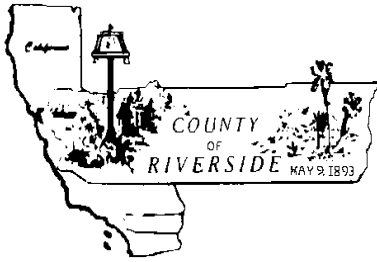


Department of Public Social Services

Children's Services Division



Sylvia Deporto, Assistant Director
 Jennie Pettet, Deputy Director
 Guillermo Henry, Interim Deputy Director
 Laurie Fineman, Interim Deputy Director

REFER REPLY TO:

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative Office
4060 County Circle Drive
Riverside, CA. 92503 | <input type="checkbox"/> 1400 W. Minthorn Street
Lake Elsinore, CA. 92530 | <input type="checkbox"/> 10769 Hole Avenue, Ste. #200
Riverside, CA 92505 |
| <input type="checkbox"/> 901 East Ramsey Street
Banning, CA. 92220 | <input type="checkbox"/> 23119 Cottonwood Ave. Bldg.A
Moreno Valley, CA. 92553 | <input type="checkbox"/> 10769 Hole Avenue, Ste. #110
Riverside, CA. 92505 |
| <input type="checkbox"/> 1267 Hobson Way
Blythe, CA 92225 | <input type="checkbox"/> 23119 Cottonwood Ave. Bldg. B
Moreno Valley, CA. 92553 | <input type="checkbox"/> 10281 Kidd Street, 2 nd Floor
Riverside, CA. 92503 |
| <input type="checkbox"/> 68-625 Perez Road, Suite 2
Cathedral City, CA. 92234 | <input type="checkbox"/> 30755-D Auld Road
Murrieta, CA 92563 | <input type="checkbox"/> 11070 Magnolia Ave, Ste A
Riverside, CA. 92505 |
| <input type="checkbox"/> 547 North San Jacinto St.
Hemet, CA. 92543 | <input type="checkbox"/> 3610 Central Ave., Ste. 501
Riverside, CA. 92506 | <input type="checkbox"/> 11070 Magnolia Ave., Ste.B
Riverside, CA. 92505 |
| <input type="checkbox"/> 48-113 Jackson Street
Indio, CA. 92201 | <input type="checkbox"/> 9991 County Farm Road
Riverside, CA 92503 | <input type="checkbox"/> 5961 Mission Blvd., Ste. 125
Riverside, CA. 92509 |
| | | <input type="checkbox"/> 27464 Commerce Center Dr. Ste. E
Temecula, CA. 92590 |

January 20, 2011

ACL 10-62 Specialized Care Increment (SCI) Determination Documents required each county to submit information regarding the methodology and qualifying criteria for the county's SCI rate. This is Riverside County's response. The Social Service Worker determines the type of SCI to be paid in addition to the county's Basic rate in accordance with the physical and/or behavioral needs of the child. Also included is the Riverside County form (RSVD 477) that is completed for a SCI.

The rates, levels, criteria and qualifying factors are included in the following table.

Type	Criteria	Rate
Enuresis	For children with enuresis only	\$28
Moderate	Partially debilitating physical, emotional, or mental conditions which require extra care/supervision, participation in an IEP, or tutoring. Can also be used for unusual, pregnancy-related physical difficulties (verification of pregnancy by a medical practitioner must accompany request).	\$71
Severe	Requires more involved supervision or specific handling, discipline or intervention techniques due to aggressive/destructive behavior, daytime enuresis/encopresis, hyperactivity, attachment disorder behaviors. etc.	\$149
Extreme	For non-ambulatory children and/or those who require continuous supervision in accordance with professional parenting, handling or intervention techniques; or the child requires ongoing treatment due to two or more conditions described above.	\$222
Specialized Care Homes	Contract Shelter, Medically Fragile, Enriched	\$666
State Licensed Small Family Homes	Age	
	0-4	\$583
	5-8	\$544
	9-11	\$544
	12-14	\$437
	15-19	\$437

Enclosed: RVSD 477

COUNTY OF RIVERSIDE DEPARTMENT OF PUBLIC SOCIAL SERVICES
AFDC-FOSTER CARE SPECIALIZED CARE INCREMENT AUTHORIZATION

CHILD'S NAME: _____ C-IV CASE NUMBER: _____
 PAYEE: _____ CHILD'S PHYSICAL ADDRESS: _____

Specialized Care Increment (SCI)	Start Date	Stop Date (Maximum 12 months from start date)	Riverside County Rate:	Other County/State Rate
Enuresis			\$28	\$
Moderate			\$71	\$
Severe			\$149	\$
Extreme			\$222	\$
Medically Fragile or Enriched Homes			\$666	\$

Multi-Dimensional Treatment Foster Care/WrapAround Rate Supplement

Non-Standard Rate:	Enriched Home SCI	<input type="checkbox"/> Total Monthly Rate Authorized = \$2000 Start Date: _____ Stop Date: _____
0-4 yrs. old: \$446 (basic rate) + \$888 (DMH supplement) = \$1334	0-4 yrs. old: \$666	
5-8 yrs. old: \$485 (basic rate) + \$849 (DMH supplement) = \$1334	5-8 yrs. old: \$666	
9-11 yrs. old: \$519 (basic rate) + \$815 (DMH supplement) = \$1334	9-11 yrs. old: \$666	
12-14 yrs. old: \$573 (basic rate) + \$761 (DMH supplement) = \$1334	12-14 yrs. old: \$666	
15-19 yrs. old: \$627 (basic rate) + \$707 (DMH supplement) = \$1334	15-19 yrs. old: \$666	

Regional Center-DPSS Dual Agency Child in Non-Vendored Facility

Start Date: _____	Regional Center Status:	Regional Center Placement Rate:
Stop Date: _____	<input type="checkbox"/> No longer Regional Center <input type="checkbox"/> Early Start <input type="checkbox"/> Lanterman Act	<input type="checkbox"/> No longer eligible = \$0 <input type="checkbox"/> Early Start = \$898 <input type="checkbox"/> Lanterman Act = \$2006

Note: The Regional Center supplemental rate, if any, will be authorized separately on SOC 836 Supplement to the Rate Eligibility Form.

Personal & Incidental Needs (medical facility only)	<input type="checkbox"/> Riverside County Rate \$35	Start Date: _____	Stop Date (max. of 12 months from start date): _____
Funeral Expenses <i>Maximum for all counties \$5000</i>	Amount \$ _____	For Month of: _____	
Additional Clothing Allowance <i>Indicate reason in comments</i>	Amount \$ _____ or <input type="checkbox"/> Riverside County Rate \$97	For Month of: _____	

Infant Supplement Payment (ISP)

Infant's Name: _____	Infant's Date of Birth: _____	ISP Start Date: _____	ISP Stop Date: _____
Teen Parent's Name: _____	Infant's service component: <input type="checkbox"/> FR <input type="checkbox"/> FM Effective _____	The infant is a: <input type="checkbox"/> Dependent <input type="checkbox"/> Non-Dependent	

Note: Social Worker shall notify the FC ET whenever dependency status OR service component changes as this may affect funding

The Infant is placed in a Certified Whole Family Foster Home (Caregiver has completed WFFH training): Yes No

Shared Responsibility Plan (SRP) is completed and on file: Yes No SRP Start Date: _____

Comments: _____

I certify the above named child is eligible to receive the above authorized rates. Supporting documents are on file in the Child Welfare Services case file.

 Children's Social Service Worker's Signature/Approval

 Date

 Children's Social Service Supervisor Signature/Approval

 Date