

KERN COUNTY DEPARTMENT OF HUMAN SERVICES FOSTER CARE RATES

Effective 01/01/08

Foster Family Home Rate	
Age	Rate
0-4	\$446
5-8	\$485
9-11	\$519
12-14	\$573
15-19	\$627

Foster Family Agency Homes Treatment Rates					
Age	0-4	5-8	9-11	12-14	15-19
Basic Rate	\$414	\$450	\$479	\$533	\$580
Child Increment	210	210	210	210	210
Social Work	329	329	329	329	329
Administrative	636	659	679	715	746
Total Rate	\$1,589	\$1,648	\$1,697	\$1,787	\$1,865

Intensive Foster Care Rates					
Service Level	A	B	C	D	E
Rate	\$4,476	\$4,105	\$3,721	\$3,359	\$2,985

Clothing Allowance rates	
Initial clothing allowance	
<u>Age</u>	<u>Maximum Allowed</u>
0-4	\$158.00
5-11	\$212.00
12-19	\$267.00
Annual Clothing allowance \$139.00	
*Supplemental Clothing Allowance \$100.00	

FFA Treatment Non-Treatment Rates					
Age	0-4	5-8	9-11	12-14	15-19
Basic Rate	\$414	\$450	\$479	\$533	\$580

Foster Family Homes Higher Rate Counties					
County	Age				
	0-4	5-8	9-11	12-14	15-19
LA	\$446	\$485	\$525	\$577	\$627
Orange	\$446	\$485	\$519	\$659	\$659
Santa Clara	\$446	\$485	\$525	\$573	\$627
Marin County Rate					
0-4	5-6	7-12	13-19		
\$457	\$485	\$558	\$635		

Specialized Placement Program Rates				
	Age	Basic Rate	Increment	SPP Rate
Level I	0-4	\$446	\$314	\$760
	5-8	\$485	\$314	\$799
	9-11	\$519	\$300	\$819
	12-14	\$573	\$272	\$845
	15-19	\$627	\$245	\$872
Level II	0-4	\$446	\$390	\$836
	5-8	\$485	\$390	\$875
	9-11	\$519	\$376	\$895
	12-14	\$573	\$350	\$923
	15-19	\$627	\$322	\$949
Level III	0-4	\$446	\$504	\$950
	5-8	\$485	\$504	\$989
	9-11	\$519	\$490	\$1,009
	12-14	\$573	\$464	\$1,037
	15-19	\$627	\$436	\$1,063

Group Home Rates		
RCL	Point Range	Standard Rate
1	Under 60	\$1,486
2	60-89	\$1,889
3	90-119	\$2,287
4	120-149	\$2,689
5	150-179	\$3,088
6	180-209	\$3,489
7	210-239	\$3,899
8	240-269	\$4,291
9	270-299	\$4,690
10	300-329	\$5,092
11	330-359	\$5,490
12	360-389	\$5,891
13	390-419	\$6,294
14	420 & Up	\$6,694
Specialized Care Increments		
Level I		\$315.00
Level II		\$420.00
Level III		\$525.00
Level IV		\$630.00
Level V		\$735.00

Infant Supplement		
Placement Type	Group Home	FFA/Foster Family Home
Rate	\$890	\$411

If you have questions contact a Foster Care/Kinship Human Service Supervisor.

Kinship Guardianship Homes receive the same as the Foster Family Home Rate, including any applicable Special Care Increment.

*The Supplemental Clothing Allowance will be paid at the time of the annual cash assistance redetermination.

PROCEDURAL GUIDE
800-005
SPECIALIZED CARE INCREMENT (SCI)

WHAT CASES ARE AFFECTED

Cases where children receive AFDC-FC benefits and who require specialized care due to health and/or behavioral needs.

Date Issued: **06/04/08**

Effective Date: **06/04/08**

New Policy Release

Revised

Revision(s) Made: Operational impact was included; policy was reformatted to conform to the new format; and inclusion of new SCI rates.

Cancels: FC-05 issued 08/01/06.

POLICY INTENT

To inform all social services workers (SSWs), who provide services to children who meet the criteria for SCI funding, of the requirements and procedure for requesting an SCI and to inform all SSWs of the change in SCI rates.

OPERATIONAL IMPACT

This policy impacts all SSWs who provide case management services to children placed in out-of-home care and social service supervisors (SSS) and program directors (PDs) who approve or deny SCIs.

PROCEDURES

A Specialized Care Increment (SCI) is an amount paid to a foster family home (FFH), relative home and/or a non-relative extended family member (NREFM) home, in addition to the basic AFDC-Foster Care benefits, on behalf of a child placed in the home who requires specialized care because of health and/or behavioral issues. The SCI is available to caregivers of children who are eligible to receive AFDC-FC or Kin-GAP, as additional incentive to continue working with and keeping children in their current placement and/or placing them in the least restrictive setting. The SCI process is also used to determine Adoption Assistance Program (AAP) benefits over/above the basic foster care rate.

NOTE: The SCI is not appropriate for reimbursement of property damages. To request compensation of losses due to property damage, caregivers must file a claim against their homeowner's insurance (Title IV-E, Section 2, Page 6; Welfare and Institutions Code Section 11460(b)(1)(2), and/or the county, by completing a "Claim Against the County of Kern," Document No. 89650, and filing it with the Clerk of the Board's Office.

Eligibility:

I. Eligibility for SCI funds:

- There must be documentation of specific behaviors or needs of the child determined that place an unavoidable financial demand on the caretaker and/or require an increased amount of supervision and care on part of the caretaker to maintain current placement of child.
- Be placed with relatives/NREFM or legal guardians or in foster family homes and be receiving AFDC-FC funds.

II. Disbursement of SCI may include, but are not limited to:

- Transportation needs: frequent medical and/or counseling appointments. Court-ordered visits requiring extensive travel.
- Medical needs: Medication and/or medical equipment and supplies not covered by Medi-Cal but prescribed by child's physician solely for the child's use. The child is medically fragile, has severe medical problems or developmental disabilities requiring intensive care.
- Behavioral needs: Severe behavioral problems requiring extraordinary attention.
- Supervision needs: Constant supervision is required for child and an increased level of care due to child specific age and developmental needs.

In order to determine the most appropriate level of SCI for a child, the SSW must identify and document both the child's special needs and how much time and effort the caretaker provides relative to those needs. **At no point is an SCI payment automatic; qualifying conditions are reassessed at renewal, at each change of placement, and when requesting Adoption Assistance Payments.** All SCI requests should be made within 30 days of request by a caregiver, using form [SCI-1 \(01/08\)](#).

A. SSW Responsibilities:

- Obtain documentation of child's needs from caretaker.
- Complete form [SCI-1 \(01/08\)](#). Use chart (see appendix) to determine the most appropriate SCI level.
- Discuss child's needs and request for SCI with SSS to obtain recommendations and SSS signature of approval.
- Submit completed and signed [SCI-1 \(01/08\)](#) along with documentation to PD for signature of approval.

- If approved by BOTH SSS and PD, forward the SCI request to the child's foster care human services technician for implementation. Keep a copy in child's file.
- If SCI is denied, mail or fax a completed [SCI-1 \(01/08\)](#) to caregiver within 15 days of receiving notice of denied request. Keep a copy in case file.
- Document SCI approval/denial, SCI level and pertaining SCI information on CWS/CMS.

B. SSS Responsibilities:

- Review completed [SCI-1 \(01/08\)](#) with SSW and provide any recommendations/feedback and either approve or deny request.
- If request is approved, sign the completed [SCI-1 \(01/08\)](#) form. Submit to PD for review and approval or denial.
- Once the [SCI-1 \(01/08\)](#) is received from PD with signature and approval or denial, and return [SCI-1 \(01/08\)](#) to SSW.

C. PD Responsibilities:

- Review completed [SCI-1 \(01/08\)](#) signed by both SSW and SSS. If SCI approved, sign [SC-1 \(01/08\)](#) form and return to SSS.
- If denied by SSS and/or PD, complete form [SCI-1 \(01/08\)](#) explaining reason for denial.

APPROVAL LEVELS

Section	Level	Approval
A.	SSW	SSS approval needed
B.	SSS	PD approval needed
C.	PD	None

OVERVIEW OF STATUTES/REGULATIONS

California Department of Social Services All County Letter (ACL) 08-01
 Health and Safety Code Section 1507.5(a)
 Senate Bill (SB) 84, Chapter 177 as filed on August 24, 2007
 Welfare and Institutions Code Sections 11461(C), 11461(e) (1)

RELATED POLICIES

- [300-014 – Documentation of Contacts, Visitations, and Services in CWS/CMS](#)
- [400-009 – Foster Care Redeterminations](#)
- [800-002 – Foster Care Rates](#)

FORM(S) REQUIRED/LOCATION

[Specialized Care Increment \(SCI\) Form \(01/08\) – X-Drive](#)

CWS/CMS: Contact Notebook

SDM: None

Appendix

Specialized Foster Care Payment Levels---Effective January 1, 2008

Level I-up to \$315

Level I provides payment for anticipated recurring documented expenses relative to a child's specific needs, including but not limited to: special dietary needs, daily living supplies, transportation resulting from medical/behavioral needs, or extensive travel to comply with court-ordered visitation. Example: Frequent trips to remote areas of the county or to out-of-county providers, prescribed formula and anticipated prescriptions not covered by Medi-Cal, special adaptive clothing/shoes, etc. Care of children under age five is also included in this level. These children require constant supervision and an increased level of care due to their developmental needs beyond the normal care needs of age-appropriate children. Compensation is \$315 for 0 to 2-year-olds; \$210 for 3-year-olds; and \$105 for 4-year-olds. If child's birth date occurs within 60 days of SCI request date, use upcoming age.

Levels II-V

Levels II-V payments may be used to monitor a child's stability and/or healthcare routine to determine/re-determine the appropriateness of continuing the SCI payment. Some children will remain at a level of care indefinitely to maintain a stable placement and or circumvent reentry into the system at a higher level of care. Other children will require only temporary enhanced care as defined in Levels II-V. All children assessed at Level II-V must have documentation of a comprehensive exam for medical, behavioral, and/or emotional needs and deficits by a physician and/or psychologist, AND receive at least once monthly treatment and monitoring for qualifying diagnosis.

Per H&S Code Section 1507.5(a) and W&I Code Section 14132(t) (u), the medical services provided are not considered as a substantial component to the services provided by the caregiver. A home appraisal shall confirm that the placement poses no threat to any child in the home. A recommendation for reducing a child's SCI Level must be approved by the program director. Continued eligibility at all levels will be determined at the annual review. At no point is an SCI payment automatic; qualifying conditions must be reassessed at renewal, at each change of placement, and when requesting AAP.

Level II- \$420 per month (Specify Medical or Behavioral)

Children at this level have medical, behavioral, and/or developmental needs which have stabilized and/or are not severe enough to warrant a higher level of care. These children require constant supervision and an increased level of care due to their developmental, emotional, behavioral and/or medical needs, but only **mildly to moderately** above the level of care required for the average child and/or has developed the necessary skills to effectively provide the necessary care and supervision with minimal disruption to their daily activities.

- **Medical:** Children at this level with medical needs require a substantial amount of individual attention from the caretaker. Such care may include frequent medication and/or feeding routine, monitoring self-injections and testing (diabetes), frequent medical appointments, and constant supervision of the child's medical status. A child at this level may be semi-ambulatory and/or have severe vision or hearing impairment(s).
- **Behavioral:** Children at this level with behavioral and/or emotional needs require a substantial amount of individual attention from the caretaker. Such care may include administering medication, monitoring and redirecting behaviors, frequent school visits/consultations by caregiver, and constant supervision of the child's activities. A child at this level may be coming from a treatment-focused Foster Family Agency (FFA) home, have a history of vandalism, and/or experience uncommon social isolation or dysfunction.

Level III- \$525 per month (Specify Behavioral or Medical)

Children at this level have **moderate to severe** medical or behavioral and/or developmental needs requiring extensive, constant, close supervision. This level is designed to continue providing a significantly increased degree of care to children with **moderate to severe** health, behavioral, and/or developmental problems. Some children will remain at this level of care indefinitely to maintain a stable placement and/or circumvent re-entry into the system at a higher level of care.

- **Medical:** These children have **moderate to severe** medical needs which require ongoing monitoring by the caretaker to assist the minor in remaining in the home. Such conditions may include a need for increased assistance with age-appropriate daily living skills and/or injections and testing (diabetes), as those listed in Level IV but for which care has stabilized and is more routine.
- **Behavioral:** Children at this level demonstrate **moderate to severe** abnormal behavior requiring extensive, constant, close supervision to prevent the child from being a danger to self, others or property. Behaviors may include: inability to bond with adults or peers, suicidal tendencies, self-inflicted injury, sexual aggression, and/or intentional destruction of property, including fire-setting and repeated vandalism. A child at this level may be coming from a Level 10 or higher group home, may have multiple placement failures and/or runaway incidents, or have multiple day suspensions from school due to diagnosis and/or substance abuse.

Level IV- \$630 per month (Specify Behavioral or Medical)

This level provides funding or intensive services, care and supervision of the child in a family home setting. This rate provides the caretaker with an incentive to work with the severely disabled or disruptive child, making it possible for the child to be cared for outside of institutionalization. Some children will remain at this level of care indefinitely to stabilize the placement and/or circumvent reentry into the child welfare system at a higher level of care.

- **Medical:** These children have extreme medical needs which require ongoing monitoring by the caretaker to assist the minor remaining in the home. The

caretaker must have verification of Special Health Care Needs Training on file with licensing. No more than two special needs children eligible for services may be placed in the home at one time.

- **Behavioral:** Children at this level may include those who are transitioning from a Level 12 or higher group home or Juvenile Hall to a foster family home in efforts to effectively mainstream the child back into society. These children generally require intensive supervision to prevent the child from being a danger to self, others or property; are emotionally deficit (asocial, severe depression, or suicidal) or have a mental disorder (behavior, mood, character, or personality) or have a dual diagnosis of mental illness and substance abuse.

Level V: \$735 per month (Medical Necessity)

This level provides funding for the medically fragile child with a terminal and/or extremely debilitating medical condition that generally requires a caregiver to provide exceptional services and skills. These children have the greatest medical needs which require ongoing monitoring by the caretaker to assist the minor in remaining in the home. The caretaker must have verification of Special Health Care Needs Training on file with licensing AND the child must be either a regional center client and/or require placement in a Special Health Care Needs Home (SHCNH). No more than two special medical needs children eligible for services may be placed in the home at one time.

Such conditions include but are not limited to: acute AIDS, severe drug exposure and withdrawals, terminal disease, congenital defects, respiratory and nutritional problems from premature birth, severe seizure disorder, severe sleep disturbance, colostomy or ileostomy, organ transplant candidates, etc. Care and treatment at this level may include: heart and apnea monitors, renal dialysis, urinary catheterization, tracheotomy, ventilator, oxygen support, and/or total parenteral feeding.

Pat Cheadle
 Director

Dena Brashear
 Chief Deputy Director

Candis Gibson
 Assistant Director
 Administrative Services

Elena Acosta
 Assistant Director
 Child Protective Services

Pam Holivell
 Assistant Director
 Employment
 & Financial Services

Candis Gibson
 Interim Assistant Director
 Program Support

Vacant
 Administrative Services Officer

Ginny Krebs
 Human Resources Manager

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 Acting Technology Services Manager

Kathy Lindsey
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TO: Mike Mendiburu, Program Director

FROM: C/L Phone

DATE:

SUBJECT: **Request for Specialized Care Increment**

CC: SSS PD PS Other

Requested Effective Date: _____ Monthly Ongoing One Time Only

SCI Level requested: Level I Level II Level III Level IV Level V

Amount requested: \$

Reason: Behavioral Medical Both Documentation attached

Name of child: _____ DOB: _____ Age: _____

Name of substitute care provider: _____ Date of placement: _____

Type of placement: Foster family home

No change, continue with SCI as originally documented.

Justification:

A specialized care increment is requested on behalf of the above-named child due to the following documented needs, as determined from attached checklist, and/or the following comments: _____

Foster Family Home Rates In effect January 1, 2008	
Age	Rate
0 – 4	\$446
5 – 8	\$485
9 – 11	\$519
12 – 14	\$573
15 – 19	\$627

Special Care Increment Effective January 1, 2008	
Level I	Up to \$315
Level II	\$420
Level III	\$525
Level IV	\$630
Level V	\$735

Payment Authorization

As **Social Service Supervisor**, I have reviewed this request and recommend to:

- APPROVE payment(s)
 - As recommended
 - With the following modifications:
-

- DENY payment(s) for the following reasons(s):
-

Within 15 days of receiving this denial, the requesting social worker must complete "A Reason for Denial or Reduction in Level of Specialized Care Increment" and mail or fax a copy to caregiver.

Social Service Supervisor

Date

As **Program Director**, I have reviewed this request and recommend to:

- APPROVE payment(s)
 - as recommended
 - With the following modifications:
-

- DENY payment(s) for the following reasons(s):
-

Within 15 days of receiving this denial, if SSS approved the request, the requesting social worker must complete "A Reason for Denial or Reduction in Level of Specialized Care Increment" and mail or fax a copy to caregiver.

Program Director

Date

MEDICAL and/or BEHAVIORAL NEEDS (Check all that apply in each level as compared to the average foster child of same chronological age) ** documented by physician and/or psychologist providing monitoring with at least once monthly treatment/assessment.

Level I - to \$315	Level II - \$420	Level III - \$525	Level IV - \$630	Level V – \$735
<i>Reimbursement for documented actual ongoing expenses; may be a combination of Level One factors.</i>	<input type="checkbox"/> Constant supervision to monitor / modify behavior** <input type="checkbox"/> Increased medical care - mild to moderate**	<input type="checkbox"/> Extensive supervision to monitor / modify behavior** <input type="checkbox"/> Frequent medical &/or counseling appointments**	<input type="checkbox"/> Intensive supervision to monitor / modify behavior ** <input type="checkbox"/> Verification of Special Health Care Needs Training** Date:	Only For Medical Necessity <input type="checkbox"/> Specialized Health Care Home certified by licensing Date:
<input type="checkbox"/> Transportation _____ mis x current cpm rate (per CAO) = \$_____	<input type="checkbox"/> Frequent medication <input type="checkbox"/> Frequent feeding routine	<input type="checkbox"/> Increased medical care - moderate to severe**	<input type="checkbox"/> Intensive care for Special Medical Needs not requiring SHCH licensure	<input type="checkbox"/> Terminal disease <input type="checkbox"/> Congenital defects <input type="checkbox"/> Medically fragile
<input type="checkbox"/> Supplies – specify: _____	<input type="checkbox"/> Increased assistance with daily living skills for age	<input type="checkbox"/> Multiple placement failures and/or runaway	<input type="checkbox"/> SED (severely emotionally disturbed)	<input type="checkbox"/> Total parenteral feeding
<input type="checkbox"/> Special diet: - specify: _____	<input type="checkbox"/> Developmental delays- mild to moderate	<input type="checkbox"/> Developmental delays- moderate to severe	<input type="checkbox"/> Developmental delays- severe	<input type="checkbox"/> AIDS (auto immune deficiency syndrome)
<input type="checkbox"/> Incontinence supplies (5+ yrs. old)	<input type="checkbox"/> Coming from FFA (had treatment needs)	<input type="checkbox"/> Coming from group home (Level 10+)	<input type="checkbox"/> Returned from Juvenile Hall (former 602)	<input type="checkbox"/> Renal dialysis, urinary catheterization
<input type="checkbox"/> Adaptive medical supplies &/or equipment	<input type="checkbox"/> Frequent visits to school by caregiver	<input type="checkbox"/> Multiple day suspensions from school due to behavior	<input type="checkbox"/> School attendance prohibited due to behavior	<input type="checkbox"/> Colostomy / Ileostomy
<input type="checkbox"/> _____	<input type="checkbox"/> Social isolation/dysfunction	<input type="checkbox"/> Inability to bond with others (adults or peers)	<input type="checkbox"/> Emotional Deficit -asocial, severely depressed, suicidal	<input type="checkbox"/> Tracheotomy, ventilator, &/or oxygen support
<input type="checkbox"/> _____	<input type="checkbox"/> Diabetic – self-injections & self-testing	<input type="checkbox"/> Extensive assistance with daily living skills for age	<input type="checkbox"/> Assisted daily living; little or no independence for age	<input type="checkbox"/> Regional Center client - services/case management
<i>*Age within 60 days of request / re-determination</i>	<input type="checkbox"/> Vision Impaired - Severe	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Dual Diagnosis (mental illness & substance abuse)	<input type="checkbox"/> Premature birth probs: respiratory, nutritional, etc
<input type="checkbox"/> 0-2 years old* - \$300	<input type="checkbox"/> Hearing Impaired - Severe	<input type="checkbox"/> Diabetic – Assist with or give injections / glucose test	<input type="checkbox"/> Mental Disorder behavior; mood, character, personality	<input type="checkbox"/> Medically fragile <input type="checkbox"/> Non-ambulatory
<input type="checkbox"/> 3 years old* - \$200	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Sexual Acting Out – self directed or toward/with others	<input type="checkbox"/> Danger to self <input type="checkbox"/> Danger to others	<input type="checkbox"/> Severe Seizure Disorder <input type="checkbox"/> Severe Sleep Disturbance
<input type="checkbox"/> 4 years old* - \$100	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____