# SCI-Rate Criteria for Napa County

<table>
<thead>
<tr>
<th>Name of Behavior/Problem</th>
<th>Narrative or Description of Qualifying Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soiling of Pants $77.00</td>
<td>Allowed for children who continue to soil after age 2 ½</td>
</tr>
<tr>
<td>Bedwetting $37.00</td>
<td>Allowed for bedwetting or regular wetting of pants, allowed for children who continue wetting after age 2 ½</td>
</tr>
<tr>
<td>On-going School Problems $76.00</td>
<td>For poor attendance, grades, peer relations, etc.</td>
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<tr>
<td>Intensive Care $116.00</td>
<td>For child who requires intensive care, beyond the normal range for children of the same age, due to developmental, medical, physical and/or psycho-social conditions.</td>
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<tr>
<td>Intensive Supervision $116.00</td>
<td>For child who has a pattern of defiance, damaging property, stealing, disruptive behavior, running away, etc.</td>
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<tr>
<td>High Risk/SED Behavior Management $481.00</td>
<td>For child exhibiting serious emotional disturbance and high-risk, aggressive, destructive or abnormal behaviors that lead to substantial impairment in the areas of self-care, family relationships, and performance at school or in the community. Requires continuous, intensive supervision and frequent pro-active one-to-one intervention by the foster parent to enable child/youth to benefit from a stable home environment in the community. Foster parent has experience, training, or specialized skills for working with high-risk children/youth, and actively participates in all services, meetings and trainings recommended by the placing agency.</td>
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</tbody>
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**Methodologies Used:**

The methodology used to develop the criteria for each category included interdepartmental meetings with eligibility, fiscal, children’s mental health and child welfare.

When a child has special needs, the assigned social worker assesses the child’s needs and determines qualifying conditions. The Request for Specialized Care Rate (NW 659) is completed, and utilizing the established guidelines, the rate is determined. The form is reviewed and approved by the supervisor. For the High Risk/SED Behavior Management SCI rate, the manager must also approve. Upon renewal, the social worker conducts a re-assessment and submits the form for approval.
NAPA COUNTY HEALTH & HUMAN SERVICES
REQUEST FOR SPECIALIZED CARE RATE / INITIAL CLOTHING ALLOWANCE

Child’s Name __________________________________ D.O.B.__________ Case No.__________

Payee Name ____________________________________ Effective Date _____________

$201.00 _____ Initial Clothing Allowance (one time only, receipts must be provided within 60 days)

AMOUNT REQUESTED SPECIAL CARE CATEGORY

$77.00 _____ Soiling of Pants (allowed for children who continue to soil after age 2 ½)

$37.00 _____ Bedwetting (or regular wetting of pants, allowed for children who continue wetting after age 2 ½)

$76.00 _____ On-going School Problems (including poor attendance, grades, peer relations, etc.)

$116.00 _____ Intensive Care (for child who requires intensive care, beyond the normal range for children of the same age, due to developmental, medical, physical and/or psycho-social conditions.)

$116.00 _____ Intensive Supervision (for child who has a pattern of defiance, damaging property, stealing, disruptive behavior, running away, etc.)

$___________ SUBTOTAL OR TOTAL REQUESTED

Submitted by________________________________   Approved by___________________________________
Case Worker          Date       Supervisor                                                     Date

$481.00 _____ High Risk / SED Behavior Management (for child exhibiting serious emotional disturbance and high-risk, aggressive, destructive or abnormal behaviors that lead to substantial impairment in the areas of self-care, family relationships, and performance at school or in the community. Requires continuous, intensive supervision and frequent pro-active one-to-one intervention by the foster parent to enable child/youth to benefit from a stable home environment in the community. Foster parent has experience, training, or specialized skills for working with high-risk children/youth, and actively participates in all services, meetings and trainings recommended by the placing agency.)

____________________________________   ___Social Services  ___Mental Health
Supervisor Signature 

(required every 6 months)

Manager Signature       Date

$___________ County Supplement:________________________

____________________________________    ___Social Services  ___Mental Health
Manager’s Signature

$___________ TOTAL REQUESTED

Original – Foster Care EW
Copy – Service Case

NW 659 (revised 8/10)