DATE: June 25, 2018

The following information is being provided in response to the requirements of ACL 18-48.

About the SCI Rate

The SCI is based on the emotional, developmental, and physical care needs of the child or youth. Alameda County uses a regional Special Care Rate Increment Matrix form (CWDA – Statewide SCI Matrix) in determining the amount of the SCI based on the qualifying factors that apply for the child or youth. The SCI Matrix has three sections: Behavioral Issues, Medical conditions, Developmental delays or disabilities. Items on the matrix form are listed within tiers.

1. Eligibility
   a) Populations to be served: Resource Family Homes or licensed foster parents, NREFMs, and relatives are eligible for a special care rate. A special care rate may carry over to Kin-GAP, a non-related and non-dependent legal guardianship (NRLG) (with some exceptions), AAP, and Extended Foster Care (EFC). Children and NMDs in an FFA home, group home, SILP, or placed with a relative receiving ARC funding (Approved Relative Caregiver Funding Option) are not eligible for special care rates. A special care rate may be paid as part of an AAP or Kin-GAP (both federal and non-federal) rate.
   b) Current SCI population: There are currently 126 youth in a foster care placement or legal guardianship home with an approved special care rate that will expire on or after 4/1/2018.
   c) The types of behaviors and health conditions that will be paid under the special care program are included in the attached CWDA – Statewide SCI Matrix.

2. Payment Amounts
   a) The SCI payments will be tiered using the SCI Matrix. The payment amounts are $100 for Tier 1, $200 for Tier 2, and $400 for Tier 3. The SCI total amount may include a portion for each area of the Matrix (Medical conditions, Developmental delays or disabilities, or Behavioral issues). The total amount that could be paid is $1,200 if the youth qualifies for Tier 3 in each area of the Matrix.

3. Criteria and Qualifying Factors
   a) Alameda County will only use the CWDA SCI Matrix and not just some of the criteria from the form.

4. County Review Process and Secondary Review/Approval
   a) For determining the SCI, the CWW assesses the child's special needs with information from the child's caregiver and other CFT members, and uses information collected for the LOC. Using the information, the CWW will complete the SCI Matrix form.
   b) After completing the form, the CWW must collect documentation for each item identified in the Matrix as a 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.

c) Forward the special care rate packet to supervisor for review. If the request is more than 2 months overdue, the Program Manager will also review and approve the request.

d) Forward the completed Matrix and the supporting documentation to the Rate Review Team. Each SCI request is reviewed to confirm that each item selected for the child on the Matrix 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.

e) If the SCI is approved:
   • The CWW will a copy of the 34-9 and form 34-12, Rate Setter Authorization Report.
   • If there are needed corrections or changes to the requested rate:
   • The CWW will receive notice from the Rate Setter that identifies the items from the Checklist that need additional documentation to support their approval.

f) If the SCI packet is incomplete:
   • 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.

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

h) Once approved, the CWW will file a copy of the SCI packet in the case file.

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 Matrix and other required documents to the Rate Setter.

5. 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.

6. The new SCI matrix and applicable processes will be implemented within 90 days of CDSSS approval. This will allow Alameda County to notify staff and caregivers of the transition to the use of the new form and procedure. After the 90 days, new requests for a special care rate will be made with the CWDA – Statewide SCI Matrix and accompanying procedure. All existing special care rates will be allowed to expire and the renewal, if there is one, will be made with the new form and procedure.

7. A letter will be issued to existing caregivers notifying them of the new SCI plan. Also, whenever a special care rate application is considered for a child, the CWW will discuss the form and procedure with the caregiver.

8. The Department will use the NOA form that is available in CalWIN for SCI approval, denial, redetermination and discontinuance.
9. The existing point of contact for Alameda’s SCI program currently remains the same.
Statewide SCI Matrix

Overview

Specialized care provides a supplemental payment to the family home provider, in addition to the Level of Care rate, for the cost of supervision (and the cost of providing that supervision) to meet the additional daily care needs of a child who has behavioral, emotional and/or physical (including health) challenges. Placement of children who need specialized care in family homes complies with State and Federal requirements that a child is entitled to placement in a family environment, in close proximity to the parent's home, and consistent with the best interest and special needs of the child. California's specialized care rate setting system promotes these concepts.

SCI Framework

In order to determine an SCI, county agency staff must assess the child's behavioral, emotional and/or physical (including health) challenges. The SCI rate is determined by the County child welfare agency through a process that should be described in the County's Specialized Care Rate (SCR) Plan, which must be submitted to CDSS prior to implementation (Please refer to ACL 18-48 Supplemental Care Rate for any protocols in relation to the eligibility and application of the SCR to children. Counties can refer to ACL 18-06, ACL 18-6E, ACL 18-25, and 18-48 for the coordination of SCR and LOC.).

The CWDA Children's Committee adopted this SCI Classification Matrix in March 2018 for all counties implementing an SCR plan. The intent of this framework is to better align SCI determinations to provide equitable consideration and support to caregivers of children with extraordinary needs. Note that this framework does not mandate uniform rates. Rather, it aligns the conditions by which foster children and youth are assessed so that children with similar needs, across counties, may receive an SCI. Counties continue to set their own rates for SCI payments.

Methodology

CWDA Children's Committee, with input from a county workgroup and other stakeholders, developed this SCI Matrix based on a review of county SCR plans. The conditions listed in the SCI Matrix represent common conditions identified across multiple county SCR plans that were reviewed by the SCI county working group for which caregivers provide additional support to a foster child/youth in their care. The SCI Matrix has been updated to the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Three Tiers were selected to differentiate acuity of needs. This SCI Matrix will be posted on the CWDA website (www.cwda.org) and may be updated as needed.
Implementation

Each county will determine its own SCI dollar amounts for each of the Tiers. Counties may further differentiate within each of the three Tiers by developing a range of funding within each Tier. For example, Tier 1 may have a “low”, “middle” and “high” with corresponding dollar amounts. Counties may also use their existing SCI protocols as long as it has the same or similar elements (e.g., multiple Tiers).

A County will assess the child’s behavioral, emotional and/or physical (including health) challenges to determine the level of SCI. The assessment should include, but is not limited to a consultation with a County Public Health Nurse, Clinical Social Worker or other County staff who have expertise in a child’s issues. The final determination of the rate is determined by the County and documented in the County’s SCI Plan.

The County may use the SCI Classification Matrix in the Addendum to determine if the child’s needs meet Tiers 1, 2, or 3 as a guideline to create their SCI Classification Tables in their individualized County SCI plan. The SCI Classification Matrix is not meant to encompass every issue, but serves as a foundation of like issues that meet Tiers 1, 2, or 3. If a condition does not exist in the Table, it is up to the County to determine whether the condition and possible associated Tiers are applicable under the County’s SCI plan.

It is recommended that an SCI assessment should be completed after a Child and Family Team meeting and after use of the LOC Protocol and any other relevant assessments. However, there may be circumstances in which an SCI is needed more immediately in order to stabilize a placement. In either case, the SCI can be paid retroactively to the initial date of the request. Upon assessing the level of need and the recommended level of SCI, the social worker or other child welfare staff will complete a County SCI request form. Any additional sign off will be determined by a County’s process. If approved, the information will be forwarded to the County’s Eligibility program through the County’s established process with the required eligibility documents so that payment can be authorized.

For questions regarding this SCI Matrix, please contact Loc Nguyen, CWDA CCR Consultant at LNguyen@cwda.org or 628-249-6821.
# Statewide SCI Matrix

## SCI Matrix

The following table is not intended to include every possible condition or situation, but rather as some basic guidelines. In general, the conditions are suggested to be the minimum for a particular Tier, especially for Tier 3.

<table>
<thead>
<tr>
<th>Area</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical conditions</strong></td>
<td>If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.</td>
<td>If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.</td>
<td>More than 6 appointments per month not including routine dental or physical examinations.</td>
</tr>
<tr>
<td>Drug exposed history or positive toxicology screen.</td>
<td>1-3 appointments per month not including routine dental or physical examinations.</td>
<td>4-6 appointments per month not including routine dental or physical examinations.</td>
<td>FAS/FASD with moderate to severe complications (verifiable medical diagnosis)</td>
</tr>
<tr>
<td>Alcohol exposure (FAS, FASD or FAE)</td>
<td>Long-term prescription medications (medication needed on a daily basis for a period of 1 or more months).</td>
<td>Positive toxicology screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties)</td>
<td>Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions.</td>
</tr>
<tr>
<td>Respiratory Difficulties and Diseases</td>
<td>One-two medications not including prescription vitamins or short-term antibiotics.</td>
<td>Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms. (level should be reduced at 6 month review if infant is not exhibiting any symptoms or difficulties)</td>
<td>Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure</td>
</tr>
<tr>
<td>Failure to Thrive</td>
<td>Mild breathing difficulties requiring prescription medications with close supervision.</td>
<td>Apnea or heart monitor required (when discontinued, rate to be reduced to appropriate level)</td>
<td>Continuous oxygen.</td>
</tr>
<tr>
<td>Diabetes &amp; Heart Disease</td>
<td>Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic)</td>
<td>Moderate feeding difficulties requiring therapy or special feeding techniques.</td>
<td>Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program.</td>
</tr>
<tr>
<td>Hemophilia</td>
<td>Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments.</td>
<td>Seizures requiring intermittent monitoring, medications and other interventions to control.</td>
<td>Hemophilic requiring close monitoring to prevent injury.</td>
</tr>
<tr>
<td>Seizures</td>
<td>Diabetes with special diet – no insulin or medication needed.</td>
<td>Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis.</td>
<td>Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc)</td>
</tr>
<tr>
<td>Physical Disabilities/Impairments</td>
<td>Failure to thrive due to mild feeding difficulties</td>
<td>Intermittent oxygen.</td>
<td>Sickle Cell SC, Severe Symptoms.</td>
</tr>
<tr>
<td>Brain Injury (abuse or accidental)</td>
<td>Seizure disorder (Abnormal EEG, medication required for seizure activity)</td>
<td>Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program.</td>
<td>Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would</td>
</tr>
<tr>
<td>Visually impaired (birth, abuse, or accidental)</td>
<td>Heart disease requiring close monitoring no intervention special treatments or diet.</td>
<td>Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE).</td>
<td></td>
</tr>
</tbody>
</table>
## Statewide SCI Matrix

<table>
<thead>
<tr>
<th>Area</th>
<th>Tier 1 <strong>If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.</strong></th>
<th>Tier 2 <strong>If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.</strong></th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits. □ Sickle Cell – SB + Thal, Mild Symptoms. □ Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. □ Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention. □ Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch). □ Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. □ Minimal bracing equipment is needed (i.e. AFO’s) □ Other:</td>
<td>□ Sickle Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc). □ Cleft lip requiring surgical intervention and special feeding assistance. □ Physical abnormalities requiring medical intervention. □ Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. □ 2nd degree burns requiring regular, but not daily dressing changes. This generally applies to children 8 or over who can cooperate with the treatment plan. □ Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.) 17. Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program). □ Scoliosis requiring assisted daily exercise and/or bracing. □ Other:</td>
<td>otherwise require placement in an institutional facility. □ Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment. □ Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child. □ Combined cleft lip/palate. □ Other:</td>
</tr>
</tbody>
</table>

### Developmental delays or disabilities
- Developmental Delay
- Developmental Disability (e.g., Intellectual Disability, Autism Spectrum etc.)
- Learning Delays or Disabilities
- Sensory Integration Disorder

□ Moderate developmental delays or disabilities requiring weekly care provider assistance. □ Other:

□ Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW. □ Intermittent assistance from a behaviorist or social/health services provider. □ Regional Center client: 0-3 years of age to be included in Early Intervention Program (EIP) (i.e. Lori Ann Infant Stimulation, Exceptional Parents Unlimited (EPU)). Documentation required from either EIP or RC social worker. □ Severe learning delays or disabilities requiring extensive daily assistance several times a day from the care provider. □ Regular in-home assistance from a behaviorist or social/health services provider. □ Multiple impairments, less than 18 months developmentally, nonambulatory. Regional Center

5/4/2018
## Statewide SCI Matrix

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<td>&quot;If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.&quot;</td>
<td>&quot;If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.&quot;</td>
<td>Client documentation required from RC SW.</td>
</tr>
<tr>
<td>Behavioral Issues</td>
<td>□ Behavior modification required but no medication prescribed.  □ The child presents some risky behaviors sometimes placing self and/or others at risk.  □ Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption.  □ Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider.  □ Other:</td>
<td>□ Behavior modification needed in conjunction with prescribed daily medication.  □ The child is at high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions.  □ Stabilization of disruptive behaviors requires special intervention and discipline strategies.  □ Care provider needs special training and participates in counseling with the minor to accomplish this.  □ 601 behaviors (truant, beyond control of caregiver) exhibited at this level.  □ Chronic resistance to behavior modification strategies.  □ Personal property of others in the home at high risk.  □ Excessive anti-social behaviors which strictly limits unsupervised social interaction.  □ Other:</td>
<td>□ Child at extreme risk to self and/or others. In addition, therapeutic plan is required to address the minor's disruptive, dangerous, and high-risk behaviors.  □ Behaviors can be stabilized and reduced. Active participation in all areas of counseling and intervention is required by the care provider in order to facilitate therapy and treatment.  □ 601 and 602 frequently exhibited themselves at this level.  □ Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed.  □ Minors at this level are at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances.  □ Other:</td>
</tr>
</tbody>
</table>

AWOL  
Aggressive and Assaultive  
Animal Cruelty  
CSEC  
Substance Use/Abuse  
Gang Activity  
Fire Setting  
Severe mental health issues- including suicidal ideation and/or Self Harm  
Psychiatric hospitalization(s)  
Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators  
Habitual Truancy  
Three or more placements due to the child's behavior

5/4/2018
NOTICE OF ACTION
Foster Care Change

Foster care payments for
Here's why:
Please refer to the budget shown on this page.

Rules: These rules apply. You may review them at your welfare office. EAS Section(s): 45-302
YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will lose us for any extra Cash Aid, CalFresh or Child Care Services you get. To lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ CalFresh ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:
You do not have to take part in the activities.
You may receive child care payments for employment and for activities approved by the county before this notice.
If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to activity.
If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.
- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:
- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county’s written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&I Code Sections 10850 and 10960.)

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records.
- If you ask, your worker will give you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8340.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of

☐ Cash Aid ☐ CalFresh ☐ Medi-Cal
☐ Other (list)

Here’s Why:

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)
☐ If you need more space, check here and add a page.
☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

My language or dialect is: ____________________________

[Signature]

[Date]

[Phone Number]

[Street Address]

[City]

[State]

[Zip Code]

[Caller’s Name]

[Caller’s Phone Number]

[Caller’s Address]

[ Caller’s City]

[Caller’s State]

[Caller’s Zip Code]

NA BACKS (REPLACES NA BACKS AND EP 6) (REVISED 4/2015) REQUIRED FORM - NO SUBSTITUTE PERMITTED