Specialized Care Increment Plan

Populations Served:
As of April 2018, Butte County Department of Employment and Social Services, Children’s Services Division (CSD) provides a specialized care rate (SCR) to approximately 39 caregivers/ foster homes, including Non-Related Legal Guardians (NRLGs) and to 495 Adoption Assistance Program (AAP) cases.

CSD utilizes a tiered specialized care rate (SCR) structure based upon the behavioral and health care needs of the children. The SCR is divided into four levels depending on the severity of the needs and the required interventions.

Typical health conditions for which an SCR might be paid include child being toxicology positive at birth, feeding difficulties, the use of specialized medical equipment, chronic and severe medical conditions, burns requiring specialized treatment, epilepsy, communicable illness/disease, difficulties with enuresis/encopresis for those age 4-18, ambulation, etc.

Typical emotional/behavioral conditions for which an SCR might be paid include oppositional defiant, conduct disorder, reactive attachment disorder, complex trauma, Post-Traumatic Stress Disorder, depression, risk of harm to self or others

Caregivers who may request an SCR include:
- County Foster Care or Resource Family homes
- Relative/Non-related Extended Family Member placements who have not yet converted to RFA
- Non-related Legal Guardian Homes (NRLG)
- Adoptive parents receiving an Adoption Assistance Program (AAP) payment

SCI Proposed Payment Amounts:
CSD proposes to decrease the rates in each three of its four tiers for all new requests for an SCI payment. See Table A. For those currently receiving an SCR, the rate used will be established at the time of redetermination.

- Cases in which a triggering event occurs that requires an LOC rate determination or cases that currently have an LOC rate and request and SCR will use the new rates. See Table A.
- Other cases will continue to receive a payment equivalent to the previous rate structure. This includes AAP cases and NRLG and Kin-GAP cases that do not qualify for an LOC rate higher than the basic rate. See Table B.
- For AAP cases that use the age-based system, SCI rates will continue to be paid based on the SCI rate structure associated with the case.
- For cases placed out of county, CSD will continue to pay the placement county’s SCI rate.

These rate structures are designed to ensure that those currently receiving an SCR will continue to receive the same overall payment for children in their care, unless the child’s needs warrant a different level of payment at the time of redetermination.
Table A

<table>
<thead>
<tr>
<th>Old SCR Level</th>
<th>Under old rate, total payment to caregiver was</th>
<th>New SCR Level at time of determination/redetermination</th>
<th>Total Payment to caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1- $202</td>
<td>$923 + $202= $1125 (Basic Rate + Level 1)</td>
<td>Level 1A - $202</td>
<td>$923 + $202= $1125 (Basic Rate + Level 1A)</td>
</tr>
<tr>
<td>Level 2- $360</td>
<td>$923 + $360= $1283 (Basic Rate + Level 2)</td>
<td>Level 1B - $256</td>
<td>$1027 + $256 = $1283 (LOC 2 + Level 1B)</td>
</tr>
<tr>
<td>Level 3- $721</td>
<td>$923 + $721= $1644 (Basic Rate + Level 3)</td>
<td>Level 2 - $513</td>
<td>$1131 + $513= $1644 (LOC 3 + Level 2)</td>
</tr>
<tr>
<td>Level 4- $991</td>
<td>$923 + $991= $1914 (Basic Rate + Level 4)</td>
<td>Level 3 - $679</td>
<td>$1235 + $679= $1914 (LOC 4 + Level 3)</td>
</tr>
</tbody>
</table>

Table B

<table>
<thead>
<tr>
<th>Old SCR Level</th>
<th>Under the old rate, total payment to caregiver</th>
<th>New SCR Level at time of redetermination</th>
<th>Total payment to caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1- $202</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 1</td>
<td>Level 1A- $202</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 1A</td>
</tr>
<tr>
<td>Level 2- $360</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 2</td>
<td>Level 1B- $360</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 1B</td>
</tr>
<tr>
<td>Level 3- $721</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 3</td>
<td>Level 2- $721</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 2</td>
</tr>
<tr>
<td>Level 4- $991</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 4</td>
<td>Level 3- $991</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 3</td>
</tr>
</tbody>
</table>

Qualifying Criteria

To qualify to receive an SCR, the child/youth must require additional care and supervision to meet their specific health and/or behavioral/emotional needs. In addition, the caregiver must complete required training.

The health, behavioral, and developmental qualifying factors for each SCI rate level are described in the *BU CSD 150 Caregiver Request for Specialized Care Rate*, included as **Attachment A**. Caregivers are asked to complete this form and provide it, along with any supporting documentation from a physician/behavioral health provider, to the social worker.
Caregiver Training Requirements for Resource Parents:
- In order to qualify to receive SCR Levels 1A, 1B or 2, Butte County CSD requires that Resource Parents complete 21 hours of pre-approval training
  - An additional 26 hours of pre-approval training is required for those caring for children with special needs ages 0-5.
- In order to receive a SCR Level 3, caregivers must additionally complete specialized training to meet the individual extraordinary care needs of the child.
- The caregiver must complete 12 hours of post approval training each year.

Caregiver Training Requirements for Currently Licensed Butte County Foster Parents:
- In order to receive a SCR Level 1A, 1B or 2 for caring for children with special needs ages 0-5, licensed Butte County foster parents must complete:
  - Options for Recovery training
  - 15 hours of Pre-Service instruction
- In order to receive a SCR for caring for children with special needs ages 6-21 Level 1-3, licensed Butte County foster parents must complete:
  - 30 hours of Nurturing Parenting training
  - An additional 10 hours of training such as Attachment Parenting
  - 15 hours of Pre-Service instruction
- In order to receive a SCR Level 3, licensed Butte County foster parents must complete:
  - The requirements of steps 1 or 2 listed above, dependent on the age of the child, and
  - Specialized training to meet the individual extraordinary care needs of the child.
- Every year following licensure, foster parents must complete 20 hours of training in one of many classes such as:
  - Nurturing Parenting
  - Attachment Parenting
  - Parenting Special Needs Youth or other relevant training offered by the Butte College Foster / Kinship Care Program

Caregiver Training Requirements for Currently Approved Relatives and NREFM Caregivers:
- In order to receive a SCR Level 1A, 1B or 2 for caring for children with special needs ages 0-5, Relative and NREFM Caregivers must complete:
  - Options for Recovery training
- In order to receive a SCR Level 1A, 1B or 2 for caring for children with special needs ages 6-21, Relative and NREFM Caregivers must complete:
  - A parenting class such as:
    - Nurturing Parenting
    - Attachment Parenting
    - Parenting Special Needs Youth offered by the Butte College Foster / Kinship Care Program or other relevant training approved by Social Worker, or
  - The Social Worker or Relative Assessor, in cooperation with peer professionals, may assess the Relative/NREFM caretakers who have children who need the SCR to determine caretaker competencies.
    - Based on the assessment, they may issue a Waiver of Training on form BU CSD-438 Request for Exemption Specialized Care Rate or require that the caretaker complete training within one year of receiving placement.
- In order to receive a SCR Level 3, licensed Butte County foster parents must complete:
  - The requirements of steps 1 or 2 listed above, dependent on the age of the child, and
Specialized training to meet the individual extraordinary care needs of the child

All caregivers trained as Options for Recovery caregivers receive, at a minimum, the Level 1A increment for substance exposed/medically fragile children placed in their care.

**Review Process**

All requests for SCR are initially reviewed by the social worker, who staffs his/her recommendation for approval or denial of the request with the supervisor. Requests for a Level 1A SCR must be reviewed and approved or denied by the supervisor. Redeterminations must be made yearly thereafter. Requests for SCR Levels 1B and above must be reviewed by both the supervisor and the program manager for approval or denial. Redeterminations must be made and approved every six months thereafter.

Once a determination or redetermination is made, it is recorded on the *Bu Csd-35 Notification: Approval/Denial of Caregiver’s Request for Specialized Care Rate*, included as Attachment C. A copy of the form is then provided to the caregiver, along with information regarding the right to request a state hearing if he/she disagrees with the decision.

**SCI Assessments**

An assessment for an SCI can be triggered by a number of factors:

- A child is placed in an eligible home, and the caregiver believes that they may need financial payment above the determined rate level in order to address the behavioral, emotional and/or physical requirements of the child in their care.
- A child placed in an eligible home begins to exhibit new behaviors or health care needs, and the caregiver believes they may need financial payment above the determined LOC rate and/or current SCI level in order to address the behavioral, emotional and/or physical requirements of the child.
- A caregiver who previously did not qualify for an SCR because they had not completed required training hours now meets the training requirements, and believes they may now qualify for financial payment above the determined LOC rate level in order to address the behavioral, emotional and/or physical requirements of the child placed in their care.
- The current SCI is due for a redetermination.

In any of these examples, the caregiver needs to complete the *Bu Csd 150 Caregiver Request for Specialized Care Rate* and attach supporting in order to make the request.

**SCI Implementation and Notification Plan**

The planned implementation date for the new SCI Plan and rate structure is July 1, 2018, or the date of implementation of Phase II of LOC for all HBFC settings, whichever is later. Beginning with the date of implementation, the SCR payment structure in Table A will apply to all new requests that are approved for an SCR for a child/youth placed in a home based foster care setting. For those currently receiving an SCR:

- The payment structure in Table A will be implemented at the time of redetermination if a triggering event has occurred requiring an LOC rate determination.
The payment structure in Table B will apply if no triggering event has occurred, and for cases that do not qualify for LOC rates, including:
- NRLG probate cases where guardianship was established on or after January 1, 2017 are only eligible for the basic level rate.
- Kin-GAP and NRLG placements established before January 31, 2017
- AAP cases with an adoption finalization prior to May 27, 2011.

For new requests for an SCR where no triggering event has occurred and for caregivers who are currently receiving an SCR, but for whom no triggering event has occurred:

- The Social Worker or Adoption Specialist will request the caregiver complete the BU CSD 150 Caregiver Request for Specialized Care Rate, and return it as soon as possible.
- Once an SCR determination has been made, the Social Worker or AAP Adoption Specialist will advise the caregiver in writing, using the BU CSD-35 Notice of Action: Approval/Denial of Caregiver's Request for Specialized Care Rate.

For caregivers who are currently receiving an SCR and for whom a triggering event has occurred, at the time of redetermination:

- A letter will be sent providing information about the new SCR levels and LOC. The sample letter is included as Attachment D.
- The letter will include the Resource Parent Reporting Tool, as well as the BU CSD 150 Caregiver Request for Specialized Care Rate, with instructions to return both to the Social Worker as soon as possible.
  - For open cases, the case carrying social worker will complete the LOC Rate Determination based on information from the caregiver and child and family team, and will review the request for the SCR.
  - For qualifying Kin-GAP and NRLG cases, the social worker will complete the LOC Rate Determination based on information from the caregiver, and will review the request for SCR.
  - For qualifying AAP cases, the AAP Adoption Specialist will complete the LOC Rate Determination based on information from the caregiver, and will review the request for the SCR.
- Once an SCR determination has been made, the Social Worker or AAP Adoption Specialist will advise the caregiver in writing, using the BU CSD-35 Notice of Action: Approval/Denial of Caregiver's Request for Specialized Care Rate.

Attachments

A. BU CSD 150 Caregiver Request for Specialized Care Rate
B. BU CSD-438 Request for Waiver of Training Requirements for SCR
C. BU CSD-35 Notification: Approval/Denial of Caregiver’s Request for Specialized Care Rate
D. Letter to Caregivers- Changes to Butte County CSD’s SCI Plan and Rate Structure
E. CSD-05-01 Specialized Care Rate Policy and Procedure

SCI Butte County DESS Point of Contact

Wendy Vazquez, MSW
Administrative Analyst, Sr.
530-538-7771
Butte County Department of Employment and Social Services  
Children's Services Division  

Attachment A- Caregiver Request for Specialized Care Rate

<table>
<thead>
<tr>
<th>Caretaker's name:</th>
<th>Date of request:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caretaker's phone #:</td>
<td>Date of birth:</td>
</tr>
<tr>
<td>Child's name:</td>
<td></td>
</tr>
<tr>
<td>Social Worker’s name:</td>
<td></td>
</tr>
<tr>
<td>Rate level requested:</td>
<td>Level 1A</td>
</tr>
</tbody>
</table>

Information and Instructions:
- In addition to LOC rates, caregivers may qualify to receive a specialized care rate (SCR) if necessary to address any behavioral, emotional, and/or physical needs of a child that are above and beyond that provided for through the LOC rate. Butte County CSD offers four SCR levels depending on the severity of the need and the required interventions:
  - **Level 1A**: This rate is to augment the LOC Basic Rate/ Age based foster rate for children/NMDs who require a mild level of extra support. This rate is $____ per month.
  - **Level 1B**: This rate is to augment the LOC 2 rate/ Age based foster rate for children/NMDs who require a moderate level of extra support. This rate is $____ per month.
  - **Level 2**: This rate is to augment the LOC 3 rate/ Age based foster rate for children/NMDs who require a moderate level of extra support. This rate is $____ per month.
  - **Level 3**: This rate is to augment the LOC 4 rate/ Age based foster rate for children/NMDs who require a significant level of support, without which the child/NMD could need to be institutionalized. This rate is $____ per month.

- Review sections A-Health Information, B- Physical Information and C- Behavioral Information, and check all items you believe may apply.
- Contact your Social Worker to schedule an appointment to review the form together and document services/interventions that you will provide/ensure that the child receives.
- Provide the completed document to your Social Worker, along with any supporting documentation that you have for the items you checked, such as a physician or therapist's report.
- Your Social Worker will review the request and provide it to a Supervisor and/or Program Manager for review and approval.
  - Requests for Level 1A must be renewed yearly.
  - Requests for Levels 1B-3 must be renewed every 6 months.
- Your Social Worker will provide you with a copy of the approval or denial of your request for an SCR.
- If your request is denied and you disagree with the recommendation, you may request a state hearing.

I am requesting this SCR based on the documentation and interventions described on the following pages.

<table>
<thead>
<tr>
<th>Caregiver's Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

BU CSD-150 (Rev. 6/18)
A. Health/medical conditions including, but not limited to:
Drug exposed history or positive toxicology screen, Alcohol exposure (FAS, FASD or FAE), Respiratory Difficulties and Diseases, Failure to Thrive, Diabetes & Heart Disease, Hemophilia, Seizures, Physical Disabilities/Impairments, Brain Injury, Visually impaired, Hearing impaired, Immune Disorders, Surgical intervention, Orthopedic abnormalities such as scoliosis, severe burns

<table>
<thead>
<tr>
<th>LEVEL 1A - MILD</th>
<th>LEVEL 1B - MILD+</th>
<th>LEVEL 2 - MODERATE</th>
<th>LEVEL 3 - SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1-3 appointments per month not including routine dental or physical examinations.</td>
<td>□ Mild breathing difficulties requiring prescription medications with close supervision.</td>
<td>□ 4-6 appointments per month not including routine dental or physical examinations.</td>
<td>□ More than 6 appointments per month not including routine dental or physical examinations.</td>
</tr>
<tr>
<td>□ Long-term prescription medications (medication needed on a daily basis for a period of 1 or more months). One-two medications not including prescription vitamins or short-term antibiotics.</td>
<td>□ Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments.</td>
<td>□ Drug and/or alcohol exposure with symptoms confirmed by positive toxicology screen at birth or by maternal history (level should be reduced at 6 month review if not exhibiting symptoms or difficulties).</td>
<td>□ FAS/FASD with moderate to severe complications (verifiable medical diagnosis)</td>
</tr>
<tr>
<td>□ Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic)</td>
<td>□ Failure to thrive due to mild feeding difficulties</td>
<td>□ Apnea or heart monitor required (when discontinued, rate to be reduced to appropriate level)</td>
<td>□ Conditions requiring daily at home Physical Therapy, Occupational Therapy, in addition to weekly or biweekly therapy sessions.</td>
</tr>
<tr>
<td>□ Diabetes with special diet – no insulin or medication needed.</td>
<td>□ Seizure disorder (Abnormal EEG, medication required for seizure activity)</td>
<td>□ Moderate feeding difficulties requiring therapy or special feeding techniques.</td>
<td>□ Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure</td>
</tr>
<tr>
<td>□ Heart disease requiring close monitoring no intervention special treatments or diet.</td>
<td>□ HIV positive clinically well</td>
<td>□ Seizures requiring intermittent monitoring, medications and other interventions to control.</td>
<td>□ Continuous oxygen.</td>
</tr>
<tr>
<td>□ Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention.</td>
<td>□ Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits,</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>□ Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program.</td>
</tr>
<tr>
<td>□ Minimal bracing equipment is</td>
<td>□ Sickle Cell – SB + Thal, Mild Symptoms</td>
<td>□ Medical diagnosis of Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder. Not the same</td>
<td>□ Hemophiliac requiring close monitoring to prevent injury.</td>
</tr>
<tr>
<td>□ Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch).</td>
<td>□ Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc.</td>
<td>□ Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc)</td>
<td>□ Sickle Cell SC, Severe Symptoms.</td>
</tr>
<tr>
<td>□ Hearing condition is stable and infrequent intervention is needed or hearing aid is needed.</td>
<td>□ Other:</td>
<td>□ Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would</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>Conditions</td>
<td>Comments:</td>
<td></td>
<td></td>
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<tr>
<td>------------</td>
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<td></td>
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</tr>
<tr>
<td>as Fetal Alcohol Effect.</td>
<td>□ Intermittent oxygen.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Shunt placement-functioning stable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Sickle Cell SB Thai Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc).</td>
<td></td>
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</tr>
<tr>
<td>□ Cleft lip requiring surgical intervention and special feeding assistance.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>□ Physical abnormalities requiring medical intervention.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Moderate Cerebral Palsy/physical disability requiring assistance with feeding, dressing, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 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.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>□ Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Scoliosis requiring assisted daily exercise and/or bracing.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>otherwise require placement in an institutional facility.</td>
<td>□ Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Combined cleft lip/palate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### B. Behavioral Issues, including, but not limited to:

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.

<table>
<thead>
<tr>
<th>LEVEL 1A- MILD</th>
<th>LEVEL 1B- MILD+</th>
<th>LEVEL 2- MODERATE</th>
<th>LEVEL 3- SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Behavior modification required but no medication prescribed.</td>
<td>□ The child presents some risky behaviors sometimes placing self and/or others at risk.</td>
<td>□ Behavior modification needed in conjunction with prescribed daily medication.</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.</td>
</tr>
<tr>
<td>□ Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider.</td>
<td>□ Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption.</td>
<td>□ The child is at high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions.</td>
<td>□ 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.</td>
</tr>
<tr>
<td>□ Other:</td>
<td>□ Other:</td>
<td>□ 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.</td>
<td>□ 601 and 602 frequently exhibited themselves at this level.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 601 behaviors (truant, beyond control of caregiver) exhibited at this level.</td>
<td>□ Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Chronic resistance to behavior modification strategies.</td>
<td>□ 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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Personal property of others in the home at high risk</td>
<td>□ Other:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Excessive anti-social behaviors which strictly limits unsupervised social interaction.</td>
<td></td>
</tr>
</tbody>
</table>
## C. Developmental delays or disabilities, including but not limited to:

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

<table>
<thead>
<tr>
<th>LEVEL 1A - MILD</th>
<th>LEVEL 1B - MILD+</th>
<th>LEVEL 2 - MODERATE</th>
<th>LEVEL 3 - SEVERE</th>
</tr>
</thead>
</table>
| Moderate
devonmental
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. | Severe learning delays or disabilities requiring extensive daily assistance several times a day from the care provider. |
| Other: | | Intermittent assistance from a behaviorist or social/health services provider. | Regular in-home 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) Documentation required from either EIP or RC social worker. | Multiple impairments, less than 18 months developmentally, nonambulatory. Regional Center client documentation required from RC SW. |
| | | Other: | Other: |

### Comments:

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**Rating Instructions for Social Worker to make SCR Level Determination:**

- If three (3) or more Level 1A conditions exist, rate will be increased to Level 1B
- If three (3) or more Level 1B conditions exist, rate will be increased to Level 2
- If three (3) or more Level 2 conditions exist, or if two (2) level 2 conditions exist and three (3) Level 1A or B conditions exist, or if one (1) level 2 condition exists and six (6) level 1A or B conditions exist, the rate will be increased to Level 3.
Attachment B
Request for Waiver of Training Requirements for Specialized Care Rate

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver's Name:</td>
<td>Relationship:</td>
</tr>
</tbody>
</table>

The above named Caregiver has the knowledge and experience to meet the child's special needs and shall be exempt at this time from any additional training requirements in order to receive the Specialized Care Rate.

Social Worker Signature ___________________________ Date ____________

Social Work Supervisor Signature ___________________ Date ____________
Attachment C

Notification: Approval/Denial of Caregiver’s Request for Specialized Care Rate

**Social Worker Instructions:**

1. Review the *BU CSD-150 Caregiver Request for Specialized Care Rate* that the caregiver has provided and assess whether you believe they qualify for the requested rate level.
   a. If three (3) or more Level 1A conditions exist, increase the rate to Level 1B
   b. If three (3) or more Level 1B conditions exist, increase the rate to Level 2
   c. If three (3) or more Level 2 conditions exist, or if two (2) level 2 conditions exist and three (3) Level 1A or B conditions exist, or if one (1) level 2 condition exists and six (6) level 1A or B conditions exist, increase the rate to Level 3

2. Ensure that the caregiver has completed the required training hours based on the SCR level requested and the age of the child, or that they have submitted the *BU CSD-438 Request for Waiver of Training Requirements*

3. For Level 1A: Staff with your **Supervisor**, and discuss your recommendation for approving or denying the request. Document the decision made and the reasoning for this decision on this form, and obtain supervisor signature approving or denying the request.

4. For Level 1B and above: Staff with **Supervisor** and **Program Manager**, and discuss your recommendation for approving or denying the request. Document the decision made, and the reasoning for this decision on this form, and obtain both **Supervisor** and **Program Manager** signatures approving or denying the request.

5. Provide a copy of this form to the caregiver.
Notification:
Approval/Denial of Caregiver's Request for Specialized Care Rate

Notice Date:  
Case Name:  
Social Worker Name:  
Telephone Number:  

Resource Family Name  
Address  

After county review of your case:

☐ As of date, your request for a Specialized Care Rate has been approved for Level:  
☐ Level 1A  ☐ Level 1B  ☐ Level 2  ☐ Level 3  

☐ As of date, your request for a Specialized Care Rate has been denied.  
Reason for determination:  

☐ BU CSD-150 Caregiver Request for Specialized Care Rate is attached.  
☐ BU CSD-438 Request for Waiver of Training Requirements for SCR is attached, if applicable.  

Social Worker  
Signature  
Date  

Supervisor (required for all levels)  
Signature  
Date  

Program Manager (required for levels 1B +)  
Signature  
Date  

Please note that your rate is based on a level of care determination as defined in Assembly Bill 403, Welfare and Institutions Code Section 11461 and the county Specialized Care Increment Plan.
Attachment D
Notice of Change to Butte County Children’s Services Division
Specialized Care Implementation Plan and Rate Structure

Date

Caregiver Name
Address

You are receiving this letter because:

- You are currently receiving a Specialized Care Rate and are due for a reassessment, and
- You have made a request to determine if you qualify for a higher LOC rate based on the needs and services of the child/youth in your care.

This notice is to advise you that with the implementation of the new Level of Care (LOC) rate structure replacing the old age-based rate structure, Butte County Children’s Services Division is making changes to the Specialized Care Increment (SCI) Plan and Rate structure. Changes to qualifying criteria have also been made to align with the new Statewide SCI matrix.

**How could this impact me?**

Because of the increased rates provided through the LOC protocol, the specialized care rate (SCR) payments are being decreased correspondingly in some situations. It is anticipated that with the new rate structure, you will likely maintain the same total payment you are currently receiving, unless the needs of the child/youth in your care have changed.

<table>
<thead>
<tr>
<th>Old SCR Level</th>
<th>Under old rate, the total payment to caregiver was</th>
<th>New SCR Level</th>
<th>Under the new rate, if the redetermination is for a similar LOC and SCR level, the total payment to caregiver will be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1- $202</td>
<td>$923 + $202= $1125 (Basic Rate + Level 1)</td>
<td>Level 1A - $98</td>
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<td>$1131+ $513= $1644 (LOC 3 + Level 2)</td>
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<tr>
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<td>$923 + $991= $1914 (Basic Rate + Level 4)</td>
<td>Level 3 - $679</td>
<td>$1235 + $679= $1914 (LOC 4 + Level 3)</td>
</tr>
</tbody>
</table>

6/2018
As at any redetermination you may experience a decrease or increase in payment if it is determined that the needs of the child/youth have changed.

What actions should I take?

Included with this letter are two forms that you are being asked to complete:

- **The Resource Family Reporting Tool**: This form will help the Social Worker determine the correct LOC rate based on the needs and required interventions of the child/youth in your care.
- **The Caregiver Request for SCR**: This form will help the Social Worker assess what SCR level you may qualify for based on any additional/more intensive needs of the child.

Once you have completed these forms, contact your social worker to schedule an appointment and review the forms together. The Social Worker will then, with Supervisor/Program Manager approval, make a determination of the LOC rate and SCR payment for which you qualify.

If you should have any questions regarding this letter, or if you need assistance in completing the forms, please contact your social worker at 530-.

Respectfully,

name,

*title*

Butte County Children’s Services Division

6/2018
**Title:** Specialized Care Rates - Foster Family

**Purpose:**
It is the policy of the Butte County Department of Employment and Social Services, Children’s Services Division (CSD) to maintain dependent children who are in out-of-home care in the least restrictive placement, consistent with the child’s security, stability and well-being.

**Policy:**
CSD provides a graduated reimbursement schedule for caretakers, based upon the needs of the children who are placed in:
- Butte County Foster Care or Resource Family Approved (RFA) Homes
- Relative/Non-related Extended Family Members (NREFM) placements who have not yet converted to RFA
- Non-related Legal Guardian Homes (NRLG)
- Adoptions placements

The purpose of the Specialized Care Rate is to reduce the overall costs of out-of-home care and to encourage caretakers to become integral members of the family's treatment team. This policy has been updated per All County Letters (ACLs) 17-11, 18-06, and 18-48, and per the CWDA Statewide SCI Matrix.

**Procedure:**

**Specialized Care Increments and Specialized Care Rates Overview**

1. Specialized care increments are supplemental payments added to the foster care Level of Care (LOC) rate or the age-based foster care rate for children with health and/or behavioral problems.
2. The LOC rate/age-based foster care rate + the specialized care increment = the Specialized Care Rate (SCR).
   a. See CSD-18-01 Level of Care Rates for additional information.
3. The supplemental payment is intended to cover the cost of additional care and supervision by the caregiver to meet the additional daily care needs of the child.
4. Placement of children who need specialized care in family homes complies with the intent of 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.
5. CSD uses four (4) specialized care increment levels, dependent on the severity of the child’s behavioral/health needs and the interventions/care required:
   a. Level 1A: The supplemental payment for this level requires the signature of both the Social Worker and the Supervisor.
   b. Level 1B: The supplemental payment for this level requires the signature of the Social Worker, the Supervisor and the Program Manager.
   c. Level 2: The supplemental payment for this level requires the signature of the Social Worker, the Supervisor and the Program Manager.
   d. Level 3: This level requires consultation with the Program Manager. The supplemental payment for this level requires the signature of the Social Worker, the Supervisor and the Program Manager.
6. The number of SCR children in a certified foster home is based on:
   a. License capacity/Resource Family capacity
   b. The caregiver’s ability to meet the needs of all the children in the home
7. All OFR homes and OFR trained relatives/NREFMs receive, at a minimum, the basic rate plus the Level 1A increment.
   a. Social Workers do not need to complete a BU CSD-150 Caregiver Request for Specialized Care Rate form for OFR homes or OFR trained relatives/NREFM receiving the Level 1A increment.

Note:
- See the California Department of Social Services Specialized Care internet page and the Child Welfare Directors Association’s Statewide SCI Matrix for additional information.
- The SCI may not be paid to Non-Minor Dependents residing in a supervised independent living placement (SILP) setting.
- Per ACL 13-43, reimbursement for educational travel may not be included as an SCI element.

Requirements for qualifying to receive an SCR
1. The child must be placed in a home-based foster care (HBFC) setting and have special health and/or behavioral/emotional needs requiring additional care and supervision.
2. The primary caregiver must complete required training relating to the child’s special needs and the assessed SCR level as outlined in the Caregiver Training Requirements section of this policy.
   a. The caregiver can request a waiver of training using BU CSD-438 Request for Waiver of Training Requirements for Specialized Care Rate if the OFR Coordinator and/or RFA Social Worker determine that the primary caregiver’s knowledge and experience is sufficient to meet the child’s needs.
3. The primary caregiver must request and receive approval for the SCR, as outlined in the SCR Procedure section of this policy.
Caregiver Training Requirements

Requirements for Currently Licensed Butte County Foster Parents:

1. In order to receive a SCR Level 1A, 1B, or 2 for caring for children with special needs ages 0-5, licensed Butte County foster parents must complete:
   a. Options for Recovery training
   b. 15 hours of Pre-Service instruction

2. In order to receive a SCR for caring for children with special needs ages 6-21 Level 1A, 1B, or 2, licensed Butte County foster parents must complete:
   a. 30 hours of Nurturing Parenting training
   b. An additional 10 hours of training such as Attachment Parenting
   c. 15 hours of Pre-Service instruction

3. In order to receive a SCR Level 3, licensed Butte County foster parents must complete:
   a. The requirements of steps 1 or 2 listed above, dependent on the age of the child, and
   b. Specialized training to meet the individual extraordinary care needs of the child

4. Every year following licensure, foster parents must complete 20 hours of training in one of many classes such as:
   a. Nurturing Parenting
   b. Attachment Parenting
   c. Parenting Special Needs Youth or other relevant training offered by the Butte College Foster / Kinship Care Program

Requirements for Currently Approved Relatives and NREFM Caregivers:

1. In order to receive a SCR Level 1A, 1B, or 2 for caring for children with special needs ages 0-5, Relative and NREFM Caregivers must complete:
   a. Options for Recovery training

2. In order to receive a SCR Level 1A, 1B, or 2 for caring for children with special needs ages 6-21, Relative and NREFM Caregivers must complete:
   a. A parenting class such as:
      i. Nurturing Parenting
      ii. Attachment Parenting
      iii. Parenting Special Needs Youth offered by the Butte College Foster / Kinship Care Program or other relevant training approved by Social Worker.
    or
   b. The Social Worker or Relative Assessor, in cooperation with peer professionals, may assess the Relative/NREFM caretakers who have children who need the SCR to determine caretaker competencies.
      i. Based on the assessment, they may issue a Waiver of Training on form BU CSD-438 Request for Exemption Specialized Care Rate or require that the caretaker complete training within one year of receiving placement.

3. In order to receive a SCR Level 3, licensed Butte County foster parents must complete:
   a. The requirements of steps 1 or 2 listed above, dependent on the age of the child, and
   b. Specialized training to meet the individual extraordinary care needs of the child

Note:
- If a waiver is given, the Social Worker and the Supervisor must sign the BU CSD-438 Request for Exemption Specialized Care Rate, and the Social Worker places it under the Placement tab in the case file.
**Requirements for Resource Family Approved (RFA) Caregivers:**

1. In order to receive a SCR Level 1A, 1B, or 2 for caring for children with special needs ages 0-5, licensed RFA Caregivers must complete:
   a. 21 hours of pre-approval training
   b. 26 hours of additional pre-approval training

2. In order to receive a SCR for caring for children with special needs ages 6-21 Level 1A, 1B, or 2, RFA Caregivers must complete:
   a. 21 hours of pre-approval training

3. In order to receive a SCR Level 3, RFA Caregivers must complete:
   a. The requirements of steps 1 or 2 listed above, dependent on the age of the child, and
   b. Specialized training to meet the individual extraordinary care needs of the child

4. Every year following Resource Family Approval, RFA Caregivers must complete 12 hours of post approval training.

**Specialized Care Rate Procedure**

1. For new requests for an SCR, beginning July 1, 2018 or the date of implementation of the next phase of LOC for all HBFC, whichever is later, when a caregiver requests an SCR, the Social Worker provides the caregiver with a *BU CSD-150 Caregiver Request for Specialized Care Rate* form.
   a. If a triggering event has occurred requiring an LOC rate determination, the Social Worker must also make an LOC rate determination.
   b. The caregiver completes sections A- Health/Medical Conditions, B- Behavioral Issues and C- Developmental Delays or Disabilities, and checks all items he/she believes may apply.
   c. The caregiver contacts the Social Worker to schedule an appointment to jointly review the form and document services/interventions the caregiver will provide/ensure the child receives related to each item checked.
   d. The caregiver provides the Social Worker with the completed form.
   e. The caregiver provides the Social Worker with supporting documentation of the checked items, such as a physician or therapist’s report.

2. The Social Worker reviews the form and recommends approval or denial of the SCR on the *BU CSD-35 Approval/Denial of Caregiver’s Request for Specialized Care Rate* form, documenting the reason for the recommendation.
   a. The Social Worker attaches the *BU CSD-150 Caregiver Request for Specialized Care Rate* and the *BU CSD-438 Request for Waiver of Training Requirements for Specialized Care Rate*, if applicable, and submits the forms to the Supervisor for review and approval.

3. The Supervisor reviews the request and approves or denies it, recording the reason for approval/denial on the form.

4. If the request is for a SCR Level of 1B or above, the Supervisor submits the forms to the Program Manager for final review and approval/denial.

5. The Program Manager reviews the request and approves or denies the request.

6. The SCR amount is determined using the rates listed in the tables of the Rate Structure section of this policy.

7. The Social Worker provides the caregiver with a copy of the *BU CSD-35 Approval/Denial of Caregiver’s Request for Specialized Care Rate* form.

8. If the SCR rate was approved, the Social Worker provides a copy of the forms to the Placement Social Service Aide.
9. The Placement Social Service Aide:
   a. Records the SCR supplemental payment amount in the Placement Notebook in the Child Welfare Services/Case Management System (CWS/CMS)
   b. Creates a new SOC 158A.
   c. Submits a copy of the BU CSD-150, the BU CSD-35, and the SOC 158A to Foster Care Eligibility.

10. The Social Worker files a copy of the BU CSD-150, the BU CSD-35, the SOC 158A, and the BU CSD-438, if applicable, in the service file under the placement tab.

Note:
- If the caregiver is already receiving a SCR and wishes to increase the SCR to a higher level, the caregiver submits a new BU CSD-150 Caregiver Request for Specialized Care Rate form and the Social Worker reviews it following the procedure above.

Redeterminations

1. Foster Care Eligibly will request a redetermination:
   a. Once per year for a Level 1A rate
   b. Every six months for Level 1B, Level 2, and Level 3 rates

2. Beginning July 1, 2018, or the date of implementation of the next phase of LOC for all HBFC, at the time of redetermination the Social Worker will provide the caregiver with a new BU CSD-150 Caregiver Request for Specialized Care Rate and request they complete it.
   a. For those placed in a HBFC in which a triggering event has occurred, the Social Worker will additionally provide the caregiver with the Resource Parent Reporting Tool to assist in making the LOC Rate determination. The redetermination amount is made using the rates listed in Table A of the Rate Structure section of this policy.
   b. For existing placements receiving an SCI that continue to receive the age-based foster care rate, the redetermination amount is made using the rates listed in Table B of the Rate Structure section of this policy.

3. In re-determining the appropriate rate, the Social Worker follows the steps outlined in the Specialized Care Rate Procedure section of this policy.

Disagreements
Caregivers who disagree with the SCR determination may request a state fair hearing, as noted on the Notice of Action sent from foster care eligibility.

Rate Structure

1. Beginning July 1, 2018, or the date of implementation of the next phase of LOC for all HBFC, the following rate structure will be used for the following types of cases:
   a. All qualifying home-based foster care placements who are making a new request for an SCR
   b. All cases currently receiving an SCR needing a redetermination, and for whom a triggering event has occurred requiring a new LOC rate determination.
### Table A:

<table>
<thead>
<tr>
<th>Old SCR Level</th>
<th>Old payment to caregiver was</th>
<th>New SCR Level at time of determination/redetermination</th>
<th>Total Payment to caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1- $202</td>
<td>$923 + $202 = $1125 (Basic Rate + Level 1)</td>
<td>Level 1A - $98 (LOC Basic rate + Level 1A)</td>
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<td>Level 3 - $679 (LOC 4 + Level 3)</td>
<td>$1235 + $679 = $1914</td>
</tr>
</tbody>
</table>

2. Beginning July 1, 2018, or the date of implementation of the next phase of LOC for all HBFC, the following rate structure will be used for the following types of cases already receiving an SCR to be implemented at the next required SCR redetermination:
   a. AAP cases finalized prior to 5/27/2011
   b. NRLG Probate Cases where guardianship was established on or after 1/1/2017
   c. Kin-GAP and NRLG cases established before 1/31/17
   d. All other HBFC placements for which a triggering event has NOT occurred requiring a LOC rate determination

### Table B:

<table>
<thead>
<tr>
<th>Old SCR Level</th>
<th>Old payment to caregiver</th>
<th>New SCR Level at time of redetermination</th>
<th>New payment to caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1- $202</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 1</td>
<td>Level 1A- $202</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 1A</td>
</tr>
<tr>
<td>Level 2- $360</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 2</td>
<td>Level 1B- $360</td>
<td>Basic LOC Rate or Age Based Foster Rate + Level 1B</td>
</tr>
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</tr>
</tbody>
</table>

**Note:**
- For children that are placed out of county or state, CSD pays that county/state's basic rate and any applicable SCI. Check with Foster Care Eligibility for applicable rates and special requirements to receive SCI.
### Associated Documents
- BU CSD 150 Caregiver Request for Specialized Care Rate
- BU CSD-35 Approval/Denial of Caregiver’s Request for Specialized Care Rate
- BU CSD-438 Request for Waiver of Training Requirements for Specialized Care Rate
- CSD-18-01 Level of Care Rates
- CWDA Statewide SCI Matrix
- SOC158A

### Related Legal Codes and Division 31 Regulations
- 42 USC 675(4)(a)
- ACL 10-62; ACL 11-15; ACL 11-51; ACL 13-43; ACL 17-11; ACL 18-06; ACL 18-48
- CCR Title 22, Div.6, Chapter 9.5 § 89468
- WIC §§ 16010.4(e)(9), 11461(e)(1)