



A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY
HEALTH AND HUMAN SERVICES AGENCY
CHILD WELFARE SERVICES

MAILING: 2261 ELM STREET
LOCATION: 2344 OLD SONOMA ROAD
NAPA, CA 94559
www.co.napa.ca.us

Main: (707) 253-4744
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RANDOLPH F. SNOWDEN
DIRECTOR

SCI-Rate Criteria for Napa County

Name of Behavior/Problem	Narrative or Description of Qualifying Factors
Soiling of Pants \$77.00	Allowed for children who continue to soil after age 2 ½
Bedwetting \$37.00	Allowed for bedwetting or regular wetting of pants, allowed for children who continue wetting after age 2 ½
On-going School Problems \$76.00	For poor attendance, grades, peer relations, etc.
Intensive Care \$116.00	For child who requires intensive care, beyond the normal range for children of the same age, due to developmental, medical, physical and/or psycho-social conditions.
Intensive Supervision \$116.00	For child who has a pattern of defiance, damaging property, stealing, disruptive behavior, running away, etc.
High Risk/SED Behavior Management \$481.00	For child exhibiting serious emotional disturbance and high-risk, aggressive, destructive or abnormal behaviors that lead to substantial impairment in the areas of self-care, family relationships, and performance at school or in the community. Requires continuous, intensive supervision and frequent pro-active one-to-one intervention by the foster parent to enable child/youth to benefit from a stable home environment in the community. Foster parent has experience, training, or specialized skills for working with high-risk children/youth, and actively participates in all services, meetings and trainings recommended by the placing agency.

Methodologies Used:

The methodology used to develop the criteria for each category included interdepartmental meetings with eligibility, fiscal, children's mental health and child welfare.

When a child has special needs, the assigned social worker assesses the child's needs and determines qualifying conditions. The Request for Specialized Care Rate (NW 659) is completed, and utilizing the established guidelines, the rate is determined. The form is reviewed and approved by the supervisor. For the High Risk/SED Behavior Management SCI rate, the manager must also approve. Upon renewal, the social worker conducts a re-assessment and submits the form for approval.

NAPA COUNTY HEALTH & HUMAN SERVICES
REQUEST FOR SPECIALIZED CARE RATE / INITIAL CLOTHING ALLOWANCE

Child's Name _____ D.O.B. _____ Case No. _____

Payee Name _____ Effective Date _____

\$201.00 _____ **Initial Clothing Allowance** (one time only, receipts must be provided within 60 days)

AMOUNT
REQUESTED

SPECIAL CARE CATEGORY

\$77.00 _____ **Soiling of Pants** (allowed for children who continue to soil after age 2 ½)

\$37.00 _____ **Bedwetting** (or regular wetting of pants, allowed for children who continue wetting after age 2 ½)

\$76.00 _____ **On-going School Problems** (including poor attendance, grades, peer relations, etc.)

\$116.00 _____ **Intensive Care** (for child who requires intensive care, beyond the normal range for children of the same age, due to developmental, medical, physical and/or psycho-social conditions.)

\$116.00 _____ **Intensive Supervision** (for child who has a pattern of defiance, damaging property, stealing, disruptive behavior, running away, etc.)

\$ _____ **SUBTOTAL OR TOTAL REQUESTED**

Submitted by _____ Approved by _____
 Case Worker Date Supervisor Date

\$481.00 _____ **High Risk / SED Behavior Management** (for child exhibiting serious emotional disturbance and high-risk, aggressive, destructive or abnormal behaviors that lead to substantial impairment in the areas of self-care, family relationships, and performance at school or in the community. Requires continuous, intensive supervision and frequent pro-active one-to-one intervention by the foster parent to enable child/youth to benefit from a stable home environment in the community. Foster parent has experience, training, or specialized skills for working with high-risk children/youth, and actively participates in all services, meetings and trainings recommended by the placing agency.)

_____ Social Services ___Mental Health
Supervisor Signature
 _____ (required every 6 months)
Manager Signature Date

\$ _____ County Supplement: _____

_____ Social Services ___Mental Health
Manager's Signature

\$ _____ **TOTAL REQUESTED**

Original – Foster Care EW
 Copy – Service Case