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STATE OF HAWAII

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FIRST CIRCUIT
1CC191001419
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IN THE CIRCUIT COURT OF THE FIRST CIRCUIT
STATE OF HAWAII

JOHN ROE NO. 121,

Plaintiff,

vs.

STATE OF HAWAII; JOHN A. TEIXEIRA;
JOHN DOES 1-10; DOE CORPORATIONS
1-10; DOE PARTNERSHIPS 1-10; DOE
NON-PROFIT ENTITIES 1-10; and DOE
GOVERNMENTAL ENTITIES 1-10,

Defendants.

CIVIL NO.: 1CC191001419
(Other Non-Motor Vehicle Tort)

JOINT TRIAL EXHIBIT 43

Judge: Honorable Kevin T. Morikone
Trial: April 22, 2024

BENJAMIN J. CAYETANO
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

AUG 11 1998

SUSAN M. CHANDLER, M.S.W., Ph.D.
DIRECTOR

KATHLEEN G. STANLEY
DEPUTY DIRECTOR

ADOPTIONS UNIT

Oahu Branch, Family and Adult Services Division
420 Waiakamilo Road, Suite 300B
Honolulu, Hawaii 96817-4941

DATE: 07/31/98

Pls. sign tagged
page and return to
me. Thx
Julie

Re: Special Services Cost Determination

for: T [Redacted] M [Redacted]
(Foster child's Name & DOB)

Dear J [Redacted] T [Redacted]

This is a worksheet to help us to determine eligibility for Special Services Cost payment for the above-named child. Special Services Cost payment may be allowed for services provided by you, the certified foster parent(s), for care over and beyond the normal care of child(ren). These payments may be authorized to foster parents with eligible children having an identified problem(s) or need(s) which are emotional, physical and/or auxiliary. Examples are:

Emotional:	Bedwetting Bizarre Behavior Destructive	Difficulty w/Other Chn Hyperactivity School Problems	Sexual Acting-Out Soiling Therapy Visits
Physical:	Bedridden Behavior Modification Drainage - Colostomy	Feeding Problem Tube/Gavage Feeding Help w/Braces/Other Prosthesis	Inability to Dress/Bath self In Cast
Auxiliary:	Required trips to Pediatrician/Psychologist	Special Diets	Tutoring

After careful study of your foster child, please list the special services needed which is more than the care required by a "normal" child. The social worker and supervisor will review the worksheet and determine what special services are needed by the child. Later, I will meet with you to prioritize the services required by the child and determine the exact amount of time required for special services, as well as payments.

The Special Service Cost Payments will be authorized as soon as the determination is completed. Please remember that this type of payment may not remain the same throughout the child's placement in your home as there will probably be changes in the child's functioning with additional services provided by you.

You will be asked to complete this worksheet at intervals, depending on the child's situation, but regularly on a yearly basis. A copy of the final determination and agreement sheet will be sent to you for your signature.

Should there be any questions, please feel free to call me at 832-5474.

Sincerely,

Social Worker

Atch

AN EQUAL OPPORTUNITY AGENCY

SSC.LTR

CONFIDENTIAL-SUBJECT TO PROTECTIVE ORDER

SOH 002341

Child's Name/DOB: T [REDACTED] m [REDACTED]

Redacted

SPECIAL SERVICE COST DETERMINATION WORKSHEET

Primary Agency: DHO-AU

Foster Parent: J [REDACTED] T [REDACTED]

Date Completed: 07/31/98

CHILD'S NEEDS	FOSTER PARENT SPECIAL SERVICES & TIME REQUIRED FOR CHILD'S NEEDS ON WEEKLY BASIS	
<u>Physical or Personal Care</u>	T [REDACTED] will not brush his teeth or take a bath unless told to do so. Have to stand with him when he brushes his teeth. Just wet hair when bathing. fr. fa. home schooler T [REDACTED] this summer. fr. fa. and the school agreed that T [REDACTED] would do better at home. T [REDACTED] is smart but won't listen to adults at school.	2-3 hrs/day
<u>Emotional Care</u>	T [REDACTED] bites, spits, screams, kicks. He bites when one tries to hold him down. Twisted penis of older fr. child in age. T [REDACTED] throws tantrums when fr. fa. won't buy him something at the store. Needs constant supervision, 24 hours/day, 7 days/week. Does not have care for safety.	25 hours/week
<u>Auxiliary Care</u>	Green Dr. Walker, psychological, once per week.	2 hrs/week

**SPECIAL SERVICE COST ELIGIBILITY DETERMINATION AND
DHS-FOSTER PARENT AGREEMENT**

_____ State Provided Foster Care Special Services, Chapter 834

_____ Title XX Foster Care Special Services, Chapter 917

1. Identified need for special service.
2. Written recommendations by qualified professional, other than placement worker.
3. Foster parents are capable by virtue of special training or experience of providing the needed special service. (For Title XX only - list.)
4. The department social worker shall determine in accordance with a written service plan that special services are needed. See Service Plan and Agreement dated _____.

5. Computation of Special Service Cost Payment

- | | |
|--|------------|
| A. Total hours per week | <u>30</u> |
| B. Total hours per month
(Item A x 4-1/3, not to exceed 120 hours) | <u>120</u> |
| C. Total special service cost payment
(Item B x federal minimum wage) | _____ |

(Physical 3 + Emotional 25 + Auxiliary 2 x 4 = 120)

6. Special Service Cost payment to be in effect as long as eligibility requirements met.

Discussed with and agreed to by:

_____	Date	_____	Date	_____	Date
Foster Mother		Foster Father		Social Worker	

APPROVED:

REVIEW DATE: _____

Supervisor, Department of Human Services

Distribution: Original to case record
Copy to foster parents

SSSA2 Exp 3/93 (NFC 2/83 & SFC 4/83 Exp)

SSC.AGR

CONFIDENTIAL-SUBJECT TO PROTECTIVE ORDER

SOH 002343

John Roe 121 v. State of Hawai'i, et al.

Civil No.: **1CC191001419**

Defendant's Exhibit: **JT43**

Marked for Identification: _____

Received into Evidence: _____

Clerk, First Circuit Court