June 29, 2018

California Department of Social Services, Specialized Care Increment
Child Welfare Policy and Program Development Bureau
744 P Street, MS 8-11-38
Sacramento, CA 95814
SCI@dds.ca.gov

Specialized Care Increment (SCI) County Plan

Contacts
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Background
Currently, Los Angeles County serves approximately 1,400 children through its specialized care rate structure, comprised of D-Rate, for children with significant behavioral and emotional needs, and a four-tiered F-Rate structure, for children with medical/health needs. In 2017, this represented 17-18% of children in non-residential out-of-home care.

Caregivers currently eligible to receive an SCI include:
• Resource Parents (relative, Non-Related Extended Family Member, licensed foster parent)
• Legal Guardians (open case or KinGAP)
• Non-minor dependent (NMD) in a paid (not SILP) placement
• Families receiving AAP funding
• Families receiving ARC funding

Under the new SCI County Plan, Foster Family Agency (FFA) Resource Parents will also be eligible to receive an SCI.
The current population of children receiving a specialized care rate is as follows:

<table>
<thead>
<tr>
<th>Rate</th>
<th>Foster Care cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>1,068</td>
</tr>
<tr>
<td>F1</td>
<td>123</td>
</tr>
<tr>
<td>F2</td>
<td>91</td>
</tr>
<tr>
<td>F3</td>
<td>65</td>
</tr>
<tr>
<td>F4</td>
<td>76</td>
</tr>
<tr>
<td>Total</td>
<td>1,423</td>
</tr>
</tbody>
</table>

When the SCI is applied to children in Foster Family Agencies (FFAs), the population who will receive a specialized care increment is projected to be as follows:

<table>
<thead>
<tr>
<th>Rate</th>
<th>Foster Care cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>1,670</td>
</tr>
<tr>
<td>F1</td>
<td>192</td>
</tr>
<tr>
<td>F2</td>
<td>142</td>
</tr>
<tr>
<td>F3</td>
<td>102</td>
</tr>
<tr>
<td>F4</td>
<td>119</td>
</tr>
<tr>
<td>Total</td>
<td>2,225</td>
</tr>
</tbody>
</table>

An additional population projected to be eligible for an SCI under the new rate structure is developmentally disabled clients placed in non-Regional Center FFA homes. These children are currently not eligible for the dual agency rates, but can potentially be evaluated for an SCI. There are approximately 100 Regional Center youth currently placed in FFAs.

The Specialized Care Increment is intended to compensate caregivers for the additional time, effort and expense required above and beyond that identified in the Level of Care rate structure. It is anticipated that every newly detained child will receive a Level of Care determination, after which the need for an SCI may be assessed. If a child is deemed eligible for an SCI, that payment amount will replace their previously identified Level of Care rate.
Los Angeles County proposes a tiered SCI payment structure which aligns with current SCI amounts, as follows:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1264 (equivalent to current F2 rate)</td>
</tr>
<tr>
<td>2</td>
<td>$1524 (equivalent to current D-Rate and F3 rate)</td>
</tr>
<tr>
<td>3</td>
<td>$1744 (equivalent to current F4 rate)</td>
</tr>
</tbody>
</table>

This payment structure maintains cost parity with existing SCI payments; the only additional cost is potentially for current F1 children who may be assessed for Tier 1.

Qualifying Criteria to Determine SCI

Los Angeles County is adopting, with some adjustments, the recommended Statewide SCI Matrix. The adjustments, reflected in the new “Specialized Care Rate Increment (SCI) Indicators” form (Attachment A), add several diagnostic categories to the State’s proposed guidelines. For example, “Severe Food Allergies” was added in the “Feeding/Eating Difficulty” section, and “Sleep Disturbances” was added to the “Behavioral Issues” section.

A child’s needs, and the supports and services required to meet those needs, should always be discussed within the context of the Child and Family Team. Requests for an SCI assessment will be therefore be submitted to the Level of Care Unit by the Children’s Social Worker following such discussion, and not requested directly by the child’s caregiver.

Training Requirement

In addition to the 12 hours of pre-service training required by the Resource Family Assessment (RFA) protocol, specialized training will be mandated for caregivers of children who qualify for an SCI. It is proposed that resource parents participate in an additional 16 hours of an SCI curriculum, to include 12 hours of a standard agenda (systems navigation/advocacy for special needs youth, de-escalation/behavior modification techniques, preventing placement disruption) and four hours of specialty training (for example, diabetes care, CSEC principles, developmental disabilities and substance abuse).

Caregivers who earn SCI certification will be flagged in the Foster Care Search System, thereby creating a pool of resource parents qualified to care for high-needs children.
County Review Process

SCI determination will be centrally managed by the DCFS Level of Care Unit, comprised of 28 Children’s Social Workers (CSWs), five Supervising Children’s Social Workers (SCSWs), five Intermediate Typist Clerks (ITCs) and one Assistant Regional Administrator (ARA). The unit is within the Bureau of Clinical Resources and Services, High Risk Services Division.

Children with medical/health concerns will continue to be evaluated by Public Health Nurses, who will provide input to inform the SCI determination process. LOC Unit staff will be specially trained to research and secure supporting documentation to inform SCI determination for children with behavioral, emotional and developmental concerns.

Approval levels are as follows:
- Tier 1 – LOC SCSW
- Tier 2 – LOC ARA
- Tier 3 – LOC Assistant Division Chief/Division Chief

The county will conduct SCI reassessments every six months for children who qualify based on a medical condition described within Tier 1, Tier 2 or Tier 3, and on an annual basis for children who qualify based on behavioral or developmental conditions.

The following provides an overview of the proposed SCI process:
# Implementation

**SCI Rates** in effect prior to approval of the proposed Los Angeles County Plan will not change.

**Dates and Transition for Families Currently Receiving an SCI Rate**

For existing families currently receiving an SCI payment, the SCI rate will remain in place until the next scheduled SCI reassessment is conducted. The new SCI structure and rates will go into effect as soon as the County plan is approved.

It is anticipated that the proposed County plan will be effective the 1st of the month after CDSS approves the plan.

## Transition for Families Currently Receiving an SCI Rate

For existing families currently receiving an SCI payment, the SCI rate will remain in place until the next scheduled SCI reassessment is conducted. The new SCI structure and rates will go into effect as soon as the County plan is approved.

It is anticipated that the proposed County plan will be effective the 1st of the month after CDSS approves the plan.

### STEP | RESPONSIBLE PARTY | ACTION
--- | --- | ---
1 | Case-Carrying CSW | - In conjunction with the Child and Family Team, assess the child’s need for an SCI.  
- Complete and submit an SCI request to the LOC electronic in-box.

2 | LOC CSW | - Consult with the CSW and Resource Parent, as needed.  
- Request supporting documentation from the CSW.  
- Request supporting documentation from child’s medical provider, therapist, school  
- Complete the Specialized Care Rate Increment (SCI) Indicators form to determine if child qualifies for the SCI  
- Submit the Specialized Care Rate Increment (SCI) Indicators form for SCSW review

3 | LOC SCSW | - Review and sign Specialized Care Rate Increment (SCI) Indicators form for Tier 1, 2 or 3

4 | LOC ARA | - Review and sign Specialized Care Rate Increment (SCI) Indicators form for Tier 2 or 3

5 | LOC Assistant Division Chief/Division Chief | - Review and sign Specialized Care Rate Increment (SCI) Indicators form for Tier 3

6 | Eligibility Worker | - Enter the SCI into CWS/CMS and issue a Notice of Action.
Notification
Process and NOA Families will be notified of SCI approval, denial, redetermination and discontinuance with a standardized Notice of Action form, which will include instructions for disputing the action.
SPECIALIZED CARE RATE INCREMENT (SCI) INDICATORS

Child’s Name: ___________________________ DOB: __________ / Age: __________ Date ______________

CSW Name & File No: ______________________ Phone #: __________________

Current Rate: Level of Care Rate □ 1 □ 2 □ 3 □ 4 □ ISFC

SCI Tier Level □ 1 □ 2 □ 3

Date of last Rate Assessment __________________

MEDICAL CONDITIONS

<table>
<thead>
<tr>
<th>Medical conditions</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma/Chronic Respiratory Problems</td>
<td>□ Mild breathing difficulties requiring prescription medications with close supervision</td>
<td>□ Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy), and/or postural drainage and percussion on a daily basis</td>
<td>□ Continuous oxygen, ventilator dependent and/or tracheostomy</td>
</tr>
<tr>
<td></td>
<td>□ Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments, nebulizer, metered dose inhaler or oral bronchodilator (as needed or daily).</td>
<td>□ Intermittent oxygen</td>
<td></td>
</tr>
<tr>
<td>Seizures</td>
<td>□ Seizure disorder (e.g. abnormal EEG, medication required for seizure activity) controlled.</td>
<td>□ Seizures requiring intermittent monitoring, medications and other interventions to control.</td>
<td>□ Uncontrolled seizures (seizures continue on a regular basis despite medication).</td>
</tr>
<tr>
<td>Drug &amp; Alcohol Exposure</td>
<td>□ Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits</td>
<td>□ Positive toxicology screen at birth with neonatal abstinence syndrome or drug/alcohol exposure with symptoms (level should be reduced at 6-month review if baby is not exhibiting any symptoms or difficulties)</td>
<td>□ FAS/FASD with moderate to severe complications (verifiable medical diagnosis)</td>
</tr>
<tr>
<td>Positive Toxicology Screen at Birth</td>
<td>□ Positive tox screen at birth without neonatal abstinence syndrome, or with mild symptoms, discharged without medications (level should be reduced at 6-month review if baby is not exhibiting any symptoms or difficulties)</td>
<td>□ Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD).</td>
<td></td>
</tr>
<tr>
<td>Diagnosis of FAS, FASD or FAE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical conditions</td>
<td>Tier 1</td>
<td>Tier 2</td>
<td>Tier 3</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Feeding/Eating Difficulty</td>
<td>☐ Failure to thrive due to mild feeding difficulties</td>
<td>☐ Moderate feeding difficulties requiring therapy or special feeding techniques.</td>
<td>☐ Severe feeding problems requiring therapy or special feeding techniques, Combined cleft lip/palate Tube feeding (G tube, NG tube or TPN</td>
</tr>
<tr>
<td>Special Diet</td>
<td>☐ Prolonged feeding (30-60 min) due to a medical problem.</td>
<td>☐ Cleft lip requiring surgical intervention and special feeding assistance.</td>
<td>☐ Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Diabetes - NEWLY DIAGNOSED (6 months only)</td>
</tr>
<tr>
<td>Special Diet</td>
<td>☐ Supervised self-feeding or caregiver feeding (child age 4 or older)</td>
<td>☐ Special diet due to severe food allergies, confirmed by physician (requiring Epi-Pen).</td>
<td>☐ Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Diabetes - NEWLY DIAGNOSED (6 months only)</td>
</tr>
<tr>
<td>Special Diet</td>
<td>☐ special diet/meal prep required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>☐ Diabetes with special diet and oral medication</td>
<td>☐ Diabetes with special diet and injections, Stable condition, child compliant with prescribed program.</td>
<td>☐ Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Diabetes - NEWLY DIAGNOSED (6 months only)</td>
</tr>
<tr>
<td>Heart Disease/Conditions</td>
<td>☐ Heart disease requiring close monitoring no intervention special treatments or diet</td>
<td>☐ Cardiac condition with medication/monitoring, Heart monitor required (when discontinued, rate to be reduced to appropriate level).</td>
<td>☐ Hemophiliac requiring close monitoring to prevent injury, Sickle Cell SC, Severe Symptoms.</td>
</tr>
<tr>
<td>Sickle Cell/ Hemophilia/ Blood Disorders</td>
<td>☐ Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic)</td>
<td>☐ Sickle Cell SB Thal Moderate Symptoms</td>
<td>☐ Hemophiliac requiring close monitoring to prevent injury, Sickle Cell SC, Severe Symptoms.</td>
</tr>
<tr>
<td></td>
<td>☐ Sickle Cell – SB + Thal, Mild Symptoms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Threatening Illness / Communicable Diseases</td>
<td>☐ HIV positive and asymptomatic</td>
<td>☐ Monitoring of serious illness, such as cancer (including remission) as directed by a physician until child is declared disease free, Universal precautions to protect caregiver from communicable disease or drug-resistant infection (e.g.MRSA, ORSA).</td>
<td>☐ Serious illness requiring daily monitoring as directed by a physician (e.g. organ transplant, cancer immune deficiency disorder), Reverse precautions required to prevent spread of illness or infection to child with weakened immune system, Universal precautions to protect caregiver from potentially life threatening communicable illness (child with HIV+ blood test, Hepatitis B or C).</td>
</tr>
<tr>
<td>Brain Injury (abuse or accidental)</td>
<td>☐ Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention.</td>
<td>☐ See other applicable conditions such as: Seizures, Visual/Hearing Impaired and others listed in Behavioral and/or Developmental conditions</td>
<td>☐ See other applicable conditions such as: Seizures, Visual/Hearing Impaired and others listed in Behavioral and/or Developmental conditions</td>
</tr>
<tr>
<td>Surgical/Wound Care/Burns</td>
<td>☐ Established shunt care</td>
<td>☐ 2nd degree burns requiring regular, but not daily dressing changes, New/Revised Shunt placement-functioning stable</td>
<td>☐ Post multi-stage surgical care (e.g. burn reconstruction)</td>
</tr>
<tr>
<td>Medical conditions</td>
<td>Tier 1</td>
<td>Tier 2</td>
<td>Tier 3</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
</tbody>
</table>
| **Medical Treatment & Technology** | □ Long-term prescription medications (medication needed on a daily basis for a period of 1 or more months).  
□ 1-2 medications not including prescription vitamins or short-term antibiotics.  
□ Epi-pen for severe allergy other than food allergy (e.g. bee sting allergy)  
□ Daily topical cream, lotion or ointment for severe, chronic skin conditions  
□ Administration of injectable medication as needed for chronic conditions (e.g. growth hormones). | □ Apnea monitor required (when discontinued, rate to be reduced to appropriate level)  
□ Child requires 1-3 injections per week (e.g. growth hormones, etc.). | □ Child requires 4 or more injections per week (growth hormone, etc.)  
□ Child requires continuous care/supervision on a daily basis that would otherwise require placement in an institutional facility  
□ Dialysis, IV/ Central Line, Broviac |
| **Visual/Hearing Impaired** | □ Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch).  
□ Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. | □ Visually impaired (Legally Blind) requiring minimal assistance with daily living (e.g. Mobility, special education, etc.) or reasonable accommodation  
□ Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program or reasonable accommodation). | □ Visual (Totally Blind) impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment.  
□ Hearing impaired (profoundly deaf) requiring assistance with daily living including care provider signing abilities for specific child. |
| **Physical Disabilities/Orthopedic Impairments** | □ Mild physical disability or Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. (child age 4 and older)  
□ Minimal bracing equipment is needed (i.e. AFO’s)  
□ Established prosthetic or missing appendage | □ Atypical physical condition requiring medical intervention.  
□ Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. (child age 4 and older)  
□ Condition requiring assisted daily exercise and/or bracing (e.g. scoliosis).  
□ New Prosthetic for missing appendage (first six months after surgery). | □ Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions  
□ Permanent disability- requires device for movement including wheelchair, gurney, braces or walker (child age 2 and older) |
| **Multiple specialists and/or appointments** | □ 1-3 appointments per month not including routine dental or physical examinations. | □ 4-6 appointments per month not including routine dental or physical examinations. | □ More than 6 appointments per month not including routine dental or physical examinations. |
| **Bladder/Bowel issues** | □ Nighttime bedwetting and/or daytime bladder or bowel control issues (child age 4 and older) | □ Colostomy, ureterostomy or catheterization (including intermittent) | |
## Medical conditions

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>[Other:]</td>
<td>[Other:]</td>
<td>[Other:]</td>
</tr>
</tbody>
</table>

**TOTALS:**

**TIER 1:**

**TIER 2:**

**TIER 3:**

### PHN SCI-Rate Recommendations:

**Dual Agency Rate** (Regional Center Clients):

- [ ] N/A
- [ ] Early Start (Ages 0-3)
- [ ] Age 3 and Older (Or under 3 diagnosed with permanent developmental disability)
- [ ] Supplement to Dual Agency Rate (child age 3 or older)

- [ ] This child’s level of care does not appear to meet the criteria for a Specialized Care Increment Rate for medical conditions.

**Additional PHN Recommendations:**

- [ ] Recommend transfer to MCMS
- [ ] Recommend Tier rate be re-evaluated in 6 months
- [ ] No child-specific medical training documentation is attached. Child specific medical training appears to be needed by caregiver.

**PHN NAME________________________**

**PHN SIGNATURE__________________**

**DATE___________**
## BEHAVIORAL CONDITIONS

### Emotional/Behavioral Issues

- **AWOL**
- **Aggressive and/or Assaultive**
- **Animal Cruelty**
- **CSEC**
- **Gang Activity**
- **Fire Setting**
- **Severe mental health issues**
- **Self-Harm and/or suicidal ideation**
- **Psychiatric Hospitalization**
- **Adjudicated violent offenses and/or significant property damage**
- **Habitual Truancy, frequent suspensions and/or frequent refusal to attend school**
- **Three or more placements within the past 24 months due to the child's behavior**
- **Predatory Sexual Behavior**
- **Sleep disturbances (e.g. frequent insomnia, nightmares and/or night terrors)**
- **Eating Disorder**

### Tier 1

- Caregiver has participated in specialized training for high-needs children and implements behavior modification techniques.
- The child presents maladaptive behaviors at home or in school, sometimes placing self and/or others at risk and/or child sometimes disrupts or has an impaired ability to participate in household, school and/or social interactions.
- Psychotropic medication is required in conjunction with close supervision by care provider and increased follow up with therapeutic provider.

### Tier 2

- Care provider has participated in specialized training for high-needs children and participates in the child's intensive mental health treatment program.
- The child presents maladaptive behaviors at home or in school, frequently placing self and/or others at risk and/or child frequently disrupts or has an impaired ability to participate in household, school and/or social interactions. Stabilization of child's maladaptive behaviors requires special intervention and supportive strategies, in conjunction with psychotropic medication, if warranted.
- 601 conduct (multiple truancies, frequently refuses to obey caregiver, violates curfew, etc.).
- Personal property of others in the home at high risk of damage.
- Child eligible for SSI for emotional needs.

### Tier 3

- Care provider has participated in specialized training for high-needs children and participates in the child's intensive, in-home mental health treatment program.
- The child presents severely maladaptive behaviors at home or in school, frequently placing self and/or others at risk and/or child disrupts or has a severely impaired ability to participate in household, school and/or social interactions. Stabilization of child's maladaptive behaviors requires special intervention and supportive strategies, in conjunction with psychotropic medication, if warranted.
- 602 conduct (e.g. city/county ordinance violations and criminal convictions).
- Monthly reviews are essential at this level to track the progress of the minor and adjust treatment strategies as needed.
- Minors at this level are at risk of STRTP placement if professional treatment or behavior management plans do not modify maladaptive behaviors and/or emotional disturbances.

### Substance Use/Abuse

- Drug or alcohol use/abuse causing impairment in daily functioning.
- Drug or alcohol use/abuse requiring youth to participate in an outpatient treatment program and care provider to participate in drug/alcohol education and implement strategies.
## DEVELOPMENTAL CONDITIONS

<table>
<thead>
<tr>
<th>Developmental Delays/ Disabilities</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Developmental Delay</strong></td>
<td>□ Mild to moderate developmental delay or disability, or moderate learning disability, requiring daily care provider assistance.</td>
<td>□ Moderate to severe developmental delay or disability, that requires assistance several times a day from the care provider. Documented Regional Center diagnosis required.</td>
<td>□ Severe developmental delay or disability, requiring extensive daily assistance, several times a day, from the care provider.</td>
</tr>
<tr>
<td><strong>Developmental Disability (e.g. Intellectual Disability and related conditions, Autism Spectrum, cerebral palsy, epilepsy, Down Syndrome, social communication disorder)</strong></td>
<td>□ Developmental treatment (e.g. speech, occupational and/or physical therapy), prescribed by developmental professional and performed daily by caregiver.</td>
<td>□ Intermittent assistance from a behaviorist or social/health services provider.</td>
<td>□ Regular in-home assistance from a behaviorist or social/health services provider.</td>
</tr>
<tr>
<td><strong>Learning Delays or Disabilities</strong></td>
<td>□ Other:</td>
<td>□ Child 0 – 3 eligible for Early Start Program through Regional Center. Documentation required from Regional Center.</td>
<td>□ Multiple impairments, such as serious medical, emotional/behavioral and/or physical, in additional to developmental. Documentation required from Regional Center Case Manager.</td>
</tr>
<tr>
<td><strong>Speech or Language Impairment</strong></td>
<td>□ Other:</td>
<td>□ Other:</td>
<td>□ Other:</td>
</tr>
<tr>
<td><strong>Sensory Integration Disorder</strong></td>
<td>□ Other:</td>
<td>□ Other:</td>
<td>□ Other:</td>
</tr>
<tr>
<td><strong>Central Auditory Processing Disorder</strong></td>
<td>□ Other:</td>
<td>□ Other:</td>
<td>□ Other:</td>
</tr>
</tbody>
</table>

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1) Children 3 and older eligible for regional center receive the Dual Agency Rate (P2) plus Supplemental Rate.
2) Children 0 – 3 in the Early Start Program through regional center receive the 0 – 3 Dual Agency Rate (P1) or an SCI, whichever is higher.
3) Children 0 – 3 eligible for regional center as permanently developmentally disabled receive the Dual Agency Rate (P2).

**Exception:** Children placed in non-regional center FFA homes receive the SCI.

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**Please add any additional comments that might assist in making an accurate assessment for an SCI rate:**
Three (3) or more of the Tier 1 conditions listed exist → Increase rate to Tier 2
Three (3) or more Tier 2 conditions exist → Increase rate to Tier 3
Two (2) Tier 2 conditions and three (3) Tier 1 conditions exist → Increase rate to Tier 3
One (1) Tier 2 conditions and six (6) Tier 1 conditions exist → Increase rate to Tier 3

Actions To Be Taken

Caregiver and Child Qualification Section (to be completed by CSW):

Caregiver has completed SCI training [ ] YES [ ] NO Certificate Date _______ Training Certificate attached [ ]
YES [ ] NO Reason:

Caregiver and back-up caregiver have completed child-specific training for child’s medical/developmental problems [ ]
YES [ ] NO DCFS 6079 attached [ ] YES [ ] NO. Reason:

LOC CSW SCI-Rate Recommendations: According to available information this child’s level of care appears to meet criteria for:

SCI Tier Level [ ] Tier 1 [ ] Tier 2 [ ] Tier 3 Effective Date: ________

Dual Agency Rate (Regional Center Clients):
N/A [ ] Early Start (Ages 0-3) [ ] Age 3 and Older (Or under 3 diagnosed with permanent developmental disability)

[ ] This child’s level of care does not appear to meet the criteria for a Specialized Care Increment Rate.

Approval Signatures

LOC CSW ____________________ SIGNATURE ___________________________ DATE ___________
LOC SCSW __________________ SIGNATURE ___________________________ DATE ___________
LOC ARA ___________________ SIGNATURE ___________________________ DATE ___________
LOC DC _____________________ SIGNATURE ___________________________ DATE ___________
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

NOTICE OF ACTION – LOC Determination

Dear Caretaker:

Effective ______ the Department of Children and Family Services has determined the Level of Care (LOC) for ______ to be level ______ which pays at the monthly rate of $ ______.

You will receive this rate when your Resource Family assessment is completed and approved.

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

Any questions? Contact your Eligibility Worker referenced above.

Rules: These rules apply; you may review them at your welfare office:
ACL 17-11, ACL 17-111, ACL 17-75, ACL 18-06, ACL 18-06E, ACL 18-32