July 26, 2018

State of California
Dept. of Social Services
411 P Street
Sacramento, CA 95814
SCI@dss.ca.gov

Attn: Will Lightbourne, Director
Re: Updated Specialized Care Increment Plan

Dear Mr. Lightbourne:

Please find the attached Mariposa County’s Updated Specialized Care Increment Plan. We will begin implementing the new SCI plan at the same time that the Level of Care (LOC) Protocol is implemented.

Should there be any questions regarding the plan, please contact:

Susan Arlington at (209)742-0906
Email: sarlington@mariposahsc.org

Respectfully,

[Signature]

Balgit Hundal, Deputy Director
Mariposa County Human Services
Social Services Division

Attachment: Updated Specialized Care Increment Plan

5362 Leme Lane, PO Box 99, Mariposa, CA 95338 • 209.966.2000 • info@mariposahsc.org
Mariposa County Updated Specialized Care Increment Plan

1. Population to be served: The Specialized Care Increment is for all children/youth in the foster care system, including Non-Minor Dependents (NMDs). It is also available to children/youth receiving Voluntary Non-Relative Extended Member legal Guardianship, KinGAP, or AAP benefits. It is available to all resource parents. The SCI is not available for Intensive Services Foster Care (ISFC), Therapeutic Foster Care (TFC), Supervised Independent Living Placements (SILPs), Dual Agency Regional Center clients*, or group home/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. Please refer to Dual Agency policies and procedures.

2. New Payment amounts: Mariposa County will use a 3 tiered payment rate determination, as follows:

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>$70</th>
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</thead>
<tbody>
<tr>
<td>If 3 or more of the conditions listed exist, rate will be increased to the next higher level.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>$140</th>
</tr>
</thead>
<tbody>
<tr>
<td>If 4 or more Tier 2 conditions exist, rate will be increased to the next higher level.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 3</th>
<th>$211</th>
</tr>
</thead>
</table>

3. Criteria and qualifying factors and conditions: Mariposa County will be adopting a 3 tiered matrix. The matrix in its entirety is attached. Mariposa County will continue to utilize the LOC Protocol, with or without a SCI. Following the completion of the LOC Protocol, there may be a request or determination that the resource parent needs additional funds to support the child/youth. It is recommended that a SCI assessment be completed after a Child and Family Team Meeting (CFTM) and after the completion of the LOC Protocol. Additional circumstances that may trigger a SCI assessment include, but are not limited to, additional care and/or supervision needs of the child/youth, upon the request of the resource parent, or when the assigned social worker determines that the LOC is not sufficient to meet the needs of the child/youth. The SCI can be paid retroactively to the initial date of placement.

The Specialized Care Increment assessment will be conducted annually to determine whether the rate remains the same, increases, or is no longer needed. There are currently no children, youth, or NMDs receiving a SCI in their placements. Mariposa County projects that 1-2 children, youth, or NMDs will qualify or a SCI under our updated plan.

4. County Review Process: Social workers will submit the SCI 3 tiered assessment matrix to the CWS supervisor for approval. Once the supervisor approves the assessment, it will be forwarded to the Social Services Deputy Director for approval.

5. SCI Assessment/Reassessment Triggers: Each LOC assessment will trigger a SCI assessment. Placement issues that trigger a SCI assessment include:
   - An initial placement with a Resource Family

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• Other Resource Family placement changes and changes in the child’s/youth’s behavior, health, or other qualifying factors
• A Step Down for a group home/STRTP to a Resource Family
• A transition with Intensive Services Foster Care (ISFC) or Therapeutic Foster Care (TFC)
• Caregiver, FFA, or social worker requests for a reassessment regarding a child’s/youth’s behavior, health, or other qualifying factor, thereby indicating a need for a higher SCI tier
• After no less than one year after an initial SCI assessment and/or any time that a LOC assessment is triggered

6. Proposed Implementation Date: It is the intention of Mariposa County to implement the new SCI plan simultaneously with the implementation of the LOC Protocol.

7. Notifying Families: Mariposa County will notify all Resource Families, licensed foster homes, relatives/NREFMs, and FFA directors by letter regarding the new SCI 3 tiered rate structure and will provide a copy of the matrix.

8. NOA Forms: A Notice of Action (NOA) form will be sent to all caregivers regarding the discontinuation of the current SCI rate, effective July 1, 2018, concurrent with the LOC Protocol implementation date. If a caregiver has questions or concerns about the new SCI rate, the County will provide answers and/or information on a caregiver’s fair hearing rights.

9. SCI Points of Contact: Baljit Hundal, Social Services Deputy Director  (209) 742-0919
   bhundal@mariposahsc.org
   Susan Arlington, Staff Services Analyst II  (209) 742-0906
   sarlington@mariposahsc.org
   Fax: (209) 742-0994
   5362 Lemme Lane P.O. Box 99 Mariposa, CA 95338

Attachments: Mariposa County New SCI Matrix
Notice of Action (NOA)
Fair Hearing Rights
<table>
<thead>
<tr>
<th>Health/Physical Domain</th>
<th>Drug exposed History or positive toxocology screen.</th>
<th>Respiratory Difficulties and Death</th>
<th>Drug/Alcohol or other substance abuse.</th>
<th>Seizures, or brain injury (abuse or accidental).</th>
<th>Hearing Impaired (birth, abuse, or accidental).</th>
<th>Orthopedic abnormalities (birth, abuse, or accidental).</th>
<th>Surgical Intervention.</th>
<th>Immune Disorders.</th>
<th>Infections.</th>
<th>Mental Health (e.g., Schizophrenia) or Traumatic Brain Injury.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modality 1</td>
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<td>Modality 2</td>
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<td>Modality 3</td>
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<tr>
<td>Initial Assessment</td>
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</tbody>
</table>

**Table 1: 5/20**

- If three or more of the conditions listed exist, rate will be increased to the next higher level. (Table 1)
- If four or more of the conditions listed exist, rate will be increased to the next higher level. (Table 2)
- More than 6 appointments per month with moderate to high risk of medical complications (FAAS/DSD with moderate to high risk of medical complications). Home Health Therapy (HT) in addition to weekly therapy sessions. Additional Therapy (AT) is necessary. See ATT table.
- Social Work, Special Education, or Home Health Therapy. (Table 3)

*Note: The following table is intended to assist social workers and caregivers in identifying extra levels of care and supervision for making a specialized care increment rate determination. It is not intended to include every possible condition or situation. Some conditions may need additional social worker and supervisor consideration to determine if the condition falls within the SCI Matrix.*

*Mariposa County Specialized Care Increment Assessment Guide Draft, 6/13/2018*
<table>
<thead>
<tr>
<th>Perception needs</th>
<th>Caring for a set of 3 or more siblings</th>
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</thead>
<tbody>
<tr>
<td>Other:</td>
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<tr>
<td>Visual or Hearing Impaired</td>
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<tr>
<td>Severe burns (e.g., scalds) (e.g., eye drops or eye patch)</td>
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<tr>
<td>Ophthalmic abnormality</td>
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<tr>
<td>Ophthalmic abnormality</td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
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<tr>
<td>High level of care</td>
<td></td>
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<tr>
<td>High level of care</td>
<td></td>
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<tr>
<td>Symptom:</td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Character Signature</td>
<td>Risk Level Proposed by Carer</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Other</td>
<td>interferences, sensitive issues, social support, academic or behavioral issues, self-harm, neglect, physical or sexual abuse, substance use, severe medical condition</td>
</tr>
<tr>
<td></td>
<td>other</td>
</tr>
<tr>
<td></td>
<td>strategies to manage</td>
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<td>difficulties, skills needed</td>
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<td>in order to achieve</td>
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<td>the goal of the plan</td>
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<td>to meet the goals of the care</td>
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<td>and the care needs</td>
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</tr>
<tr>
<td></td>
<td>and the care needs</td>
</tr>
</tbody>
</table>

**Behavioral Issues**
- **AVOL**: Agitated, withdrawn, oppositional, and assaultive
- **CEC**: Attention deficit hyperactivity
- **PQ**: Progress on the plan
- **DPD**: Developmental delay
- **DL**: Delayed language
- **DS**: Developmental delay
- **ED**: Emotional disturbances
- **LP**: Learning problems
- **DR**: Social impairments
- **AE**: Attentional impairments
- **SP**: Speech impairments
- **FR**: Functional impairments
- **PP**: Physical impairments
- **AD**: Adaptive impairments
- **SI**: Seizures
- **EP**: Emotional problems
- **PO**: Physical problems
- **DE**: Developmental problems
- **PM**: Physical problems
- **DE**: Developmental problems
- **PM**: Physical problems
- **DE**: Developmental problems
- **PM**: Physical problems
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**Medical Issues**
- **CH**: Chronic health
- **TA**: Trauma
- **GJ**: Genetic
- **FP**: Frequent hospitalization
- **ER**: Emergency room
- **MT**: Medication
- **IN**: Infection
- **PA**: Pancreatitis
- **TA**: Trauma
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**Other**
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- **GJ**: Genetic
- **FP**: Frequent hospitalization
- **ER**: Emergency room
- **MT**: Medication
- **IN**: Infection
- **PA**: Pancreatitis

**Supervisor Initials**: Date: 6/13/2018

**Program Manager Initials**: Date: 6/13/2018

**Caregiver Signature**: Date: 6/13/2018
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

(Address)

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: ________________________________ (Name of Child)
As of __________, the county is Changing your Foster Care aid
from $ __________ to $ __________.
This aid is for: ________________________________ (Name of Child)

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.