June 30, 2018

California Department of Social Services
744 P Street
Sacramento, CA 95814
SCI@dss.ca.gov

RE: Updated Specialized Care Rate (SCR) / Increment (SCI) Plan

Mono County last updated its SCR Rate Criteria following ACL 10-62 in December, 2010. With the passage of AB 403 and the new Level of Care (LOC) Protocol for foster care rates (as per ACL 17-11, 18-06, and 18-06E) Mono County would like to update its SCR plan.

The following information addresses the criteria outlined in ACL 18-48 for submitting updated SCR plans:

1- There are currently no foster youth receiving a Specialized Care Increment. Mono County has under 5 children placed in foster care at this time. Mono County has utilized the SCR in recent years to serve its specialized population. Examples include youth with severe developmental delays who required extensive supervision and contact with professionals. Because of Mono County’s rural demographics, the nearest urban center is Reno, Nevada which is a 2.5 to 3.5 hour drive from most towns in Mono County. Not all specialists, however, in Nevada accept MediCare, which means that Los Angeles or Bakersfield become the most accessible urban centers to access specialty medical and developmental services (4.5 – 6.5 hour drive). This unique aspect of Mono County alone results in a unique demand for any foster parent willing to care for a high-needs youth.

2- Mono County presently has a 4-tiered SCR structure that ranges from $240 at Level A to $945 at Level D. We are proposing a simplified plan of 3-tiers as recommended by CWDA. Proposed payment amounts are:

   a. Tier 1: $300
   b. Tier 2: $650
   c. Tier 3: $1000
A child at the highest Level of Care (LOC 4), with a potential Tier 3 increment, would fall just below the ISFC rate.

The various combinations of LOC and SCR creates a range of care options in a region of California that lacks FFA’s, TFC’s, ISFC homes, and STRTPS. In other words, Mono County is in a vulnerable position in which high-needs youth are at greater risk of being placed out of their community when removed from home. The more incentives and support the County can offer to experienced, committed, and skilled relatives and caregivers, the more likely youth will remain in their communities-of-origin.

3- Mono County will adopt the CWDA proposed SCI plan, but with some modifications. Please see draft attached.

4- Because Mono County has so few foster youth in care, and as a result, assessing LOC and specialized care needs occur infrequently, all SCR assessments will be reviewed by the Social Worker Supervisor and secondarily by the Program Manager. SCR rates will be determined only after the LOC assessment is complete and following the first CANS assessment. SCI Reassessments will take place at each statutory Court review (typically every six months) and/or if the caregiver, Social Worker, or other CFT member observes a change in the child’s overall level of need.

5- Circumstances that would trigger an SCI assessment include: Child’s level of need is not fully addressed in the LOC matrix and/or the time required of the caregiver to meet the child’s need presents a barrier to the caregiver’s ability to be employed as normal.

6- Implementation will occur as soon as the new SCR plan is approved.

7- Notification to foster parents of SCR changes is not applicable at this time as there are no Mono County caregivers presently receiving the SCI.

8- Notice of Action to foster parents of SCR changes is not applicable at this time as there are no Mono County caregivers presently receiving the SCI.

9- Point of Contact for SCR plan:
   Michelle Raust
   Program Manager
   mraust@mono.ca.gov
   760-924-1758
<table>
<thead>
<tr>
<th>Area</th>
<th>Tier 1 **if three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.</th>
<th>Tier 2 **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.</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical conditions</td>
<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. □ 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. □ Failure to thrive due to mild feeding difficulties □ Seizure disorder (Abnormal EEG, medication required for seizure activity) □ Heart disease requiring close monitoring no intervention special treatments or diet. □ HIV positive clinically well □ Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits, □ Sickle Cell - SB + Thal, Mild Symptoms. □ Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc.</td>
<td>□ 4-6 appointments per month not including routine dental or physical examinations. □ Positive toxicology screen at birth with symptoms (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. □ Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. □ Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE). □ Shunt placement-functioning stable □ Sickle Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc).</td>
<td>□ 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. □ Hemophilic requiring close monitoring to prevent injury. □ Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc). □ 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.</td>
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<td>Drug exposed history or positive</td>
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<td>toxicity screen.</td>
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<td>Alcohol exposure (FAS, FASD or FAE)</td>
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<tr>
<td>Respiratory Difficulties and Diseases</td>
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<td>Failure to Thrive</td>
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<td>Diabetes &amp; Heart Disease</td>
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<td>Hemophilia</td>
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<td>Seizures</td>
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<td>Physical Disabilities/Impairments</td>
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<td>Brain Injury (abuse or accidental)</td>
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<td>Visually impaired (birth, abuse, or</td>
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<td>accidental)</td>
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<td>Hearing impaired (birth, abuse, or</td>
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<td>accidental)</td>
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<td>Immune Disorders</td>
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<td>Surgical intervention Orthopedic</td>
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<tr>
<td>abnormalities (birth or abuse) (i.e.</td>
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<td>scoliosis)</td>
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<tr>
<td>Severe burns</td>
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</tbody>
</table>
### Mono County SCI Matrix
Modified from CWDA - Statewide SCI Matrix Ver. 05-04-18

<table>
<thead>
<tr>
<th>Developmental Delay or Disabilities</th>
<th>Moderate developmental delays or disabilities requiring weekly care provider assistance.</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>Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW.</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>Intermittent assistance from a behaviorist or social/health services provider.</td>
<td>Multiple impairments, less than 18 months developmentally, nonambulatory. Regional Center client documentation required from RC SW.</td>
</tr>
<tr>
<td>Learning Delays or Disabilities</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>Other:</td>
</tr>
<tr>
<td>Sensory Integration Disorder</td>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral Issues</th>
<th>Level of Care Matrix adequately addresses Behavioral/Emotional issues.</th>
<th>Boxed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWOL</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>Aggressive and Assaultive</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>601 and 602 frequently exhibited themselves at this level.</td>
</tr>
<tr>
<td>Animal Cruelty</td>
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<tr>
<td>CSEC</td>
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<tr>
<td>Substance Use/Abuse</td>
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<tr>
<td>Gang Activity</td>
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<tr>
<td>Fire Setting</td>
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</tr>
</tbody>
</table>

- Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention.
- Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc.
- 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.
- 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).
- Scoliosis requiring assisted daily exercise and/or bracing.
- Minimal bracing equipment is needed (i.e., AFO's)
- Other:
- Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW.
- Intermittent 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) (i.e., Lori Ann Infant Stimulation, Exceptional Parents Unlimited (EPU). Documentation required from either EIP or RC Social worker.
- Other:
- Multiple impairments, less than 18 months developmentally, nonambulatory. Regional Center client documentation required from RC SW.
- Other:
### Mono County SCI Matrix
Modified from CWDA - Statewide SCI Matrix Ver. 05-04-18

| 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 |  
| 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.  
601 behaviors (truant, beyond control of caregiver) exhibited at this level.  
Chronic resistance to behavior modification strategies.  
Personal property of others in the home at high risk.  
Excessive anti-social behaviors which strictly limits unsupervised social interaction.  
Other: |  
| Monthly evaluations 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 high risk behaviors and/or emotional disturbances.  
Other: |
NOTICE OF ACTION

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date: February 09, 2017
Case Number: 2004540
TDD - For the Hearing Impaired: (800) 952-8349
Worker Name: Francie Avila
Worker Number: (760) 924-1789
Worker Telephone: VARIABLE
Office Hours: 

JENNIFER MAAS
25672 SPINNAKER DR
SAN JUAN CAPISTRANO, CA 92675-4020

Your Cash Aid was underpaid in the amount of $182.00 for January 2017.

Here is why:
The monthly Foster Care Rate has changed.
The County will pay Foster Care benefits for the period:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 01, 2017</td>
<td>January 31, 2017</td>
<td>$1,577.00</td>
</tr>
</tbody>
</table>

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 page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Your monthly payment was computed as follows:

<table>
<thead>
<tr>
<th>Rate Payment</th>
<th>$889.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unearned Income</td>
<td>-$0.00</td>
</tr>
<tr>
<td>Earned Income</td>
<td>-$0.00</td>
</tr>
<tr>
<td>Earned Income Disregard</td>
<td>+$0.00</td>
</tr>
<tr>
<td>Special Care Increment</td>
<td>+$688.00</td>
</tr>
<tr>
<td>Infant Supplemental Payment</td>
<td>+$0.00</td>
</tr>
<tr>
<td>Eligible Amount</td>
<td>=$1,577.00</td>
</tr>
<tr>
<td>Amount Already Paid</td>
<td>-$1,395.00</td>
</tr>
<tr>
<td>Supplemental Payment</td>
<td>$182.00</td>
</tr>
</tbody>
</table>
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 get 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.

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 give you a copy of this page.
- Send or take this page to:
  Marlo Preis
  Mono County Dept of Social Services
  452 OLD MAMMOTH RD STE 305
  PO BOX 2969
  MAMMOTH LAKES, CA 93546
  (760) 924-1770 / Fax: (760) 924-5431
  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.
California Indian Legal Services
873 N. Main Street, Suite 120
Bishop, CA 93514
(760) 873-3581
Toll Free: (800) 736-3582

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 Mono 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