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CHILDREN & FAMILY SERVICES
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LEVELS OF SPECIALIZED CARE INCREMENTS

AGE	Moderate Documentation required.	Exceptional- SSI/P pending Medical required.	MTFC Placement authorization required.
0-4	79	171	1975
5-8	67	155	1975
9-11	66	154	1975
12-14	40	130	1975
15-19	40	128	1975

* If any condition under the SSI/P Pending Level exists, an application for SSI/SSP must be made.
NOTE: SSI/P amounts may be supplemented to meet placement needs with the exception of children placed with relatives. (These supplements are State, not Federal funds – cannot supplement a federally funded program with more federal funds - relatives are never eligible to receive State foster care funds.)

SCI – Moderate Level

REVIEW DATES- 6 MONTHS OR DURATION OF NEED, WHICHEVER IS LESS

The child requires additional care and supervision because of mild to moderate physical, mental, or developmental disability. The caregiver may qualify for this SCI if he/she is expected to provide additional time and direct services beyond basic care expectations. The child must have two (2) or more of the following conditions/needs.

Examples include but are not limited to the following:

Child has impaired physiological/psychological functioning, motor control, or judgment.

Child routinely requires supervision and administration of prescribed medication, and/or preparation of a medically prescribed special diet to treat or control conditions such as hyperactivity, epilepsy, diabetes, or schizophrenia.

Participation in the child's medical treatment or therapy programs and providing related services/activities at home is required.

Weekly transportation to medical/therapy appointments, special schools, school of origin or rehabilitation programs is provided.
Regular training or tutoring of the child due to mild mental impairment or developmental delay is provided.

Additional care and/or supervision of child due to medically documented developmentally inappropriate behavior, including biting, hitting, and enuresis is required.

Child is diabetic and is capable of self-administration of injections, but minimal monitoring and a special diet are required.

Premature infant requires a monitor or other special equipment or monitoring of medication for side effects, and/or bi-weekly medical appointments.

Child has serious behavioral disturbances or excessive tantrums requiring therapy and/or a therapeutic behavior modification plan.

Premature infant requires medical follow-up care and protection from common illness.

Child is in a cast with hairline fracture or simple limb injury.

Child has serious communicable disease which requires extensive medication, medical visits every 2 weeks or more often, protection of the child, protection of others, and extra supervision.

Child has burns (3 inches in diameter or larger) and requires dressing changes at least twice a day.

Child is on an apnea monitor with an occasional or infrequent alarm. The child had lice or scabies when placed and the caregiver needs to disinfect all of the children and clothing in the home.

SCI – Exception Level

REVIEW DATES- 6 MONTHS OR DURATION OF NEED, WHICHEVER IS LESS

The child requires **both** extensive supervision and personal services because of **moderate to severe** physical handicaps, mental retardation, or emotional problems.

Examples include but are not limited to the following:

Child needs daily assistance in eating, dressing, or personal hygiene, although he may occasionally or partly meet these needs.

Child needs daily assistance walking because the child is in braces or a wheelchair or is dependent on a cane or similar prosthetic device.

Child needs extensive supervision due to antisocial, destructive, or self-destructive behavior or inappropriate sexual behavior.

Child needs periodic intensive care due to severe allergies, epilepsy, diabetes, cyclical emotional problems, or developmental delay.

Child is diabetic and caregiver must administer daily blood tests and and give injections.

Premature infant requires close observation and frequent medical care due to neurological and health problems or apnea monitor, or any child, under age 5 with shunts.

Child is in care due to severe breaks or multiple fractures, and is not capable of age-appropriate self-care, or a small child in a body cast.

Child has serious communicable disease which requires close observation, extensive medication and/or weekly medical visits.

SSI/P Pending Level

REVIEW DATES- 6 MONTHS OR DURATION OF NEED, WHICHEVER IS LESS

The child requires intensive supervision, training, and personal care and the caregiver must have special skills and training because of acute to severe physical handicaps, developmental disability or delay, severely impaired judgment, psychosis, or physical helplessness. This category covers children who would otherwise require placement in an institutional setting. This level shall not be authorized unless verification of application for SSI/P is on file.

The child must meet the SSI/P Pending requirements and, in addition, require at least one of the following services.

Child always requires assistance and supervision in eating, dressing and personal hygiene because of disability.

Child always requires assistance walking and is not able to walk even with the help of a prosthetic device.

Child always requires intensive supervision and guidance and may not be left unattended due to anti-social or self-destructive behavior. Annual psychological or psychiatric evaluations are required.

Child is autistic or suffers from autistic-like behavior, as documented by a physician.

Child has ileostomy or colostomy and requires constant care, or is incapable of self-care.

Child is diabetic and has occasional medical emergencies or coma.

Child has a documented medical problem requiring 24-hour care and supervision, and the caregiver is capable and has agreed to provide the necessary care and supervision to avoid institutional placement.

Child is on renal dialysis.

Child has tracheotomy and requires extensive care and feeding.

Child is diabetic and experiences frequent medical emergencies and/ or comas.

Child has dangerous propensities, which place him or the household at risk e.g. suicidal tendencies, self-inflicted injuries, starting fires, etc.

Child is in a full or partial body cast.

Child has severe, disfiguring burns, or may have a "burn suit," or has extensive third degree burns.

Child receives non-oral chemotherapy.

Child has a serious communicable disease requiring around the clock observation, extensive medication, and medical visits more often than weekly, extraordinary care or specialized caregiver skills to avoid institutional placement.

MTFC (Multidimensional Treatment Foster Care – *(Letter of Placement Authorization from the MTFC Team required)*)

The child requires additional care and supervision because he/she is currently placed, or at risk of being placed in a group home due to extreme behavior problems which present a risk to his/her current placement; have had multiple placements; and/or have had traumatic life changes. The caregiver may receive this SCI only if he/she is trained as a MTFC Foster Family Home. He/she is expected to provide additional time and direct services beyond basic care expectations.

The MTFC Team will review monthly for continued placement at this level.

FEATURES OF THE MTFC PROGRAM:

- Placement duration in MTFC will be 6 to 9 months
- Only one foster child is placed with a family at a time
- MTFC uses a team approach to treatment, with foster parents a part of the team along with program staff
- Foster parents in the MTFC program implement a structured program customized for each youth under the guidance of a program supervisor
- Foster parents receive an enhanced level of support from the program staff including 24 hours a day, 7 days a week
- Foster parents meet regularly with other foster parents in the program to support and learn from each other
- Foster parents receive a daily phone call from program staff to check on the youth's behavior
- Foster parents receive an enhanced reimbursement rate while a child is placed in their home
- In MTFC the foster parents and the foster home environment are considered to be the therapeutic agents of change



IMPERIAL COUNTY
DEPARTMENT OF SOCIAL SERVICES

Children & Family Services

SPECIAL CARE RATE – MEDICAL INFORMATION FORM

Child's Name: _____
Case: _____
Date: _____

Foster Parent: _____
Social Worker: _____
Phone: _____

Dear Doctor: _____

A special foster care rate has been requested for the child named above. Please answer the questions below; in order to help determine the appropriate rate of pay. Return this questionnaire in the enclosed self-addressed envelope. Thank you for your assistance.

1. What is the child's diagnosis or condition? _____

Please check all that are applicable:

GI

- _____ GI tube
- _____ NG tube
- _____ Colostomy/ileostomy
- _____ Bladder/bowel control
- _____ Special diet (specify diet need/help feeding)

RESPIRATORY

- _____ Trach
- _____ O2
- _____ Respirator
- _____ Chronic lung disease
- _____ Asthma
- _____ Breathing treatments

NEUROLOGY

- _____ Shunt
- _____ Seizures, controlled
- _____ Seizures, uncontrolled
- _____ CP
- _____ Para/Quadriplegic

CARDIOVASCULAR

- _____ Heart disease
- _____ Restricted activity

SPECIAL DISEASE CARE

- _____ Diabetes
- _____ Sickle Cell
- _____ Arthritis
- _____ Kidney Dialysis _____
- _____ Catheter
- _____ Immune Deficiency
- _____ Hemophilia

BURNS/CAST

Degree of burn _____
Frequency of changing _____
Frequency of dressing _____
Body suit _____ Yes _____ No
Type of cast _____

MEDICATIONS

_____ Oral _____ Other
_____ IV
_____ Number of medications
_____ Frequency of medications

OTHER NEEDS

Equipment _____

ADDITIONAL NEEDS

Frequency of medical appointments _____
Additional Information _____

Physician/Practitioner Signature

Date

Specialized Care Increments Authorization

Case Name: _____

Child's Name: _____

SCP Name: _____

Effective Date: _____

Moderate Level

Exception Level

*(Signed Medical Diagnosis)
(Form SC 1 Attached)*

Justification: *(Describe child's disability, limitations and level of functioning)*

1. _____
2. _____
3. _____
4. _____
5. _____

Eligibility Criteria: *(Describe specific services and frequency which the substitute care provider is expected to provide)*

Service:

Frequency:

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____

Social Worker: _____

Social Worker Supervisor: _____ Approved Denied

Program Manager: _____ Approved Denied