



# DEPARTMENT OF SOCIAL SERVICES

3433 South Higuera Street, Post Office Box 8119  
San Luis Obispo, California 93403-8119

<b>SCI-Rate Criteria for San Luis Obispo County</b>			
<b>Narrative or Description of Qualifying Factors</b>			
<b>Name of Behavior/Problem</b>	<b>Name of Level, Tier, Step</b>		
	<b>Level I</b>	<b>Level II</b>	<b>Level III</b>
Learning Disabilities/Education Concerns	<ul style="list-style-type: none"> <li>Moderate educational problems and/or learning disabilities requiring F.P. meet with school personnel 2 times per month.</li> <li>IEP with added duties for caregiver.</li> </ul>	Regular frequent intervention by caretaker to mediate between child and school, child and peers.	
Medical Visits/Appointments	Average of two medical/professional appointments per month.	Average of three medical/professional service appointments per month.	More than four medical/professional service visits per month required.
Medical Needs	Chronic medical condition such as asthma, epilepsy, heart condition or premature birth requiring extra care up to 2 hours per day.	Requires one or more medications by injection.	<ul style="list-style-type: none"> <li>Medical condition requires extra care more than 4 hours/day.</li> <li>Technology dependent</li> <li>Medically fragile</li> </ul>
Inappropriate Sexual Behavior	Mildly inappropriate sexual behavior.	Some sexual acting out, causing problems at school or with peers.	Sexual aggression, offensive to others.
Drug Dependency	Moderate symptoms of drug withdrawal.	Severe drug withdrawal symptoms or condition from prenatal drug exposure.	
Behavioral/emotional	<ul style="list-style-type: none"> <li>Moderate behavioral or emotional problems.</li> <li>Excessive demands for attention.</li> </ul>	<ul style="list-style-type: none"> <li>Depressed, withdrawn, fearful.</li> <li>Frequent loss of emotional control, defiance towards adults.</li> </ul>	<ul style="list-style-type: none"> <li>Severely disturbed, bizarre behavior, chronic depression.</li> <li>Severe hyperactivity not controlled by medication.</li> <li>Dangerous to self or others, assaultive.</li> </ul>
Mental Health Therapy	Caregiver participates in therapy at least once a month.	Caregiver participates in therapy at least 2 x per month.	Caregiver participates in therapy at least weekly.
Mental Health/Medical Needs	Minor has emotional, behavioral or physical needs not covered above. Indicate need and additional foster parent activities required.	Child has emotional behavioral or physical needs not covered above that requires foster parent to perform activities not cited above. Indicate need and additional foster parent activities.	

**SCI-Rate Criteria for San Luis Obispo County**  
**Narrative or Description of Qualifying Factors**

Name of Behavior/Problem	Name of Level, tier, Step		
	Level I	Level II	Level III
Property/Household destruction		Destructive to household items, property.	Impulsive destruction of property, fire setting, continuous supervision required.
High Risk of Group Home Placement			Minor at high risk of group home placement.
Transportation	Transportation required 50-99 miles per month.	Transportation required 100 – 199 miles per month.	Transportation required 200+ miles per month.
Sibling Set	Caring for a set of 3 of more siblings		
Visit Supervision by Caregiver	Visit supervision by caregiver required 4 – 19 hours per month.	Visit supervision by caregiver required 20 – 39 hours per month.	Visit supervision by caregiver required 40+ hours per month.
Mentoring of Birth Parent by Foster Parent	Foster parent mentoring of birth parent, 2 – 10 hours per month.	Foster parent mentoring of birth parent, 11 – 20 hours per month.	

**Methodologies used.**  
 Brief description of processes used to develop qualifying factors (200 words or less).

When a child has special needs, the initial Assessment Guide (DSS 593) is completed by the assigned Social Worker who assesses the child’s needs based on guidelines to determine the care level. At Renewal, the foster parent completes the Assessment Guide, the social worker reviews and makes a recommendation. The social worker brings the completed form and any documentation to meet with the supervisor. The supervisor reviews the paperwork, agrees with the social worker’ recommendation or makes a recommendation and then forwards to the Regional Manager. The Regional Manager reviews and then, either authorizes or denies the rate. If the rate is not authorized the social worker informs the foster parents.

## SAN LUIS OBISPO COUNTY ASSESSMENT GUIDE FOR SPECIALIZED FOSTER CARE LEVELS

Descriptions below are guidelines to assist social workers and caregivers in identifying extra levels of care and supervision required for children beyond what is normally expected for age and developmental level and beyond mild symptoms of separation anxiety following removal from parental home.

Instructions: (check one)  Initial Authorization by Social Worker  Renewal To be completed by caregiver.

Minor: _____ Age: _____ Current Rate: _____ Caregiver: _____ SW: _____ ERS: _____		
<b>LEVEL I - \$652</b>	<b>LEVEL II - \$864</b>	<b>LEVEL III - \$1075</b>
<input type="checkbox"/> Caring for set of 3 or more siblings. <input type="checkbox"/> Excessive demands for attention. <input type="checkbox"/> Chronic medical condition such as asthma, epilepsy, heart condition or premature birth requiring extra care up to 2 hours per day. <input type="checkbox"/> Moderate educational problems and/or learning disabilities requiring F.P. meet with school personnel 2 x per month. <input type="checkbox"/> IEP with added duties for caregiver. Specify below. <input type="checkbox"/> Mildly inappropriate sexual behavior. Specify below <input type="checkbox"/> Moderate symptoms of drug withdrawal. Specify below. <input type="checkbox"/> Moderate behavioral/emotional problems. Specify below. <input type="checkbox"/> Average of two medical/professional appointments per month. <input type="checkbox"/> Caregiver participates in therapy at least once a month. <input type="checkbox"/> Exceptional transportation required 50-99 miles per month. <input type="checkbox"/> Visit supervision by caregiver required 4 – 19 hours per month. <input type="checkbox"/> Foster parent mentoring of birth parent, 2 – 10 hours per month. <input type="checkbox"/> Minor has emotional, behavioral or physical needs not covered above. Indicate need and additional foster parent activities required. Specify below. <input type="checkbox"/> Additional information on items check above asking for "Specify below".    	<input type="checkbox"/> Depressed, withdrawn, fearful. <input type="checkbox"/> Frequent loss of emotional control, defiance towards adults. <input type="checkbox"/> Regular frequent intervention by caretaker to mediate between child and school, child and peers. <input type="checkbox"/> Some sexual acting out, causing problems at school or with peers. <input type="checkbox"/> Severe drug withdrawal symptoms or condition from prenatal drug exposure. Specify below. <input type="checkbox"/> Destructive to household items, property. <input type="checkbox"/> Requires one or more medications by injection. <input type="checkbox"/> Average of three medical/professional service appointments per month. <input type="checkbox"/> Caregiver participates in therapy at least 2 x per month. <input type="checkbox"/> Exceptional transportation 100 – 199 miles per month. <input type="checkbox"/> Visit supervision by caregiver required 20 – 39 hours per month. <input type="checkbox"/> Foster parent mentoring of birth parent, 11 – 20 hours per month. <input type="checkbox"/> Child has emotional behavioral or physical needs not covered above that requires foster parent to perform activities not cited above. Indicate need and additional foster parent activities. Specify below <input type="checkbox"/> Additional information on items check above asking for "Specify below".    	<input type="checkbox"/> Severely disturbed, bizarre behavior, chronic depression. <input type="checkbox"/> Dangerous to self or others, assaultive. <input type="checkbox"/> Sexual aggression, offensive to others. <input type="checkbox"/> Impulsive destruction of property, fire setting, continuous supervision required. <input type="checkbox"/> Medical condition requires extra care more than 4 hours/day. <input type="checkbox"/> Severe hyperactivity not controlled by medication. <input type="checkbox"/> More than four medical/professional service visits per month required. <input type="checkbox"/> Minor at high risk of group home placement. <input type="checkbox"/> Caregiver participates in therapy at least weekly. <input type="checkbox"/> Exceptional transportation 200+ miles per month. <input type="checkbox"/> Visit supervision by caregiver required 40+ hours per month. <input type="checkbox"/> Technology dependent – Specify below. <input type="checkbox"/> Medically fragile – Specify below. <input type="checkbox"/> Additional information on items check above asking for "Specify below".    
<input type="checkbox"/> Memo attached with additional information. (Optional)	<input type="checkbox"/> Memo attached with additional information. (Optional)	<input type="checkbox"/> Memo attached with additional information. (Optional)
<input type="checkbox"/> Initial or new placement Date of placement: _____	<input type="checkbox"/> Renewal or rate change in continuing placement. Caregiver signature: _____	Rate level proposed by care provider: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Other? _____
Social Worker Recommends: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Other: _____ Effective: _____ through _____ Is rate required to avoid: <input type="checkbox"/> GH <input type="checkbox"/> FFA <input type="checkbox"/> Yes <input type="checkbox"/> No Social Worker: _____ Date: _____ Supervisor: _____ Date: _____ Division Manager: _____ Date: _____		