

## DCFS Administrative Approval Request

(Exceptions cannot be granted for RCW or Contracts. See Policy 4525.)

**Approval Request** (check appropriate box):

- |                                                                                          |                                                                      |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Policy (policies that require an administrator approval)        | <input type="checkbox"/> Additional Costs                            |
| <input type="checkbox"/> Camp / Funding                                                  | <input type="checkbox"/> Exceptional Cost Foster Care (ECFC)         |
| <input type="checkbox"/> CPA case aides (above 40 hours)                                 | <input type="checkbox"/> Policy Exception                            |
| <input type="checkbox"/> Additional funding (allowed per policy, but not ECFC)           | <input type="checkbox"/> Day Care                                    |
| <input type="checkbox"/> Respite                                                         | <input type="checkbox"/> School Transportation (attach billing form) |
| <input type="checkbox"/> Placement with Unlicensed Caregiver pending approved Home Study |                                                                      |

POLICY NEEDING AN APPROVAL OR EXCEPTION (PROVIDE POLICY NUMBER AND TITLE)

CHILD'S NAME AND PERSON ID NUMBER

DATES FOR WHICH EXCEPTION IS REQUESTED

CASE NUMBER

From: To:

OFFICE

ASSIGNED WORKER

CASE NAME / AGENCY (AS NECESSARY)

PROVIDER NAME AND ID NUMBER

DATE

1. Brief description justifying the type of request needed (child's behavior, policy, camp, denial from Medicaid for items recommended by medical professionals, [private school, home schooling or alternative learning education](#), School Transportation cost share, etc.):

2. Brief detailed descriptions of alternatives explored (if applicable):

3. Previous Administrative Approvals for Exceptional Cost Foster Care for this case:  Yes  No

Additional funding not ECFC:  Yes  No

Detail of approvals:

Previous Exceptional Cost Foster Care or Additional Funding not ECFC (if unknown, contact local fiduciary):

PROVIDER NAME AND ID NUMBER	SERVICE REQUESTED	RATE	NUMBER OF MONTHS	COST

**4. Exceptional Cost Foster Care:** This section is completed only when requesting to reimburse a foster parent, because the child's behavior differs substantially from the behavior(s) of most children of the same age and the behavior(s) are above the level 4 supervision needs. If funds are paid to a CPA (as pass through reimbursement) for a foster parent, the total amount of those funds must be provided to the foster parent by the CPA. **Nothing in this**

<b>section shall modify or supersede terms set forth in the CPA contract.</b>		
CPA foster home: <input type="checkbox"/> Yes <input type="checkbox"/> No		
A. Basic Foster Care Rate		\$
B. Level 2, 3, 4, Foster Care Rate		\$
C. Total Special Supervision (also include clothing, diet, equipment, other): Provide detail of what the foster parent is doing to meet the supervision needs of the child not captured on the rate assessment:		\$
D. Total Non-Maintenance (respite, classes, special therapy, therapeutic activities, other): Provide detail of what the foster parent is doing to meet the needs of the child not captured on the rate assessment:		\$
E. Total Reimbursement to the foster home		\$
F. If more than one exceptional cost plan in a foster home, provide description of what they are for and how much they cost:		
<b>Office Action (as needed)</b>		
CA STAFF NAME	CA STAFF SIGNATURE	DATE
SUPERVISOR NAME	SUPERVISOR SIGNATURE	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	COMMENTS	
<b>Regional Office Action (as needed)</b>		
AREA ADMINISTRATOR NAME	AA SIGNATURE	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	COMMENTS	
<b>Regional Office Action (as needed)</b>		
REGIONAL ADMINISTRATOR / DESIGNEE NAME	RA / DESIGNEE SIGNATURE	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	COMMENTS	
<b>Headquarters Office Action (as needed)</b>		
DIVISION DIRECTOR NAME	DD SIGNATURE	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	COMMENTS (HOME SCHOOL APPROVAL FOR LICENSED CAREGIVERS SEND COPY TO HQ DLR)	