosis or criteria, the case planning provider agency must submit the reauthorization request at the end of the initial authorization period.
 3. If a child's diagnosis changes such that the child requires a higher level of supervision, assistance and/or services *and* a change in foster care placement location to a home where the higher level of support can be provided, the case planning provider agency must submit a new rate application package to the CSEN Unit requesting the higher rate. The application must be submitted within 90 days of the new diagnosis or condition change that necessitates a higher level of care and must include documentation of the foster parent's updated training information.

B. No Level of Difficulty Change – Placement Change

When a foster child moves from one foster care placement location to another but retains the same supervision, assistance and/or service needs, the case planner does not need to

²⁶ These requirements are outlined in the *Foster Care Quality Assurance Standards*, 2011 (p30).

²⁷ Ibid

submit a new application package to the CSEN Unit. The special or exceptional rate will remain with the child throughout the authorization period, if applicable. However, agencies must verify that foster parents with whom they place a child eligible for special and/or exceptional care have demonstrated their ability and willingness to meet the identified needs of children and that the foster parents have the special skills and/or relevant training to provide appropriate care.

VIII. SUBMISSION AND REVIEW OF APPLICATIONS

A. Application Submissions

The case planner must send initial requests to the CSEN Unit by email²⁸ via:
OCFH.CSENRates@acs.nyc.gov

B. Children with Special and Exceptional Needs (CSEN) Unit Review of a Request

1. The CSEN reviewer will indicate the initial or continuing eligibility determination in CNNX within 30 business days of receiving the application. The determination is based on the information provided in the request package and information in the case record, such as previous approvals (if those approvals were done by OPA or FHCU). The CSEN reviewer shall also document the decision at the bottom of Form CS-884, which is returned to the provider agency liaison. The CSEN unit retains a copy of the completed CS-884 form.²⁹

a. Approvals

Based on a review of the submitted documentation, the CSEN reviewer may approve the request as submitted or approve the request with modifications to the rate requested based on the information submitted (for example, the reviewer may designate the special rate for a child for whom the exceptional rate was requested, based on the documentation submitted). The CSEN reviewer shall enter any changes made in the criterion or authorization period on Form CS-884. The CSEN reviewer will return the completed CS-884 form to the provider agency liaison via email. The completed form will include effective dates that indicate the length of the authorization period.

b. Incomplete Applications

If information or documentation is missing, the CSEN reviewer shall send a letter via email to the provider agency liaison or case planner, who must electronically provide the indicated information to CSEN within 10 business days of the date on the letter.

c. Denials

²⁸ All material sent via email must be password-protected in accordance with ACS Policy #2010/07 *Security of Confidential, Case Specific and/or Personally identifiable Information*.

²⁹ If a foster parent wants additional information, they must work with the provider agency to request a review of the CS-884.

If the requested information is not returned or the CSEN reviewer disapproves the request, the CSEN reviewer shall enter the reason for the disapproval in the bottom section of Form CS 884. The CSEN reviewer must electronically send Form CS 884 to the provider agency liaison. The provider agency may reapply if new information or documentation is obtained that supports a request for special or exceptional care rates.

d. **CSEN Tracking Responsibilities**

The CSEN reviewer shall maintain and use an internal shared electronic database to track receipt of all requests, approvals, and disapprovals to confirm the status of all CSEN applications received by ACS.

IX. CSEN RATE REVIEW

The provider agency may request, on behalf of the foster parent, to review the CSEN Unit's determination or non-determination of a foster care rate with an agency liaison and CSEN reviewer discussing the decision. If, after a discussion, CSEN and the provider agency agree that ACS made an incorrect decision, or if information provided by the foster parent leads to a decision to change the rate designation, ACS shall take corrective action and CSEN will issue a revised CS 884 form with the note of the new information received and the rate authorized.

X. FAIR HEARINGS

A. If a person disagrees with the foster care rate or services provided or not provided, that person may request a State fair hearing. These hearings are held by the New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings. A fair hearing may be requested to review the agency's actions and/or inactions regardless of whether a CSEN conference has been requested or not.

1. Parties to a fair hearing include the person for whom a fair hearing is requested and the social services agency or agencies whose decision, action or failure to act is subject to review the fair hearing. The person for whom the fair hearing is requested will be referred to as the "Appellant" for purposes of the fair hearing process.

B. A fair hearing may be requested by phone, in writing, by fax, via email, or in person.³⁰ Fair hearings requested for rate determinations are handled by the ACS Fair Hearings & Compliance Unit (FHCU).

1. FHCU may be contacted with fair hearing-related questions by mail at **150 William Street, 15th Floor, New York, NY, 10038** or by e-mail at **OGC.FHCUfairhearings@acs.nyc.gov**

³⁰ See instructions on page 2 of Attachment F, OCFS-LDSS-7018

- C. Once a fair hearing is requested and FHCU has received notice of that request from OTDA, FHCU will notify CSEN and the provider agency of such request. Any ongoing re-evaluations at this time will be discontinued by CSEN. The provider agency must forward all available medical records and other relevant documentation to FHCU for review. FHCU shall conduct an independent review and evaluation even if previous evaluations for the same issue resulted in a determination of ineligibility by the CSEN Unit. Materials received by FHCU from any source prior to completion of the fair hearing shall be considered by FHCU in making a determination.
- D. If the Appellant agrees with FHCU's determination, a stipulation will be placed on the record at the fair hearing and a Decision After Fair Hearing (DAFH) reflecting such agreement shall be issued by OTDA. If there is no agreement, the fair hearing will proceed and a DAFH will be issued at the conclusion of the fair hearing. Materials received by FHCU after the decision is issued will be considered where the DAFH resulted in an "Investigate and Determine" (I&D) Order.
- E. A fair hearing DAFH can cover multiple children/issues/time periods, so that one DAFH may include the following orders:
 - 1. A "Provide" Order determines a specific rate designation for a specified period of time and may cover one or more children;
 - 2. An "Investigate and Determine" ("I&D") Order directs the agency to investigate and determine the eligibility of specified children for a specified foster care rate for a specified period of time;
 - a. At the conclusion of FHCU's I&D, the foster parent is notified of the authorized LOD and board rates. FHCU will provide CSEN with a copy of the DAFH
 - 3. An "Agency Affirmed" Order, which upholds the agency's determination relating to specified child/rates/time periods.
- F. After a DAFH has been received, ACS is required to comply with that decision within thirty (30) days, unless the case has been "tolled" by FHCU, i.e. the Appellant is given the opportunity to submit additional documentation or other information outside ACS's control to FHCU so that FHCU can comply with the I&D Order.
 - 1. In such cases, the 30-day compliance period will resume once the requested information is received by FHCU.
- G. Payments due under a DAFH are processed by Payment Services. Payment is considered complete when authorized by ACS's internal system and does not depend on physical issuance of the check. Compliance is considered complete only when all orders in the DAFH have been addressed and a Notice of Compliance with included Right of Appeal has been mailed to the Appellant.

- H. FHCU staff shall enter the foster care payment rate determined as a result of the fair hearing as an LOD code in CNNX and CCRS. This entry shall serve as notification to the CSEN Unit and the provider agency of the approved rate.
- I. Although FHCU and/or OTDA determines special and/or exceptional rate for a specified period of time in fair hearing cases, future reauthorization packages must be submitted to the CSEN Unit 60 days before the authorized period.
- J. If a request for a special or exceptional rate is denied as a result of a fair hearing, an application for reauthorization (if applicable) cannot generally be resubmitted to the CSEN unit for that same rate unless new or additional supporting documentation is submitted.
- K. If an Appellant disagrees with the outcome of the fair hearing, the foster parent may be entitled to request a new hearing or to file an appeal. OCFS and/or FHCU will advise the Appellant of his or her specific rights, depending on the outcome of the original fair hearing.

XI. DATA ENTRY RESPONSIBILITIES

A. Provider Agency Responsibilities

1. Upon receipt of ACS approval for an initial special or exceptional care rate, the provider agency must enter into its internal tracking system the next rate reauthorization date as the expiration date for the special or exceptional rate. If a child does not require any further reauthorization of his or her condition (i.e., the condition falls within an exempt category), the provider agency shall enter the child's 21st birthday as the effective special or exceptional rate expiration date.
2. After the application process, if the child's condition changes or the authorization for special or exceptional care expires, the provider agency may only enter LOD 1. LOD 1 authorizes foster care payments at the regular rate. If the child is approved for a different LOD level, a CSEN reviewer or FHCU representative is responsible for entering the designation into CNNX. The provider agency is not authorized to enter any other S200 code (e.g., LOD 2, LOD 3) into CCRS/CNNX Activities Module.
3. Note that the provider agency, not ACS, is responsible for entering LOD 1 for expired enhanced rates. Failure to do so will result in incorrect rates (i.e., unauthorized enhanced rates) and any excessive payments due to this error will lead to efforts from ACS to recover excessive payments from the provider agency.

B. ACS Responsibilities

1. ACS staff, either a CSEN reviewer or FHCU designee, is exclusively responsible for entering data for all approved LOD codes, with the appropriate modifier code, into CCRS/CNNX Activities Module after the original LOD approval on or after the special or exceptional rate reauthorization (i.e., expiration) date.
2. The CSEN reviewer must use the appropriate modifier code to specify the length of time for when a reauthorization is or is not required. The CSEN reviewer shall enter the appropriate reauthorization time frame as follows:
 - a. Modifier A - Child requires an annual reauthorization;
 - b. Modifier C - No reauthorization is required.

XII. NOTIFICATION TO FOSTER PARENTS OF BOARD PAYMENTS OR ANY CHANGES IN BOARD PAYMENTS

- A. Provider agencies must notify foster parents of:
 1. The type and amount of the foster care room and board payment; and
 2. When applicable, a description of the child's qualifying condition or circumstance that requires payment at a special or exceptional rate.
- B. Provider agencies must give such notification to the foster parent within 30 days of placement of a child in the foster home, or within 30 days of a change in the rate level for a child already placed in the foster home.³¹
- C. Where applicable, FHCU will notify the Appellant of the authorized Foster Care Level of Care and Room and Board Payment awarded pursuant to a fair hearing.

³¹ See Guidance 2008/08, *Notification to Foster Parent of Foster Care Level of Care and Room and Board Payment*, August, 2008, which is available on DocuShare through the following link: [DocuShare - Foster Parent Notification](#).

For ACS Review

Date received by ACS _____ Date agency notified of decision _____
CCRS Entry _____ Modifier _____ Activity Code _____
Approved at indicated rate: Regular Care Special Care Exceptional Care
Effective Date _____ Expiration Date _____
Denied, due to indicated reason:
Documentation submitted insufficient to support request.
Child's condition not consistent with requested level of care.
Other (explain) _____

Reviewer Name / Division _____ Phone Number _____
Signature _____ Date _____

Instructions for Special/Exceptional Care Request

General Information

All foster care provider agencies are required to utilize page 1 of the attached Administration for Children's Services Special/Exceptional Care Rate Request, Form DPS-017 when applying for special or exceptional rates on behalf of children who meet the criteria for special/exceptional rates. Page 2 is for Children's Services use only. This form is accessible for download via the ACS Intranet at: Forms → Policy and Planning → Medical Services Planning → Children with Special and Exceptional Needs Unit.

Required Identifying Information

Prior to sending the Special/Exceptional Care Rate Request to Children's Services, foster care agencies are responsible for fully completing all required information as indicated on the form and are responsible for submitting relevant supporting documentation as outlined below.

Foster Child's Information:

- Case Name and Children's Services Case Number
- Child's Name and Gender
- CIN Number and Date of Birth

Foster Care Provider Agency Information:

- Foster Care Agency Name
- Special/Exceptional Foster Agency Liaison Name
- Name, signature and contact information of agency liaison

Request Type

Level of Difficulty (LOD) – Place a check in the appropriate box that corresponds to the level of difficulty being requested and the reauthorization time frame being requested.

NOTE: Supporting Documentation – Whether LOD 2 or 3 is requested, supporting documentation that fully explains the occurrence/establishment of the diagnosis that may qualify the child for the special or exceptional rate **MUST** be included with the application packet.

Reauthorization Timeframe – Check the box that corresponds to the reauthorization time frame being requested if reauthorization is being requested.

Child's Qualifying Condition – The case planner has to check the box that most appropriately describes the child's qualifying condition. The case planner **MUST** submit relevant supporting documentation for the child's condition.

For questions on the special/exceptional care rate application process or eligibility criteria, you may contact OCFH.CSENRates@acs.nyc.gov

Clinical Certification Special/Exceptional Care Rate Request

Second of Two Required Forms

Instructions for Clinical Certification

The physician, psychiatrist, psychologist or nurse practitioner who evaluates the child MUST complete this form and include their license number.

The examiner must complete the questions as fully as possible.

Supporting documentation should be used to support the written responses, not substitute them.

The supporting documentation must include information that expresses clearly, succinctly, and in detail, the child's qualifying condition(s) for the special or exceptional rate.

Please note that for adoption applications, OCFS requires that the signature of the examining clinician must be an MD.

Child's Name (Last, First)	Date of Birth	CIN
Examining Clinician Name	License Number	Date of Exam
Examiner's Address	Phone Number	
Location of Examination		
Reason of Examination		

Describe the nature and extent of the child's condition(s) and/or disability, including information on physical limitations and common behaviors and anticipated frequency of behavior. Please summarize or attach results of any tests administered and the child's diagnoses and indicate the anticipated duration and severity of the condition and its impact on the child's functioning. For mental health diagnoses, please provide the DSM-V code(s).

Describe any specific behavioral management, physical care, therapeutic needs, medication management or special home conditions required to safely support the child.

For reauthorization submission, indicate changes since the last authorization.

Signature of Examining Clinician _____ Date

Clinician Title

Please note: For adoption applications, OCFS requires that the signature of the examining clinician must be an MD.

This form is accessible for download via the ACS intranet at:

Forms → Policy and Planning → Medical Services Planning → Children with Special and Exceptional Needs Unit.

For each individual reauthorization application, this form (Form DPS-017B) must be re-completed and re-submitted.

For questions on the special/exceptional care rate application process or eligibility criteria, you may contact OCFH.CSENRates@acs.nyc.gov

Special/Exceptional Care Rate Request Letter from the Medical Professional (MD/DO/NP/PA)

Child's Name (Last, First)

Case Number

Date of Birth

CIN Number

Duration and severity of child's condition

Mild –minor impairment in social or occupational functioning	Yes	No	N/A
Moderate –functional impairment between minor and severe	Yes	No	N/A
Severe –marked chronic impairment in social or occupational functioning	Yes	No	N/A

Progression

Resolving	Yes	No	N/A
Stable	Yes	No	N/A
Deteriorating	Yes	No	N/A
Risk for self-injury/injury to others	Yes	No	N/A

Complications of the condition

Mild	Yes	No	N/A
Severe	Yes	No	N/A
Severe/permanent	Yes	No	N/A

Need for psychiatric medication

Yes No N/A

If yes, please specify the medication(s)

Substance use/AWOC/criminal activity

Yes No N/A

If yes, please specify

Recent hospitalizations relevant to the diagnosis

Yes No N/A

If yes, please specify

Support services participation *(Please attach the attendance documentation/progress notes with the frequency and the missed appointments information, if available)*

	Once a week	Twice a week	Three times a week	Other (Specify)
Mental Health Services				
PT/Occupational Therapy				
Speech Therapy				
Vocational Training				
Other (Specify)				

Foster parent involvement in therapeutic activities

Assistance in transportation	Yes	No	N/A
Participation in therapeutic session	Yes	No	N/A
Participation in medication trainings	Yes	No	N/A

Medical professional signature

I certify that the above information is correct to the best of my knowledge.

Signature _____ License Number

Date

Special/Exceptional Care Rate Request Caseworker's Evaluation of Family and Child

Child's Name (Last, First)

Case Number

Date of Birth

CIN Number

Child's condition(s) require home modifications Yes No N/A

If yes, please specify

Foster parent shows more personal involvement, extra attention, and/or time and effort to improve the child's condition.

For example (check all that apply):

Child has been in the same home since Yes No N/A

Child participates in family activities Yes No N/A

Foster parent is helping with child's issues (*ie: substance use, running away, criminal activity*) Yes No N/A

Foster parents provide extra opportunities for the child, such as

Extracurricular activities (*if yes, please specify on the back*) Yes No N/A

Additional tutoring Yes No N/A

Clubs/sports teams Yes No N/A

Travel Yes No N/A

Child shows steady progression in school Yes No N/A

Foster parent spends the following amount of time with the child, or provides more intensive supervision

24 hours/day 16 hours/day 12 hours/day No N/A

Child shows progress/signs of attachment since the placement with the foster parent Yes No N/A

If yes, please specify

Foster parent shows the ability to understand the child's condition Yes No N/A

Foster parent regularly receives appropriate training Yes No N/A

Foster parent can recognize the signs of deterioration and understands how to respond appropriately Yes No N/A

Foster parent makes efforts to prevent crisis situations Yes No N/A

If yes, please specify

Foster parent shows the ability to provide a structured environment that enables the child to live in the foster home Yes No N/A

Foster parent makes sure that medication(s) are administered appropriately Yes No N/A

I certify that the above information is correct to the best of my knowledge.

Caseworker Signature _____ Date

Foster Parent Signature _____ Date

Checklist for Special Exceptional Care Rate Application Packet

The following documents are required to be included into the request packet for timely review for the special/exceptional rate approval.

All requests must be submitted within 90 days of placement into foster care and reauthorization must be submitted at least 60 days prior to its expiration.

If the packet does not include all fully completed pertinent forms and does not have relevant supporting documentation, the packet will be returned.

Every packet requires the following forms

Form DPS-017 Special Exceptional Care Rate Request (for reauthorization requests previously approved, DPS-017 form should be included in the packet along with the newly completed DPS-017)

Form DPS-017B Clinical Certification

The following forms are optional:

Form DPS-017C Letter from the Medical Professional (MD/DO/NP/PA)

Form DPS-017D Case worker's evaluation of family and child

Documentation that establishes the condition is required, for example:

Psychiatric evaluation

(Performed within 1 year; for reauthorization requests, the addendum (i.e. quarterly report/progress notes) with child's current condition signed by medical provider)

Psychological evaluation

(Performed within 1 year; for reauthorization requests, the addendum (i.e. quarterly report/progress notes) with the current child's condition signed by medical provider)

Medical evaluation (Performed within 1 year)

The following documentation should be included if it applies:

Information on any Fair Hearing Appeals requests on the particular case for the requested period of time.

Packet may include the following additional documentation in order to support the decision for special/exceptional rate.

Letter from the school signed by the school official describing any additional educational services that the child participated in and/or progress the child has shown since the current placement (better attendance record; tardiness/absences; hygiene; behavior and academic improvement).