COUNTY OF ALPINE
Health and Human Services

Stacy Olson, Director

Alpine County Foster Care Rates
Effective January 1, 2011

Basic Foster Care Rates (per month)	
Age	
0-4	$446.00
5-8	$485.00
9-11	$519.00
12-14	$573.00
15+	$627.00

Specialized Care Increments	
Level	
I	$240.00
II	$395.00
III	$721.00
IV	$992.00

Specialized Care Rate					
Age	**0-4**	**5-8**	**9-11**	**12-14**	**15+**
Mild	**$886.00**	**$725.00**	**$759.00**	**$813.00**	**$867.00**
Moderate	**$841.00**	**$880.00**	**$914.00**	**$968.00**	**$1,022.00**
Severe	**$1,167.00**	**$1,206.00**	**$1,240.00**	**$1,294.00**	**$1,348.00**
Intense	**$1,438.00**	**$1,477.00**	**$1,511.00**	**$1,565.00**	**$1,619.00**

Clothing Allowance			
Initial		Ongoing	
Age	Rate	Age	Rate
0-4	$198	0-4	$209
5-11	$232	5-11	$246
12+	$340	12-21	$375

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Behavior/Medical Condition

	Level I **Mild Specialized Care Increments**	**Level II** **Moderate Specialized Care Increments**
Learning Disabilities/ Educational Concerns	A child has a mild learning disability and/or academic difficulties resulting from educational neglect or prolonged illness, which requires regular interventions from the caregiver (i.e. attending school meetings once per week, watching over child due to suspensions once every 3 months, transportating child to school due to tardies once per week).	A child has moderate learning disability and/or academic difficulties, which requires daily caregiver assistance and specialized training (i.e. attending school meetings twice per week,watching over child due to suspensions once per month, transportating child to school due to tardies two to three times per week); or, an IEP is needed in which the caregiver is required to supervise in-home educational services as identified by the school.
Medical Conditions	The child has a chronic, diagnosed medical or dental condition, which requires transportation to two specialized medical treatment appointment per week in-county, or one time per month out-of-county.	The child has a severe chronic, diagnosed medical or dental condition, which requires transportation to two to three specialized medical treatment appointments per week in-county, or two times per month out-of-county.
Drug Dependency	A child born Drug Exposed and having drug/alcohol/nicotine withdrawal symptoms occasionally, which requires ongoing treatment; or the child has developmental delays due to drug exposure and requires follow-up, medical or treatment appointments (once a month) with additional care, structure, and supervision provided by the caregiver.	A child born Drug Exposed and having more frequent drug/alcohol/nicotine withdrawal symptoms requiring ongoing treatment; or the child has developmental delays due to drug exposure and requires regular, medical or treatment appointments (2 to 3 times per month) with additional care, structure, and

		supervision provided by the caregiver.
Behavioral/ Emotional	The child has a formally diagnosed (through DSM IV-TR) behavioral, psychological, emotional or developmental problem that requires 3 – 4 appointments per week in-county with a therapist, psychiatrist, or other mental health specialist.	The child is formally diagnosed (through DSM IV-TR) with severe behavioral, psychological, emotional or developmental problems such as substance abuse, self-destructive behavior, severe depression, anxiety, frequently destructive of property, or is physically assaultive. From the given diagnosis, the child shall require 5 – 7 appointments per week in-county with a therapist, psychiatrist, or other mental health specialist.
Transportation	Transportation to specialized medical appointments or therapy sessions is required 50-99 miles per month.	Transportation to specialized medical appointments or therapy sessions is required 100 – 199 miles per month.
Special Dietary Needs	The child has special dietary needs that require dietary consultation, specialized meal preparation and occasional monitoring of food intake to prevent choking; or, a child takes primary responsibility of Type II Diabetes, which remains under control without the need for medication or insulin injections, but requires the caregiver to prepare a special diet as well as to monitor blood sugar levels.	The child has feeding difficulties and/or special dietary needs that require consultation, specialized meal preparation, and frequent supervision of food intake, therapy, or special feeding techniques learned through special training; or, the child is able to take primary responsibility of Type I Diabetes, which remains under control with medication or insulin injections, but requires the caregiver to prepare a special diet, monitor blood sugar levels, and supervise injections.
Temper Tantrums	The child has regular temper tantrums (3 - 4 times per week),	The child has regular temper tantrums (5 times per week),

	not age-appropriate, which requires some behavior modification efforts. The temper tantrums may result in destruction to property, self-injurious behavior that causes minor injuries, aggression toward others that results in minor injuries, verbal assaults on others, defiance and running away.	not age-appropriate, which requires extra behavior modification efforts. The temper tantrums may result in destruction to property, self-injurious behavior that causes minor injuries, aggression toward others that results in minor injuries, verbal assaults on others, defiance and running away.
Bladder/Bowel Functioning	The child is 6 years old or older and has toileting accidents once or twice per week. The child is 4 - 6 years old and has toileting accidents 2 - 3 times per week. The child's Encopresis and/or Enuresis may be partially controlled by medication.	The child is 6 years old or older and has toileting accidents more than twice per week. The child is 4-6 years old and has toileting accidents more than 4 times per week. The child's Encopresis and/or Enuresis is not able to be controlled by medication. The child may smear fecal matter on objects, self or others.
Self Help	N/A	N/A

	Level III **Severe Specialized Care Increments**	**Level IV** **Intense Specialized Care Increments**
Learning Disabilities/ Educational Concerns	Child has been formally diagnosed as Seriously Emotionally Disturbed (SED) and is able to function well in a specialized educational placement.	Child has been formally diagnosed as Seriously Emotionally Disturbed (SED) requiring a specialized educational placement, but is at risk of a more restrictive out-of-home placement.
Medical Conditions	The child is diagnosed as being "medically fragile" or has a severe medical condition, which requires in-home monitoring by medical professionals; medical equipment/ technology dependence may be necessary; the caregiver is required to administer medication that requires close monitoring; or, medical treatment is required to be administered daily. The Caregiver may provide physical therapy 3 to 4 times per week, as directed by a medical professional and/or Physical Therapist.	Child was born with major congenital defects or has extremely severe and/or life threatening medical condition or illness, which requires the caregiver to provide specialized, direct medical care or treatment services in the home.
Drug Dependency	A child born Drug Exposed and having drug/alcohol/ nicotine withdrawal symptoms requiring ongoing treatment, and/or has developmental delays due to drug exposure, which requires 4 to 6 medical or treatment appointments per month (excluding routine physical/dental examinations), with additional care, structure, and supervision required from the caregiver.	A child born Drug Exposed and having drug/alcohol/nicotine withdrawal symptoms requiring ongoing treatment, and/or has developmental delays due to drug exposure, which requires more than 7 medical or treatment appointments per month (excluding routine physical/ dental examinations), with additional care, structure, and supervision required from the caregiver.

Emotional/Behavioral	The child has been hospitalized under Welfare and Institutions Code Section 5150, due to being a danger to self or others, in the past six months; or, the child has been formally diagnosed with a serious emotional, psychological and/or behavioral problem and exhibits behaviors (3 - 5 times per week), which places self and/or others at risk. Although presenting as defiant, non-compliant, and aggressive towards others, the child may be actively involved in scheduled therapeutic sessions and/or is seeking crisis intervention services. In addition, psychotropic medication may be required along with specialized care and close supervision by the caregiver and therapeutic provider, due to suicidal ideation and threats.	The child has been regularly hospitalized under Welfare and Institutions Code Section 5150 (once per month or more) due to being a danger to self or others; or, the child has intense emotional/behavioral problems that currently debilitates the child's level of functioning and may cause the child to be considered a "Gravely Disabled Minor" pursuant to Welfare and Institutions Code Section 5585.25; or, the child engages in risky and/or self-harming behaviors, which may jeopardize his/her safety and well-being 24-hour supervision administered by the caregiver along with increased follow-up with a therapeutic provider remains in place.
Transportation	Transportation to specialized medical appointments or therapy sessions required 200 - 299 miles per month.	Transportation to specialized medical appointments or therapy sessions required over 300 miles per month.
Special Dietary Needs	The child has been formally diagnosed with Anorexia, Bulimia, or Obesity and the caregiver is actively involved with the child's treatment plan; or, the child has Type I Diabetes, which remains under control with medication or insulin injections, but requires the caregiver to prepare a special diet, monitor blood sugar levels, and perform the injections.	The child requires specialized technical feeding assistance through a Nasogastric tube, Gastrostomy tube, Jejunostomy tube, or other feeding device.
Bladder/Bowel Functioning	The child is 4 - 6 years old or older and has toileting accidents daily. The child's Encopresis and/or Enuresis is not controlled by medication.	The child requires the need for a colostomy or ileostomy or other means or procedures necessary for waste diverson or removal.

Self Help	The child has moderate Cerebral Palsy or is partially mobile due to a long-term illness, developmental disability, and/or environmental influences, but can make attempts to bathe, toilet and feed oneself, although the child requires assistance with those tasks.	The child has severe cerebral palsy, or physical disability rendering him/her non-ambulatory and requiring total self-care (i.e. the caregiver is required to bathe, diaper, dress, and/or provide some physical therapy to the child).

Methodologies Used:

Special Care Increments are to be used when a care provider goes above and beyond the demands of regular parenting to meet the special needs of a child in placement. At the time of initial placement, the assigned Social Worker is to assess the child's needs based on the above listed guidelines in order to determine the appropriate level of care. Based on the severity of a child's physical or emotional state and/or behavioral concerns, a Team Decision-Making meeting with Alpine County's medical staff, behavioral health staff, county fiscal representatives, and management shall be initiated to achieve a consensus on a level of care that would ensure the safety and well-being of a child. Once a Specialized Care Rate determination has been made and is in place, the Social Worker will be responsible for reviewing the special needs of a child when changing placement or upon review of placement during six month intervals. However, the rate may be increased or decreased at any time, based on the needs of the child, after consensus has been achieved from a follow-up Team Decision-Making meeting.