



373 West Julian Street
San Jose, California 95110-2335

Santa Clara County Special Care Increment (SCI)-Rate Structure

Behavioral / Emotional		
Level 1	10-20 points accrued on Behavioral/Emotional SCI claim form	\$120
Level 2	21-59 points accrued on Behavioral/Emotional SCI claim form	\$240
Level 3	60 or more points accrued on Behavioral/Emotional SCI claim form	\$390

Medical			
Level 1	Step 1	5-9 points accrued on Medical SCI claim form	\$111
	Step 2	10-19 points accrued on Medical SCI claim form	\$222
	Step 3	20-35 points accrued on Medical SCI claim form	\$533
	Step 4	36-49 points accrued on Medical SCI claim form	\$889
Level 2	Step 1	50-59 points accrued on Medical SCI claim form	\$988
	Step 2	60-69 points accrued on Medical SCI claim form	\$1127
Level 3		70 or more points accrued on Medical SCI claim form	\$1503

Medical SCI

Caregivers and social workers together review the child's current condition and assign point values to the condition(s) using the Department's Medical Conditions point chart. (See form DFCS Request – Medical [SCZ414Z]). Medical documents are required from professionals who have knowledge of the child's recent condition(s), those that occur within the 6 months immediately preceding the start date of the SCI rate. Rates are recommended on the basis of corresponding point values. Supervisor approval is required prior to submitting the SCI request form. The form is reviewed by a management analyst to ensure all claimed points are substantiated in the documentation prior to approving funds.

Behavioral / Emotional SCI

Same as above except that the Behavioral/Emotional Conditions point chart is used. (See See form DFCS Request – Behavioral/Emotional [SCZ414Z]) Mental health, school, or medical documents from professionals who have knowledge of the child's recent conditions are required.

Medical and Behavioral/Emotional SCI

Same as above, but a combination of the two conditions. Rates are figured separately for Behavioral/Emotional conditions and Medical conditions. The final rate is the sum of the two.



DFCS REQUEST

Special Care Increment ~ Behavioral/Emotional

Santa Clara County
Social Services Agency
Department of Family and Children's Services

SW Name	SW #	Phone #
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Case Last Name	Case First Name	County Case # (State)
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PERSON BEING REFERRED FOR SERVICES ON THIS REQUEST

Child Last Name	First Name	DOB	Placement Type
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VENDOR/PAYEE ON THIS REQUEST

Name (as it is to appear on check)	Contact Person	Phone
Street Address	City	State Zip FAX

Dates Covered	to	This request cannot be longer than 6 months.
Behavioral rate as determined on page 3: \$ (Automatically fills when the amount is entered into page 3.)		
To renew the Special Care Increment rate, the Social Worker must complete this form again.		
If the child's condition changes, a new form can be filed at any time.		
NO Special Care and Supervision Rate of \$36 per month.		
<input type="checkbox"/> YES <input type="checkbox"/> NO This is an ESH placement in a SCC Licensed Foster Home.		

INSTRUCTIONS:

The Social Worker should work with the foster parent or caregiver to complete this form. Please keep in mind that Special Care Increment payments are intended to ameliorate the impact on the family and some of the costs involved in caring for a special needs child. Special Care Increment payments are legislated and this form must be completed any time a foster parent or caregiver requests financial support in addition to the basic foster care rate the child is eligible for.

Special Care Increment payments are based upon eligibility for Federal Foster Care. Special Care Increments are only made to Licensed Foster Care homes, Relative & NREFM homes. If the child is placed out-of-county, regulations require that we follow the county of residence's Special Care Increment policies.

Some conditions may be either DD, Medical or Behavioral in nature. Only one form may be completed for each condition. An example is encopresis or enuresis; if it is a medical diagnosis you must use the Medical form, if not, you must use this form.

This document is intended to assist in determining the Special Care Increment rate as it related to the impact on the caregiving family, and is not intended to document all Behavioral/Emotional conditions that a child may have.

ENTER POINTS BELOW	Description of Behavioral/Emotional Condition and Impact on the Family.
	Each condition has a <u>designated point value</u> to the left of its description. If this condition is applicable, enter this point value into the field in the far left column.
	Choose ANY of the following if applicable:
0	60 points enuresis-constant - 4 or more times per week (if this is a medical condition, please use the medical form)
0	60 points encopresis-constant- 4 or more times per week (if this is a medical condition, please use the medical form)

0	60 points	inappropriate handling of feces
0	60 points	impulsively destructive to property; fire setting; continuous supervision is needed
0	60 points	injurious to self, others; physically aggressive; psychiatric hospitalization
0	60 points	self care severely limited or nonexistent; not toilet trainable (beyond age appro. care)
0	60 points	severe chronic depression
0	60 points	severe hyperactive behavior
0	60 points	severe sleeping disruptions
0	60 points	sexual aggression/frequent or severe sexual acting out
0	60 points	supervision - constant (close) supervision due to mental health diagnosis

IF YOU HAVE CHOSEN ONE OF THE CONDITIONS ABOVE, THIS CAREGIVER AUTOMATICALLY QUALIFIES FOR THE HIGHEST POSSIBLE RATE. PLEASE JUMP TO THE BOTTOM OF THIS FORM.

0	Choose <u>ONE</u> of the following if applicable: 10 points mildly inappropriate sexual behavior 40 points some sexual acting out, causing occasional problems at school or with peers
0	Choose <u>ONE</u> of the following if applicable: 20 points enuresis-occasional - <2 times per week 40 points enuresis-frequent - 2-3 times per week
0	Choose <u>ONE</u> of the following if applicable: 20 points encopresis-occasional - <2 times per week 40 points encopresis-frequent- 2-3 times per week
0	Choose <u>ONE</u> of the following if applicable: 5 points unusual or excessive demands for attention or reassurance 10 points severely disturbed; bizarre behavior
0	Choose <u>ONE</u> of the following if applicable: 5 points mildly depressed, withdrawn, fearful 10 points moderately depressed, withdrawn, fearful
0	Choose <u>ONE</u> of the following if applicable: 3 points limited response to affection and reassurance 5 points little or no response to affection or reassurance
0	Choose <u>ONE</u> of the following if applicable: 3 points mild hyperactive behavior 7 points moderate hyperactive behavior
0	Choose <u>ONE</u> of the following if applicable: 4 points occasional tantrums, verbal aggression 7 points frequent loss of emotional control; defiance toward adults
0	Choose <u>ONE</u> of the following if applicable: 2 points occasional conflicts with other children 6 points regular, frequent intervention by caretaker needed to mediate between child and school, and/or child and peers 10 points constant conflicts due to severe emotional disturbance
0	Choose <u>ONE</u> of the following if applicable: 2 points periodic counseling is needed for behavior problems at school 5 points weekly counseling is required 10 points multiple counseling appointments per week
0	10 points additional multiple mental health services each week (not included above)
0	Choose <u>ONE</u> of the following if applicable: 2 points needs prompting to bath, dress and perform routine hygiene 4 points needs assistance in bathing, dressing, hygiene (beyond age appropriate care)
0	Choose <u>ANY</u> number of the following if applicable: 5 points damaging to own clothing and possessions beyond usual wear 5 points destructive or damaging to household items, furniture, property of others 10 points abnormal eating patterns 0-20 points for other factors add appropriate points Describe: 0-20 points for other factors add appropriate points Describe:

0	0-20 points for other factors add appropriate points Describe:
0	POINT TOTAL
	BASED ON THE POINT TOTAL - ENTER THE LEVEL FROM BELOW
\$	BASED ON THE POINT TOTAL ABOVE - ENTER PAYMENT RATE FROM BELOW

This rate will be added to the BASIC FOSTER CARE RATE by the Eligibility Worker.

Points	Level	Rate
10-20	1	\$120
21-59	2	\$240
60 or more	3	\$390

SPECIAL CARE AND SUPERVISION SUPPLEMENT

If your client does not qualify for this SCI, please complete this section.

Does this child need additional time and effort by the foster parents?

NO Please Answer Here.

If YES, the child qualifies for the Special Care and Supervision Supplement of \$36 per month. The maximum is \$36 per month and may not be added to any Special Care Increment payments or other Special Care and Supervision Supplement.

REQUIRED ATTACHMENTS:

Please attach medical or psychological records or reports substantiating the information on this form.

REQUIRED SIGNATURES

Signature of Caregiver I hereby attest that the above information regarding the behavior of this child and its impact on our family is true to the best of my knowledge.	Date
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Signature of Social Worker	Date
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Signature of Social Work Supervisor	Recommended for: <input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date
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Special Fund Authorized Signature	Recommended for: <input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date
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FUNDING AND ROUTING INFORMATION

Contact Persons: Special Funds Desk, Mary Beth Rogers 975-5680 and Rick Trapp 975-5791.

Specialized Care and Supervision & Special Care Increment: SW & Caregiver → SWS → Special Funds Desk → EW.



DFCS REQUEST

Special Care Increment ~ Medical

SW Name	SW #	Phone #
Case Last Name	Case First Name	County Case # (State)

PERSON BEING REFERRED FOR SERVICES ON THIS REQUEST

Child Last Name	First Name	DOB	Placement Type
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VENDOR/PAYEE ON THIS REQUEST

Name (as it is to appear on check)	Contact Person	Phone
Street Address	City	State Zip FAX

Dates Covered _____ to _____ This request cannot be longer than 6 months.
 Medical rate as determined on page 3: \$ _____ (Automatically fills when the amount is entered into page 3.)

Check the type of Foster Care payment this placement is receiving (Only County Licensed Foster Homes and Relative/NREFM caregivers are eligible for SCI rates):

Regular Foster Care payment

If the caregiver is receiving a rate checked below, you must also complete & attach the Placement Expenses form.

CalWORKs rate payment ESH Adolescent Specialty Home placement all DE funded payments

NO Special Care and Supervision Rate of \$36 per month.

INSTRUCTIONS:

The Social Worker should work with the foster parent or caregiver to complete this form. Please keep in mind that Special Care Increment payments are intended to ameliorate the impact on the caregiving family and some of the costs involved in caring for a special needs child. Special Care Increment payments are legislated and this form must be completed any time a foster parent or caregiver requests financial support in addition to the basic foster care rate the child is eligible for.

Special Care Increment payments are based upon eligibility for Federal Foster Care. Special Care Increments are only made to Licensed Foster Care homes, Relative & NREFM homes. If the child is placed out-of-county, regulations require that we follow the county of residence's Special Care Increment policies, please complete the "Out-Of-County" SCZ414Z form.

Some conditions may be either DD, Medical or Behavioral in nature. Only one form may be completed for each condition. An example is encopresis or enuresis; if it is a medical diagnosis you must use this form, if not, you must use the Behavioral form.

This document is intended to assist in determining the Special Care Increment rate as it related to the impact on the caregiving family, and is not intended to document all Medical diagnoses/conditions that a child may have.

ENTER POINTS BELOW	Description of Medical Condition and Impact on the Family.
	Each condition has a <u>designated point value</u> to the left of its description. If this condition is applicable, enter this point value into the field in the far left column.
	Choose ANY of the following diagnoses/conditions if applicable:
0	70 points blind or deaf
0	70 points apnea equipment

0	70 points	asthma, chronic/frequent attacks or high level daily management (for less severe asthma, complete the sections below)
0	70 points	cancer
0	70 points	cerebral palsy
0	70 points	congenital heart disease
0	70 points	colostomy, ileostomy
0	70 points	diabetes, uncontrolled
0	70 points	eating disorder (anorexia, bulimia)
0	70 points	failure to thrive
0	70 points	fetal alcohol syndrome (diagnosis)
0	70 points	gavage Feeding
0	70 points	intravenous therapy (continuing) / parenteral
0	70 points	kidney disease, chronic
0	70 points	O2 Support
0	70 points	organ transplant
0	70 points	positive tox w/ active withdrawal/symptoms
0	70 points	seizure disorder
0	70 points	shaken baby syndrome
0	70 points	shunt observation
0	70 points	tracheotomy
0	70 points	tuberculosis, active
0	70 points	urinary catheterization
0	70 points	ventilator
0	70 points	points condition is potentially life-threatening and/or requires hospitalization:

IF YOU HAVE CHOSEN ONE OF THE DIAGNOSES/CONDITIONS ABOVE, THIS CAREGIVER AUTOMATICALLY QUALIFIES FOR THE HIGHEST POSSIBLE RATE. PLEASE JUMP TO THE BOTTOM OF THIS FORM.

	Child's current condition requires/causes.....	
0	Choose <u>ONE</u> of the following if applicable: 5 points moderate disruption to family routine 10 points severe disruption to family routine	
0	Choose <u>ONE</u> of the following if applicable: 3 points extra care and supervision up to two hours a day 7 points extra care and supervision two to four hours a day 10 points extra care and supervision a minimum of four hours a day	
0	Choose <u>ONE</u> of the following if applicable: 2 points routine frequency of medical appointments, averaging once per month 5 points two to four medical appointments per month, on an average 10 points five or more medical appointments per month; frequent medical emergencies	
0	Choose <u>ONE</u> of the following if applicable: 5 points some inability to provide age-appropriate self-care 7 points moderate, potentially chronic, inability to provide age-appropriate self-care 10 points severe and chronic inability to provide age-appropriate self-care	
0	Choose <u>ONE</u> of the following if applicable: 3 points physical therapy or sensory stimulation 30 minutes a day or less 7 points physical therapy or sensory stimulation 30 minutes to one hour a day 10 points physical therapy or sensory stimulation more than one hour a day	
0	Choose <u>ONE</u> of the following if applicable: 6 points oral feeding with special requirements (including special foods) 8 points aspiration/suctioning up to six times a day 10 points aspiration/suctioning more than six times a day	
0	Choose <u>ANY</u> number of the following if applicable: 10 points positioning	

0	10 points	assistance with dressings, braces, prosthetic devices
0	10 points	blood sugar monitoring
0	4 points	special medication regime; such as aerosol treatment, oral medications
0	6 points	one or more medication(s) to be given by injection
0	10 points	psychotropic medication
0	20 points	enuresis (if this is not a diagnosed medical condition, use the behavioral form)
0	20 points	encopresis (if this is not a diagnosed medical condition, use the behavioral form)
0	0-20 points	for other factors add appropriate points Describe:
0	POINT TOTAL	
BASED ON THE POINT TOTAL - ENTER THE LEVEL FROM BELOW		
BASED ON THE POINT TOTAL - ENTER THE STEP FROM BELOW		
\$	BASED ON THE POINT TOTAL ABOVE - ENTER PAYMENT RATE FROM BELOW	

This rate will be added to the BASIC FOSTER CARE RATE by the Eligibility Worker.

Points	Level 1	Rate	Points	Level 2	Rate	Points	Level 3
5-9	Step 1	\$111	50-59	Step 1	\$988	70 or more	Step 1
10-19	Step 2	\$222	60-69	Step 2	\$1127		
20-35	Step 3	\$533					
36-49	Step 4	\$889					

SPECIAL CARE AND SUPERVISION SUPPLEMENT

If your client does not qualify for any SCI, please complete this section.

Does this child need additional time and effort by the foster parents?

Please Answer Here: NO

If YES, the child qualifies for the Special Care and Supervision Supplement of \$36 per month. The maximum is \$34 per month and may not be added to any Special Care Increment payments or other Special Care and Supervision Supplement.

REQUIRED ATTACHMENTS:

Please attach medical or psychological records or reports substantiating the information on this form.

REQUIRED SIGNATURES

Signature of Caregiver	Date
I hereby attest that the above information regarding the medical condition & care of this child and its impact on our family is true to the best of my knowledge.	
Signature of Social Worker	Date
Signature of Social Work Supervisor	Recommended for: <input type="checkbox"/> Approval <input type="checkbox"/> Denial
Special Fund Authorized Signature	Recommended for: <input type="checkbox"/> Approval <input type="checkbox"/> Denial
	Date

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