AMADOR COUNTY FOSTER CARE/RESOURCE FAMILY RATES
Effective January 1, 2017
ACL No. 16-79

Basic Rate

$889 (regardless of child’s age)

FFA Certified Homes and Resource Family Approved Homes

<table>
<thead>
<tr>
<th></th>
<th>0-4 years</th>
<th>5-8 years</th>
<th>9-11 years</th>
<th>12-14 years</th>
<th>15-20 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>THP+FC</td>
<td>$2112</td>
<td>$2170</td>
<td>$2210</td>
<td>$2248</td>
<td>$2288</td>
</tr>
</tbody>
</table>

SILP

Receives basic foster care rate and the applicable county clothing allowance. The Specialized Care Increment cannot be paid to NMDs in a SILP. Parenting NMDs can receive the infant supplement when residing in a SILP.

Infant Supplement

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Group Home</th>
<th>FFH/FFA SILP/THP+FC *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>$1379</td>
<td>$900</td>
</tr>
</tbody>
</table>

* If a NMD in a SILP has a child, the NMD is eligible to an additional $200 if he/she has a Parenting Support Plan (PSP). See ACL 15-67.

Specialized Foster Care Increment

<table>
<thead>
<tr>
<th>Level</th>
<th>Addition to Basic Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level A:</td>
<td>add $141.00 to Basic Rate</td>
</tr>
<tr>
<td>Level B:</td>
<td>add $281.00 to Basic Rate</td>
</tr>
<tr>
<td>Level C:</td>
<td>add $424.00 to Basic Rate</td>
</tr>
</tbody>
</table>

Dual Agency Rates

<table>
<thead>
<tr>
<th>Birth</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth up to 3 years</td>
<td>$1041</td>
</tr>
<tr>
<td>3 years or older</td>
<td>$2328</td>
</tr>
</tbody>
</table>

Clothing Allowance

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>$149.00</td>
</tr>
<tr>
<td>January</td>
<td>$149.00</td>
</tr>
<tr>
<td>July</td>
<td>$149.00</td>
</tr>
</tbody>
</table>

01/01/2017
## SCI-Rate Criteria
Description of qualifying factors

<table>
<thead>
<tr>
<th>Name of Behavior/Problem</th>
<th>Name of Level</th>
</tr>
</thead>
</table>
| **Medical Needs**        | **Level A: Moderate Care**  
Medical conditions such as asthma, epilepsy, heart condition, enuresis, or moderate symptoms of drug withdrawal; frequent trips must be made to physician; medical condition that requires maintenance of a constant temperature in the home |
| **Level B: Intensive Care**  
Severe physical or medical problems requiring frequent trips to the physician, which may include out of county trips; encopresis; severe drug withdrawal symptoms requiring frequent physician or other types of medical contacts |
| **Level C: Exceptional Care**  
Severe medical complications, such as those resulting from prenatal drug exposure requiring frequent medical treatment and in-home monitoring; severe physical problems |
| **Emotional/Behavioral Needs** | **Level A: Moderate Care**  
Enuresis, hyperkinetic behavior, moderate and/or occasional emotional problems; natural parent visits result in problems for child; frequent visits must be made to therapist |
| **Level B: Intensive Care**  
Frequent trips to therapist, including out of county trips |
| **Level C: Exceptional Care**  
Severe emotional/behavioral problems, drug use, destructive behavior, sexual acting out, running away, assaultive behavior, stealing, hyperactivity, fire setting |
| **Educational Needs** | **Level A: Moderate Care**  
Moderate education problems |
| **Level B: Intensive Care**  
Severe educational problems |
| **Level C: Exceptional Care**  
Severe problems in school requiring frequent foster parent intervention with educational personnel |

Methodologies used.
When a child has special needs, the Specialized Foster Care Assessment form is completed by the assigned Social Worker who assesses the child’s needs based on the above listed guidelines to determine the care level. The Social Worker submits the completed form and any documentation to the Supervisor/Program Manager. The Supervisor/Program Manager reviews the paperwork, signs the form, and indicates whether or not in agreement. If the rate is approved, a copy of the signed form is submitted to the Eligibility Unit. If the Supervisor/Program Manager denies the request, the social worker informs the foster parents.
SPECIALIZED FOSTER CARE (SFC) ASSESSMENT

Child’s Name: _______________________________ DOB: ________________

Type of care needed if Specialized Foster Care not approved: ( ) Foster Family Agency
( ) Small Family Home
( ) Group Home
( ) Residential Care

Assessment:
This child’s needs for Specialized Foster Care are based on the following:

( ) LEVEL A: MODERATE CARE
Care needed because the child’s physical or emotional behavior is such that it requires more than normal care and supervision due to one or more of the following conditions:

( ) Medical conditions such as asthma, epilepsy, heart condition, or moderate symptoms of drug withdrawal
( ) Euresis, hyperkinetic behavior, moderate and/or occasional emotional problems
( ) Moderate education problems
( ) Natural parent visits result in problems for the child
( ) Frequent trips must be made to the physician and/or therapist
( ) Medical condition that requires maintenance of a constant temperature in the home

( ) LEVEL B: INTENSIVE CARE
Intensive levels of care are needed due to one or more of the following conditions:

( ) Severe physical or medical problems requiring frequent trips to the physician and/or therapist
( ) Recurrent out of county trips to the physician and/or therapist
( ) Severe educational problems
( ) Encopresis
( ) Severe drug withdrawal symptoms requiring frequent physician or other types of medical contacts

( ) LEVEL C: EXCEPTIONAL CARE
The child has severe behavioral or physical problems requiring a high level of supervision and/or care due to one or more of the following conditions:

( ) Severe emotional or behavioral problems, drug use, destructive behavior, sexual acting out, running away, assaultive behavior, stealing, hyperactivity, fire-setting
( ) Severe problems in school requiring frequent foster parent intervention with education personnel
( ) Severe medical complications as a result of prenatal drug exposure requiring frequent medical treatment and in-home monitoring.

Supportive information for care level:

Social Worker Signature

Date

Supervisor Signature

( ) Approve

( ) Denied

Reassessment Due Date (90 days): ____________________________