

## SED WAIVER FOSTER HOME PAYMENT REQUEST AND APPROVAL

Michigan Department of Human Services

|                            |                       |
|----------------------------|-----------------------|
| Case Name                  | Log ID #              |
| County                     | Caseworker            |
| Foster Parent Name         | Foster Parent Address |
| Foster Parent Phone Number | Supervising Agency    |

The child placed in this home is participating in the SED Waiver (SEDW) services project through the Community Mental Health (CMH). In order to be eligible for waiver services, the child must meet the criteria for admittance to a state inpatient psychiatric hospital (Hawthorn Center) and demonstrate serious functional limitations that impair his/her ability to function in the community. A standard foster parent daily rate of \$50.00 is established for the project regardless of the age of the child. The foster family must be willing and able to:

- Make a commitment to provide foster care to the child for at least one year.
- Participate in the development and implementation of the Plan of Service (POS);
- Allow services to be provided in the home setting;
- Provide care and supervision beyond the services authorized through the waiver.

The specific tasks that must be performed by the foster parent(s) to care for this child receiving SEDW services are:

- The foster parent participates in the Child and Family Team meetings.
- The foster parent participates in family based decision-making and case planning.
- The foster parent attends specialized training on an on-going basis to learn about the child's serious emotional disturbance, intervention techniques, medications and any other relevant training as identified by the Child and Family Team.
- The foster parent provides written and verbal documentation for the child's progress to the team.
- The foster parent meets monthly and has weekly phone contact with the foster care worker to provide updates regarding the child's adjustment in the home and the SEDW services.
- The foster parent participates with a therapist as identified in the child's POS.
- On a daily basis, the foster parent carries out prescribed interventions, as outlined in the treatment plan, recommended by the Child and Family Team, including:
  - Use of positive behavior supports
  - Use of de-escalation practices when necessary
  - Implementation of the crisis and safety plan
  - Monitoring intake of daily medication
  - Participation in transition permanency planning
- The foster parent contacts the school at least weekly to facilitate ongoing coordination between the child's educational plan and the child's treatment plan.
- The foster parent dispenses medications as prescribed by the child's doctor.
- The foster parent provides transportation to all activities and appointments outlined in the POS to support the child's health, mental health, emotional and behavioral needs.

|           |          |
|-----------|----------|
| Case Name | Log ID # |
|-----------|----------|

- The foster parent is available to respond to emergencies involving the child at school or outside the home at all times.
- The foster parent contacts the Wraparound facilitator or other person identified by the Child and Family Team immediately, even outside regular business hours, if assistance is needed.
- The foster parent interacts with the birth parent or permanent caregiver to facilitate parenting time or visitation with the child.
- The foster parent assists in planning and implementing sibling visitation.
- The foster parent provides feedback to the caseworker and Child and Family Team regarding parenting time and visitation.
- The foster parent provides assistance to the birth parent or permanent caregiver in understanding the child's needs and behaviors.
- The foster parent connects the child to and utilizes natural/community supports.

|  |             |   |
|--|-------------|---|
| <b>SIGNATURES</b>                          | Begin Date: | End Date:                               |
| DHS or PAFC Worker Signature               | Date        | Foster Parent Signature                 |
|  |             | Date                                    |
| DHS or PAFC Supervisor Signature           | Date        | DHS Behavioral Health Analyst Signature |
|  |             | Date                                    |
| DHS County Directory Signature or designee | 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.

|           |          |
|-----------|----------|
| Case Name | Log ID # |
|-----------|----------|

**INSTRUCTIONS**

Complete the 626 using the SEDW foster parent daily rate of \$50.00.

For children under age 13

|  |                |
|--|----------------|
| <b>Age Appropriate Rate:</b>                   | <u>\$14.24</u> |
| <b>SEDW DOC:</b>                               | <u>\$32.76</u> |
| <b>Total Foster Parent Rate:</b>               | <u>\$50.00</u> |
| <b>Administrative Rate:</b><br>(if applicable) | <u>\$37.00</u> |
| <b>TOTAL PER DIEM RATE:</b> _____              |                |

For children 13 and older

|  |                |
|--|----------------|
| <b>Age Appropriate Rate:</b>                   | <u>\$17.59</u> |
| <b>SEDW DOC:</b>                               | <u>\$29.41</u> |
| <b>Total Foster Parent Rate:</b>               | <u>\$50.00</u> |
| <b>Administrative Rate:</b><br>(if applicable) | <u>\$37.00</u> |
| <b>TOTAL PER DIEM RATE:</b> _____              |                |

**Submit the 626 with this request and a copy of the Waiver Certification to the regional office.**