

F-RATE CRITERIA GUIDELINES

Children receiving F-rate must be reevaluated every six months. The review may result in a change in the F-rate status for the child, i.e., increase, decrease, or termination of payment. Forward the 149a to the appropriate CCS paneled and/or appropriate pediatric specialty treating physician(s) and request they complete the form and return it along with all available medical records documenting the child's status and needs.

1. ASSISTING WITH DAILY LIVING TASKS BEYOND LEVEL EXPECTED FOR CHILD'S AGE DUE TO SERIOUS MEDICAL PROBLEMS

ACTIVITY	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<p>A. Eating</p>	<p>Feeding 30-60 minutes due to serious medical problem for example: GERD</p> <p>Supervised self-feeding due to medical problem</p>	<p>Feeding over 60 minutes due to medical problem</p> <p>Caregiver feeding required due to medical problem</p> <p>Special diet requiring diet planning, special meal preparation, and monitoring child's response to food consumed (e.g. failure to thrive, kidney problems, diabetes)</p>	<p>Intermittent G-tube feeding</p> <p>Special feeding technique (e.g., cleft palate)</p> <p>Special diet requiring diet planning, special meal preparation, and monitoring child's response to food consumed where errors in diet could result in threat to life and/or mental functioning for example: metabolic diet, documented severe food allergy requiring EPI nephrin-PEN</p>	<p>Continuous G-tube feeding</p> <p>NG tube feeding</p> <p>Parenteral nutrition (IV or central venous line or PICC line- (Peripherally Inserted Central Catheter)</p>

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ACTIVITY	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
B. Hygiene	<p>Age 4 - 7: All basic bathing and dressing activities due to medical problem (e.g., neurological deficit)</p> <p>Non extensive cast care – 1 extremity</p>	<p>Age 8 or older: All basic bathing and dressing activities due to medical problem</p>		
C. Elimination	<p>Age 4 years + requiring assistance with toileting.</p>	<p>Age 4 years +: with no bladder and/or bowel control due to a medical problem</p>	<p>Child requires use of appliance (e.g. colostomy or ileostomy collection bags) added 8/18/09</p>	<p>Dialysis</p>
D. Ambulation	<p>Age 2 years + that requires prescribed orthopedic corrective devices, e.g. A.F.O's (ankle, foot orthotics) that are time limited.</p>			<p>Age 2 years +: Wheelchair, gurney, braces, walker. Any age with extensive casting.</p>
E. Vision/Hearing	<p>Eye Prosthesis</p>	<p>Legally Blind</p> <p>Hearing impaired requiring the use of assistive devices to hear.</p>		<p>Totally blind</p> <p>Profoundly deaf, unable to hear with assistive devices, caregiver uses ASL for communication</p>

2. ADMINISTERING MEDICAL OR DEVELOPMENTAL REGIMENS

ACTIVITY	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
A. Surgical/ Wound Care		Established cerebral shunt care	New or revised cerebral shunt care (first six months after insertion or revision) Daily/frequent dressing utilizing sterile techniques (e.g., burns, large wounds,)	Post-multistage surgical care (e.g., burn reconstruction, skin grafting,)
		Established prosthetic for missing appendage	New prosthetic for missing appendage (first six months after surgery)	
B. Respiratory Care Asthma/respiratory disease	As needed medication/treatment supervised by caregiver	Daily medication/treatment supervised by caregiver		
Other Chronic Respiratory Condition, e.g. Cystic Fibrosis		Postural drainage and percussion as needed up to three times per day Apnea and/or heart monitor (must be CPR trained)	Postural drainage and percussion four times a day or more Intermittent oxygen	Continuous oxygen Ventilator dependent Tracheostomy

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ACTIVITY	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
C. Diabetes		Oral hypoglycemic medications	All insulin dependent diabetics. Caregiver administration and/or supervision of insulin regimen including blood sugar testing, diet management, etc.	Newly diagnosed, (within last six months)
D. Medical Treatment	Administration of topical medication for severe, chronic conditions, e.g. eczema	Administration of injectable medication for chronic conditions (lovenox, human growth hormone)	Caring for child with hemophilia requiring Factor 8	
E. Seizure Disorders #2 on 1696	Controlled seizure disorder with medications			Seizure disorder NOT controlled by medication(s).
F. Developmental Treatment	Prescribed developmental treatments provided by caregiver such as infant stimulation procedures, physical therapy, speech therapy, and occupational therapy See Attachment II for requirements			

3. MONITORING HEALTH STATUS OF CHILD

CONDITION	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<p>A. Potentially Life-Threatening Illnesses, non-communicable</p>			<p><i>Documented remission of illness/disease, caregiver is responsible for regular monitoring due to higher risk of relapse.</i></p> <p>Caregiver administration and/or supervision of specific medications for potentially life threatening conditions, e.g. cardiac problems</p>	<p>Daily monitoring for signs of rejection, infection, bleeding, pain. e.g., organ transplant, aplastic anemia, immune deficiency disorder, cancer, leukemia, sickle cell disease. May also require reverse precautions</p>
<p>B. Potentially life threatening illnesses, Communicable Disease</p>	<p>Prophylactic medications for TB</p>		<p>Breakdown in universal precautions could cause caregiver death or infection with life-threatening illnesses (e.g., hepatitis B or C) Drug resistant conditions requiring strict adherence to medical regimen (e.g. MRSA, ORSA).</p>	<p>HIV/AIDS positive blood test</p>

**4. CARING FOR INFANT PRENATALLY EXPOSED TO DRUGS OR ALCOHOL
(MUST BE REFERRED TO REGIONAL CENTER)**

CONDITION	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Infant behaviors which may be associated with Prenatal Drugs (e.g., arching, rigidity, irritability)	Inconsolable crying and high-pitched screaming up to 6 hours per day	Inconsolable crying and high-pitched screaming up to 12 hours per day	Inconsolable crying and high-pitched screaming more than 12 hours per day	

**5. CARING FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES WHO
HAVE BEEN DIAGNOSED/SERVED BY REGIONAL CENTER**

CONDITION	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Disabilities	Developmentally delayed (only for children under age three who are followed by Regional Center)			
CONDITION	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
	Mild mental retardation Epilepsy/seizure disorder	Moderate mental retardation Mild autism	Severe mental retardation Moderate autism	Profound mental retardation Full-syndrome autism

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CONDITION	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
	Mild/moderate cerebral palsy		Severe cerebral palsy which significantly impairs activity Note: In level 3 and 4, if there is no other diagnosis except the autism or mental retardation, the case is not eligible for transfer to Medical Placement Unit.	Severe cerebral palsy which precludes activity

6A. WORKING WITH A CHILD’S BEHAVIOR PROBLEMS IN CONJUNCTION WITH MEDICAL PROBLEMS

Caring for an infant or child with a medical problem is especially difficult when the child also has an emotional or behavioral problem which interferes with rendering prescribed medical care. To be considered in this category, the child must be age 3 or older, have a documented emotional/behavioral problem, and be enrolled in and attending a treatment program designed to address the emotional/behavioral problem diagnosed. This category was added to recognize the many challenges associated in caring for the medically-needy child with emotional/behavioral problems, and increases the F-rate by one level beyond the highest medically-related activity required to be delivered by the caregiver.

6B. WORKING WITH A CHILD WITH MULTIPLE MEDICAL PROBLEMS ADDED 8/18/09

When a child has multiple medical problems that require the caregiver to attend multiple appointments, administer multiple treatments, or visit multiple specialists, consideration may be given to increase the rate one level above the highest medically related caregiver activity up to level four. Specific caregiver tasks need to be documented by the health care provider(s).