

SPECIAL NEEDS SUBSIDY RATING SCALE	Instructions
---	---------------------

PURPOSE

This form describes a child’s needs for extra care while in the child care setting. Together with the Montana Individual Child Care Plan and appropriate documentation, this form can be used to authorize an increased rate (Special Needs Subsidy Rate) to be paid to the child care provider. It serves as a guideline to help determine the level of additional care and supervision a child may need because of a physical, mental or behavioral condition. Because every child has individual needs, this form provides a way to describe the unique needs of this child and to begin to identify the type of support this child will need to maintain a placement in a typical child care program.

The Special Needs Subsidy Rating Scale provides a way to compare the care needs of one child with a special need with other children *of the same age*. The Special Needs Subsidy is designed to provide reimbursement for actual cost for care which exceeds those provided to other children. It is also important to remember that the subsidy applies to a *child care setting*, not a treatment or therapeutic setting. The subsidy can only pay for the cost of providing child care, not for the cost of therapy, intervention, or other specialized treatment.

PROCESS

The Special Needs Subsidy Rating Scale is intended to be completed by the Early Childhood Specialist at the local Resource and Referral Agency and the child’s parent(s) or guardian(s). When the child is already enrolled in a child care program, the child care provider should also be included. When the child is in the Child Protective Services system, the case worker may be the most appropriate person to assist in completing the Rating Scale.

**This form, the Montana Individual Child Care Plan, and all supporting
documentation should be sent for approval to:
Special Needs Services Coordinator
Child Care plus+
634 Eddy Avenue**

Missoula, MT 59812

SPECIAL NEEDS SUBSIDY RATING SCALE	Child's Name		Date Completed:
	Child's Date of Birth:	Provider's Name: FCH GCH CC	
	Person(s) Interviewed		Relationship To Child:
	Interview Completed by:		Title: Agency:

Instructions:

Each category contains statements describing how much care this child needs, ranked from lowest to highest. A score of "0" indicates that the care required by this child is the same as care required by other children of the same age in this particular setting. Record notes as appropriate.

CIRCLE THE NUMBER THAT CORRESPONDS TO THE CHILD'S NEEDS IN EACH CATEGORY.

I. Medical Needs:

Child's needs can be met by child care providers with general knowledge.	0
Child requires medical attention, mental health intervention, or monitoring by a caregiver who has received special instructions from the parent or a service provider.	1
	2
	3
Child requires medical attention by a caregiver who has received some specialized training related to the child's medical or mental health needs in addition to instructions from parents and others.	4
	5

	6
	7
The child care provider must have specialized training related to the child's medical or mental health needs and consults frequently with a medical or mental health professional.	8
	9
Child requires on-site medical attention by a licensed medical or mental health professional and the child care provider must have specialized training related to the child's medical or mental health needs.	10

Notes:

2. Self-Sufficiency with Daily Tasks

Child requires no more intervention to take care of daily tasks than other children of a similar age.	0
Child requires only minor assistance with eating and/or toileting.	1
	2
	3
	4
Child requires considerable and regular assistance in eating and/or toileting.	5
	6
	7
	8
Child requires total assistance with eating and/or toileting.	9
Child care provider will need to learn specific techniques such as tube feedings or ostomy care.	10

Notes:

3. Mobility:

Child's mobility is similar to other children of the same age.	0
--	---

Child is able to move independently with minor support.	1
	2
	3
	4
Child requires assistance but can help with transfers, pivoting, and positioning.	5
	6
	7
	8
Child is unable to help with positioning or movement, needs frequent re-positioning.	9
Because of the child's muscle tone or size, the child requires full assistance and is difficult to move.	10

Notes:

4. Communication Skills:

Child's communication skills are similar to other children of the same age.	0
	1
	2
	3
Child has limited verbal skills but is not non-verbal. One-on-one communication is required to gain the child's attention, simplify instructions, or to understand the child's speech or gestures.	4
	5
	6
	7
Child relies entirely upon alternative methods such as sign language, picture boards, gestures.	8
	9
Child is unable to communicate needs or wants and is unable to use alternative communication methods.	10

Notes:

5. Need for Supervision, Monitoring, and Intervention:

Child requires the same kind of supervision/monitoring needed by other children of the same age.	0
	1
Child needs some assistance to engage in peer interactions that are positive, and appropriate.	2
	3
Child has behaviors which frequently require adult intervention but are not a threat to safety.	4
	5
	6
The child must remain within provider's eyesight but may not need frequent intervention.	7
	8
	9
The child must remain within the child care provider's eyesight at all times and needs frequent intervention to prevent harm to self or other children.	10

Notes:

6. Cognitive or Comprehension Abilities:

Child's level of understanding is similar to that of other children at the same age.	0
Child is able to understand and problem-solve with some special attention from an adult.	1
	2
	3
	4
Child needs to be given one instruction at a time and may need reminders of what was asked of him in order to complete instruction.	5
	6
	7

Child's inability to understand significantly interferes with participation in activities.	8
	9
Child is unable to recognize danger, is unable to follow instructions without one-on-one assistance, and has difficulty processing basic sensory information about the environment. (Note: does not include vision or hearing as the primary difficulty.)	10

Notes:

7. If there are other considerations relating to the care required by the child **that are not included in the above categories**, use the chart below to describe these needs (Examples: overall fragility, history of difficulty maintaining child care placement, foster placement, significant mental health concern, etc.). **Insert descriptive statements to explain your rating in this category.**

	0
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10

Special Needs Subsidy Rating Scale SCORING WORKSHEET

- Enter the points from each category of the *Special Needs Subsidy Rating Scale* in the **Points** column of the Scoring Chart and then multiply this by the **Weighting** value to arrive at the **Score** for each category.
- Add the scores together and enter the **Total Score**. If Less than 110, enter 100. If the score is higher than 300, enter 300.
Subtract 100 from the total score and enter as a percentage in step 2 of the dollar calculation chart. This percentage could range

from 10% to a maximum of 200%

3. Insert this percentage in Step 2 of the Dollar Calculation Chart. Select either the hourly or daily rate for care.
4. Calculate the additional amount to be paid by multiplying either the hourly or daily amount in the Dollar Calculation Chart (Step 1) by the percentage (Step 2). Add this additional amount to the basic rate identified in Step 1 to calculate the total rate.

1. Scoring Chart

Categories	Points	Weighting	Score
1. Medical Complexity of Care		X 7	
2. Self-Sufficiency with Daily Tasks		X 5	
3. Mobility		X 5	
4. Communication Skills		X 6	
5. Supervision, Monitoring, Intervention		X 11	
6. Cognitive or Comprehension Abilities		X 7	
7. Other Considerations		X 5	
TOTAL SCORE	If less than 110, enter 100. If more than 300, enter 300.		
		Subtract 100	- 100
RESULT	Enter this as a percentage in Step 2 below.		

2. Dollar Calculation Chart

	HOURLY	DAILY
Step 1: Use either the hourly column or the daily column depending on whether the child care will be provided on an hourly or a full-time daily basis. Insert the hourly or daily rate for your region.		
Step 2: Multiply the rate by the percentage you arrived at in the above Scoring Chart.	X %	X %
Step 3: This is the additional amount you would authorize for special care.		
Step 4: Add the additional amount authorized to the hourly or daily rate identified in Step 1 to calculate the total child care special rate.		

For Office Use Only:

Approved: _____ Denied: _____ Date: _____ Signature: _____

Request for the following documentation or information: _____