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STATE OF HAWAI'I

**Electronically Filed**  
**FIRST CIRCUIT**  
**1CC191001419**  
**19-DEC-2025**  
**10:27 PM**  
**Dkt. 587 EXH**

IN THE CIRCUIT COURT OF THE FIRST CIRCUIT  
STATE OF HAWAI'I

JOHN ROE NO. 121,

Plaintiff,

vs.

STATE OF HAWAI'I; 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 49

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

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

Date: 12/4/98

Re: Special Services Cost Determination

Dear M-T

For: [Redacted]

(Child's Name & DOB)

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:

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

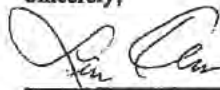
After careful study of your foster child, please list the special services needed which is more than the care required by a "normal" child. The social worker and supervisor will review the worksheet and determine what special services are needed by the child. Later, I will talk with you to prioritize 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 and we receive a letter from the child's therapist documenting that they see the child and that they would classify the child as a special need child. 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 six month basis, if you do not complete the worksheet and receive the above mentioned letter Special Service Cost payments will be terminated on 12/15/98. 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 832-5419.

Sincerely,



Lillian Kealoha  
Social Services Assistant

Attachments

Child's Name/DOB: K [REDACTED] V [REDACTED]

Redacted

**SPECIAL SERVICE COST DETERMINATION WORKSHEET**

Primary Agency: \_\_\_\_\_

Foster Parent: \_\_\_\_\_

Date Completed: \_\_\_\_\_

CHILD'S NEEDS	FOSTER PARENT SPECIAL SERVICES & TIME REQUIRED FOR CHILD'S NEEDS ON WEEKLY BASIS	
<u>Physical or Personal Care</u> Bathing, brushing teeth Body cleansing	Constant reminders to take a bath, brush teeth, clean his room and clean up after his self.	1 1/2 hrs. daily 180 min / HR 30-40 min
<u>Emotional Care</u> K [REDACTED] talks back excessively. Gotta be supervised when told to do chores. Constantly watching him around my female dogs + horse. K [REDACTED] cuts from class and doesn't turn in homework. K [REDACTED] always tries to be alone.	He still acts strange around my female animals. K [REDACTED] is very slow in movement and reaction. He puts himself in dangerous situations. Must watch him around my animals constantly. K [REDACTED] is having problem in Karva High School. He still does not have any reactions to dangerous situations.	(6) 1/2 hrs. a day 180 min / HR 180.60 min
<u>Auxiliary Care</u> Dr. Walker therapy	Twice a month	2 hrs. 2x monthly At times 4x monthly 2 hrs. weekly 4 hrs. min



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
- B. Total hours per month  
(Item A x 4-1/3, not to exceed 120 hours)
- C. Total special service cost payment  
(Item B x \$4.75 per hour)

Physical 30.10 + Emotional 100.60 + Auxiliary 4 <sup>(PER MONTH)</sup> x 4 =

49.46  
120  
570-

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

Discussed with and agreed to by:

\_\_\_\_\_  
Foster Mother      Date      \_\_\_\_\_  
Foster Father      Date      \_\_\_\_\_  
Social Worker      Date      \_\_\_\_\_  
SSA IV

APPROVED:

REVIEW DATE:

[Signature]  
Supervisor, Department of Human Services

Distribution: Original to case record  
Copy to foster parents

ISSA2 Exp 3/93 (NFC 2/83 & SFC 4/83 Exp)

SSC.AGR

**CONFIDENTIAL-SUBJECT TO PROTECTIVE ORDER**

**SOH 004610**

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

Civil No.: **1CC191001419**

Defendant's Exhibit: **JT49**

Marked for Identification: \_\_\_\_\_

Received into Evidence: \_\_\_\_\_

\_\_\_\_\_  
Clerk, First Circuit Court