I. Overview

Specialized care provides a supplemental payment to a 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. Fresno County’s specialized care rate plan promotes and is consistent with these concepts.

II. Population to be served

Data on the caseload of the current specialized care population is included in the table below. It is not anticipated potential population served will expand in the immediate future.

<table>
<thead>
<tr>
<th>Child Age</th>
<th>Tier I</th>
<th>Tier II</th>
<th>Tier III</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 yrs.</td>
<td>10</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>5-8 yrs.</td>
<td>14</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>9-11 yrs.</td>
<td>10</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>12-14 yrs.</td>
<td>16</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>15-18 yrs.</td>
<td>16</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Total:</td>
<td>66</td>
<td>35</td>
<td>20</td>
</tr>
</tbody>
</table>

III. Eligibility

A resource family may be eligible to receive an SCI on behalf of a child if the child meets the following criteria.

A foster child must be placed pursuant to:

- the authority of a court order from Juvenile Court for dependency or delinquency;
- a relinquishment;
- a voluntary placement agreement or guardianship.

In addition, consistent with Federal and State Criteria, an SCI may apply to a foster child that has:

1) Behavioral, emotional and/or physical (including health) needs that require additional care and supervision provided by a resource parent above that which is covered by the LOC rate.
The additional care needs or activities are being performed or facilitated by a resource parent on behalf of, or in support of a child/youth’s placement or;

2) Changes in care and supervision needs at any time, even after a LOC rate determination request is made by a resource parent, county social worker/probation officer, child/youth, or other appropriate county staff, due to the child/youth’s changed care and supervision needs.

Specific types of behavioral, emotional and/or physical (including health) needs that would qualify for an SCI is included in the County’s updated SCI Matrix (See Attachment A) and is further described in Section V.

The SCI is not available for Therapeutic Foster Care (TFC), Supervised Independent Living Placement (SILP), Dual Agency Regional Center clients, Group Home, or STRTP placements. Note: For any child/youth who is identified as a Regional Center client, that child/youth is eligible for a Dual Agency Rate.

IV. Eligible Facilities

Facilities that may be eligible to receive a specialized care rate on behalf of a foster child include a:

- licensed or approved family home;
- resource family (RF) home;
- relative;
- non-relative extended family member (NREFM); or
- non-related legal guardian (NRLG)

The certified home of a Foster Family Agency (FFA) non-treatment program may also be eligible to receive a SCI, however, the entire SCI must go to the certified home. The FFA will not receive any portion to offset administrative and/or other costs.

V. SCI Matrix – Qualifying Conditions and Rates

The County’s current SCI plan incorporates a three-tiered criteria and rate methodology based varying levels of increased need. The current payment amounts per tier are $252, $506, and $826, respectively, per month. The updated SCI plan matrix uses the same methodology and rates, and is included as Attachment A.

The SCI Matrix is consistent with the California Welfare Director’s Association recommended Statewide SCI Matrix.

The three-tiered matrix is summarized below:

- Tier I: Mild care and supervision - $252 per month
- Tier II: Moderate care and supervision - $506 per month
- Tier III: Severe care and supervision - $826 per month
VI. SCI Assessment and Re-Assessment

A SCI may be paid in addition to the LOC rate when a child needs special care and an additional amount is requested and appropriate. The child’s behavioral, emotional and/or physical (including health) challenges will be assessed to determine the level of SCI. A SCI assessment will only follow upon completion of the LOC Protocol. The SCI assessment involves the evaluation and review of a child’s identified needs to determine the appropriately assigned Tier and the recommended rate to be issued. Assessment guidelines are as follows:

Following the completion of the LOC Protocol, the Child Welfare Social Worker (SW) in conjunction with the Child and Family team (CFT) will review the needs of the child. The SCI Matrix will serve as a guide/tool to further assess qualifying conditions and factors to determine if a SCI is warranted, and further to guide in the recommendation of a specific Tier and associated rate.

The SW will document the identified needs and ensure supportive documentation (as appropriate) is obtained to support the recommended SCI Tier. A Child Welfare Program Manager’s (PM) approval and signature is required on all SCI recommendations. The SCI recommendation with PM approval and any supportive documentation (e.g. CFT notes) will be submitted to the DSS Specialized Care Assessment Team (SCAT). The SCAT will review the information and either approve or deny the recommendation. A member of SCAT must sign and approve all SCI Tier requests. In an emergency situation, a SCI can be approved through the chain of command and requires approval by a PM and also the Child Welfare Deputy Director (DD) or their designee.

At the time of a SCI approval, a re-assessment (review) date is identified to determine if the rate will remain the same, change, or is no longer needed. The following includes standard re-assessment dates and situational examples appropriate for the indicated re-assessment frequency:

- 60 days – Crisis situations, 1st placement, and/or short-term conditions;
- 90 days – Situation involving a transitioning youth and/or a change in placement
- 6 months – Drug exposed infants, moderate conditions, or otherwise based on child’s need;
- 12 months – Annual review for chronic conditions

A re-assessment date will not exceed more than twelve months from the initial effective date of the SCI.

A re-assessment may also be initiated if there are changes to the child’s needs and supervision, upon the request of the Resource Parent, or if the SW determines the SCI rate is insufficient to meet the needs of the child. A new SCI approval will not be needed if the SCI is to continue at the same Tier. However, if the Tier recommendation has changed a new SCI approval will be required.

VII. Proposed Plan Implementation

The new SCI plan will be instituted no sooner than after State CDSS approval and implementation of the Level of Care (LOC) Protocol.
The new SCI plan may or may not have an impact on existing families receiving a SCI, given the similar Tier structure and SCI rates as currently implemented.

Existing families will be assessed using the new SCI Matrix at their next re-assessment date. Eligibility staff will send a Notice of Action for any increases or decreases in a family’s SCI, as needed.

VIII. Notification

All eligible families and/or facilities will be notified about the new SCI rate by mass mailing and/or robocalls.

As stated in the previous section, Eligibility staff will send a Notice of Action (NOA) for any redetermination that involves an increase or decrease in an existing family’s SCI. The Department of Social Services will incorporate versions of the CDSS’ issued NOA samples for SCI approval, denial, and discontinuation. Copies of these are included in Attachment B. Once the SCI Plan Update is implemented these NOA and/or modification of these Notices will be will be fully incorporated.

IX. Program Contact

Contact: Rita Lavelle, Program Manager  
Phone: 559-600-2103 or 559-906-2736  
Address: 2011 Fresno Street Fresno, Ca 93721
Specialized Care Increment (SCI) Matrix – Fresno County

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>Specialized Care Increment:</th>
<th>Tier I: Mild</th>
<th>Tier II: Moderate</th>
<th>Tier III: Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate:</td>
<td>Basic Rate + $252 per a month</td>
<td>Basic Rate + $506 per a month</td>
<td>Basic Rate + $826 per a month</td>
</tr>
<tr>
<td><strong>If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.</strong></td>
<td></td>
<td><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></td>
<td></td>
</tr>
</tbody>
</table>

**Medical Conditions**

- 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 and/or Impairments
- Brain Injury (abuse or accidental)
- Visually impaired (birth, abuse, or accidental)
- Hearing impaired (birth, abuse, or accidental)
- Immune Disorders
- Surgical intervention
- Orthopedic abnormalities (birth or abuse) (i.e. scoliosis)
- Severe burns

- 1-3 appointments per month not including routine dental or physical examinations.
- 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.
- Mild breathing difficulties requiring prescription medications with close supervision.
- Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic)
- Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments.
- Diabetes with special diet – no insulin or medication needed.
- Failure to thrive due to mild feeding difficulties
- Seizure disorder (Abnormal EEG, medication required for seizure activity)

- 4-6 appointments per month not including routine dental or physical examinations.
- Positive toxicology screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties).
- 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)
- Apnea or heart monitor required (when discontinued, rate to be reduced to appropriate level)
- Moderate feeding difficulties requiring therapy or special feeding techniques.
- Seizures requiring intermittent monitoring, medications and other interventions to control.
- Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis.
- Intermittent oxygen.

- More than 6 appointments per month not including routine dental or physical examinations.
- FAS/FASD with moderate to severe complications (verifiable medical diagnosis)
- Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions.
- Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure
- Continuous oxygen.
- Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program.
- Hemophiliac requiring close monitoring to prevent injury.
- Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc.)
| ☐ Heart disease requiring close monitoring no intervention special treatments or diet. | ☐ Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. |
| ☐ HIV positive clinically well | ☐ Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE). |
| ☐ Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits | ☐ Shunt placement-functioning stable |
| ☐ Sickle Cell – SB + Thal, Mild Symptoms. | ☐ Sickle Cell SB Thal Moderate Symptoms 11. |
| ☐ Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. | ☐ Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc.). |
| ☐ Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention. | ☐ Cleft lip requiring surgical intervention and special feeding assistance. |
| ☐ Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch). | ☐ Physical abnormalities requiring medical intervention. |
| ☐ Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. | ☐ Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. |
| ☐ Minimal bracing equipment is needed (i.e. AFO’s) | ☐ 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. |
| ☐ Special dietary needs, due to severe food allergies that require dietary consultation, specialized meal preparation and food intake monitoring (i.e. to prevent choking, EPI pen needed for food/environmental allergies) | ☐ 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). |
| ☐ Drug Exposed Infants (Eligible to 6 months) | ☐ Scoliosis requiring assisted daily exercise and/or bracing. |
| ☐ Other: | ☐ Special dietary needs that require dietary consultation, specialized meal preparation and food intake supervision (i.e. to prevent aspiration, monitoring of diabetes, tracking blood sugar, insulin dependent) |
| ☐ Other: | ☐ Other: |

☐ Sickle Cell SC, Severe Symptoms.
☐ Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would 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:
<table>
<thead>
<tr>
<th>Developmental delays or disabilities</th>
<th>Moderate developmental delays or disabilities requiring weekly care provider assistance.</th>
<th>Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW.</th>
<th>Severe learning delays or disabilities requiring extensive daily assistance several times a day from the care provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Developmental Delay</td>
<td>□ 6 years old or older and has toileting accidents with four events per week. The child is 4 to 6 years old and has toileting accidents seven times per week. The child’s Encopresis and/or Enuresis are not completely controlled by medication, but have partial effects.)</td>
<td>□ 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.</td>
<td>□ Regular in-home assistance from a behaviorist or social/health services provider.</td>
</tr>
<tr>
<td>▪ Developmental Disability (e.g., Intellectual Disability, Autism Spectrum etc.)</td>
<td>□ Other</td>
<td>□ Intermittent assistance from a behaviorist or social/health services provider.</td>
<td>□ Multiple impairments, less than 18 months developmentally, non-ambulatory. Regional Center client documentation required from RC SW.</td>
</tr>
<tr>
<td>▪ Learning Delays or Disabilities</td>
<td>□ Other</td>
<td>□ Regional Center client documentation required from RC SW.</td>
<td></td>
</tr>
<tr>
<td>▪ Sensory Integration Disorder</td>
<td>□ Other</td>
<td>□ Other:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral Issues</th>
<th>Behavior modification required but no medication prescribed.</th>
<th>Behavior modification needed in conjunction with prescribed daily medication.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ AWOL</td>
<td>□ The child presents some risky behaviors sometimes placing self and/or others at risk.</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</td>
</tr>
<tr>
<td>▪ Aggressive and Assaultive</td>
<td>□ Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption.</td>
<td>□ Stabilization of disruptive behaviors requires special intervention and discipline strategies.</td>
<td></td>
</tr>
<tr>
<td>▪ Animal Cruelty</td>
<td>□ Psychotropic medication may be required with close supervision by</td>
<td></td>
<td></td>
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<tr>
<td>▪ CSEC</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>▪ Substance Use/Abuse</td>
<td></td>
<td></td>
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<tr>
<td>▪ Gang Activity</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>▪ Fire Setting</td>
<td></td>
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<tr>
<td>Attachment A</td>
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<tr>
<td>▪ Severe mental health issues including suicidal ideation and/or Self Harm</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>▪ Psychiatric hospitalization(s)</td>
<td></td>
<td></td>
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<tr>
<td>▪ Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators</td>
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<tr>
<td>▪ Habitual Truancy</td>
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<tr>
<td>▪ Three or more placements due to the child's behavior</td>
<td></td>
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<tr>
<td></td>
<td>care provider and increased follow up by therapeutic provider.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Difficulties at school that are linked to a medical or mental health diagnosis, which require regular interventions from the resource parent(s) (i.e. school meetings, the child have an I.Q. of 65-75 or an IEP/504 plan) Must have current IEP on file.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Emotional outbursts to include, but not be limited to: constant crying or tearfulness, difficulty accepting change or instructions, prolonged separation anxiety (more than 3 months), nightmares (2 to 3 weekly) or is attention seeking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) or Attention Deficit Disorder (ADD), is on medication, but continues to require added care and supervision.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
<td></td>
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<tr>
<td>□ Care provider needs special training and participates in counseling with the minor to accomplish this.</td>
<td></td>
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<tr>
<td>□ 601 behaviors (truant, beyond control of caregiver) exhibited at this level.</td>
<td></td>
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</tr>
<tr>
<td>□ Chronic resistance to behavior modification strategies.</td>
<td></td>
<td></td>
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<tr>
<td>□ Personal property of others in the home at high risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Excessive anti-social behaviors which strictly limits unsupervised social interaction.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Difficulties at school that are linked to a medical or mental health diagnosis, which requires regular interventions from the foster parent (i.e. twice per week school meetings or monthly suspensions) or, the child has learning delays and IQ is 50-64. Must have current IEP on file.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Emotional outbursts to include, but not be limited to: constant crying or tearfulness, difficulty accepting change or instructions, prolonged separation anxiety (more than 6 months), nightmares (4 times per week or more) is unable to self soothe or be left alone for an age appropriate amount of time.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) or Attention Deficit Disorder (ADD), which is not controlled by medication, thus requiring extensive care and supervision.</td>
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<td></td>
<td></td>
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<tr>
<td>□ Other:</td>
<td></td>
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<tr>
<td></td>
<td>provider in order to facilitate therapy and treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 601 and 602 frequently exhibited themselves at this level.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Monthly evaluations are essential to track the progress of the child and adjust treatment strategies as needed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Child is at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Regularly hospitalized under WIC Code Section § 5150 due to being a danger to oneself or others during the past 6 months. Requires specialized care and supervision due to suicidal ideation and threats.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Engages in risky behavior, which may jeopardize his/her safety and well-being without 24 hour supervision (drug use/abuse, prostitution/promiscuity, illegal activities, sexual perpetration, and self-injurious behavior resulting in serious injuries.) Cannot be around other children without constant monitoring and/or supervision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Diagnosed with a serious emotional, psychological and/or behavioral problem, which impacts the ability to interact with others and lead a healthy lifestyle. The child is over the age of 6 and smears feces. May be defiant, non-compliant, refuse to take regular medications, and is aggressive to others.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The County has approved your Foster Care aid.

As of ____________, the county is Approving your Foster Care aid of $ _____________ per month.
This aid is for:  _________________________________________.

As of ____________, the county is Changing your Foster Care aid from $ ___________ to $ ___________.
This aid is for:  _________________________________________.

Here’s why: Your rate is based on a level of care determination as defined in AB 403 and WIC section 11461.

□ Your case had a rate increase.
□ Your case had a rate decrease.
□ Your case has been issued an Infant Supplemental Payment.
□ Your case has been issued a Supplemental Care Increment.

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.
NOTICE OF ACTION
For Resource Families, including homes certified by a Foster Family Agency, County Approved Relative Homes, Non-Relative Extended Family Members, Foster Family Homes, Non-Related Legal Guardians

☐ The child has __________________________ income.
☐ __________________________ for __________________________
☐ of $ ____________ is effective ____________.
☐ This is counted as __________________________ income in the Foster Care budget calculation.
☐ Other: ___________________________________________

☐ Your case has been discontinued.

As of ____________, the county is Discontinuing your Foster Care aid.

Here’s why:
☐ You are no longer providing foster care for: __________________________
☐ He/she is no longer living in your home/facility. The County will stop paying for Foster Care from the day the child leaves your home/facility.
☐ He/she no longer meets the age rules.
☐ The child has too much income.
☐ The child has too much property. See attached page.

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.
NOTICE OF ACTION
For Resource Families, including homes certified by a Foster Family Agency, County Approved Relative Homes, Non-Relative Extended Family Members, Foster Family Homes, Non-Related Legal Guardians

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

If the County figured that the child's car or other vehicle was worth more than you think it's worth, you can give the County proof that it is worth less. Ask the County how. If you can prove it is worth less the child may get Foster Care aid.

☐ The legal guardianship was terminated.

☐ You moved out of the State of California.

☐ You did not return your completed redetermination paperwork.

☐ Other: ____________________________________________

☐ Due to funding requirements, you may receive multiple checks for this benefit month. The sum of these checks will be equal to the amount listed above.

Rules: These rules apply. You may review WIC sections: 11460, 11461, 11463, 11463.23, and 16519.
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 owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us 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 your 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 money 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 10950.)

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 get 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, 1-800-952-8349.

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 ________________________________ County about my:

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

Here’s Why: ____________________________________________

_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

□ If you need more space, check here and add a page.

□ 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.)

My language or dialect is: ________________________________

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE PHONE NUMBER

STREET ADDRESS

CITY STATE ZIP CODE

SIGNATURE DATE

NAME OF PERSON COMPLETING THIS FORM PHONE NUMBER

□ 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.)

NAME PHONE NUMBER

STREET ADDRESS

CITY STATE ZIP CODE
The County has approved your Kin-GAP aid.

As of ____________, the county is Approving your Kin-GAP aid of $ ____________ per month.

This aid is for: __________________________________________

As of ____________, the county is Changing your Kin-GAP aid from $ ____________, $ ___________.

This aid is for: __________________________________________

Here's why: Your rate is based on a level of care determination as defined in AB 403 and WIC section 11461.

Your case had a rate increase.

Your case had a rate decrease.

Your case has been issued an Infant Supplemental Payment.

Your case has been issued a Supplemental Care Increment.

The child has ____________ income 

__________________________________________

for ________________ income in the

__________________________________________

of $ ____________ is effective ________________.

This is counted as ____________________ income in the

Kin-GAP budget calculation.
NOTICE OF ACTION - CHANGE
For Kinship - Guardians Only

☐ Your case has been discontinued.

As of ___________, the county is Discontinuing your Kin-GAP aid.

Here’s why:

☐ You are no longer providing foster care for _________________________________.
   (Name of Child)

☐ He/she is no longer living in your home/facility. The County will stop paying for Kin-GAP from the day the child leaves your home/facility.

☐ He/she no longer meets the age rules.

☐ The child has too much income.

☐ The child has too much property. See attached page.

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.
NOTICE OF ACTION - CHANGE
For Kinship - Guardians Only

If the County figured that the child's car or other vehicle was worth more than you think its worth, you can give the County proof that it is worth less. Ask the County how. If you can prove it is worth less the child may get Foster Care aid.

☐ The legal guardianship was terminated.
☐ You moved out of the State of California.
☐ You did not return your completed redetermination paperwork.
☐ Other: ________________________________.

☐ Due to funding requirements, you may receive multiple checks for this benefit month. The sum of these checks will be equal to the amount listed above.

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Rules: These rules apply. You may review WIC section: 11364.
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 owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us 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 your 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 money collected but will keep past due money collected that is owed to the county.
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☐ Other (list)

Here’s Why: ____________________________________________
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Name Back 9 (Replaces Name Back 8 and Ep 5) (Revised 4/2013) - Required Form - No Substitute Permitted