

DSS Policy and Procedure Guide

Division 45: Foster Care

Chapter 02: Payments and Rates

Item 002: Specialized Care Increment

Suggested changes send to: [DSS PSOA](#) mailbox

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Revisions are in Red

References: Manual of Policy and Procedure section 11-401.2, ACIN [I-05-10](#)

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Training Material:

[How to in CalWIN](#)

Specialized Care System

Specialized care is a system that allows a county to pay a rate greater than the basic rate, on behalf of children who receive Aid to Families with Dependent Children-Foster Care (AFDC-FC), who are placed in family homes and require additional care because of health and/or behavior problems. The County of Fresno is one of fifty five counties in California that has a specialized care system. Modoc, Plumas and Sierra Counties have no specialized care system. Each county welfare department is responsible for developing, maintaining and administering their county specific specialized care system. The State is responsible for approving all county proposals to modify or adopt a system.

A foster child may be eligible to receive a specialized care rate if he/she is placed under the authority of:

- a court order, from Juvenile Court for dependency or delinquency
- relinquishment
- voluntary placement agreement
- guardianship

Facilities that may be eligible to receive a specialized care rate on behalf of a foster child are;

- licensed or approved family home
- the certified home of a Foster Family Agency (FFA) **non-treatment** program
- relative
- Non Related Extended Family Member (NREFM)
- Non-Related Legal Guardian (NRLG)

Out of County Placements

When a child is placed in a foster home outside of Fresno County, the criteria of the host county and the rates as established by that county will be used in issuing a Specialized Care Increment (SCI). [Form 6247](#) will be completed using the host county rates. When a current copy of the host county's SCI rate is not on file with the County of Fresno, the Eligibility Worker (EW) will contact the host county for a copy of their rates. If the host county has no specialized care system, we may pay our own rate, if authorized by the Social Worker (SW).

Specialized Care Increment

A Specialized Care Increment (SCI) may be paid in addition to the basic foster home rate when a child needs special care and an additional amount is requested and appropriate. The SW must evaluate the placement using the appropriate guidelines and will recommend the amount to be paid in each situation.

A monthly supplement may be authorized by the SW and Social Work Supervisor (SWS) for children requiring:

- **Mild** care and supervision. A maximum supplement of \$54 per month may be authorized for children requiring mild care and supervision. This rate is commonly referred to as special needs level 1.
- **Moderate** care and supervision. A maximum supplement of \$113 per month may be authorized for children requiring moderate care and supervision. This rate is commonly referred to as special needs level 2.
- **Extreme** care and supervision. A maximum supplement of \$189 per month may be authorized for children requiring extreme care and supervision. This rate is commonly referred to as special needs level 3.

A monthly supplement may be authorized by the SW, SWS and Specialized Care Assessment Team (SCAT) for children requiring;

- **Intensive** care and supervision. A maximum supplement of \$245 per month may be authorized for children requiring intensive care and supervision. This rate is commonly referred to as special needs level 4.
- **Therapeutic** care and supervision. A maximum supplement of \$689 per month may be authorized for children requiring therapeutic care and supervision. This rate is commonly referred to as special needs level 5.

Shirley Long, Thomas Jones and Robert Hamilton are the only SWS authorized to approve SCI for levels 1 through 3. If the 6247 is signed by any other SWS it must be initialed by one of the SWS in FPR or the Home Approval Unit named above. A member of SCAT must approve SCI for levels 4 and 5. In the event of an extended absence Child Welfare Services (CWS) will notify Eligibility who may be authorized to sign during an absence.

If the child changes placement prior to the expiration of the SCI, a new 6247 is **not** required for the new placement if SCI is to continue at the same level. If the SCI level has changed a new 6247 will be required. The SCI payment amount must be indicated on line I, box 5 of the [SOC158A](#). If line I, box 5 of the SOC158A is left blank the EW will discontinue the SCI payment.

Social Worker Responsibilities

When a child is placed, the SW will evaluate/reevaluate the need for specialized care, and if the evaluation indicates an SCI is to be paid, complete a 6247 Specialized Care and Clothing Supplement Request and Authorization. Such an evaluation is not limited to the point of placement but can be made when further information provided by the foster parent warrants consideration.

The SW will enter a summary of why the special supplemental rate is needed and the level of care and supervision in the appropriate section of the 6247.

The SW will indicate the amount of the special need to be allowed on the 6247 and the effective date of the special need allowance.

The SW will indicate a review date no more than twelve months from the effective date. If the review date is left blank the EW may fill in the expiration date as 12 months from the effective date or the last day of the month, not exceeding twelve months.

The SW will complete the 6247 in triplicate and obtain necessary signatures for approval. All three copies will be sent to the Eligibility Worker (EW).

Eligibility Worker Responsibilities

One month prior to the review date the EW will send an email to [Shirley Long](#), and Jennifer Brown in FPR, with a cc to the SW case manager, informing them of the date the review is needed. A NOA will be sent to the provider with at least 10 days notice prior to the discontinuance of the supplemental payment.

The SW will determine if the need still exists and if so, will send a 6247 signed by the SW, SWS and SCAT, if appropriate, to the EW to reauthorize the supplemental payment.

The EW will issue payment or ensure payment continues by completing the Display Case Special Need Payment window in CalWIN. Ongoing workers will complete a case alert in CalWIN for the month before the SCI expires. Intake and ongoing workers will complete the Foster Care Case Alert [Flag](#) prior to transferring a case with SCI.

The EW will send an allow notice to the care provider.

The EW will complete the eligibility portion of the 6247. The white copy will be sent to the SW, the yellow copy will be filed in the eligibility case file under Service Payments and the pink copy will be sent to the Office Assistant (OA) in FPR. If the EW does not receive a NCR form in triplicate, the EW will make copies of the single sheet 6247. The original will be sent to the SW case manager. A copy will be sent to the OA in FPR and a copy retained in the eligibility case file.

If the EW does not receive a new authorization form from the SW by the review deadline, the supplemental amount will be discontinued. The EW must run EDBC and authorize the case to generate the NOA and discontinue the supplement.

How to in CalWIN

- [FC202 Special Care Increment](#)
- [Sending a User to Case Alert](#)

SCATeam Process for Specialized Care Increments (SCI)

The current process for Initial and Renewal of SCI is as follows:

Initial SCI Level 1-3 SCI:

The county social worker (SW) is to assess the special needs of the child using the Special Needs Matrix. The Special Needs Matrix is not exhaustive as to all special needs. It does however provide a framework that the SW can use to compare the specific special needs of their child to the special needs identified by the Special Needs Matrix.

If the SW believes the child meets the criteria for a SCI as described by the Special Needs Matrix the SW completes a 6247 (Specialized Care and Clothing Supplement Request and Authorization) marking it as an initial request. The SW identifies on the 6247 in the area "Special Supplement is being requested because:" the specific special need(s) of the child and then attaches supporting documentation as needed.

The SW signs the 6247 and submits the form to their supervisor (SWS). If the SWS supports the request the SWS signs the 6247 and forwards the 6247 to Foster Parent Resources, SCATeam.

Once the signed (by both the SW and SWS) 6247 is received, it is reviewed for completeness. Then the FPR SWS (or currently SWP Rodger Gaskin) counter signs the 6247 for the purpose of showing it is being tracked. The 6247 is then given to the FPR office assistant (OA) who enters the SCI into the Case Management System (CMS) and creates a new SOC158. The SOC158 is then logged and forwarded to Eligibility where the process is completed and payment is sent to the resource family.

Renewal of SCI Level 1-3:

Prior to the expiration of an SCI, Eligibility will send an E-mail to the case managing SW and to FPR to alert them of the approaching expiration of the SCI.

The SW then reassesses the functioning of the child to determine if the child continues to meet the criteria for SCI levels 1-3. If the SW believes the child continues to meet the criteria for the SCI the SW will follow the process outlined above and mark the 6247 as a Renewal.

Initial SCI Level 4-5:

The county social worker (SW) is to assess the special needs of the child using the Special Needs Matrix. If the SW believes the child meets the criteria for a SCI Level 4 or 5 as described by the Special Needs Matrix the SW will complete a 6247 (Specialized Care and Clothing Supplement Request and Authorization) marking this is an initial request. The SW identifies on the 6247 in the area "Special Supplement is being requested because:" the specific special need(s) of the child. The SW then attaches to the 6247 documentation (e.g. HEP, Letters from MD/MH Therapist/Teacher-Ed provider, Memo from SW, IEP, etc.) that supports the requested SCI level.

The SW signs the 6247 and submits the form with the supporting documentation to their supervisor (SWS). If the SWS supports the request the SWS signs the 6247 and forwards the 6247 to Foster Parent Resources, SCATeam.

Upon receiving the 6247 Packet the SCATeam reviews the request using the Special Needs Matrix. If the SCATeam approves the request the FPR SWS (or at this time the Program Manager over FPR) authorizes the request by signing the 6247. The 6247 is then given to the FPR OA who will enter the SCI into CMS and create a new SOC158. The SOC158 is logged and submitted to Eligibility who will make payment to the resource family.

Renewal SCI Level 4-5:

Prior to the expiration of an SCI, Eligibility will send an E-mail to the case managing SW and to FPR to alert them of the approaching expiration of the SCI.

The SW then reassesses the functioning of the child to determine if the child continues to meet the criteria for SCI levels 4 or 5. The SW must collect current information/documentation to assess the child's functioning. If the SW believes the child continues to meet the criteria for the SCI the SW will follow the process outlined above for SCI Level 4-5..

Denial of SCI Level 4-5

The SCATeam does not review or deny requests for SCI Level 1-3. By signing the 6247 the SWS for the case approves the requested SCI level.

If a request for a SCI Level 4 or 5 is denied, the SW is sent an E-mail alerting the worker to the reason why the request was denied. Additionally, the SCATeam may suggest a more appropriate SCI level given the documentation provided. The worker is encouraged to resubmit the request if they have additional material they believe will support the requested level.

Competencies for Category A – Medically Fragile Children					
	Level I	Level II	Level III	Level IV	Level V
Category A Competencies Medically Fragile Children	1. Sickle Cell Anemia Care provider must demonstrate knowledge, care and control of disease and intervention strategies.	1. Respiratory Demonstrate effective use of nebulizers and breathing treatments for the maintenance of respiratory problems.	1. Drug Exposed Infant (DEI) Care provider must demonstrate a general knowledge of drug / alcohol signs and symptoms and techniques for the care of the drug exposed infant.	1. Physical Therapy Occupational therapy and/or feeding therapy. The care provider must participate in and perform prescribed home therapy program.	1. Tracheotomy Care provider must demonstrate the ability to care for change and suction a tracheotomy tube. They must also be proficient in identifying potential problem areas as they relate to inflections, as well as the importance of sterilization techniques to prevent infection.
	2. Medications Care provider must demonstrate ability to properly measure medications with a clear understanding of appropriate dosages (i.e. cc's, mls, tenths of cc's or mls) and the importance of timely administration of medications.	2. Diabetes The care provider must demonstrate knowledge, care and control of the disease and appropriate intervention techniques (i.e. Medication, diet, blood sugar levels, etc.)	2. Apnea Monitor Demonstrate the proper use belts, lead wires, and proper cleaning techniques. Show knowledge of what the alarms mean and appropriate intervention strategies.	2. Oxygen (O2) The care provider must demonstrate knowledge of causes of oxygen dependency and recognize symptoms of requiring more or less oxygen.	2. Appointments The care provider must be willing to be involved with various physicians and numerous medical and or therapy appointments.
	3. Respiratory Care provider must be able to recognize respiratory difficulties and assess the need for prescribed medications plus inhalers for stabilized asthmatics.	3. Seizure Disorder (Abnormal EEG) Care provider must demonstrate knowledge care and control of the disease and intervention strategies (i.e. Medications, seizure precautions, etc)	3. Shunt Care provider to understand the purpose of shunt placement, how to identify shunt dysfunction, and what to do if a problem occurs.	3. Tube Feeding Care provider must demonstrate the ability and understanding of tube feedings (NG, GT, OG). Also techniques such as tube placement. The care provider must also be able to properly operate a Kangaroo Feeding Pump.	3. Broviacs, Indwelling Lines, PIC Care provider must demonstrate the ability to perform sterilization techniques and how to recognize potential problems. They must also know the use and function of the equipment.
	4. AIDS Care provider must complete required DCFS AIDS training.	4. Fetal Alcohol Syndrome / Fetal Alcohol Effect Demonstrate a clear understanding of FAS & FAE, it etiology characteristics, and management techniques.	4. Chest Physical Therapy (CPT) Training	4. Hemophiliac Training and Precautions	4. Colostomy / Ileostomy Care provider training will be as child specific as needed.
	5. Medical Terminology Care provider must become familiar with common medical terminology.	** The Care Provider must have successfully achieved certificates at Levels I & II.	** The Care Provider must have successfully achieved certificates at Levels I, II, & III.	** The Care Provider must have successfully achieved certificates at Levels I, II, III, & IV.	** The Care Provider must have successfully achieved certificates at Levels I, II, III, IV, & V.

Category A Payment Level Criteria – Medically Fragile Children					
	Level I (\$ 54)	Level II (\$ 113)	Level III (\$ 189)	Level IV (\$ 245)	Level V (\$ 689)
<p>Category A Medically Fragile Children</p> <p>Conditions should include but not be limited to the following:</p> <ol style="list-style-type: none"> 1. Drug exposed history or positive toxicology screen. 2. Alcohol exposure (FAS or FAE) 3. Respiratory Difficulties (Asthma, Cystic Fibrosis, Reactive Airway Disease, Premature Respiratory Distress Syndrome, Respiratory Distress Syndrome, Bronchopulmonary Dysphasia) 4. Failure to Thrive neglect vs. Inborn Error of Metabolism. 5. Diabetes 6. Heart Disease 7. Hemophilia 8. Oncology (Cancer) 9. HIV-AIDS 10. Seizures 11. Organ Failure, Transplant Candidate 12. Sickie Cell Anemia 	<ol style="list-style-type: none"> 1. 1-2 appointments per month not including routine dental or physical examinations. 2. Long Term prescription medications (medication needed on a daily basis for a period of 1 or more months). One-two medications not including prescription vitamins or short term antibiotics. 3. Mild breathing difficulties requiring prescription medications with close supervision. 4. Sickie Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic) <p>**If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</p>	<ol style="list-style-type: none"> 1. 3-4 appointments per month not including routine dental or physical examinations. 2. Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments. 3. Diabetes with special diet – no insulin or medication needed. 4. Failure to thrive due to mild feeding difficulties 5. Seizure disorder (Abnormal EEG, medication required for seizure activity) 6. Heart disease requiring close monitoring no intervention special treatments or diet. 7. HIV positive clinically well 8. Fetal Alcohol Effect or Exposure (FAE) 9. Sickie Cell – SB + Thal, Mild Symptoms. <p>**If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</p>	<ol style="list-style-type: none"> 1. 5-6 appointments per month not including routine dental or physical examinations. 2. Positive toxicology screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties) 3. Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms. (level should be reduced at 6 month review if infant is not exhibiting any symptoms or difficulties) 4. Apnea monitor required (when discontinued, rate to be reduced to appropriate level) 5. Moderate feeding difficulties requiring therapy or special feeding techniques. 6. Severe respiratory difficulties requiring multiple medications, breathing treatments (not including the use of inhalers) CPT (Chest Physical Therapy) on a daily basis. 7. Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. 8. Medical diagnosis of Fetal Alcohol Syndrome (FAS) Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE) 9. Shunt placement-functioning stable 10. Sickie Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc) <p>**If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</p>	<ol style="list-style-type: none"> 1. 7-8 appointments per month not including routine dental or physical examinations. 2. AIDS – Asymptomatic, stable 3. FAS with moderate to severe complications (verifiable medical diagnosis) 4. Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or bi-weekly therapy sessions. 5. Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure 6. Seizure disorder requiring close monitoring and multiple medications to control. 7. Extreme breathing difficulties requiring 4 or more breathing treatments daily and multiple prescriptions medications (not including inhalers) 8. Continuous oxygen 9. Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program. 10. Tube feedings (i.e. GI, OG, NGO, Bolus feedings or continuous feedings (12 hours or less per day) 11. Hemophiliac requiring close monitoring to prevent injury 12. Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc) 13. Sickie Cell SC, Severe Symptoms <p>**If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</p>	<ol style="list-style-type: none"> 1. 9 or more appointments per month not including routine dental or physical examinations. 2. Symptomatic AIDS with complications 3. Extensive involvement with physicians due to multiple complications 4. Tracheotomy 5. Diabetes same as level IV except child is non-compliant with prescribe program. Requires extremely close monitoring and supervision. 6. Tube feeding in excess of 12 hours per day. 7. Broviac line 8. Colostomy Ileostomy 9. Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would otherwise require placement in an institutional facility. 10. Child receiving chemotherapy 11. Sickie Cell SS, Extreme Symptoms Life Threatening

Category B Competencies - Physically Challenged Children					
	Level I	Level II	Level III	Level IV	Level V
<p>Category B Competencies Physically Challenged Children</p>	<p>1. <u>Cerebral Palsy</u> Care provider must demonstrate knowledge and clear understanding of diagnosis and provide appropriate care and treatment if indicated / prescribed.</p> <p>2. <u>Brain Injury</u> Care provider must demonstrate knowledge and clear understanding of diagnosis and provide appropriate care and treatment if indicated / prescribed.</p> <p>3. <u>Bracing Equipment</u> Care provider must be able to identify problems relating to any type of bracing equipment (i.e. improper fit, pressure sores, etc.) and obtain needed services to correct problems.</p>	<p>1. <u>Shunts</u> Care provider must demonstrate a clear understanding of what a shunt is, why it was placed, how it functions, and signs & symptoms of shunt dysfunction. Care provider must also know what to do if a dysfunction occurs.</p> <p>2. <u>Visual Impairment</u> Care provider must be willing to follow through with prescribed daily treatment plan (i.e. Daily eye patches, long-term eye drops, etc). Care providers must also follow through with all follow up ophthalmology appointments and therapy sessions in a time manner.</p> <p>3. <u>Hearing Impairment</u> Care provider must demonstrate a clear understanding of the usage of hearing aids and their upkeep (i.e. battery change etc.)</p> <p>4. <u>Scoliosis</u> Care provider must be knowledgeable about scoliosis and the importance of follow through with regard to daily exercise or other prescribed treatment (i.e. Surgical intervention).</p>	<p>1. <u>Cleft Lip / Palate</u> Care provider must demonstrate the ability to perform any required special feeding techniques. Must also be able and willing to attend numerous medical appointments and support potential surgical procedures.</p> <p>2. <u>Physical Abnormalities</u> Care providers must be willing to attend all medical appointments and become knowledgeable in required post-operative care and follow up.</p> <p>3. <u>Burns</u> Care provider must be able to demonstrate sterile dressing changes and the importance of following through with the prescribed treatment plan (i.e. Daily sterile dressing changes, medical appointments, specialized bandaging). Must also demonstrate a clear understanding of the 1st, 2nd, & 3rd degree burns and treatment procedures.</p>	<p>1. <u>Visual / Hearing Impaired</u> In addition to completing required training at Level I, care provider must be willing and able to adapt the home environment to accommodate the individual needs of the child.</p> <p>2. <u>Cerebral Palsy / Physical Disabilities</u> In addition to completing required training at Level I, care provider must receive interaction in any / all adaptive equipment that is child specific.</p> <p>3. <u>Signing Ability</u> Care providers of minors who are hearing impaired if necessary for a specific child.</p>	<p>1. <u>All Conditions</u> Listed in level V should be considered severe and will require an extraordinary amount of time and specialized training. Each child will have an individualized treatment plan which the care provider will be required to participate in and follow through with as prescribed.</p> <p>2. <u>Appointments</u> Care providers must be willing to be involved with various physicians and numerous medical and / or therapy sessions as required by the individualized treatment plan.</p>

Category B Payment Level Criteria					
	Level I (\$ 54)	Level II (\$ 113)	Level III (\$ 189)	Level IV (\$ 245)	Level V (\$ 689)
<p>Category B Physically Challenged Children</p> <p>Conditions should include but not be limited to the following:</p> <ol style="list-style-type: none"> 1. Diagnosis of Cerebral Palsy (CP) 2. Brain Injury (abuse or accidental) 3. Visually impaired (birth, abuse, or accidental) 4. Hearing impaired (birth, abuse, or accidental) 5. Cleft lip and/or palate 6. Other physical disability or injury requiring surgical intervention for partial or complete correction 7. Orthopedic abnormalities (birth or abuse) (i.e. scoliosis) 8. Severe burns 	<ol style="list-style-type: none"> 1. 1-2 appointments per month not including routine dental or physical exams. 2. Mild Cerebral Palsy requiring minimal additional assistance. 3. Minimal brain injury requiring minimal additional observations and guidelines. No shunt required. 4. Visual/Hearing condition is stable and infrequent intervention is needed. 5. Minimal bracing equipment is needed (i.e. AFO's) <p>***If three (3) or more of the conditions listed above exist, rate will be increased to the next higher rate.</p>	<ol style="list-style-type: none"> 1. 3-4 appointments per month not including routine dental or physical exams. 2. Moderate Cerebral Palsy or physical disability requiring some additional help with feeding, dressing, bathing, etc. 3. Moderate brain injury with stable shunt requiring no medical intervention. 4. Visual impairment or abnormality requiring daily intervention (i.e. Eye drops or eye patches). 5. Hearing impairment requiring hearing aid to correct hearing to the normal range. 6. Scoliosis requiring unassisted daily exercises. No bracing. <p>***If three (3) or more of the conditions listed above exist, rate will be increased to the next higher rate.</p>	<ol style="list-style-type: none"> 1. 5-6 appointments per month not including routine dental or physical exams. 2. Cleft lip requiring surgical intervention and special feeding assistance. 3. Physical abnormalities requiring medical intervention. 4. Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. 5. 2nd degree burns requiring daily dressing changes. This generally applies to children 8 or over who can cooperate with the treatment plan. 6. Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.) 7. Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program). 8. Scoliosis requiring assisted daily exercise and/or bracing. <p>***If three (3) or more of the conditions listed above exist, rate will be increased to the next higher rate.</p>	<ol style="list-style-type: none"> 1. 7-8 appointments per month not including routine dental or physical exams. 2. Visual or hearing impaired requiring care provider assistance with daily living activities and/or adaptive home environment. 3. Severe Cerebral Palsy or physical disability requiring adaptive equipment (ambulatory) 4. 2nd degree burns requiring daily dressing changes. Generally will apply to a child under 7. 5. Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child. <p>***If three (3) or more of the conditions listed above exist, rate will be increased to the next higher rate.</p>	<ol style="list-style-type: none"> 1. 9 or more appointments per month not including routine dental or physical exams. 2. Combined cleft lip/palate. 3. Severe Cerebral Palsy or physical disability requiring adaptive equipment and extensive assistance with daily care (non-ambulatory). 4. Severe brain injury requires total assistance with activities for daily living (i.e. near drowning, shaken baby syndrome, battered child syndrome, accident etc.) 5. Visually impaired requiring total assistance with daily living. 6. Extensive 2nd and/or 3rd degree burns. 7. Scoliosis requiring surgical intervention and extensive rehabilitation.

Category C Competencies - Developmental Delays and/or Disabilities					
	Level I	Level II	Level III	Level IV	Level V
<p>For all levels: Care providers must complete required training and demonstrate a knowledge and clear understanding of:</p> <ol style="list-style-type: none"> 1. Drug and/or alcohol exposure 2. Syndromes resulting in developmental disability (i.e. Down's Syndrome, Shaken Baby Syndrome, Tourette's Syndrome) 3. Intraventricular Hemorrhage (IVH) 4. Hydrocephalic, Acephalic, Microcephalic 5. Brain Trauma (abuse or accidental) 6. Encephalitis, Meningitis, etc. 7. Learning Disabled (.i.e. Educational abilities do not match potential) 8. ADHD-ADD and their relationship to levels of developmental disabilities. The care provider must also have a working knowledge of available agencies and how to obtain their services (i.e. CVRC, Lori Ann, CCS, EPU, Elks, Shriners, etc.). Must also include child specific training. 					
Category C Payment Level Criteria - Developmental Delays and/or Disabilities					
	Level I (\$ 54)	Level II (\$ 113)	Level III (\$ 189)	Level IV (\$ 245)	Level V (\$ 689)
	<ol style="list-style-type: none"> 1. Mild learning disability / delay resulting from educational neglect or prolonged illness. 	<ol style="list-style-type: none"> 1. Moderate learning delay / disability requiring daily care provider assistance. 2. Mild mentally retarded (IQ 50-65) 3. ADD as diagnosed by a physician. Behavior modification required but no medication prescribed. 	<ol style="list-style-type: none"> 1. Moderate learning delay / disability requiring daily care provider assistance. 2. Mild mentally retarded (IQ 50-65) with behavior problems. 3. CVRC client: 0-3 years of age to be included in Early Intervention Program (EIP) (i.e. Lori Ann Infant Stimulation, Exceptional Parents Unlimited (EPU). Documentation required from either EIP or CVRC social worker. 4. ADD as diagnosed by a physician. Behavior modification needed in conjunction with prescribed daily medication. 	<ol style="list-style-type: none"> 1. Severe learning delays requiring extensive daily assistance from the care provider (i.e. Homework, involvement with teachers and/or psychologist). 2. Moderate to severe mental retardation (IQ 20-50). CVRC client documentation required from CVRC SW. 3. ADHD as diagnosed by a physician. Behavior modifications prescribed with close monitoring and follow through by the care provider. Prescribed medications needed for partial or full control of symptoms (child specific). <p>**Children with any of the above disabilities and also diagnosed with a Low Incident Disability (blind, deaf, orthopedically impaired) will be increased to the next higher level.</p>	<ol style="list-style-type: none"> 1. Severe learning disabilities / delays requiring extensive daily assistance from the care provider & secondary behavior problems requiring assistance from a behavioralist. 2. Profound mental retardation (IQ below 20). Multiple impairments, less than 18 months developmentally, non-ambulatory. CVRC client documentation required from CVRC SW. 3. ADHD as diagnosed by a physician. Behavior modification needed in conjunction with 2 or more prescribed medications. Child exhibits extreme out of control behavior and requires extremely close supervision and monitoring by the care provider.

Category D Competencies - Emotional Disturbances

For all levels:

- Care providers must attend and complete required training and demonstrate knowledge of a wide variety of behaviors that may be indicative of the Emotionally Disturbed Child.
- Care providers must also have a working knowledge of intervention strategies and techniques and medication techniques (i.e. Psychotropic medications, sedatives, stimulants, etc.).
- Care providers will also have knowledge of available resources and how to access appropriate services. They must also display a willingness to follow through with the prescribed treatment plan and/or behavior management plan.

Category D Payment Level Criteria - Emotional Disturbances

	Level I (\$ 54)	Level II (\$ 113)	Level III (\$ 189)	Level IV (\$ 245)	Level V (\$ 689)
	<p>The child exhibits mild disruptive behaviors which occasionally places minor and/or other minors at risk, but can be minimized or eliminated by close supervision.</p> <p>**If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</p>	<p>The child exhibits behaviors, which frequently places self and/or others at risk. Close supervision is necessary to minimize risk and/or reduce potential for disruption. Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider.</p> <p>**If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</p>	<p>Child exhibits behaviors that place self and others at risk when not supervised and monitored. Behaviors are notably disruptive to the entire household and require significant time and skills to stabilize. Disruptive behavior can place care provider property at risk. Psychotropic medications are frequently prescribed at this level and their monitoring is needed. High level of counseling and mental health follows up. More than 4 monthly visits to counselors and health providers other than routine visits. Excessive anti-social behaviors that limit social interaction without close supervision.</p> <p>**If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</p>	<p>Same as level III with these additional factors: The child is at very high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions. Stabilization of disruptive behaviors, special intervention and discipline strategies. Care provider should have special training and participate in counseling with the minor to accomplish this. 601 behaviors frequently exhibited at this level. Chronic resistance to behavior modification strategies. Personal property of others in the home at high risk. Excessive anti-social behaviors which strictly limit unsupervised social interaction.</p> <p>**If three (3) or more of the conditions listed above exist, rate will be increased to the next higher level.</p>	<p>Consistent with level IV characteristics. In addition, therapeutic plan is required to address the minor's disruptive, dangerous, and high risk behaviors. Behaviors can be stabilized and reduced. Active participation in all areas of counseling and intervention is required by the care provider in order to facilitate therapy and treatment. 601 and 602 behaviors can exhibit themselves at this level. Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed. Minors at this level are candidates for group home placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances.</p>

Category E Competencies - Eneurisis/Encopresis (Wetting/Soiling)

	Level I	Level II	Level III	Level IV	Level V
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For all levels:

No special skills or training are required for the care provider.

Category E Payment Level Criteria - Eneurisis/Encopresis (Wetting/Soiling)

	Level I (\$ 54)	Level II (\$ 113)	Level III (\$ 189)	Level IV (\$ 245)	Level V (\$ 689)
Category E Eneurisis/Encopresis (Wetting/Soiling)	2 or 3 times per week	4 to 10 times per week	2 or more times per day	NA	NA

FRESNO COUNTY FOSTER CARE RATES

July 1, 2010

<u>BASIC RATES for AFDC-FC and Kin-GAP</u>		<u>SPECIALIZED CARE INCREMENTS*</u>	
<u>AGE</u>	<u>Eff. January 1, 2008</u>	<u>LEVEL</u>	<u>Eff. January 1, 2008</u>
0-4	\$446	1) Mild	\$54
5-8	\$485	2) Moderate	\$113
9-11	\$519	3) Extreme	\$189
12-14	\$573	4) Intensive	\$245
15-19	\$627	5) Therapeutic	\$689
* allow up to 12 months at a time			
<u>INFANT SUPPLEMENT</u>		<u>CLOTHING ALLOWANCE</u>	
FFH and FFA Homes	\$411	Initial	\$276
Group Homes	\$890	Special	\$276
		State Supplement (No Group Homes)	\$100

BASIC PLUS SPECIALIZED FOSTER CARE RATES

Effective January 1, 2008

<u>AGE</u>		<u>0-4</u>	<u>5-8</u>	<u>9-11</u>	<u>12-14</u>	<u>15-19</u>
<u>BASIC RATE</u>		\$446	\$485	\$519	\$573	\$627
<u>GRANT AMOUNT WITH SPECIALIZED CARE SUPPLEMENTAL ADDED</u>						
<u>LEVEL I</u>	Basic + Mild (\$54)	\$500	\$539	\$573	\$627	\$681
<u>LEVEL II</u>	Basic + Moderate (\$113)	\$559	\$598	\$632	\$686	\$740
<u>LEVEL III</u>	Basic + Extreme (\$189)	\$635	\$674	\$708	\$762	\$816
<u>LEVEL IV</u>	Basic + Intensive (\$245)	\$691	\$730	\$764	\$818	\$872
<u>LEVEL V</u>	Basic + Therapeutic (\$689)	\$1135	\$1174	\$1208	\$1262	\$1316

RATES for REGIONAL CENTER – DUAL AGENCY CHILDREN

Effective July 1, 2007 (for placements in vendorized homes, refer to PPG 45-02-004)

<u>AGE</u>	<u>PROGRAM</u>	<u>RATE</u>	<u>ELIGIBLE TO SUPPLEMENT</u>
0-2 years, 11 mo	Early Start Intervention	\$898	NO
0-2 years, 11 mo	Developmental Disability	\$2006	NO
3-19	Developmental Disability	\$2006	YES**

****DUAL AGENCY SUPPLEMENT**

Effective July 1, 2007

Level 1	\$250	Level 3	\$750
Level 2	\$500	Level 4	\$1000

RATES for FOSTER FAMILY AGENCIES (FFA)

Effective January 1, 2010

AGE	Non-Treatment	Treatment***	Intensive Treatment
0-4	\$373	\$1,430	Level A: \$4,028
5-8	\$405	\$1,483	Level B: \$3,695
9-11	\$431	\$1,527	Level C: \$3,349
12-14	\$480	\$1,608	Level D: \$3,023
15-19	\$522	\$1,679	Level E: \$2,687

*** Creative Alternatives 0-4 \$1437.00, Families First 0-19 \$1,867.00

GROUP HOMES

Effective July 1, 2010

RCL	RATE	RCL	RATE
1	\$2,118	8	\$5,809
2	\$2,646	9	\$6,335
3	\$3,174	10	\$6,863
4	\$3,700	11	\$7,388
5	\$4,224	12	\$7,917
6	\$4,754	13	\$8,450
7	\$5,281	14	\$8,974

WRAPAROUND SB163

Effective July 1, 2010

At Risk Level	RCL	State	Federal
10 to 11	10.5	\$7,126	\$3,121
12 to 14	13	\$8,450	\$3,701

Minimum Basic Standard of Adequate Care (MBSAC) levels as of July 16, 1996

ACL 98-01

Assistance Unit Size	185% of MBSAC <small>Column A on FC3A</small>	MBSAC <small>Column B on FC3A</small>	Assistance Unit Size	185% of MBSAC <small>Column A on FC3A</small>	MBSAC <small>Column B on FC3A</small>
1	\$656	\$355	6	\$2036	\$1101
2	\$1078	\$583	7	\$2236	\$1209
3	\$1337	\$723	8	\$2436	\$1317
4	\$1587	\$858	9	\$2641	\$1428
5	\$1811	\$979	10****	\$2869	\$1551

****More than 10 add \$25.00 per person to the 185% rate and \$14.00 per person to the MBSAC rate
Resource Limit **\$10,000.00**

Emergency Assistance 200% Median Family Income Limit

ACL 05-38

Effective May 14, 2010	\$142,000
Effective March 19, 2009	\$140,800

SPECIALIZED CARE AND CLOTHING SUPPLEMENT REQUEST AND AUTHORIZATION

TO EW: _____
SOCIAL WORKER NAME: _____ WORKER NO: _____ EXT: _____
DATE OF REQUEST: _____ INITIAL () RENEWAL ()
CHILD'S NAME: _____ DOB: _____ AGE: _____
CASE NAME: _____ CASE NUMBER: _____
FOSTER PARENT NAME: _____
LICENSE NUMBER: _____ PHONE NUMBER: () _____
FOSTER PARENT ADDRESS: _____
EFFECTIVE DATE OF RATE: _____

SPECIALIZED CARE SUPPLEMENT REQUIRED (Refer to Specialized Care Supplement PPG)

- 1. () \$ _____ Child requires mild special care and supervision.
- 2. () \$ _____ Child requires moderate special care and supervision.
- 3. () \$ _____ Child requires extreme special care and supervision.
- 4. () \$ _____ Child requires intensive special care and supervision.**
- 5. () \$ _____ Child requires therapeutic special care and supervision.**

**Intensive and therapeutic levels of care must be approved by Specialized Care Assessment Team (SCAT) and a "Needs Assessment" packet must be attached for review by team.

Approved () Adjusted () \$ _____ Denied ()

To be reviewed _____ which is _____ Month(s) from allow date.

To be completed by EW: _____ Date Paid _____

SCAT Authorization Signature _____ EW Signature _____

INFANT SUPPLEMENT FOR FOSTER CHILDREN AND FOSTER CHILDREN WITH A CHILD

() Minor has _____ Child(ren), pay infant supplement(s).
(Minor must complete a CA2.1 and CA2.1Q on each child(s) absent parent before supplement can be issued).

CLOTHING ALLOWANCE SUPPLEMENT (Not to exceed maximum allowance)

() INITIAL \$ _____ () SPECIAL \$ _____

Special Supplement is being requested because:

SW/PO Signature and Date

SWS/PSM Signature and Date



FOSTER PLACEMENT REQUEST
IF NOT COMPLETED, PLACEMENT MAY BE DELAYED OR WILL NOT OCCUR

Date submitted to FPR: _____ TDM (date / time): _____

- 1. County Foster Home Placement
- 2. Specialized Placement
 - Foster Family Agency Group Home

SOCIAL WORKER/CASE MANAGER

Name: _____ Ph#: _____
 Cell #: _____ District #: _____
 Supervisor: _____ Ph#: _____
 Cell #: _____

Documents Needed for FFA and Group Home Placements

- IEP ASI Quarterly Reports Therapist Reports Psychological Reports
- Minute Order for placement, medical consent, etc. (All Requests) Psychiatric Discharges

Date Placement is needed (Specific date): _____

If 7-day-notice given, when (date)? _____

Has child been certified by Mental Health for a level 13 or 14 Group Home Placement? Yes No

Can child be placed with probation minor? Yes No

If yes, please complete the Certification of Commonality of Needs (6279).

CASA involved? Yes No Name & Ph# _____

CHILD IDENTIFYING INFORMATION

Name: _____

Case Number: _____ Case Name: _____

Gender: _____ DOB: _____ Age: _____ Ethnicity: _____

Child's Language: _____ Bilingual: Yes No

Bio-parents Language: Mother: _____ Bilingual: Yes No Father: _____ Bilingual: Yes No

Other languages spoken in the bio-family home: Specify _____

Name of Current Caretaker: _____ Relationship: _____

Complete Address: _____ Phone#: _____

Is child moving from a regular foster home to an FFA or Group Home? _____

MINOR MOTHER

Is Minor a Mother: Yes No

Is (non-dependent) child to be placed with Minor Mother? Yes No

If yes, does child have any behavior or health issues (explain): _____

Name of child(ren): _____ Gender: _____ Age: _____

COURT STATUS/CASE STATUS

Next Court Date: _____ Type of Hearing: _____

Case is in what Program: ER FR PPLA Assessment and Adoptions

TDM (Required for any placement change):

Has TDM been scheduled? Yes No

Has TDM been held? Yes No Outcome: _____

PLACEMENT HISTORY

*Print out placement history from CWS (print Child's Placement History)

Is need for a new placement related to the child's behavior/action? Yes No

***Must be explained:**

* What efforts have been made to prevent the minor from leaving this placement?

When did the child come into the system? _____ Number of placement moves in the last year? _____

Reason for Initial Placement: _____ Zip Code at time of initial removal (bio-parents / guardian): _____

Physical Emotional Sexual Neglect Abandonment Other: _____

Siblings in placement: Yes No Where? _____ Can siblings be placed together? Yes No

If no, explain:

No siblings

ISSUES / PREFERENCE OF MINOR REGARDING PLACEMENT:

Ethnicity: No known issues

Minor does not want: African American Caucasian Hispanic Asian Other

Prefers: African American Caucasian Hispanic Asian Other

Minor's preference regarding prospective Foster Parents:

Heterosexual Homosexual (Gay) (Lesbian) Bisexual Transgender

Unmarried Care Providers living together No known or shared issues

CURRENT PLACEMENT SERVICES:

Minor currently receiving SB 163 services: Specify: _____

Minor currently receiving SB 969 services: Specify: _____

Minor Currently receiving Therapeutic Behavioral Services (TBS): Specify: _____

LOCATION OF PLACEMENT:

Is there a specific area that you would prefer the child not be placed? Specify: _____

If the minor was in an out-of-county placement, should they remain out-of-county? Specify: _____

PRIORITIZING PLACEMENT FACTORS:

Which factor takes higher priority, same school district or keeping siblings together? Specify: _____

Sibling Groups:

If the sibling group can not be placed together, which children should be placed together if possible?

Specify: _____

EDUCATION:

Who currently has Educational Rights for child (Name / Contact number): _____

If not the bio parents/guardian, is there a court order regarding Ed rights? Yes No Attach copy. _____

Is child currently enrolled in school? Yes No Not school age:

If yes, where: **School District?** _____ **Current Grade:** _____

If no: Name of last school attended / School District: _____

Why is child not in school? _____

Does child have a current IEP? Yes No (If yes attach a copy of the IEP)

Is child at grade level? Yes No What are the minor's grades? _____

Is minor in Special Education? Yes No

If yes: type of Special Education:

Developmentally Disturbed (DD) Learning Disability (LD)

Severely Emotionally Disturbed (SED) Special Day Class (SDC)

(RSP) & subject: _____

Other: _____

COMMENTS:**PROBLEM BEHAVIORS IN SCHOOL**

With School Work Chronic Truancy Suspensions Other: _____

Explain: _____

Prior Expulsions: Yes No School District & Reason: _____

DEVELOPMENTAL STATUS

Is child developmentally disabled? Yes No CVRC Worker
 If yes, level of disability: Mild Moderate Severe Name:
 Has child been assessed by CVRC: Yes No Phone #:
 Is child currently a client of CVRC: Yes No

COMMENTS:

PHYSICAL HEALTH

Good Fair Poor
 Minor pregnant: Yes No Prenatal Care: Yes No Provider:

COMMENTS:

Existing Medical Conditions:

Has a Public Health Nurse (PHN) been consulted? Yes No Name:
 If Hospitalized: Name of hospital Medical Social Worker (name/phone #)

Planned Medical Appointments:

Medications: Yes No
 Physician's Name:

Name of Drug	Length of Supply	Refills	Dosage	Prescribing Physician & Phone #	Pharmacy & Phone #

In-Utero Alcohol/Drug exposure: Yes No Unknown

Explain complication of alcohol/drug exposure:

MENTAL HEALTH

Name of Therapist, and Phone # if any:
 History of Psychiatric Hospitalizations: Yes No
 If yes, number of times, dates and locations:
Mental Health Assessment completed? Yes No **(Attach copies of last assessments and psychological evaluations, court authorization forms for meds, and discharge reports)**
 Psychotropic Medications: Yes No
 Known Diagnosis & name of doctor:
 JV220 on file: Yes No (date)

Name of Drug	Length of Supply	Refills	Dosage	Prescribing Physician & Phone #	Pharmacy & Phone #

Planned Appointments: Yes No Date & Time: Location:
 Comments on Mental Health:

Scheduled Physical/ Psychological or Educational appointments:

Date	Time	Location	Provider

JUVENILE JUSTICE INVOLVEMENTHistory of delinquent behavior: Yes No Is child currently on probation? Yes No Informal

If yes or informal, name of Probation Officer: _____ Phone #: _____

Types of delinquent acts (describe/frequency)

 Crimes against persons: Crimes against property: Drug/Alcohol Crimes (sales/possession):

* Explain all crimes and when they occurred.

Previous Court ordered commitment to a camp, ranch, or locked facility? Yes No **COMMENTS:****DRUG/ALCOHOL USE** Yes No Last Used:Frequency: Occasional Moderate Heavy DependentPreviously treated for drugs/alcohol abuse Yes No If yes, date completed the program: Currently participating in a drug program? Dates & Times attending:

Drug(s) of choice:

COMMENTS:**PERSONAL DEVELOPMENT AND INTERESTS** Hobbies: Specify: Music/Art: Specify: Sports: Specify: Church: Specify: Organizations or other activities: Specify: Working: If yes, where and what hours. ILP Participant

What are the positive traits/strengths of this minor? Specify:

What foods does the child like/dislike? Specify:

Are there specific objects/belongings/interventions that help sooth or comfort the child? Specify:

Has the child verbalized any specific concerns or desires regarding a foster home?

BEHAVIORS**Aggression**

- Physical
 Destructive
 Hostile
 Assaultive
 Verbally Aggressive
 Fights
 Cruelty to Animals

General

- Steal
 Enuresis
 Encopresis
 Hyperactive
 Runner

Suicide

- Attempt
 Gestures
 Self-wounding
 Depressed
 Withdrawn

Sexual Issues

- Promiscuous
 Sexual Victim
 Sexual Perpetrator
 Exploits others

Can not be placed with younger children: Yes No If yes: Sexual issues Aggressive issues

Other:

 Fire setter (check only if charged & convicted otherwise disclose under comments only)Gang Involvement: Yes No

If yes, what gang and gang name:

COMMENTS-Explain ALL boxes checked:**INTERPERSONAL RELATIONSHIPS/SOCIAL ORIENTATION**

- Low trust of others Easily follows others Passive aggressive
 Low/few social attachments Passive resistant Manipulative/ uses others
 Poor boundaries with others

COMMENTS: Explain ALL boxes checked:

SEXUAL ORIENTATION:

Heterosexual Homosexual (Gay) (Lesbian) Bisexual Transgender Unknown
 Minor not willing to discuss
 Sexually Active: Yes No Unknown Minor not willing to discuss
 Birth Control: Yes No Minor not willing to discuss Has questions
 Safe Sex: Yes No Minor not willing to discuss Has questions

PARENT/CHILD INVOLVEMENT

Is reunification being pursued? Yes No
 If yes, child to reunify with whom: Mother's Name: Father's Name: Both
 Number of planned visits per week- Be specific as to times, days and place:

Visits	Mother	Father	Sibling	Relative
Name				
Day				
Time				
Supervised				
Overnight/Extended				
Location				

GROUP HOME PLACEMENT ONLY

24 hour supervision One-on-one supervision Other

COMMENTS-Explain in detail if 24 hour or one-on-one is recommended:

CASE MANAGER RECOMMENDATION (Only Needed For FFA/GH Request)

I agree that the requested higher level of care and supervision are required.
 I do not agree that the requested higher level of care and supervision are required.
 Explain:

Case Manager Signature

Date

SUPERVISOR RECOMMENDATION (Required For FFA Request)

Agree Disagree

COMMENTS:

SWS/PSM Signature

Date

PROGRAM MANAGER APPROVAL (Required for placement in a Group Home)

Agree Disagree

COMMENTS:

PM Signature

Date

There will be no placement without authorizing signatures.
 E-mailed approval is accepted.