



TRINITY COUNTY HEALTH AND HUMAN SERVICES

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The following methodology is used to determine Special Care Increments (SCI) for foster children under the jurisdiction of Trinity County Child Protective Services (CPS) and for foster children placed within Trinity County by other child welfare agencies.

The SCI Rate

Please see the attached *Request for Special Care Increment* and *Classification of Specialized Rates* for rate information and criteria for determination of SCI eligibility.

Methodology

All children placed in out-of-home care in Trinity County may be considered for the SCI, however criteria must be met for either Level A: Moderate Care, Level B: Intensive Care, or Level C: Exceptional Care in order to be approved for the SCI.

The Trinity County CPS social worker initiates the process of determining the SCI. The social worker assesses the child's special needs with the child's caregiver, and collects any supporting documentation for inclusion in the case file. Case file supporting documentation should include, but is not limited to: contact notes in the CWS/CMS software system reflecting any special needs/behaviors indicated by biological parents/family, discussion of special needs/behaviors with caregiver, in-placement visit summaries discussing observed special needs/behaviors, summaries of court-ordered supervised visitation and any special needs/behaviors described therein, medical information from the foster care nurse, school information/plans from the education liaison, psychological assessment, or any additional documentation to support the need for the SCI.

The CPS social worker readies the SCI request for presentation to the CPS Social Worker Supervisor and arranges a meeting in which to staff the child's special needs/behaviors. This forum allows for discussion about the SCI and to determine the duration of the SCI term (on average: 6 months).

Upon approval of the SCI by the Social Worker Supervisor, the request is routed for Program Manager approval and authorization by the Health and Human Services Deputy Director or Director.

When the request has been signed and authorized, the approved request is routed to the foster care eligibility liaison for further action. The liaison enters the SCI amount in the CWS/CMS software system, populates the Soc 158a *Foster Child's Data Record and AFDC-FC Certification*, and submits the approved request form and Soc 158a to the Trinity County Eligibility unit to initiate payment for the term indicated on the request.

If the request is denied by any approving party, or if the term is not renewed for any reason, the CPS social worker will contact the caregiver to inform of and discuss the denial.

TRINITY COUNTY

CHILD PROTECTIVE SERVICES

Request for Special Care Increment

Date: _____ Social Worker: _____

Name of Child: _____ Date of Birth: _____

Name of Foster Home Placement:

Summary of child's special needs*: _____

*SW or requesting party must provide justification and ensure back-up documentation is located in the case file.

Special Care Increment:

Basic Rate:

<u>Level:</u>	<u>Increment:</u>	<u>Age</u>	<u>Rate</u>
A	\$240.00	0-4	\$688
B	\$360.00	5-8	\$744
C	\$481.00	9-11	\$783
		12-14	\$820
		15 and up	\$859

Recommended Increment: Level _____ \$ _____ + (basic rate) = _____ per month

Date Increment to begin on: _____

Date Increment to end on: _____

Supervisor Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____

Authorization: _____ Date: _____
Letty Garza, Deputy Director/Interim Director

CLASSIFICATION OF SPECIALIZED RATES

LEVEL A: MODERATE CARE

Care needed because of the child's physical or emotional behavior is such that it requires more than normal care and supervision due to one or more of the following conditions:

1. Medical condition such as asthma, epilepsy, heart condition or moderate symptoms of drug withdrawal.
2. Enuresis (bed wetting), diagnosed hyperkinetic behavior, moderate and/or occasional emotional problems.
3. Moderate educational problems.
4. Natural parent visits result in problems for the child.
5. Two or more contacts with physicians and/or therapists are required per month.
6. Medical condition that requires maintenance of a constant temperature in the home.

LEVEL B: INTENSIVE CARE

Intensive levels of care are needed due to one of the following conditions:

1. Severe physical or medical problems requiring referral to specialists and/or including at least two contacts with physicians, specialists, and/or therapists per month.
2. Severe educational problems which require foster parent intervention with educational personnel at least once per month.
3. Encopresis (bed bowel movements).
4. Severe drug withdrawal symptoms requiring contacts with a physician or medical specialists at least two times per month.

LEVEL C: EXCEPTIONAL CARE

The child has severe behavioral or physical problems requiring a high level of supervision and/or care due to one or more of the following conditions:

1. Severe emotional or behavioral problems, drug use, destructive behavior, sexual acting out, assaultive behavior, stealing, diagnosed hyperactivity or fire setting.
2. Severe problems in school requiring foster parent intervention with educational personnel on a weekly basis.
3. Severe medical complications as a result of catastrophic event, injury, or illness, or prenatal drug exposure requiring ongoing medical treatment and in-home monitoring.