



County of Yolo

Department of Employment and Social Services

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www.yolocounty.org

Pam Miller, MSW
Director

May 17, 2011

Department of Social Services
Children and Family Services Division
744 P Street
Sacramento, CA 95814

Dear Ms. Takeuchi:

Please see the attached Specialized Care Increment document which is used by Social Workers to determine the eligibility and rate for the program.

The following rate structure, criteria and methodology, and forms reflect our current process and are included in our Child Welfare Service handbook and procedure for the SCI program.

SCI RATES

SCI Rates

The rates for approved SCI are as follows:

| NEED | RATE |
|--------------------------|-----------------|
| ENURESIS | \$49.00 |
| MINIMAL NEEDS | \$124.00 |
| MODERATE NEEDS | \$247.00 |
| SEVERE NEEDS | \$370.00 |
| EXCEPTIONAL NEEDS | \$494.00 |

Note: If the identified need is Enuresis and there is another level of need, the highest rate prevails. Do not authorize more than one rate per child.

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Attached is our form, the CWS21 which is used by staff to determine the SCI level and includes the qualifying factors for each level. This form is completed by the assigned Social Worker in conjunction with the caregiver for the child, as needed.

Feel free to contact me if you have any questions about our SCI program.

Sincerely,

A handwritten signature in blue ink that reads "Maryfrances E. Collins". The signature is written in a cursive style with a large initial 'M' and a long, sweeping underline.

Maryfrances E. Collins, LCSW, Assistant Director
Yolo County Dept. of Employment & Social Service

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SPECIALIZED CARE INCREMENTS ASSESSMENT

Child's Name:

Child's DOB:

Child's Case No.:

Social Worker:

Out of Home Care Provider:

Placement Date: _____

Initial Assessment

Reassessment

Date: _____

INSTRUCTIONS:

The following characteristics describe children who **would not** qualify for a specialized care increment. Note, First Steps, Alta Regional, ADMH or the PHN are some resources that can be used to aid in determining age appropriate development, abilities, and/or behaviors:

- The child is within the normal range for physical development for his or her age.
- The child is within the normal range for emotional, social and behavioral development.
- The child has no problems or very minor problems in the educational setting.
- The child has no medical problems or conditions except for the childhood illnesses and or other occasional illnesses, which are routinely treated by any pediatrician or any general or family practice physician.
- The child has the accepted behavioral issues for his or her age and developmental level, and responds well to ordinary and reasonable parenting practices by the out of home care provider.
- Funding and/or services are available through SCIAP, Medi-Cal or other approved funding streams

If the Foster Child being considered does not fit the above criteria then proceed to complete this assessment.

Upon completion of this assessment form

- ◆ Attach supporting dated verification/documentation.
- ◆ Submit to your supervisor for review and approval.

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- ◆ Supervisor submits the form to the Division Manager for Severe and Exceptional Needs rate approval.

Upon receipt of approved assessment form

- ◆ Place original assessment form in case record.
- ◆ Submit a legible copy of this form and a signed YC117 to Foster Care Eligibility Worker.
- ◆ Enter SCI rate and reason for payment in CMS with an effective date.

ENURESIS \$49.00

- A child is 5 years of age or older and has enuresis/encropresis.

For the following increments, the child must have an assessment which will include:

- Documentation by a medical professional, mental health professional, Alta Regional or school district outlining the child's medical needs (including diagnosis and prognosis), mental health needs and/or any other specialized needs. Documentation should include specific activities necessary to enhance the child's functioning,
- Interviews with the caregiver and other involved individuals regarding the child's behavior, developmental levels and current level of functioning in the home, school and community.

MINIMAL NEEDS \$124.00

The Minimal Needs Increment will be provided when the child's medical, psychosocial, and/or mental health needs are such that typical age appropriate supervision and care is not sufficient to ensure the safety and well being of the child. Criteria for Minimal Needs Increment include:

- Child exhibits behaviors associated with a diagnosis of ADD, such as short attention span, hyperactivity, inability to accept change to routine, or impulsivity, but behaviors are readily controlled with more involved supervision, specialized handling, or intervention from the foster parent.

Specify: _____

- Frequent and/or additional medical appointments, in excess of normal well-child checks or mental health/therapy appointments. For example the child routinely requires more than four medical appointments per month.

Specify: _____

- Seizures that do not result in loss of consciousness and occur more than once a week.

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- Child is at risk of transmitting an Infectious Disease, but the foster parent can control its spread by taking usual hygiene measures
- Child has more problems with choking, gagging or reflux than other children the same age, and the foster parent must handle the problem with special feeding techniques

Specify: _____

- Infant, compared to other children the same age, exhibits irritability (poor self-calming or prolonged periods of crying seemingly without reason), hyperreflexia (extreme jumpiness, startles easily, arches body in response to noise or handling, etc.), or jitteriness, tremors or jerky movements but is readily controlled with specialized handling.

Specify: _____

MODERATE NEEDS \$247.00

The Moderate Needs Increment will be provided when the child's moderate medical, psychosocial, and/or mental health needs are such that typical age appropriate supervision and care is not sufficient to ensure the safety and well being of the child. Criteria for Moderate Needs Increment include:

- Three or more of the Minimal Needs criterion.
- Child exhibits behaviors associated with a diagnosis of ADD, such as short attention span, hyperactivity, inability to accept change to routine, or impulsivity, but will respond to sustained specialized intervention or supervision from the foster parent.

Specify: _____

- Developmental Delays that require, compared to other children of the same age, extra involvement from the foster parent in order to stay at or catch up to grade level (documentation from school teacher or administrator, such as an IEP required.)
- Child's diagnosed medical condition requires foster parent to provide special medical procedures such as breathing treatments, physical therapy, occupational therapy, speech therapy, or sensory stimulation for up to 30 minutes daily.

Specify: _____

- Child's diagnosed condition results in the temporary inability to provide age appropriate self-care, (I.e., child is in a body-cast.)

Specify: _____

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- Child's developmental level results in an inability to make age appropriate judgments, organization of day-to-day activities, follow through with required steps to complete a task, or inability to negotiate or advocate for oneself and requires more involved supervision, specialized handling, or intervention from the foster parent.

Specify: _____

- Seizures that include a loss of consciousness, but seizure does not last more than 10 minutes, requires no medical treatment to stop seizure, and occurs less than one time per week.
- Child is at risk of contracting an infectious disease but can go out to therapy, medical appointments, etc.
- Infant, compared to other children the same age, exhibits irritability (poor self-calming or prolonged periods of crying seemingly without reason), hyperreflexia (extreme jumpiness, startles easily, arches body in response to noise or handling, etc.), or jitteriness, tremors or jerky movements and is difficult to control but will respond to sustained specialized intervention, handling, or supervision by the foster parent.

Specify: _____

- Child routinely requires supervision and administration of prescribed medication, and/or preparation of a medically prescribed special diet to treat or control conditions such as hyperactivity, epilepsy, diabetes or schizophrenia.
- Child's DSM-IV diagnosis requires the Foster Care Provider's active participation in the treatment of up to 60 minutes daily such as infant stimulation, play therapy, behavioral modification techniques, teaching of adaptive skills.

Specify: _____

- Child exhibits antisocial behaviors, such as inappropriate gestures, intimidation of others, verbal and physical aggression toward others, excessive anger outbursts, property destruction, engages in illegal activities, inappropriate sexual behavior or self-destructive behaviors but is readily controlled through specialized handling, intervention or supervision.

Specify: _____

SEVERE NEEDS \$370.00

The Severe Needs Increment will be provided when the child's severe medical, psychosocial, and/or mental health needs are such that typical age appropriate supervision and care is not sufficient to ensure the safety and well being of the child. Criteria for Severe Needs Increment include:

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- Three or more of the Moderate Needs criterion.
- Child exhibits behaviors associated with a diagnosis of ADD, such as short attention span, hyperactivity, inability to accept change to routine, or impulsivity, and requires almost continuous specialized intervention, handling or supervision from the foster parent.

Specify: _____

- Child's diagnosed medical condition requires foster parent to provide special medical procedures such as breathing treatments, physical therapy, sensory stimulation, apnea monitoring, daily intravenous therapy, insulin level monitoring and injections, etc for more than 30 minutes but up to 60 minutes per day.

Specify: _____

- Child's developmental level results in an inability to make age appropriate judgments, organization of day-to-day activities, follow through with required steps to complete a task, or inability to negotiate or advocate for oneself and requires sustained supervision, specialized handling, or intervention from the foster parent.

Specify: _____

- Child's diagnosed condition results in severe and chronic inability to provide age appropriate self-care (i.e., child requires ongoing assistance with feeding, self-care, etc., however, is able to assist in this self-care.)

Specify: _____

- Seizures that include loss of consciousness and lasts more than 10 minutes OR requires medical treatment to stop the seizure and occurs no more than one time per month

- Child is at risk of transmitting an Infectious Disease and the foster parent can control its spread by taking more than usual hygiene measures, but does not require special handling of the child's body fluids or secretions.

- Child is at risk of contracting an infectious disease and should remain at home as much as possible

- Child has problems with choking, gagging or reflux associated with a medical diagnosis, and the foster parent must use a nasogastric tube, gastrostomy tube, or pump to feed

- Infant, compared to other children the same age, frequently exhibits irritability (poor self-calming or prolonged periods of crying seemingly without reason), hyperreflexia (extreme jumpiness, startles easily, arches body in response to

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noise or handling, etc.), or jitteriness, tremors or jerky movements and requires almost continuous specialized intervention, handling, or supervision by the foster parent.

Specify: _____

- Child's DSM-IV diagnosis requires the Foster Care Provider's active participation in the treatment for 61 minutes or more daily such as infant stimulation, play therapy, behavioral modification techniques, teaching of adaptive skills.

Specify: _____

- Child exhibits antisocial behaviors, such as inappropriate gestures, intimidation of others, verbal and physical aggression toward others, excessive anger outbursts, property destruction, engages in illegal activities, inappropriate sexual behavior or self-destructive behaviors and is difficult to control but will respond to sustained specialized intervention, handling, or supervision by the foster parent.

Specify: _____

EXCEPTIONAL NEEDS \$494.00

The Exceptional Needs Increment will be provided when the child's exceptional medical, psychosocial, and/or mental health needs are such that typical age appropriate supervision and care is not sufficient to ensure the safety and well being of the child. The Exceptional Needs rate should be time limited if the child's condition is expected to improve within less than six months. In these cases, the request will be submitted as per the typical protocol required for approval, however the reassessment due date will reflect the expected duration of the condition. Unless a reauthorization is submitted prior to the expiration of the current authorization, the SCI will end on the date indicated. Tracking will occur within the foster care unit.

Criteria for Severe Needs Increment include:

- Two or more of the Severe Needs criterion.
- Child's diagnosed medical condition requires foster parent to provide special medical procedures such as breathing treatments, physical therapy, sensory stimulation, apnea monitoring, daily intravenous therapy, insulin level monitoring and injections, etc for more than 61 minutes per day
- Child's diagnosed condition results in severe and chronic inability to provide age appropriate self-care (i.e., child requires ongoing assistance in feeding, self-care, etc, and is unable to assist in this self-care.)
- Child's diagnosed developmental delay results in an inability to make age appropriate judgments, organization of day-to-day activities, follow through with required steps to complete a task, or inability to negotiate or advocate for oneself

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and requires almost continuous supervision, specialized handling, or intervention from the foster parent to ensure child's safety.

- Seizures that include loss of consciousness and lasts more than 10 minutes OR requires medical treatment to stop the seizure and occurs two times or more per month
- Child is at risk of transmitting an Infectious Disease and the foster parent must use special handling of the child's body fluids or secretions to control its spread.
- Child is at risk of contracting an infectious disease and foster parent must use special handling of contacts, toys, foods, etc.
- Child exhibits antisocial behaviors, such as inappropriate gestures, intimidation of others, verbal and physical aggression toward others, excessive anger outbursts, property destruction, engages in illegal activities, inappropriate sexual behavior or self-destructive behaviors and is difficult to control and requires almost continuous specialized intervention, handling, or supervision by the foster parents.

Specify: _____

Supervisor Signature:

Division Manager Signature (for Severe and Exceptional needs rate approval):

Date of Approval:

Effective Date of SCI:

Reassessment Due:

Amount of SCI:

Special Conditions: (i.e. 90 day review, etc.)

Describe: