COUNTY OF DEL NORTE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
880 Northcrest Drive
Crescent City, California 95531
(707) 464-3191 – Fax (707) 465-1783

Gary R. Blatnick, Director/Public Guardian

Special Care Increment Rate Structure
January, 1, 2011

Level 1: Moderate	Level 2: Intensive	Level 3: Exceptional
Additional care needed because the child's physical condition or emotional behavior requires more than is normal care and supervision based on one or more of the following conditions: • More then basic medical conditions. • Enuresis, occasional emotional or behavioral problems. • Moderate education problems. • Frequent trips to physician or therapist.	Care and supervision is needed beyond that provided for a child of a similar age because of one of the following conditions: • Severe physical, medical, or mental health problems. • Encopresis, enuresis, moderate brain dysfunction, frequent emotional or behavioral problems. • Severe drug withdrawal symptoms. • Child's behavior is destructive • Chronic runaways. • HIV positive diagnosis with symptoms requiring attention	A high level of daily care and supervision is needed because child has severe behavioral or physical problems such as: • Severe emotional or behavioral acting out, pervasive drug use, sexual aggressiveness. • Actively suicidal. • Severe medical complications requiring frequent medication and in-home monitoring. • HIV positive diagnosis and AIDS related symptoms presenting multiple problems and requiring extensive care.

Child's Age	Basic Rate	Level 1 Moderate	**TOTAL: Basic + Level 1**	Level 2 Intensive	**TOTAL: Basic + Level 2**	Level 3 Exceptional	**TOTAL: Basic + Level 3**
0-4 YEARS	$446.00	$211.00	**$657.00**	$421.00	**$867.00**	$961.00	**$1,407.00**
5-8 YEARS	$485.00	$271.00	**756.00**	$481.00	**$966.00**	$1,082.00	**$1,567.00**
9-11 YEARS	$519.00	$300.00	**$819.00**	$601.00	**$1,120.00**	$1,201.00	**$1,720.00**
12-14 YEARS	$573.00	$300.00	**$873.00**	$601.00	**$1,174.00**	$1,201.00	**$1,774.00**
15-19 YEARS	$627.00	$300.00	**$927.00**	$601.00	**$1,228.00**	$1,201.00	**$1,828.00**

It is the policy of the Department of Health and Human Services, Child Welfare Services, to complete the process to determine if a child is eligible for a special care increment, when the primary social worker receives a referral that the needs and/or behavior of a child appears to be excessive and that additional financial assistance may be warranted so the primary caregiver(s) can meet the needs of the child. A referral may be received by a teacher, physician, foster parent, psychiatrist, Department staff, etc. The social worker with primary assignment will review the referral, supportive documentation, "Classification of Specialized Rates" (Attachment A), and "Foster Care Behavior Log", if applicable (Attachment B). After reviewing the information, the social worker will complete the "Assessment Tool for Determining Eligibility for Specialized Care Increment" (Attachment C) to determine eligibility. The assessment tool, helps the social worker in determining the Level of Care, if any, needed for the child.

Classifications of Specialized Care Increments

LEVEL 1: MODERATE CARE

Care needed because the Child's physical condition or emotional behavior required more than normal care and supervision based on one or more of the following conditions:

1. Medical conditions such as asthma, epilepsy, heart problems, moderate symptoms of drug withdrawal, and failure to thrive.

2. Enuresis, hyper-activity, occasional moderate emotional or behavioral problems, minimal brain dysfunction.

3. Moderate education problems, which require the caretaker to participate in individualized education plans or tutoring.

4. Visits (or failure to appear for scheduled visits regularly) result in behavioral/emotional problems for the child and the caretaker.

5. Frequent trips must be made to the physician and/or therapist.

LEVEL 2 INTENSIVE CARE

Care and supervision is needed beyond that normally provided a child of a similar age because of one or more of the following conditions:

1. Severe physical, medical, or mental health problems requiring frequent trips to the physician and/or the therapist.

2. Recurrent out-of-county trips to the physician and/or the therapist.

3. Encopresis, enuresis, severe hyper-activity, moderate brain dysfunction, or frequent emotional or behavioral problems.

4. Sever drug withdrawal symptoms requiring frequent physician or other contacts with medical providers.

5. Child demonstrates abnormal behavior and close supervision is necessary to assure they don't hurt themselves or others. Behaviors may include sexual acting out, suicidal threats, and violent acting out.

6. Child's behavior is destructive. Behavior may include destroying property, fire setting, etc.

7. Substance abuse problems, chronic runaways, or other behaviors which make the child difficult to manage in a foster home setting.

8. HIV positive diagnosis with symptoms requiring care, attention or intervention.

LEVEL 3: EXCEPTIONAL CARE

A high level of daily care and/or supervision is needed because the child has severe behavioral or physical problems. One or more of the following conditions may result in exceptional care needs:

1. Severe emotional or behavioral acting out, pervasive drug use, sexual aggressiveness, frequent violent episodes.

2. Actively suicidal.

3. Severe medical complications requiring frequent medication and in-home monitoring. Consistent with the County's plan for medically fragile children, this may include, but not limited to, dependency upon internal feeding tubes, total parental feeding, a cardio-respiratory monitor, intravenous therapy, a ventilator, urinary catherization, special medications regimens, including injections, aerosol treatment, anal, intravenous or oral medications, or ministrations imposed by tracheotomy, colostomy, ileostomy, or other medical or surgical procedures rendering the child dependent upon ongoing health care and assessment.

4. HIV positive diagnosis and Aids related symptoms presenting multiple problems, and requiring extensive care, supervision, and treatment.

Attachment B

Foster Care Behavior Log

Month:_____ Year:_____

This form will be used to determine if the child has special needs, which require a special foster care rate. Please complete the form as accurately as you can. If you have questions or problems with this form, please call:

Placing Agent Phone #:

Child's Name:_____ Age:_____

Foster Parent:_____

Please keep this log and provide to the placing case social worker by:_____. The log will be used to evaluate Specialized Foster Care Rate on a BI-annual basis.

Behavior & Frequency **List the date's the behavior was exhibited by the child.**	**Explanation** **Indicate what the child was doing and what the foster parent had to do to stop or modify the behavior. Use the back of the form if needed.**
A. Dependency (needs constant reassurance, is always under foot, etc.	
B. Inability to relate (doesn't know how to get attention, has problems getting along with others, etc.)	
C. Passivity (Lack of responsiveness, withdrawn)	
D. School Problems	

Behavior & Frequency **List the dates the behavior was exhibited by the child.**	**Explanation** **Indicate what the child was doing and what the foster parent had to do to stop or modify the behavior,** **Use the back of the form if needed.**
E. Peer Problems (fighting, etc.)	
F. Runs Away	
G. Stealing	
H. Drug Use	
I. Destructiveness (intentionally destroys property)	
J. High Activity Level	
K. Sexual Activity	

Behavior & Frequency **List the dates the behavior was exhibited by the child.**	**Explanation** **Indicate what the child was doing and what the foster parent had to do to stop or modify the behavior, Use the back of the form if needed.**
L. Self-Destructive (hurts or harms self; has harmful accidents.)	
M. Enuresis (bed-wetting, wets oneself while awake)	
N. Encopreses (soils oneself)	
O. Very difficult or unusual behavior	
P. Medical conditions	
Q. Physically Handicapping conditions.	
R. Other significant behaviors or problems	

Attachment C

Assessment Tool for Determining Eligibility for Specialized Care Increment

Name of child: _____ Date of Completion:_____

Section 1 Directions: Read each category and determine which description most accurately describes your client. Once you find a description that matches your client, add the corresponding number in the box directly following the description. If none of the descriptions are applicable, put in a zero following the first description. (ONLY ONE ANSWER PER ROW) Once completed, go to Section 2

CATEGORY	Description #1	1	Description #2	2	Description #3	3
Dependency:	Some Clinging		Constant reassurance		Regressed behavior under stress	
Relations with Others:	Attention-seeking behavior		Negative attention seeking, and acting out		Aggressive play and actions towards others and/or assaultive conduct	
Passivity:	Lack of Assertion		Inactive and submissive		Non-reactive, unresponsive to stimuli, withdrawn	
Peer Relations:	Difficulty forming friendships		Requires adult intervention to maintain relations		No friends, constant intervention required in peer relations	
Runaway	Infrequent absences of short duration		More frequent and longer duration		Chronic and places self in increasing danger	
Steals:	Minor petty theft, usually in home		Community petty theft, more risky actions		Chronic, risky, requires intense supervision	
Substance Use and Abuse:	Experimentation with intoxicants		Regular use, results in intoxication, impaired judgment and functioning		Specific addition or poly-substance abuse with pervasive impairment's)	
Destructive Actions:	Infrequent destruction of personal property		Frequent destruction of personal and community property		Chronic indiscriminate destruction of property	
Sexual Activity:	Inappropriate sexual activity		Excessive sexual activity puts self in danger		History of predatory and aggressive sexual activity, indiscriminate sexual activity resulting in extreme risk.	
Self Destructive:	Negative self esteem, undermines own best interests		Self mutilates		Suicidal ideation, gestures, and attempts by history.	
Enuresis	Occasional bedwetting or wetting oneself		Frequent bedwetting or wetting oneself		Chronic bedwetting or wetting oneself	

Attachment C

CATEGORY	Description #1	1	Description #2	2	Description #3	3
Encopresis	occasional soiling of bed or oneself		Frequent soiling of bed or oneself		Chronic soiling of bed or oneself	
Delinquency	Wards of juvenile court with regular supervision requirements		Ward requiring higher level of supervision, such as CCM, Electronic Monitoring, PACE		Chronic truant, unable to function in classroom setting, SED designation, possibility of home schooling.	
Education	Can function in school setting, requires close coordination between foster parent and teacher		Requires extra classroom supervision with increased participation by foster parent, IEP driven services		Child has diagnosis of an at-risk condition which may or may not be stable and requires continuous monitoring, treatment, and/or frequent interventions daily	
Medical Condition	Child has diagnosis or an at risk condition which is stable and requires some specialized treatment i.e. asthma, epilepsy, heart condition, drug withdrawal.		Child has diagnosis of an at-risk condition, which is stable, but requires a great deal of treatments or interventions.		Child has diagnosis of at-risk condition which may or may not be stable and requires continuous monitoring, treatment, and/or frequent interventions daily.	
Medication Use	May take medications for stable medical condition		Takes multiple medications for stable condition and requires knowledge of interactions and side effects		Takes multiple medications for unstable or complex medical conditions which requires close monitoring daily	
Therapy/ Rehabilitation	Requires regular contact with therapist or doctor (at least twice a month)		Requires weekly contact with more than one therapist or service provider		Requires coordinated intensive treatment by multiple therapists and providers, twice weekly.	
Activity Level	High Level: Hyperactivity, unable to focus		High Level: Attention Deficit Hyperactivity Disorder		High Level: Attention deficit Disorder requires medication and intensive supervision	
	Low Level: Passivity, unmotivated lack of assertion		Low Level: Inactive without direction, submissive		Low Level: Withdrawn, unresponsive to stimuli or direction, non reactive	
Placement Level	Two or less placement disruptions		Multiple placement disruptions		Transition from residential treatment program	

GRAND TOTAL: 0

Section 2 Directions: Look at "Grand Total" to determine if the child will be eligible for a special care rate and if so, which level the child will be eligible for, Level 1, Level 2, or Level 3. Mark the appropriate box below.

Score between 0-5	Child is NOT eligible for SCR	
Score b/ween 6-19	Moderate: Level 1	
Score b/ween 20-35	Intensive: Level 2	
Score b/ween 36-50	Exceptional: Level 3	

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