

City and County of San Francisco



Human Services Agency

Department of Human Services
Department of Aging and Adult Services

Trent Rhorer, Executive Director

January 27, 2011

California Department of Social Services
Child and Youth Permanency Branch
Foster Care Support Services Bureau

RE: ACL 10-62: Specialized Care Increment (SCI) Determination Documents
City and County of San Francisco

We respectfully submit the following information regarding our SCI program.
Our rates are as follows:

SCI RATE TABLE

| AGE | BASE | TIER 1 + \$200 | TIER 2 + \$400 | TIER 3 + \$600 | TIER 4 + \$800 | TIER 5 + \$1000 | TIER 6 + \$1400 | TIER 7 + \$1800 |
|------------|-------------|---------------------------|---------------------------|---------------------------|---------------------------|----------------------------|----------------------------|----------------------------|
| 0-4 | \$446 | \$646 | \$846 | \$1046 | \$1246 | \$1446 | \$1846 | \$2246 |
| 5-8 | \$485 | \$685 | \$885 | \$1085 | \$1285 | \$1485 | \$1885 | \$2285 |
| 9-11 | \$519 | \$719 | \$919 | \$1119 | \$1319 | \$1519 | \$1919 | \$2319 |
| 12-14 | \$573 | \$773 | \$973 | \$1173 | \$1373 | \$1573 | \$1973 | \$2373 |
| 15-19 | \$627 | \$827 | \$1027 | \$1227 | \$1427 | \$1627 | \$2027 | \$2427 |

We utilize what we refer to as a Triangular Approval Process. We receive input regarding the needs of the child from three sources: The foster parent, the assigned social worker/case manager, and the Public Health Nurse. If the three parties agree to the needs of the child, then the rate is determined based upon the level of enhanced care and supervision required by the provider to meet those needs. If the parties do not agree, we meet together to discuss and resolve. Our SCI workers, who coordinate the input from all three individuals and document the determinations, are Bachelor level social workers.

Please let me know if any additional information is needed.

Sincerely,

A handwritten signature in black ink, appearing to read "Casey Blake".

Casey Blake
Foster Care Eligibility and Retention Services Program Manager

Submitted on behalf of Debby Jeter, Family & Children's Services, Deputy Director

Attachments: SCI Form 1156, 1157, & 1158
SF SCI publications 1316, 1319, 1330, & 1331

CITY AND COUNTY OF SAN FRANCISCO SPECIAL CARE INCREMENT (SCI) SYSTEM

MANAGEABLE MEDICAL, MENTAL HEALTH OR BEHAVIORAL CHALLENGES – DETERMINATION WORKSHEET

Progression between tiers is based upon the level of intervention and treatment requiring enhanced care and supervision. The descriptions (mild, moderate, etc.) do not reflect the severity of the condition.

NAME OF CHILD OR YOUTH: _____ **DOB:** _____ **CHECK ALL THAT APPLY REGARDLESS OF TIERS**

| TIER ONE MILD | TIER TWO MODERATE | TIER THREE EXCEPTIONAL | TIER FOUR ADVANCED | TIER FIVE SEVERE |
|--|---|--|--|--|
| <p style="text-align: center;">SCI Entry Level</p> <p>PRIMARY SCI REQUIREMENT</p> <p><input type="checkbox"/> Under MONTHLY care of a physician, mental health or developmental professional (Refer to page 2)</p> <p>AND At least one qualifying factor that is beyond age appropriateness:</p> <p><input type="checkbox"/> Pre/Post surgery care (Qualifies for a maximum of 60 days pre and post surgery)</p> <p><input type="checkbox"/> Lack of bowel control - smearing</p> <p><input type="checkbox"/> Bed-Wetting on incontinence</p> <p><input type="checkbox"/> Tantrums or self-injury</p> <p><input type="checkbox"/> Separation anxiety or nightmares</p> <p><input type="checkbox"/> Developmental delays</p> <p><input type="checkbox"/> Attachment disorder</p> <p><input type="checkbox"/> Mood or depression disorder</p> <p><input type="checkbox"/> Bi-polar</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Sexually acting out</p> <p><input type="checkbox"/> Defiant disorder or hyperactivity</p> <p><input type="checkbox"/> Anger challenges</p> <p><input type="checkbox"/> Other medical, emotional or physical challenges requiring professional intervention:</p> <p>Describe _____</p> | <p>SCI may begin at Tier 2 if all below are checked.</p> <p>If the care and supervision listed below is not being provided by the care provider, the SCI level cannot exceed Tier 1.</p> <p>ALL must apply:</p> <p><input type="checkbox"/> Criteria in "A" met</p> <p><input type="checkbox"/> Challenges are not transient in nature and require on-going monthly treatment or intervention</p> <p><input type="checkbox"/> Care provider agrees to complete quarterly progress reports</p> <p><input type="checkbox"/> Care provider signs and agrees to comply with Tier Two agreement</p> <p><input type="checkbox"/> Care provider agrees to provide transportation to visitation and appointments</p> <p><input type="checkbox"/> All CHDP checks are kept up to date</p> <p><input type="checkbox"/> Care provider remains current and cooperative with all licensing or home approval requirements (i.e. investigations and visits)</p> | <p><input type="checkbox"/> Has met the criteria in Tier 3 for a minimum of 3 consecutive months</p> <p><input type="checkbox"/> Care provider has completed additional training beyond PRIDE training or has experience with specific needs of the foster youth though successful prior placements – Must be verified by licensing and FC nurse (not currently required for Relative/NREFM placement)</p> <p>AND at least one of the following:</p> <p><input type="checkbox"/> Child or youth in foster care needs the care provider to participate in TDMs, IEPs, ice breakers, school meetings, tutoring, agency meetings, visitation, physical or occupational therapy</p> <p><input type="checkbox"/> Child or youth has an assessment completed through the educational system (IEP), Regional Center or Early Start (IFSP), Mental Health (CANS), or other assessment completed by a medical, mental health, or developmental professional (copy of assessments must be provided)</p> <p><input type="checkbox"/> Infant requires constant swaddling and/or does not sleep through the night</p> | <p><input type="checkbox"/> Has met the criteria in Tier 4 for a minimum of 3 consecutive months</p> <p>AND at least one of the following:</p> <p><input type="checkbox"/> Child or youth needs the care provider to physically participate in monthly therapy, medical sessions or the therapeutic process in preparation for adoption</p> <p><input type="checkbox"/> Difficulty in stabilizing medication; administers daily injections, breathing or physical therapy OR child or youth in drug or alcohol treatment OR child or youth was previously in a group home or residential treatment</p> <p><input type="checkbox"/> Unable to care for additional children or youth in the home due to the extreme needs of a child or youth in care. This may be due to the fragile health or health vulnerability of the child or youth or may be due to violent, sexual or aggressive behaviors (must be verified by FCS placement).</p> | <p><input type="checkbox"/> Has met the criteria in Tier 5 for a minimum of 3 consecutive months</p> <p><input type="checkbox"/> Meets criteria in either section A or B below</p> <p>***Criteria A***</p> <p><input type="checkbox"/> Care provider must provide line of sight supervision</p> <p>Or:</p> <p><input type="checkbox"/> Care provider unable to take respite due to lack of qualified care provider to fill in</p> <p>Or:</p> <p><input type="checkbox"/> Regular intervention through Wraparound services, Child Crisis or after hours SW</p> <p>*** Criteria B***</p> <p><input type="checkbox"/> Care provider providing in-home modeling and supervision to reunifying parent or new provider as needed to maintain child or youth stability and continuity of care.</p> <p>Or:</p> <p><input type="checkbox"/> Care provider is preparing to adopt the child or youth, which requires additional cooperation, travel, court appointments, social worker visits, and support to the child or youth during the transition.</p> |

All children or youth receiving care and supervision from Tier 3 or above will have an assigned foster care nurse

**TIER ONE
MILD**

**TIER TWO
MODERATE**

**TIER THREE
EXCEPTIONAL**

**TIER FOUR
ADVANCED**

**TIER FIVE
SEVERE**

UNDER THE CARE AND SUPERVISION OF A PHYSICIAN, MENTAL HEALTH, OR DEVELOPMENT PROFESSIONAL

To receive any SCI payment, the child or youth in care must be receiving a **minimum of monthly care** and oversight from a medical, mental health, or developmental professional. Any child or youth with a qualifying medical or mental health challenge must be receiving regular treatment. The purpose of the SCI payment is to provide additional monetary support for the increased care and supervision of children or youth who have medical or mental health challenges that are not transient or occasional in nature. Enhanced care and supervision includes the care provider seeking treatment providers, connecting children and youth to community support and services, ensuring participation in treatment, monitoring support in the home that compliments the treatment plan and transporting to appointments.

MEDICAL OR MENTAL HEALTH PROFESSIONALS

A medical and mental health professional may include: a physician, nurse, physical/speech therapist, counselor, psychologist, psychiatrist, occupational therapist, school counselor or therapist or regional center case manager. Monthly requirement may be a combination of any supportive services. Monthly requirements should be written in the quarterly report. ALL CHDP exams must be kept up to date.

RATES BASED ON AGE

| | | | | | | | | | | | | | | | | | | | |
|------|-------|-------|-------|------|-------|-------|--------|------|--------|-------|--------|------|--------|-------|--------|------|--------|-------|--------|
| 0-4 | \$646 | 12-14 | \$773 | 0-4 | \$846 | 12-14 | \$973 | 0-4 | \$1046 | 12-14 | \$1173 | 0-4 | \$1246 | 12-14 | \$1373 | 0-4 | \$1446 | 12-14 | \$1573 |
| 5-8 | \$685 | 15-18 | \$827 | 5-8 | \$885 | 15-18 | \$1027 | 5-8 | \$1085 | 15-18 | \$1227 | 5-8 | \$1285 | 15-18 | \$1427 | 5-8 | \$1485 | 15-18 | \$1627 |
| 9-11 | \$719 | | | 9-11 | \$919 | | | 9-11 | \$1119 | | | 9-11 | \$1319 | | | 9-11 | \$1519 | | |

MONITORING/OBSERVATION REQUIREMENTS

Each Tier is assigned a Monitoring/Observation requirement. Eligibility to a Tier cannot be processed or approved until the time requirement is met and rates will not be retroactive. Monitoring and observation requirements are as follows:

| TIER 1 – MILD | TIER 2 – MODERATE | TIER 3 – EXCEPTIONAL | TIER 4 – ADVANCED | TIER FIVE – SEVERE |
|---------------|-------------------|---------------------------------|---------------------------------|---------------------------------|
| Immediate | Up to 30 days | Minimum of 3 consecutive months | Minimum of 6 consecutive months | Minimum of 9 consecutive months |

The purpose of the Monitoring/Observation period is: 1) To ensure the child/youth has full access to resources 2) To align rate progression with increased knowledge of meeting the unique needs of the child or youth in care 3) to document the non-transient nature of the higher level of care 4) To document the care providers compliance with the case plan for the specific child or youth which addresses the care and supervision requirements

REQUESTING AN SCI

At placement, all foster care rates (for children or youth placed in San Francisco) will start at the BASIC RATE. If the child or youth has a manageable medical, mental health or behavioral challenge, the care provider can request an SCI assessment. SCI assessments can take up to 45 days. SCI rates can be made effective from the date of placement, if appropriate. SCI Tiers are sequential – Initial rates may begin at Tier One or Tier Two. Subsequent increases require a minimum of 3 months in each Tier. For information or to request an SCI assessment – call 415-557-5412, 558-2649, or 557-5870. Or complete this form and mail to: FCS – SCI Unit, PO Box 7988, SF, 94120-7988 ATTN: SCI 170 Otis/5th Floor. **Quarterly reports are required to continue to receive an SCI payment of Tier 2 or higher.**

APEALS PROCESS

If the SCI rate you are requesting is denied and you wish to appeal the decision, you can contact the SCI Manager at 415-557-5754. You may also contact the Foster Care Ombudsman at 415-558-2828. The Foster Care Ombudsman can explain your appeals options. Complaints regarding discrimination should be made to the HSA Office of Civil Rights, PO Box 7988, SF, 94120.

AUTHORIZING SIGNATURES

Care provider – Print Name: _____ Date: _____ Social Worker – Print Name: _____ # _____
 Care provider – Signature: _____ Telephone #: _____ Social Worker – Signature: _____

SCI UNIT PROCESSING

Date of placement: _____ Denial date: _____ Verifications on file Approved by Supervisor – date: _____ Case #: _____
 Effective date: _____ CMS entry date: _____ SCI process checklist FC Elig. notified – SCI & SOC 158A SCI Unit initials: _____

CITY AND COUNTY OF SAN FRANCISCO SPECIAL CARE INCREMENT (SCI) SYSTEM

LIFE TIME MEDICAL AND MENTAL HEALTH CHALLENGES – DETERMINATION WORKSHEET

NAME OF CHILD OR YOUTH: _____

DOB: _____

CHECK ALL THAT APPLY REGARDLESS OF TIERS

| LIFE TIME CHALLENGES | | | TIER FOUR LIFETIME | TIER FIVE LIFETIME ENHANCED |
|---|---|--|--|--|
| DESCRIPTION | QUALIFICATION | REQUIREMENTS | All must apply: | Check all that apply: |
| <p>Medical or Mental Health challenges including severe and chronic illnesses that are expected to result in dependence on medical equipment, lifetime medical or mental impairment that cannot improve with medication, support or behavioral modification, inability to administer personal care and/or permanent loss of mobility that requires lifting, turning or continuous supervision beyond what would be considered age appropriate by care provider.</p> <p>Condition must be verified by a medical or mental health professional.</p> <p>Prenatal exposures or at risk conditions do not qualify for Life Time special care increments unless an underlying medical or mental health condition can be verified.</p> | <p>Examples of Qualifying Challenges:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Cancer – non-operable <input type="checkbox"/> Leukemia <input type="checkbox"/> HIV - AIDS <input type="checkbox"/> Developmental disabilities over the age of 5 and child/youth is behind in grade level and/or requires a full-time aide during school <input type="checkbox"/> Autism or Asperger's <input type="checkbox"/> Fetal alcohol syndrome <input type="checkbox"/> Brain damage <input type="checkbox"/> Hearing loss <input type="checkbox"/> Vision loss <input type="checkbox"/> Other debilitating disorder or disease. Describe below: _____ _____ _____ | <p>Eligibility for the Life Time Medical and Mental Health challenges requires that:</p> <ul style="list-style-type: none"> • The condition is not transient in nature • The care provider must constantly be required to provide additional care and supervision which may include: <ul style="list-style-type: none"> ⇒ Assistance with dressing, bathing and grooming ⇒ Changes in home or grounds to enable safe and adequate space for walkers, crutches, wheelchairs, or other medical equipment ⇒ Enhanced diligence in providing a safe and germ-free environment ⇒ Consistent reinforcement of household rules and instructions due to decreased cognitive abilities or barriers ⇒ Coordinating support from Hospice ⇒ Care provider must use line of sight supervision. | <ul style="list-style-type: none"> <input type="checkbox"/> Meets at least one of the qualifying lifetime challenges and the requirements <input type="checkbox"/> All CHDP and other medical exams or tests are kept up to date <input type="checkbox"/> Child/youth is under the active care of a physician, specialist or other professional <input type="checkbox"/> Care Provider is aware of and willing to utilize specialized community resources for support <input type="checkbox"/> Care Provider has received specific training or is willing to complete specific training related to the child's/youth's challenges <input type="checkbox"/> Child/youth has a Foster Care nurse assigned and Care Provider willing cooperates with case management and treatment plan <input type="checkbox"/> Care Provider agrees to complete quarterly progress reports <input type="checkbox"/> Care Provider agrees to provide transportation to treatment and visitation based on the needs of the child or youth <input type="checkbox"/> Care Provider remains current and cooperative with all licensing or home approval requirements – (i.e. investigations and home visits). | <ul style="list-style-type: none"> <input type="checkbox"/> Has met the criteria in Tier Five for minimum of 3 consecutive months <input type="checkbox"/> Care Provider attends all related scheduled appointments <p>AND at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Care Provider provides regular supervision during visitation and/or allows visitation to be conducted in his/her home to maximize child/youth stability <input type="checkbox"/> Care Provider participates in TDMS, IEPs, ice breakers and school meetings based on the needs of the child or youth in foster care <input type="checkbox"/> Care provider unable to take respite due to lack of qualified care provider to fill in <input type="checkbox"/> Regular intervention through Wrap services, Child Crisis, After Hours SW <input type="checkbox"/> Care provider providing in-home modeling and supervision to reunifying parent or new provider as needed to maintain child or youth stability and continuity of care <input type="checkbox"/> Care provider is preparing to adopt the child or youth, which requires additional cooperation, travel, court appointments, social worker visits, and support to the child or youth |

**LIFE TIME
CHALLENGES**

**TIER FOUR
LIFETIME**

**TIER FIVE
LIFETIME ENHANCED**

CHILD OR YOUTH STENGTHS

Describe: _____

RATES BASED ON AGE

| | | | | | | | |
|------|--------|-------|--------|------|--------|-------|--------|
| 0-4 | \$1246 | 12-14 | \$1373 | 0-4 | \$1446 | 12-14 | \$1573 |
| 5-8 | \$1285 | 15-18 | \$1427 | 5-8 | \$1485 | 15-18 | \$1627 |
| 9-11 | \$1319 | | | 9-11 | \$1519 | | |

DOCUMENTATION REQUIREMENTS

Documentation may include, but is not limited to: Written or verbal statements from care providers, copies of medical or mental health assessments, reports or plans, school records and IEPs, CHDP records, written or verbal statements from Foster Care nurse, case plan and case notes. Documents in the possession of the Social Worker do not have to be resubmitted to the SCI unit. Documentation is required for SCI approval.

PARTICIPATION REQUIREMENTS

Based on the criteria in each Tier, the foster parent is required to participate by meeting the needs of the foster child or youth in their care. In Tier Four and Tier Five, the care provider is required to complete a quarterly progress report. Failure to complete the quarterly reports, failure to meet the needs of the child or youth based on Tier requirements or failure to provide necessary documentation may result in a decrease in the rate. The SCI program is currently available for children or youth placed in San Francisco County.

REQUESTING AN SCI

At placement, all foster care rates (for children or youth placed in San Francisco) will start at the BASIC RATE. If the child or youth has a lifetime medical or mental health challenge, the Care Provider can request an SCI assessment. SCI assessments can take up to 30 days. SCI rates can be made effective from the date of placement, if appropriate. If a child or youth does not have a qualifying Lifetime challenge, the request will automatically be converted to a Manageable Medical SCI request and assessed. For information or to request an SCI assessment – call 415-557-5412, 558-2649, or 557-5870. Or complete this form and mail to: FCS – SCI Unit, PO Box 7988, SF, 94120-7988 ATTN: SCI Unit 170 Otis/5th Floor.

APPEALS PROCESS

If the SCI rate you are requesting is denied and you wish to appeal the decision, you can contact the SCI Supervisor at 415-557-5929. You may also contact the Foster Care Ombudsman at 415-558-2828. The Foster Care Ombudsman can explain your appeal options. Complaints regarding discrimination should be made to the HSA Office of Civil Rights, PO Box 7988, SF, 94120.

AUTHORIZING SIGNATURES

Care Provider – Print Name _____ Date: _____ Social Worker – Print Name _____ # _____

Care Provider – Signature _____ Telephone # _____ Social Worker – Signature _____

SCI UNIT PROCESSING

Date of Placement _____ Denial Date _____ Verifications on file CMS updated Case # _____

Rate Level _____ Start Date _____ Database Date _____ SCI checklist FC Elig. notified SCI & SOC 158A SCI Unit initials _____



**QUARTERLY SPECIAL CARE INCREMENT (SCI)
PROGRESS REPORT**

Information contained in this report is confidential and to be used only for the purpose of establishing the appropriate SCI rate tier and documenting care in the child welfare file for San Francisco County Family and Children's Services. Information contained in this report may become a part of court records, if applicable to social worker findings or case plan approval.

Information contained in this report may be subject to additional verification.

By completing and signing this report, the care provider is verifying the information to be true and correct to the best of his/her knowledge.

INSTRUCTIONS:

- Complete report quarterly and return no later than the 10th of the month following the report period.

| | |
|--------------------------|--------------------------|
| January through March | April 10 th |
| April through June | July 10 th |
| July through September | October 10 th |
| October through December | January 10 th |

- Reports should be legible and in ink. Reports may be typed.
- Completed reports will be date stamped upon receipt and a copy returned to you for your records
- Copies of quarterly progress reports should be made available to social workers during home visits
- The agency will send a courtesy reminder regarding reports, however, it is the care provider's responsibility to submit the reports quarterly and timely regardless of reminders.
- Copies of receipts, attendance logs, records of extra-curricular activities or any other form of verification regarding information provided within the quarterly report should be attached to the report. Verifications must be submitted for a report to be considered complete.
- Care providers are encouraged to include pictures of the child or youth or copies of awards or certificates during the month of review.

Quarterly progress reports cannot be substituted for the required CHDP records submission requirement. If you have already submitted information on a CHDP report, it is not necessary to repeat the same information on the quarterly progress report. You are encouraged to include the date the CDHP report was submitted and the SCI unit will obtain a copy of the report.

What happens if the quarterly progress report is not submitted timely?

- If a quarterly progress report is not received by the 10th of the month following the report period, you will receive a friendly reminder.
- If not received by the last date of the month following the report period, the SCI Tier will be reduced to Tier 1, regardless of the current Tier level.
- After 30 days of non-receipt, the care provider will be required to start the SCI Tier system over with a minimum of 3 consecutive months between each tier.

If you need any assistance in completing the quarterly progress reports, please do not hesitate to contact the SCI unit directly at 415-557-5412, 558-2649, or 557-5870.

Care Provider Signature By signing this report I am stating that the information is true and correct to the best of my knowledge.

Care Provider Name – please print Date

Date Received by the SCI Unit

QUARTERLY SPECIAL CARE INCREMENT (SCI) PROGRESS REPORT

For the report period, Jan – Mar Apr – Jun Jul – Sept Oct – Dec

On behalf of _____
Foster Child/Youth Name Age

To remain eligible for an SCI payment, monthly medical, mental health or supportive services must be participated in during the review period. Please list/describe all below. Be sure to make note in each area listed. Reminder: All CHDP exams must be up to date for SCI payments to continue.

- **MEDICAL** No medical appointments during the report period

CHDP verifications submitted directly to the agency for the following appointment dates:

| | | | |
|--|--|--|--|
| | | | |
| | | | |

| Medical appointments not submitted on a CHDP form | | |
|---|-----------------------|------------------|
| Date | Doctor or Clinic Name | Reason for Visit |
| | | |
| | | |
| | | |

- **MENTAL HEALTH** No mental health appointments during the report period

| Date (s) | Therapist or other Professional | Reason for Visit |
|----------|---------------------------------|------------------|
| | | |
| | | |
| | | |
| | | |

- **OTHER SUPPORTIVE SERVICES OR APPOINTMENTS** No supportive services

| Date (s) | Provider | Reason for Visit |
|----------|----------|------------------|
| | | |
| | | |
| | | |
| | | |

The following is a list of requirements based upon Tier levels. Please mark all that apply.

- I have provided transportation to appointments during the review period *(Required Tier Two and above)*
- I am current with all licensing or home approval requirements *(Required Tier Two and above)*
- I participate in regular contact with a Foster Care Nurse *(Required Tier Three and above)*

EXTRACURRICULAR OR SPORTS ACTIVITIES: Check all that apply No extracurricular or sports

| | | | |
|----------------------|----------------------|-------------------|---------------------|
| After school program | Soccer | Baseball/softball | Football |
| Track/field | Dance | Gymnastics | Basketball |
| Music/choir | Art | Tutoring | School club |
| Play group | Religious activities | ILSP activities | Scouts or YMCA club |
| Other: | | Other: | |

Please make sure that you have accurately completed this report. Your answers are used to validate continued eligibility for the SCI program. When completed, return in the envelope provided or send to the following address:

City and County of San Francisco, Family & Children's Services
PO Box 7988, San Francisco, CA 94120-7988
ATTN: J050 Unit – 5th Floor, 170 Otis

What is an SCI?

An SCI is a Special Care Increment payment. These increments are paid in addition to the basic rate, based on the age of the child or youth, for children or youth in care who have a medical, mental health or behavioral challenge. Not all children or youth are eligible for these increments.



The SCI program is different in each county. Each county creates their own plan and rates then submits them to the State for approval. Upon approval, counties may administer their individual SCI program.

San Francisco received approval from the State to begin a new SCI program effective August 1, 2008.

The new SCI program applies to placements in San Francisco County only.

Pub. #1316 RV (11/13/09)

Q: I live outside of San Francisco, but I am interested in participating in this program. Can I?

A: Because SCI programs are different in each county, the regulations require that the rates within the county of residence must be issued. Therefore, at this time, the SF SCI system can only be used for placements within SF County.

Q: Will I receive a notice regarding the SCI decision?

A: Yes. You will receive a notice from the SCI unit. The SCI unit will also notify the eligibility unit who will follow up with an official Notice of Action regarding the established rate.

Q: Is there an appeals process?

A: Yes. Upon receiving a notice, you can contact the SCI supervisor at 415-557-5929 or contact the FCS Ombudsman at 415-558-2828

*CITY AND COUNTY OF
SAN FRANCISCO
FAMILY AND CHILDREN'S SERVICES*

**170 Otis Street
P.O. Box 7988
San Francisco, CA 94120**

*CITY AND COUNTY OF
SAN FRANCISCO
FAMILY AND CHILDREN'S
SERVICES*

SPECIAL CARE INCREMENT (SCI) QUESTIONS AND ANSWERS



**SCI UNIT
415-557-5412 OR 558-2649**

SCI QUESTIONS AND ANSWERS



The following answers are based on general circumstances. If you believe a situation or special condition may need to be taken into consideration, do not hesitate to contact the SCI unit directly.

All the following Q&A's assume that an SCI is being requested and that a qualifying medical mental health or behavioral condition exists. For specific information on qualifying factors, please refer to Form 1157 SCI determination worksheet.

- Q: I know that this child/youth has a qualifying condition, do I still have to start at the "basic rate" for 30 days?
- A: Yes. All cases will start at the "basic rate" while the SCI processing takes place. There are many situations where verification is immediately available and processing can take place in only a few days.

- Q: Can a social worker placing the child/youth promise an SCI rate if they know the child/youth will be eligible for an SCI?
- A: No. SCI decisions are coordinated and documented through the SCI unit. The placement social worker does not set the rate but, they are involved in the documentation process of the child's or youth's needs.

- Q: I cared for this same child/youth before, can't I just receive the same rate I had then and not have to go through this SCI process?

- A: No. Effective August 1, 2008 all new placements or changes in placement are required to be processed through the SCI unit.

- Q: I am a licensed Small Family Home, do I have to participate in this program also?

- A: Yes. If vendorized, a dual agency Regional Center child or youth placed in your home would receive the rate established for your facility by the Regional Center if the child or youth qualifies for that level or you may receive the Regional Center dual agency rate, whichever is higher. If the child or youth is not a Regional Center child, the rate would be assessed through the SCI unit.

- Q: What is the Regional Center, dual agency rate?
- A: \$2,006 for over 3 years old. \$898 for 3 years and under. Dual agency children or youth may receive these rates once approved and accepted by the Regional Center following their evaluation.

- Q: I am not comfortable with waiting 30 days to know what the rate will be. Is there any way to know up front?

- A: You can review the SCI determination rate sheet (Forms 1156 & 1157) that include requirements and rate levels for qualifying conditions. The SCI unit uses the same rate sheet to determine the rate. There are no hidden requirements or unstated rules.

The processing period is a requirement of the SCI program. The rate may be established earlier than 45 days, however, depending upon the SCI unit work load, it may take up to 45 days.

Once an initial SCI rate is established for new placements, the SCI may be retroactive to the date of placement if all verifications are submitted timely. For placement other than initial, the SCI rate can be established up to 30 days retroactive from the date of the SCI request.

- Q: Can I start at Tier 3 or 4?

- A: All approved SCI's will begin at Tier 1 or 2 for manageable medical and level 4 for lifetime medical. After the initial approved tier you may be approved for a tier increase after 3 consecutive months (based on applicable requirements). For more information refer to forms 1156 and 1157.



SCI System

Manageable

Manageable medical, mental health or behavioral challenges, which through therapy, commitment, support, adequate care, medication or behavioral modification the child or youth has the potential to avoid decline, cope or otherwise improve

Tier 1
Basic
Rate +
\$200

Tier 2
Basic
Rate +
\$400

Tier 3
Basic
Rate +
\$600

Tier 4
Basic
Rate +
\$800

Tier 5
Basic
Rate +
\$1000

Lifetime

Medical or mental health challenges including severe and chronic illnesses that are expected to result in dependence to medical equipment, lifetime medical or mental impairment that cannot improve through medication, support or behavioral modification, inability to administer personal care, permanent loss of mobility or continuous supervision beyond age appropriate

The SCI program is currently available for placements in San Francisco County.

Participation in the Special Care Increment Rate program is voluntary.

Care providers wishing to participate in the rate program — and who are caring for a child or youth in foster care who has a medical, mental health or behavioral challenge — may request a rate assessment.

Rate assessments are completed within 30 days of request, if all necessary information is provided and/or available.

All children and youth in foster care are initially placed at the State approved foster care basic rate — pending request and completion of an assessment period.

For more information, care providers are encouraged to discuss with the assigned social worker or the SCI unit at 415-558-2649, 557-5412 and 557-5870

FOSTER CARE Special Care Increment Rate Program

AN IMPROVEMENT FOCUSED SYSTEM



**City & County of San Francisco
Human Services Agency
Family and Children's
Services Division**

Refer to SCI Worksheets—Form 1156 and Form 1157 for detailed information.

**SAN FRANCISCO HUMAN SERVICES AGENCY
Family & Children's Services Division
PO Box 7988
San Francisco, CA 94120
415-557-5000 General Information
415-557-5754 SCI Program Information
PUB 1319 (RV -11/09)**

Promoting Safety, Permanency

IMPROVEMENT FOCUSED SYSTEM

On August 1, 2008, San Francisco implemented a new improvement focused Special Care Increment (SCI) program for all children and youth under the jurisdiction of the county and placed within San Francisco County.

The program enables special care increments to increase over time as the following is documented by the care provider and the county:

- ◆ Transportation and attendance at all medical, mental health and dental appointments.
- ◆ Care provider supervision and transportation to support visitation.
- ◆ Care provider participation in school meetings, team decision making meetings (TDM) & family meetings.
- ◆ Care provider participation in additional training.
- ◆ Care provider connecting to community resources on behalf of the child or youth.
- ◆ Care provider participation and engagement in placement transitions and permanency outcomes.

To participate in the Special Care Increment program, care providers must team with the county in creating detailed documentation of interventions, treatment, support and services provided.

FOSTER CARE RATE STRUCTURES

Basic Rate Payments

Basic rates are established by the State of California through cost parameters set forth by the Federal government.

Basic rates take into account the costs of providing necessary:

- ◆ Food
- ◆ Clothing
- ◆ Housing
- ◆ Transportation
- ◆ Incidentals

Basic rates vary by age ranges, as follows:

- ◆ Birth through 4
- ◆ 5 through 8
- ◆ 9 through 11
- ◆ 12 through 14
- ◆ 15 through 18

Counties pay basic rates through a combination of sharing ratios combining Federal and/or State and local county funds.



SPECIAL CARE INCREMENTS



Special Care Increment (SCI) programs are designed and established by each individual county and approved by the State. Special Care Increment systems vary widely through-out the State. Systems can vary significantly on rate amounts, criteria, duration, process, time frames and documentation.

Special Care increments are authorized for the purpose of providing additional financial support for the care and supervision of children and youth in foster care who have a medical, mental health or behavioral challenge.

Special care increments, once approved, are added to the monthly basic rate. Increments are regularly reviewed and can begin, increase, decrease or end as medical, mental health or behavior challenges arise or change.

Appeals

Care providers always have the right to appeal a rate decision. It is recommended that care providers follow these steps in order to seek resolution of a rate disagreement:

- ⇒ Discuss with the assigned Social Worker.
- ⇒ Discuss with the assigned Social Worker's Supervisor.
- ⇒ Discuss with the Foster Care Ombudsman 415-558-2828.
- ⇒ Request a State Hearing. This step can be completed at any time. Information is provided on the back of the Notice of Action. Or call 1-800-952-5253. For the hearing or speech impaired who use TDD, call 1-800-952-8349.

Request for State Fair Hearings must be completed within 90 days of the date the Notice of Action was mailed to you.



**CITY AND COUNTY
OF SAN FRANCISCO
HUMAN SERVICES AGENCY
FAMILY & CHILDREN'S SERVICES
P.O. BOX 7988
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415-557-5000**

Pub. 1330 (RV 12/09)

**CITY AND COUNTY
OF SAN FRANCISCO
HUMAN SERVICES AGENCY
FAMILY & CHILDREN'S
SERVICES**

**IMPORTANT
INFORMATION
ABOUT THE
FOSTER CARE RATE
SETTING PROCESS**

PLEASE READ



Foster Care Payments

The amount of money received on behalf of a child or youth placed with a care provider is referred to as the foster care payment.

The foster care payment can have two components:

- The basic rate, and
- A Special Care Increment (SCI)

The basic rate is based upon State regulations. The amount is determined based on the age of the child in your care.

There can be some small fluctuation between counties, however most counties, including San Francisco, utilize the following payment chart:

| AGE | BASIC RATE |
|-------|------------|
| 0-4 | \$446 |
| 5-8 | \$485 |
| 9-11 | \$519 |
| 12-14 | \$573 |
| 15-18 | \$627 |

The basic rate is the amount of payment that you will receive each month to compensate you for the care and supervision of the child or youth while they are in your care.

Care and Supervision

California Code of Regulations, Title 22, 89201, defines care and supervision as the following age appropriate activities:

- Assistance with dressing and personal hygiene.
- Assistance with taking medications.
- Storing and distribution of medications.
- Arrangements of medical and dental care, including transportation.
- Maintenance of house rules.
- Supervision of child's schedule and activities.
- Maintenance of child's resources and property.
- Monitoring food intake or special diet.
- Providing basic services, which include, but are not limited to:
 - ⇒ safe home and grounds
 - ⇒ access to extracurricular activities
 - ⇒ ensuring foster youth's rights are respected
 - ⇒ helping to coordinate visitation with parents and siblings, as deemed appropriate by the department
 - ⇒ maintaining child specific files/ records
 - ⇒ maintaining current home license or approval

Rates go up and rates go down

Special Care Increments are county specific and are issued when children or youth require extraordinary care and supervision for extended periods of time.

Special Care Increments should be considered temporary additional financial assistance to compensate the care provider for supervision and care of needs beyond those previously listed.

Special Care Increments are added to the basic foster care rate for a limited amount of time, generally for one year. If the conditions/ behaviors improve, the special care increment can be either decreased or discontinued. A yearly reassessment of the special care increment will determine if it will continue, change or end.

In all cases, additional verification is necessary to determine whether a special care increment can be issued.

SOCIAL WORKERS AND STAFF AT THE CHILD PROTECTION CENTER (CPC) DO NOT DETERMINE OR APPROVE SPECIAL CARE INCREMENTS

The process of establishing a special care increment may take up to 30 days. Approvals are considered from the date of request – so it is important to make the request as soon as a need for consistent extraordinary care is identified.

The Rate Setting Process

If you believe the child or youth in your care may be eligible for a special care rate based upon their medical, mental health or behavioral challenges:

- Discuss the specific challenges with the child 's or youth 's Social Worker.
- Request a special care rate assessment.
- Requests should be made no later than 30 days after placement for a rate adjustment retroactive to the date of placement.
- Requests can be made anytime during the placement episode if new challenges arise.



Rates paid on behalf of children in foster care are based upon the funding rules within the county of residence.

Not all medical conditions, mental health challenges and troubling behaviors qualify for a special care rate.

If a care provider believes that they need to provide extraordinary care and supervision beyond what would be considered age appropriate, it is important to discuss the circumstances with the assigned Social Worker.

If you do not agree with a foster care rate you can contact the Foster Care Ombudsman for guidance in appealing the decision at 415-558-2828.

City and County of San Francisco
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Pub. 1331 (RV 12/09)

Establishing Foster Care Rates for Out of County Placements

City and County of San Francisco
Human Services Agency
Family & Children's Services



Explanation of the Process
and
Limitations

Out of County Rate Setting

Rates established for the supervision and care of children and youth in foster care placed out of the county must comply with regulatory requirements. As with all foster care payments, a maintenance payment or basic rate, for the care and supervision of a child is made based on the age of the child. Payments exceeding the basic rate, referred to as special care increments must also comply with the state approved and county specific payment guidelines.

Special Care Increments (SCI) may be paid in addition to the basic rate based upon specific county guidelines for the additional care and supervision required for children with medical, mental health or behavioral challenges.

Special Care Increments may fluctuate or end based on changes in the child's needs. This applies to children living within and outside San Francisco.

County Specific Rules Apply

Each county is responsible for its own Specialized Care Increment system. Counties submit their SCI plans to the state for approval. Rate categories and requirements differ considerably from one county to another.

Differences between counties include, but may not be limited to:

- amount and timeframes
- medical, mental health or behavioral conditions covered
- training requirements for rate eligibility

For example, a medical condition in one county may entitle the foster parent to an additional \$50 per month – while in San Francisco or other counties the condition may not result in any additional funds.



Special Care Increment Rates are not established by social workers or staff at the Child Protection Center (CPC)

- At placement, a basic rate is established until a review of the child or youth's needs and the county specific special care rate criteria can be assessed—this process can take up to 45 days.
- If a special care increment is deemed appropriate, a retroactive adjustment of the rate will be processed and a supplement will be issued.

