Nevada County Specialized Care Increment
Policy and Procedural Guide

Nevada County SCI Rates
Effective July 1, 2018

Specialized Care Increment (SCI) Rates

<table>
<thead>
<tr>
<th>SCI Rate Levels</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCI Rate Levels</td>
<td>$150.00</td>
<td>$300.00</td>
<td>$485.00</td>
</tr>
</tbody>
</table>

Overview

Specialized care is a system that allows a county to pay a rate greater than Level of Care (LOC) rate on behalf of children who receive Aid to Families with Dependent Children-Foster Care (AFDC-FC) who are placed in family homes and require specialized care and supervision. Children requiring specialized care are those children with documented health, and/or behavioral problems that require more than basic foster care supervision. Children who are placed under the authority of a court order, either as a dependent or ward of the Juvenile Court, relinquishment, voluntary placement agreement or guardianship may be eligible to receive a specialize care increment (SCI). FFAs and group homes are not eligible to receive specialized care rates. Resource Families, including adoptive parents and legal guardians, may be may be eligible for SCIs. 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 parents’ home and consistent with the best interest and special needs of the child. All Resource Families receiving specialized care rates must:

- Assist social worker with necessary documentation for specialized rates;
- Cope with disruptive behavior;
- Provide all in-county transportation and reasonable out-of-county transportation (as negotiated);
- Participate in counseling with foster child/Non-Minor Dependent (NMD), if deemed necessary by therapist;
- Arrange medical and dental check-ups within 30 days of placement;
- Assistance with dressing and personal hygiene;
- Assistance with taking medications;
- Storing and distribution of medications;
- Maintenance of house rules;
- Supervision of child’s/Non-Minor Dependent’s (NMD’s) schedule and activities;
- Maintenance of child’s/NMD’s resources and property;
- Monitoring food intake or special diet; and
- Providing basic services, which include, but are not limited to:
  - Safe home and grounds;
  - Access to extracurricular activities;
  - Ensuring foster youth’s/NMD’s rights are respected;
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- Helping to coordinate visitation with parents and siblings, as deemed
  appropriate by the department; and
- Maintaining child/NMD specific files and records.

Resource Families who do not meet the needs directly and instead rely on the agency
to provide support to meet these needs, are not eligible for the SCI.

Special Care Rates are determined by CDSS. The State must approve all county
proposals to modify or adopt a system. The county also maintains a table whereby the
appropriate rate level for each child can be determined.

This Procedural Guide is applicable to all new and existing and cases. All current SCI
rates will remain in effect unless there is a request for change. It is anticipated that there
will be an increase in the number of Foster Youth and KinGap children to receive SCI
because the previous protocol only assessed for SCI when there is a request by the
social worker or caregiver. All Resource Family applicants will be notified of the SCI
during the orientation process.

Procedures

A. Initiating an SCI

When a child enters placement or has a placement change an SCI will be completed
within 60 days of the completion of the LOC. When a Resource Family or social worker
would like to request a child receive an SCI, the worker and caregiver will work together
to review the child’s requirements. If there is sufficient need, the worker will request a
special care rate.

Process: Social Worker

1. Gather information and documentation from the child and family team, LOC
   assessment, health providers, mental health professionals, Resource Family,
extended family, the school, daycare providers, and others who have knowledge
of the child’s needs.
   a. If requesting a Level 2 or 3 special rate, prepare the following for inclusion
      in the application:
      i. Proof, duration, and frequency of child’s counseling.
      ii. Summary of counselor’s progress reports.
      iii. Documented history of violence (describe incidents).
      iv. Documentation of medical visits and physicians’ prognosis.
      v. Documentation of special actions that the caregiver has to perform
to keep the child stable.

2. Using the Nevada County SCI Table, determine the child’s classification Level.

3. Complete a SCI application.
a. NOTE: If the child is placed out of state, or in a California county other than Nevada, the social worker must obtain that county’s SCI table, rates and application, and use that information for the application.

b. On the SCI application, indicate whether it is an Initial Placement, Change Request, Annual Review, or no changes.

c. Obtain Supervisor’s signature.

d. Bring all information to Program Manager to request authorization and signature.

e. Deliver signed authorization to Foster Care Eligibility to initiate payment.

Note: When a child is placed in a foster family home located in a county other than the county with payment responsibility, pursuant to MPP section 11-401.421, the county with payment responsibility shall pay the host county SCI, or if the host county has no SCI plan, then the county with payment responsibility will pay using its own SCI. If the SCI determination criteria are different between the host and placing counties, the host county’s methodology, criteria and rates will apply (pursuant to MPP section 11-401.421).

B: When renewing the SCI

The Social Worker will reassess the need for and level of SCI along with the Level of Care (LOC) assessment:

- at a maximum of one year from the last SCI assessment,
- any time that placement changes, or
- should the specialized needs of the child change as determined by a CFT or social worker.

Process: Social Worker

1. Review feedback from the CFT, Resource Family, medical provider, counselor, school, child, or other agencies.

2. Complete steps 1-3, above. Approval or denial is again necessary from Program Manager.

3. Include in the Court Report the need for, changes to, or discontinuance of the SCI.

4. Include SCI status in appropriate CWS/CMS sections.

Statutes, Regulations, and Related Resources

WIC 11461(e), 11-400(s) (6-8), 11-401.2
AB 2695 (Chapter 977, Statutes of 1982)
The following table is not intended to include every possible condition or situation, but rather as some basic guidelines.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Level 1 <strong>Each Category in Level 1 is worth 10 points. If the total score is 30 points or more rate is increased to Level 2.</strong></th>
<th>Level 2 <strong>Each Category in Level 2 is worth 20 points. If the total is 60 or more (including Level 1 scores) the rate will be increased to Level 3.</strong></th>
<th>Level 3</th>
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</thead>
<tbody>
<tr>
<td>Medical conditions</td>
<td>Drug exposed history or positive toxicology screen. Alcohol exposure (FAS, FASD, or FAE) Respiratory Difficulties and Diseases Failure to Thrive Diabetes &amp; Heart Disease Hemophilia Oncology (Cancer) HIV-AIDS Seizures Organ Failure Transplant Candidate Sickle Cell Anemia Diagnosis of Cerebral Palsy (CP) Brain Injury (abuse or accidental) Visually impaired (birth, abuse, or accidental) Hearing impaired (birth, abuse, or accidental) Cleft lip and/or palate Surgical intervention Orthopedic abnormalities Immune Disorders</td>
<td>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. Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic) Symptomatic respiratory difficulties requiring the use of medications. Diabetes with special diet – no insulin or medication needed. Failure to thrive due to mild feeding difficulties Heart disease requiring close monitoring no intervention special treatments or diet. Sickle Cell – SB + Thal, Mild Symptoms. Minor brain injury requiring minimal additional observations and guidelines. Visual impairment that requires minimal intervention is needed (e.g., eye drops or eye patch). Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. Minimal bracing equipment is needed (i.e. AFO’s) Other:</td>
<td>4-6 appointments per month not including routine dental or physical examinations. Positive toxicology (excluding THC) screen at birth. Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms. Apnea monitor required Moderate feeding difficulties requiring therapy or special feeding techniques. Severe respiratory difficulties requiring multiple medications, scheduled breathing treatments (not including inhalers) CPT (Chest Physical Therapy) on a daily basis. Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits. Sickle Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc.) Mild/moderate Cerebral Palsy requiring minimal additional assistance Visually and hearing impaired requiring minimal assistance with daily living (i.e. Mobility, special education, specialized</td>
</tr>
<tr>
<td>Developmental delays or disabilities</td>
<td>Other:</td>
<td>Other:</td>
<td></td>
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<tr>
<td>Developmental Delay or Disability ADD/ADHD</td>
<td>Moderate developmental delay requiring weekly care provider assistance.</td>
<td>Moderate developmental delays or disabilities that require daily assistance from a care provider.</td>
<td></td>
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<tr>
<td>Learning Delays or Disabilities Sensory Integration Disorder Central Auditory Processing Disorder</td>
<td>Other:</td>
<td>Intermittent assistance from behaviorist or a social services provider.</td>
<td></td>
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<tr>
<td>ADD/ADHD as diagnosed by a physician.</td>
<td>Behavior modification needed in conjunction with prescribed daily medication.</td>
<td>Other:</td>
<td></td>
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<tr>
<td>Other:</td>
<td>Other:</td>
<td>Severe learning disabilities or delays requiring extensive daily assistance from the care provider.</td>
<td></td>
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<tr>
<td>Other:</td>
<td>Other:</td>
<td>A diagnosis by a physician requiring behavior modification needed in conjunction with prescribed medications.</td>
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## Behavioral Issues

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
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<tr>
<td>AWOL</td>
<td>The child presents some risky behaviors sometimes placing self and/or others at risk. Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption. Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider. Other:</td>
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<tr>
<td>Aggressive and Assaultive</td>
<td>Behavior modification needed in conjunction with prescribed daily medication. The child is at very high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions. Stabilization of disruptive behaviors requires special intervention and behavior strategies. Care provider needs special training and participates in counseling with the minor to accomplish this. Other:</td>
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<tr>
<td>Animal Cruelty</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. Behaviors can be stabilized and reduced. Active participation in all areas of counseling and intervention is required by the care provider in order to facilitate therapy and treatment. 601 and 602 (beyond control of caregiver) frequently 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. 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:</td>
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<tr>
<td>CSEC</td>
<td>Other:</td>
</tr>
<tr>
<td>Substance Use/Abuse</td>
<td>Other:</td>
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<td>Gang Activity</td>
<td>Other:</td>
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<td>Fire Setting</td>
<td>Other:</td>
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<tr>
<td>Severe mental health issues-including suicidal ideation and/or Self Harm</td>
<td>Other:</td>
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<tr>
<td>Psychiatric hospitalization(s)</td>
<td>Other:</td>
</tr>
<tr>
<td>Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators</td>
<td>Other:</td>
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<tr>
<td>Habitual Truancy</td>
<td>Other:</td>
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<tr>
<td>Three or more placements due to the child's behavior</td>
<td>Other:</td>
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