DATE: July 18, 2016

The following information is being provided in response to the requirements of ACL 10-62. The following is used for determining specialized care increments (SCI) for a child residing in Alameda County.

The SCI Rate

The SCI is based on the emotional, developmental, and physical care needs of the child or youth. Alameda County uses a Special Care Rate Request Checklist (Checklist) in determining the amount of the SCI based on the qualifying factors that apply for the child or youth. The Checklist has three sections: Emotional Care/ Developmental Needs, Physical Care Needs, and Auxiliary Care Needs. Items on the Checklist in the Emotional Care / Developmental Needs and Physical Care Needs sections are organized by the youth’s age and are listed alphabetically within each level of need.

The SCI rate is based on the number of items that apply to the child. The number of items approved in each level will determine the final amount included in the special rate. Each level has two possible rates based on the number of items approved within that level. For example, if 5 or more level 1 items are approved under Emotional Care / Developmental Needs, the youth will receive the higher level 1 rate. If 4 or fewer items are approved for level 1 under Emotional Care / Developmental Needs, the youth will receive the lower level 1 rate.

Within each section of the form, if there are checks in more than one level, the level rates are not added together. The rate considered is for the highest level identified for the child in that section of the form. However, the rates from each section of the form are added together. For example, a rate approved for Emotional Care/ Developmental Needs is added to a rate that is approved, if any, for Physical Care Needs (e.g. Level 2 for Emotional Care/ Developmental plus the level 1 rate for Physical Care) or an amount for Auxiliary Care Needs. The total of these amounts is the SCI.

Eligibility for the SCI and Payment Information

Licensed foster parents (i.e. county foster homes not FFA homes), relatives, and NREFM's who qualify for AFDC-FC funding are eligible for a special care rate. A Special Care Rate may also be provided for a youth in a non-related and non-dependent legal guardianship, Extended Foster Care (EFC), or carry over to Kin-GAP or AAP. Children or NMDs in an FFA home, group home, or SILP are not eligible for special care rates.

The approved SCI may be in effect for no more than 12 consecutive months before renewal is required. The rate will expire at the end of the approved SCI effective period. However, the Child Welfare Worker (CWW) may initiate a new assessment/review by submitting a completed Checklist and other required documents to the Rate Setter.

SCI’s may be re-evaluated by the CWW at any time during the approval period. If there is a change in the child’s special needs, a new SCI packet must be submitted to the Rate Setter.
If there are changes with the child (behavioral, physical, etc) that justify a change to the rate during the time period of an existing SCI, the CWW should submit a new SCI packet.

SCI’s apply to the child and are based on the caregiver’s response to the child’s needs. Therefore, the SCI does not move with the child when a change in placement occurs. A new SCI must be resubmitted when a child changes placement, after the CWW and new caregiver have discussed the child's needs and determined how the new caregiver will attend to those needs.

Note that documentation from the last SCI may be used for the new rate after a placement change, as long as the information still meets the requirements for documentation (discussed below under the Criteria and Methodology Used to Determine the Increments heading).

If a child has a condition that is not likely to change (e.g. retardation, blindness, deafness, or scarring from severe burns that require ongoing treatment) an exception to the SCI process can be made. In this situation only, documentation of the condition made in the initial special rate request will stand for the next 36 month period that the youth remains in placement. For yearly reviews, the CWW need only submit a completed Form 34-9 (Authorization To Pay Specialized Care Rate For Children In Out Of Home Placement) until the 36 month period expires. If an increase in the rate is requested before the end of the 36 month exception period, new documentation must be provided. After that time a complete Special Rate packet will be required.

Criteria and Methodology Used to Determine the Increments

1. The CWW initiates the process of determining the SCI. The CWW assesses the child's special needs with the child’s caregiver and discusses with the caregiver what is expected of him or her in order to receive the SCI. After completing this assessment, the CWW will discuss with their supervisor whether a SCI for the child is justified. If it is, the CWW will complete the Checklist described above.
   - CWW is not to discuss a dollar amount with the caregiver until the Rate Setter has set the special rate.

2. After completing the checklist, the CWW must collect documentation for each item identified in the Checklist as an emotional or behavioral need of the child. There are two kinds of documentation used: supporting and collateral.
   - Supporting documentation can be in the form of CWS/CMS case dictation (with the specific behavioral issues noted in detail) or the most recent court report, both of which must be dated within 6 months of the effective date of the special rate.
   - Collateral documentation can be in the form of a psychological/medical evaluation, and/or a statement from a treating practitioner such as a therapist, pediatrician, psychiatrist, etc. Collateral documentation is required for the approval of statements made in supporting documentation which outline the child's medical, developmental or psychological diagnosis. Collateral documentation must be dated within 12 months of the effective date of the special rate.
   - For each item selected on the Checklist, the CWW will indicate next to “Attached documentation” the name of the document and page number (if any) that provides the documentation for that item. If the documentation is for a diagnosed condition, also list the provider’s name.

3. Forward the special care rate packet to supervisor for review. If the request is more than 2 months overdue, the Program Manager will review the request and sign off on form 34-9 prior to submission, in addition to CWS signature.
4. Forward the completed Checklist, a completed 34-9 form, and the supporting documentation to the Rate Review Team. The team consists of one Management Analyst, a Supervising Program Specialist (the Rate Setter), and an Administrative Assistant. Each SCI request is reviewed to confirm that each item selected for the child on the Checklist is corroborated by documentation, as required. The reviewer also confirms that the child qualifies for each requested item, based on the information provided, and adds additional qualifying items as necessary.

5. CWW will review the response from the Rate Setter. If the SCI is approved:
   o The CWW will a copy of the 34-9 and form 34-12, Rate Setter Authorization Report.
   o If there are needed corrections or changes to the requested rate:
     a. The CWW will receive notice from the Rate Setter that identifies the items from the Checklist that need additional documentation to support their approval.
   o If the SCI packet is incomplete:
     a. The CWW will receive the SCR packet and form 34-10. The form will identify the needed changes to the packet in order for it to be approved by the Rate Setter.

6. If necessary, the CWW will resubmit the SCI packet or submit additional supporting documentation.

7. Once approved, the CWW will file a copy of the SCI packet in the case file. A copy of form 34-9 with Rate Setter signature and the amount of the SCI will be returned to the CWW for filing in the case file.

**Descriptions of the Qualifying Factors for Each SCI Level**

Please refer to the Checklist. It includes descriptions of the emotional/developmental and physical care items that can be included in the SCI. The factors included in the Checklist are age specific.
### Alameda County Special Care Rate (SCR) Request Checklist

Refer to instructions on page 6.

<table>
<thead>
<tr>
<th>Child:</th>
<th>DOB:</th>
<th>Age:</th>
<th>CWW Name:</th>
<th>Wrkr #:</th>
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</tbody>
</table>

#### EMOTIONAL CARE/DEVELOPMENTAL NEEDS QUALIFYING FOR SCI

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>MILD</th>
<th>$75</th>
<th>(1-4 items)</th>
<th>$125</th>
<th>(5+ items)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

- Discipline issues at school/preschool requiring CG contact with school at least 2 times per week
  - Attached documentation:
- Difficulty with transitions; aggression towards others or self; daily tantrums (ages 0-3)
  - Attached documentation:
- Demanding, clinging, frequent crying, reversion to infantile behavior, including difficulty with transitions. CG must provide extra comfort and attention. (ages 3-11)
  - Attached documentation:

<table>
<thead>
<tr>
<th>LEVEL 2</th>
<th>MODERATE</th>
<th>$150</th>
<th>(1–9 items)</th>
<th>$300</th>
<th>(10+ items)</th>
</tr>
</thead>
<tbody>
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</table>

- Discipline issues at school/preschool requiring CG contact with school 3 or more times per week.
  - Attached documentation:
- Daily medications (1-4) for emotional needs
  - Attached documentation:
- Developmental delay (speech, language, self care skills), services in place i.e. Speech Therapy or OT; CG consults with therapist and follows up with activities/exercises
  - Attached documentation:
- Diagnosed mental health problem(s) (1-2): Axis I or II diagnosis from mental health provider. List diagnosis:
  - Attached documentation:
- Sexualized behaviors; needs guidance by CG. (includes masturbates excessively)
  - Attached documentation:
- Sleep disturbance: won’t sleep in own bed, or takes more than 1 hr to go to sleep
  - Attached documentation:
- Special education needs (e.g. ADHD, speech): learning disabled, has current IEP; work with child and school re. special education needs
  - Attached documentation:

- By CG:
  - Additional structure required by CG (high activity level or anxiety) (ages 3+)
    - Attached documentation:
  - Tantrums (weekly): difficult to distract child from tantrum behavior (ages 3+)
    - Attached documentation:
  - Sleep disturbance: won’t sleep in own bed, or takes more than 1 hr to go to sleep
    - Attached documentation:
  - Special education needs (e.g. ADHD, speech): learning disabled, has current IEP; work with child and school re. special education needs
    - Attached documentation:

- By CG:
  - Special education needs: serious emotional problems impacting education, has current IEP; CG must monitor, work with child and school re. special education needs.
    - Attached documentation:
  - Therapy (weekly) and CG consults with therapist regularly
    - Attached documentation:

- Other:
  - Tantrums (daily); difficult to help child cease behavior.
    - Attached documentation:
  - Sleep disturbance: won’t sleep in own bed, or takes more than 1 hr to go to sleep
    - Attached documentation:
  - Special education needs (e.g. ADHD, speech): learning disabled, has current IEP; work with child and school re. special education needs
    - Attached documentation:
  - Defiant, frequent outbursts; refusal to follow basic rules. CG must provide constant limit setting. (ages 3+)
    - Attached documentation:
  - Sleep disturbance: won’t sleep in own bed, or takes more than 1 hr to go to sleep
    - Attached documentation:

- Other:
  - Tantrums (daily); difficult to help child cease behavior.
    - Attached documentation:
  - Sleep disturbance: won’t sleep in own bed, or takes more than 1 hr to go to sleep
    - Attached documentation:
  - Special education needs (e.g. ADHD, speech): learning disabled, has current IEP; work with child and school re. special education needs
    - Attached documentation:

- Other:
  - Tantrums (daily); difficult to help child cease behavior.
    - Attached documentation:
  - Sleep disturbance: won’t sleep in own bed, or takes more than 1 hr to go to sleep
    - Attached documentation:
  - Special education needs (e.g. ADHD, speech): learning disabled, has current IEP; work with child and school re. special education needs
    - Attached documentation:
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</table>

**EMOTIONAL CARE/DEVELOPMENTAL NEEDS QUALIFYING FOR SCI-continued**

<table>
<thead>
<tr>
<th>LEVEL 3 INTENSIVE</th>
<th>LEVEL 4 SEVERE</th>
<th>LEVEL 5 MAXIMUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>$325 (1 - 6 items)</td>
<td>$450 (1 - 6 items)</td>
<td>$600</td>
</tr>
<tr>
<td>$425 (7+ items)</td>
<td>$575 (7+ items)</td>
<td>$600</td>
</tr>
</tbody>
</table>

- **LEVEL 3 INTENSIVE**
  - $325 (1 - 6 items)
  - $425 (7+ items)
  - CG participates in family therapy
  - Destruction of property (periodic)
  - Diagnosed mental health problems (3 or more). Axis I or II diagnoses from mental health provider. List diagnoses:
  - Mental health appointments more than once per week and CG consults with therapist regularly
  - Physically aggressive to peers or adults
  - Sexually provocative with peer or adults; CG must monitor closely. Sees daily activities in sexual terms. Child’s conversations often revolve around sex
  - Therapeutic Preschool/ Nursery/ Special Day Class
  - Enuresis: Daytime (daily)
  - Loss of control (ages 6+).
  - Suicidal ideation; inappropriate behaviors, unresponsive, withdrawn. CG must work with therapist around treatment plan (age 3+)

- **LEVEL 4 SEVERE**
  - $450 (1 - 6 items)
  - $575 (7+ items)
  - Assultive behavior (ongoing pattern)
  - AWOL behavior (chronic)
  - Day treatment program
  - Destruction of property (chronic, frequent)
  - Sexual exploitation (at risk of)
  - Substance abuse; in treatment, CG monitors
  - Chronic depressions (severe); extreme, bizarre behavior (inc. fire setting, cruelty to animals), includes diagnosed mental health problem (axis I or II) (ages 3+)
  - List:
  - Sexually aggressive to other children; initiated sexual involvement with adults; CG must monitor & protect (3+)
  - Suicidal ideation; inappropriate behaviors, unresponsive, withdrawn. CG must work with therapist around treatment plan (age 3+)

- **LEVEL 5 MAXIMUM**
  - $600
  - Developmental disability (AAP) (e.g. Autistic), not Regional Center Client
  - Gang related activity
  - Hospitalized, danger to others in past year
  - Hospitalized, one or more suicide attempts within past year
  - Sexually / commercially sexually exploited

**At-risk behavior, regularly puts self in dangerous situations (ages 3+)
- Destruction of property (chronic, frequent)
- Sexually active, at risk for STD (Ages 12-14)
- Other: __________

**Attached documentation:**

- Enuresis: Daytime (daily)
- Loss of control (ages 6+).
- Suicidal ideation; inappropriate behaviors, unresponsive, withdrawn. CG must work with therapist around treatment plan (age 3+)

**Attached documentation:**

- Sexually active, at risk for STD (under age 12)
- Other: __________

**Attached documentation:**

- Hospitalized, danger to others in past year
- Hospitalized, one or more suicide attempts within past year

**Attached documentation:**

- Sexually / commercially sexually exploited

**Attached documentation:**
<table>
<thead>
<tr>
<th>Child:</th>
<th>DOB:</th>
<th>Age:</th>
<th>CWW Name:</th>
<th>Wrkr #:</th>
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<tbody>
<tr>
<td><strong>PHYSICAL CARE NEEDS QUALIFYING FOR SCI</strong></td>
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</tbody>
</table>

**LEVEL 1 MINIMAL**

- Daily medications (1 – 2), includes those for asthma treatment, for physical needs
  - [ ] Attached documentation: 
- Eye glasses, cg must monitor
  - [ ] Attached documentation: 
- Hyperflexia, tremors, poor social interactions (poor eye contact, doesn’t cuddle, not responsive) (birth to 18 months)
  - [ ] Attached documentation: 
- Medical appointment (average one) per week
  - [ ] Attached documentation: 
- Respiratory infections including ear; occurring frequently
  - [ ] Attached documentation: 
- Seizures (history of)
  - [ ] Attached documentation: 
- Special diet/food preparation
  - [ ] Attached documentation: 
- Splints, cast, braces or positioning equipment
  - [ ] Attached documentation: 

**S75 (1 - 6 items) –**

- Daily medications (1 – 2), includes those for asthma treatment, for physical needs
  - [ ] Attached documentation: 
- Eye glasses, cg must monitor
  - [ ] Attached documentation: 
- Hyperflexia, tremors, poor social interactions (poor eye contact, doesn’t cuddle, not responsive) (birth to 18 months)
  - [ ] Attached documentation: 
- Medical appointment (average one) per week
  - [ ] Attached documentation: 
- Respiratory infections including ear; occurring frequently
  - [ ] Attached documentation: 
- Seizures (history of)
  - [ ] Attached documentation: 
- Special diet/food preparation
  - [ ] Attached documentation: 
- Splints, cast, braces or positioning equipment
  - [ ] Attached documentation: 

**S125 (7+ items)**

- Daily medications (3-4); not seasonal, and ongoing for physical needs
  - [ ] Attached documentation: 
- Hearing loss (mild), wears hearing aids, cg must monitor
  - [ ] Attached documentation: 
- Hygienic procedures/ increased risk for contracting infections
  - [ ] Attached documentation: 
- Medical appointments (2 or more) per week
  - [ ] Attached documentation: 
- Mild birth defects; requires treatment/close monitoring
  - [ ] Attached documentation: 
- Nebulizer for asthma at least daily
  - [ ] Attached documentation: 
- Occupational Therapy weekly with CG follow-up daily
  - [ ] Attached documentation: 
- Physical therapy weekly with CG follow-up daily
  - [ ] Attached documentation: 
- Speech Therapy weekly with CG follow-up daily
  - [ ] Attached documentation: 
- Vomits daily
  - [ ] Attached documentation: 
- Feeding: frequent special handling; every 2 hours with night feedings (9 months+)
  - [ ] Attached documentation: 
- Wakes more than 2 times per night at least weekly (3+)
  - [ ] Attached documentation: 
- Assistance (above average) bathing, dressing, eating (ages 6+)
  - [ ] Attached documentation: 
- Enuresis: Nightly loss of control (ages 6+)
  - [ ] Attached documentation: 
- Other
  - [ ] Attached documentation: 

**LEVEL 2 MODERATE**

- Daily medications (3-4); not seasonal, and ongoing for physical needs
  - [ ] Attached documentation: 
- Hearing loss (mild), wears hearing aids, cg must monitor
  - [ ] Attached documentation: 
- Hygienic procedures/ increased risk for contracting infections
  - [ ] Attached documentation: 
- Medical appointments (2 or more) per week
  - [ ] Attached documentation: 
- Mild birth defects; requires treatment/close monitoring
  - [ ] Attached documentation: 
- Nebulizer for asthma at least daily
  - [ ] Attached documentation: 
- Occupational Therapy weekly with CG follow-up daily
  - [ ] Attached documentation: 
- Physical therapy weekly with CG follow-up daily
  - [ ] Attached documentation: 
- Speech Therapy weekly with CG follow-up daily
  - [ ] Attached documentation: 
- Vomits daily
  - [ ] Attached documentation: 
- Feeding: frequent special handling; every 2 hours with night feedings (9 months+)
  - [ ] Attached documentation: 
- Wakes more than 2 times per night at least weekly (3+)
  - [ ] Attached documentation: 
- Assistance (above average) bathing, dressing, eating (ages 6+)
  - [ ] Attached documentation: 
- Enuresis: Nightly loss of control (ages 6+)
  - [ ] Attached documentation: 
- Other
  - [ ] Attached documentation: 

**S150 (1 - 8 items) –**

- Daily medications (3-4); not seasonal, and ongoing for physical needs
  - [ ] Attached documentation: 
- Hearing loss (mild), wears hearing aids, cg must monitor
  - [ ] Attached documentation: 
- Hygienic procedures/ increased risk for contracting infections
  - [ ] Attached documentation: 
- Medical appointments (2 or more) per week
  - [ ] Attached documentation: 
- Mild birth defects; requires treatment/close monitoring
  - [ ] Attached documentation: 
- Nebulizer for asthma at least daily
  - [ ] Attached documentation: 
- Speech Therapy weekly with CG follow-up daily
  - [ ] Attached documentation: 
- Vomits daily
  - [ ] Attached documentation: 
- Feeding: frequent special handling; every 2 hours with night feedings (9 months+)
  - [ ] Attached documentation: 
- Wakes more than 2 times per night at least weekly (3+)
  - [ ] Attached documentation: 
- Assistance (above average) bathing, dressing, eating (ages 6+)
  - [ ] Attached documentation: 
- Enuresis: Nightly loss of control (ages 6+)
  - [ ] Attached documentation: 
- Other
  - [ ] Attached documentation: 

**S300 (9+ items)**

- Daily medications (3-4); not seasonal, and ongoing for physical needs
  - [ ] Attached documentation: 
- Hearing loss (mild), wears hearing aids, cg must monitor
  - [ ] Attached documentation: 
- Hygienic procedures/ increased risk for contracting infections
  - [ ] Attached documentation: 
- Medical appointments (2 or more) per week
  - [ ] Attached documentation: 
- Mild birth defects; requires treatment/close monitoring
  - [ ] Attached documentation: 
- Nebulizer for asthma at least daily
  - [ ] Attached documentation: 
- Speech Therapy weekly with CG follow-up daily
  - [ ] Attached documentation: 
- Vomits daily
  - [ ] Attached documentation: 
- Feeding: frequent special handling; every 2 hours with night feedings (9 months+)
  - [ ] Attached documentation: 
- Wakes more than 2 times per night at least weekly (3+)
  - [ ] Attached documentation: 
- Assistance (above average) bathing, dressing, eating (ages 6+)
  - [ ] Attached documentation: 
- Enuresis: Nightly loss of control (ages 6+)
  - [ ] Attached documentation: 
- Other
  - [ ] Attached documentation: 

FORM # 30-107  Revised 1/1/16
<table>
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<tr>
<th>Child:</th>
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**PHYSICAL CARE NEEDS QUALIFYING FOR SCI**

<table>
<thead>
<tr>
<th>Level</th>
<th>Intensive</th>
<th>Severe</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL 3</td>
<td>INTENSIVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEVEL 4</td>
<td>SEVERE</td>
<td></td>
<td></td>
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<tr>
<td>LEVEL 5</td>
<td>MAXIMUM</td>
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</table>

<table>
<thead>
<tr>
<th><strong>LEVEL 3 INTENSIVE</strong></th>
<th><strong>LEVEL 4 SEVERE</strong></th>
<th><strong>LEVEL 5 MAXIMUM</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$325 (1 - 3 items)</td>
<td>Feedings by N/G, GTT, JT, and/or pump</td>
<td>Custodial care (total) (e.g. child is physically disabled and unable to bathe, dress, feed self, and non-ambulatory)</td>
</tr>
<tr>
<td>$425 (4+ items)</td>
<td>Hygienic procedures (extreme); specialized handling of all food, toys, body fluids, etc.; great risk for contracting</td>
<td>Life threatening birth defects, disease (i.e. cancer), or condition.</td>
</tr>
<tr>
<td></td>
<td>Medical emergency/ hospitalizations (frequent)</td>
<td>Ventilator, tracheotomy, or central venous catheter (e.g. Broviac, Hickman catheter)</td>
</tr>
</tbody>
</table>

- **Apnea monitor**
  - Attached documentation:
  - Daily medications for physical needs (5 or more)
  - Attached documentation:
  - Diarrhea/ runny stools (chronic), or constipated and needs daily program; crede needed to empty bladder
  - Attached documentation:
  - Has serious defects with long-term implications; close monitoring and medical supervision needed
  - Attached documentation:

- **Seizures: partially controlled; loss of consciousness, less than 10 minutes; no apnea**
  - Attached documentation:

- **Phyically disabled and needs extra care but not total care (e.g. legally blind, or non-ambulatory) (ages 0-4)**
  - Attached documentation:

- **Enuresis: Daytime (daily) loss of control (ages 6+)**
  - Attached documentation:

- **Encopresis: Daily (ages 4+)**
  - Attached documentation:

- **Other:**
  - Attached documentation:

- **Seizures: infrequent and uncontrolled; loss of consciousness for more than 10 minutes, with apnea; or medical treatment needed to stop**
  - Attached documentation:

- **Vesicostomy, ureterostomy, ilial conduit, or colostomy**
  - Attached documentation:

- **Physically disabled and needs extra care but not total care (e.g. legally blind, or non-ambulatory) (ages 5+)**
  - Attached documentation:

- **Other:**
  - Attached documentation:

**Note:**
- Attached documentation: Indicates where documentation should be attached for each need.
- Ages 0-4: Refers to children aged 0 to 4 years.
- Ages 5+: Refers to children aged 5 years and older.
### Auxiliary Care Needs Qualifying for SCI

**Auxiliary Care funding applies only to foster care cases**

| TRANSPORTATION | The basic rate a caregiver receives covers most of the transportation costs for a child. This includes transportation to medical appointments, therapy, transportation to recreational events, providing a child with funds to take public transportation and other transportation needs. This includes taking a child to a social and recreational event (e.g. a birthday party), picking the child up from a bus stop, taking a child to the hospital in the case of emergency, etc. For the special care rate, transportation may only be approved for the purpose of the child visiting with a parent, sibling, other relative, or another person approved by the Child Welfare Worker. The visitation may occur at the child’s home or another location deemed appropriate by the Child Welfare Worker. Approved transportation that is part of a child’s case plan and has been approved by the Child Welfare Worker is reimbursed at a rate of $.34 per mile. Transportation must be required for a minimum of one year or for the entire time designed by the Effective Dates of the rate. The Child Welfare Worker must monitor the caregiver’s compliance in this regard.

\[
\text{Miles per month} \times \$0.34 / \text{mile} = \text{Monthly reimbursement}
\]

**Attached documentation:**

| SPECIAL DIET OR FOOD SUPPLEMENT | The basic rate covers the cost of feeding a child. If a child requires a supplement to their regular food intake or requires special food or formula, a caregiver can be reimbursed for the purchase of these items. A copy of a prescription from the child’s doctor, dietician or nutritionist must be attached. There will be no reimbursement without a prescription. In the case of a diet supplement, the entire cost of the supplement can be reimbursed. In the case of the special food or formula, you must first determine the normal food cost for the child’s age and subtract that from the cost of the special food or formula. The caregiver can be reimbursed for the difference.

**Monthly cost of food or supplement $_____**

**Attached documentation:**

### Additional Child Welfare Worker Comments:

### Child Welfare Worker Recommendations:

<p>| Basic Rate: | $ |
| SCR: | $ Emotional Care $ Physical Care |
| Auxiliary Care: | $ (for FC cases only) |
| Total Rate: | $ |</p>
<table>
<thead>
<tr>
<th>Child:</th>
<th>DOB:</th>
<th>Age:</th>
<th>CWW Name:</th>
<th>Wrkr #:</th>
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<tbody>
<tr>
<td><strong>FOR FOSTER CARE FUNDED CASES:</strong></td>
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<tr>
<td>Special Rate requested by:</td>
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<tr>
<td>Child Welfare Worker signature</td>
<td>Date</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Special Rate Reviewed by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Welfare Supervisor signature</td>
<td>Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If backdated more than 60 days:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Manager signature</td>
<td>Date</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED FOSTER CARE RATE:**

| Basic Rate: | $ |
| SCR: | $ | Emotional Care |
| $ | Physical Care |
| Auxiliary Care: | $ |
| Total Rate: | $ |

| Foster Care Rate Set by: | Signature | Date |
| Foster Care Exception Rule applied: |

**FOR ADOPTION ASSISTANCE PROGRAM (AAP) AND KIN-GAP (KG) FUNDED CASES APPROVED RATE:**

| Basic Rate: | $ |
| SCR: | $ | Emotional Care |
| $ | Physical Care |
| Total Rate: | $ |

| Approved by: | | |
| Child Welfare Supervisor signature | Date |
| If SCR over $400: | | |
| Program Manager signature | Date |

**Instructions:** This form has two sections: Emotional Care/Developmental Needs Section and Physical Care Needs Section. Items within each of the two sections are organized by the youth’s age, and listed alphabetically within each level of need. The levels increase with the intensity of care needed to address the child/youth’s special needs.

For each item selected on this form, indicate next to “Attached documentation” the name of the document and page number (if any) that provides the documentation for that item. If the documentation is for a diagnosed condition, also list the provider’s name. The number of items approved in each level will determine the final amount included in the SCR. Each level has two possible rates based on the number of items approved within that level. For example, if 5 or more level 1 items are approved under Emotional Care / Developmental Needs, the youth will receive the higher level 1 rate. If 4 or fewer items are approved for level 1 under Emotional Care / Developmental Needs, the youth will receive the lower level 1 rate.

If there are boxes checked in more than one level, the rates for each level are not added together. The rate considered is for the highest level checked. A rate approved for Emotional Care/Developmental Needs Section is added to a rate that is approved, if any, for Physical Care Needs Section (e.g. Level 2 for Emotional Care/Developmental plus the level 1 rate for Physical Care).
AUTHORIZATION TO PAY SPECIAL CARE INCREMENT
FOR CHILDREN IN OUT-OF-HOME PLACEMENT

(Part I) To be completed by Child Welfare Worker (CWW)/Deputy Probation Officer (DPO)

Type of Special Care Request: [ ] Initial [ ] Review [ ] Initial w/Exception Rule [ ] Provider Amendment

Child’s Name: ____________________  DOB: ________  Case Name: ____________________
Case Number: __________  ET #: ________  Foster Parent Name: ____________________
Start Date: ________  End Date: ________  County Where Child is Placed: ____________________
CWW/DPO Signature: ____________________  Worker #: ________  Telephone: __________
CWW/DPO Supervisor Signature: ____________________  Date: __________
CFS Program Manager Signature: ____________________  Date: __________

(Part II) To be completed by Rate Setter

FC Basic Rate: ________  Specialized Payment: ________  (Inc. mlg. ______)  Total Rate: ________
Rate Setter Signature: ____________________  Date: __________
### Foster Care Monthly Basic Rates By Age

<table>
<thead>
<tr>
<th>Type</th>
<th>Infant to 4 Yr.</th>
<th>5 to 8 Yr.</th>
<th>9 to 11 Yr.</th>
<th>12 to 14 Yr.</th>
<th>15 Yr. +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to 5/1/11</td>
<td>All&lt;sup&gt;≤&lt;/sup&gt;</td>
<td>$446</td>
<td>$485</td>
<td>$519</td>
<td>$573</td>
</tr>
<tr>
<td>Eff. 7/1/15</td>
<td>Guardianships established before 5/1/11 (Kin-GAP/NRLG)</td>
<td>$517</td>
<td>$562</td>
<td>$602</td>
<td>$664</td>
</tr>
<tr>
<td>Eff. 7/1/15</td>
<td>All&lt;sup&gt;*&lt;/sup&gt;</td>
<td>$707</td>
<td>$765</td>
<td>$805</td>
<td>$843</td>
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</tbody>
</table>

<sup>*</sup>(includes guardianships established before 5/1/11) <sup>*</sup>(includes guardianships established on or after 5/1/11)

### Care Type

<table>
<thead>
<tr>
<th>Care Type</th>
<th>Highest Approved Level</th>
<th>Approved Amount</th>
<th>Highest Requested Level</th>
<th>Special Care Rate Breakdown</th>
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</thead>
<tbody>
<tr>
<td>Emotional/Developmental</td>
<td></td>
<td></td>
<td></td>
<td>Special Care Increment</td>
</tr>
<tr>
<td>Physical</td>
<td></td>
<td></td>
<td></td>
<td>Basic Rate</td>
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<tr>
<td>Auxiliary</td>
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</table>

### Total SCI Dollars

<table>
<thead>
<tr>
<th>Total Rate</th>
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</table>

### Item Not Approved / Added

<table>
<thead>
<tr>
<th>Item Not Approved / Added</th>
<th>Level/Reason Code</th>
<th>Reason Key</th>
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</thead>
<tbody>
<tr>
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<td>2</td>
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SRC 34-12 (6/16)