Sacramento County 2018 SCI Plan

1. The population who will be served in Sacramento County by Specialized Care Increment (SCI) are Kingap recipients who have children placed with them whose dependency was dismissed prior to 1/1/17 as well as Non-Related Legal Guardians and Probate Guardians. The current number of cases for these populations are 226 Kingap recipients and 40 Non-Related Legal Guardians and Probate Guardians.

2. Payment amounts are tiered and based on a point system in conjunction with the assessment tool used and child’s age. Payments range from $107 per month to $855 a month for highest need children. Attached is the tiered payment levels.

3. Sacramento is not using the CWDA assessment tool. An assessment tool is utilized to solicit information from the caretaker as to the needs of the child. It covers questions regarding need for Psychiatric/Counseling/Therapy, Life Threatening Diagnosis’ such as cancer, HIV, AIDS, COPD, etc, Psychotropic Medication administration and other Medication needs, behaviors such as excessive dependency (fear, needs help with daily activities such as bathing), academic difficulty, difficulty with peers and adults (defiant behaviors, physical altercations), running away, stealing, illicit substance use, destructive behavior, high activity level such as ADHD, sexual activity, self-destruction, elimination issues (bed-wetting, feces smearing), developmental delays and difficult or unusual behavior. Documentation verifying these behaviors and needs is also requested. Attached is the assessment questionnaire and points attributed to each. The points then correspond to the Tiered payment levels.

4. Every two years a reassessment of the above families is completed and a new assessment tool is submitted by the family. New Probate Guardians who do not come through and do not receive a LOC assessment, utilize the assessment tool attached if additional conditions or additional care or supervision is required. SCI is only being used for Kingap recipients who have a child who had dependency dismissed prior to 1/1/17 and Non-Related Legal Guardians and Probate Guardians. New Dependent children placed with Resource Families will receive a Level of Care (LOC) assessment.

5. Assessments are completed upon request of the family due to the additional needs of the youth and then completed every two years as a reassessment.

6. In 2016, the SCI rates for new families were revised to match Level of Care rates in anticipation of Level of Care and in 2017, families receiving SCI were reassessed into the new rates. Children with needs placed in homes as of March 1, 2018 will be assessed through Level of Care. Families with children whose dependency was dismissed prior to 1/1/17 were not eligible for Level of Care and thus will continue to be eligible for SCI along with Non-Related Legal Guardians and Probate Guardians. Current SCI recipients will be reassessed through LOC at their annual SCI evaluation date. Kingap (prior to 1/1/17), NRLG and Probate families receiving SCI will continue to do so until they are no longer providing guardianship or the child ages out.
7. Kingap, Non-Related Legal Guardians and Probate Guardians are eligible for the same rate structure for SCI as previously eligible for, so no notification is necessary. New families will be assessed through Level of Care. Families previously receiving SCI, who are not Kingap, Non-Related Guardians or Probate families were reassessed into the new rate structure that matched Level of Care in 2017 and will continue with SCI until their annual reassessment and then be reassessed into LOC.

8. The NOA form is sent by eligibility to the family and their forms are attached.

9. The SCI point of contact is Cathi Johnson, johnscd@saccounty.net, 916-875-5447, 3701 Branch Center Rd. Sacramento, CA 95827.
# Sacramento County Special Care Increment Rates

**Effective**

<table>
<thead>
<tr>
<th>Care Levels</th>
<th>Points</th>
<th>0-4</th>
<th>5-8</th>
<th>9-11</th>
<th>12-14</th>
<th>15-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic I</td>
<td>1-2</td>
<td>143</td>
<td>135</td>
<td>137</td>
<td>121</td>
<td>107</td>
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<tr>
<td>Basic II</td>
<td>3-4</td>
<td>285</td>
<td>272</td>
<td>272</td>
<td>243</td>
<td>214</td>
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<td>Basic III</td>
<td>5-6</td>
<td>427</td>
<td>410</td>
<td>410</td>
<td>364</td>
<td>321</td>
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<tr>
<td>Minimum I</td>
<td>7-8</td>
<td>452</td>
<td>433</td>
<td>433</td>
<td>387</td>
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<td>Minimum II</td>
<td>9-10</td>
<td>475</td>
<td>458</td>
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<td>412</td>
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<td>Minimum III</td>
<td>11-12</td>
<td>499</td>
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<td>483</td>
<td>435</td>
<td>394</td>
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<tr>
<td>Moderate I</td>
<td>13-14</td>
<td>570</td>
<td>552</td>
<td>552</td>
<td>506</td>
<td>466</td>
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<tr>
<td>Moderate II</td>
<td>15-16</td>
<td>642</td>
<td>626</td>
<td>626</td>
<td>578</td>
<td>537</td>
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<tr>
<td>Moderate III</td>
<td>17-18</td>
<td>713</td>
<td>696</td>
<td>696</td>
<td>650</td>
<td>608</td>
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<tr>
<td>Intensive I</td>
<td>19-20</td>
<td>759</td>
<td>743</td>
<td>743</td>
<td>697</td>
<td>655</td>
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<tr>
<td>Intensive II</td>
<td>21-22</td>
<td>807</td>
<td>792</td>
<td>792</td>
<td>744</td>
<td>702</td>
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<tr>
<td>Intensive III</td>
<td>23+</td>
<td>855</td>
<td>839</td>
<td>838</td>
<td>793</td>
<td>751</td>
</tr>
</tbody>
</table>
Child's Name ____________________________

Case # ____________________________

Specialized Care Increment (SCI) Packet (ages 0-20)

PART 1 – Specialized Care

1) Does this child attend therapy?

   ____ Yes    ____ No

   If yes, please provide the child’s treatment goals, frequency of attendance, does the caretaker participate in therapy, and where does the therapy occur?

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

2) Does this child have a life threatening diagnosis?

   ____ Yes    ____ No

   If yes, describe:

   __________________________________________

   __________________________________________

   __________________________________________

3) Does this child take any medications prescribed by their doctor?

   ____ Yes    ____ No

   Attach current prescriptions

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Strength</th>
<th>Dosage</th>
<th>Purpose</th>
<th>Prescribing Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Ritalin</td>
<td>5mg</td>
<td>1 tablet in a.m.</td>
<td>ADHD</td>
<td>Dr. Jones</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
PART II – Behavior Exhibited

A) Excessive Dependency

Explain the child's behaviors and what the caretaker must do to provide supervision or support that is considered excessive (e.g. child refuses to be separated from the caretaker or requires to be fed by the caretaker). Also, explain how often this occurs.

B) Academic Difficulty

Explain the academic difficulty the child is having and what the caretaker must do to provide supervision or support that is considered excessive (e.g. caretaker had to attend 5 meetings last month due to the child's behaviors at school or child has been suspended multiple times in the last 6 months).

C) Difficulty with Peers and/or Adults

Describe the abnormal behavior, frequency, and what the caretaker does to provide supervision or support that is considered excessive (e.g. child often hits adults when upset).

D) Runs Away

Describe how often and for how long the child runs away and what the caretaker does when this occurs.
E) Steals

Describe what the child steals and how often this has occurred. What is the caretaker doing to decrease this behavior?

F) Illicit Substance Use

Describe how often the child uses illegal drugs or alcohol. What are the illegal drugs and what is the caretaker doing to decrease this behavior?

G) Destructive Behavior

Describe what the child destroys, how often this occurs, and what the caretaker is doing to decrease this behavior.

H) High Activity Level

Has the child been diagnosed with ADHD?

_____ Yes  _____ No

Describe the behaviors that are not age appropriate regarding the child’s high activity level. Is the child taking medication to address their ADHD behaviors and if so, has it helped? What is the caretaker doing to decrease this behavior?
Special Needs Packet

I) Sexual Activity

Attach therapy reports, school reports, or any other verification that shows this behavior is excessive.

If not age appropriate, describe the sexualized behaviors, frequency, and what the caretaker is doing to decrease this behavior.

__________________________________________________________________________________

__________________________________________________________________________________

J) Self-Destructive

Attach doctor's notes, therapy assessment, or any other verification that describes these events.

Describe what the child has done to hurt themselves on purpose, frequency, and what the caretaker does to minimize this behavior (e.g. the child has been placed on 5150 due to reporting they wanted to kill themselves).

__________________________________________________________________________________

__________________________________________________________________________________

K) Inability to control urination or defecation

Attach doctor's notes, therapist assessments, school reports, or any other verification that describes the child's condition and incidents.

If not age appropriate describe how often the child has accidents and what the caretaker has done to minimize this behavior.

__________________________________________________________________________________

__________________________________________________________________________________

L) Very Difficult/Unusual Behavior

Attach any verification that describes this behavior.

Only describe issues NOT already covered. Explain the child's behavior/medical issue and what the caretaker must do that is considered excessive support or supervision.

__________________________________________________________________________________

__________________________________________________________________________________

Foster Parent Signature: ____________________________

Phone Number: ____________________________

Date: ____________________________
SPECIAL CARE RATE REVIEW

To: KinGAP HSS
   Worker code
   Name

From: KinGAP social worker
   Worker code
   Name

RE: Specialized Care Rate Authorization for:

Minor’s Name

County (if not Sacramento) ___________________________ D.O.B.: ___________________________

Payee Name: ___________________________ Case No: ___________________________

The specialized care rate review for the above named child has been completed.

☐ The specialized care rate of $ ______ (base) + $ ______ (special rate)
   (equals) = $ ______ remains unchanged.

   The next renewal is scheduled for ___________________________.

   Points: ______

☐ The specialized care rate of $ ______ is modified to $ ______, effective ___________________________

   The next review is scheduled for ___________________________.

   Points: ______

   Base: $ ___________
   Specialized Care Increment: $ ______
   Total per month: $ 0

☐ Terminate the specialized care rate effective ___________________________

   ☐ New caretaker, return to basic rate
   ☐ Packet not returned
   ☐ Child turned 18
   ☐ Child no longer presents Special Needs

Authorizing Signature: ___________________________, Date: ___________________________

Supervisor Name and Worker Code

Distribution: Original – KinGAP HSS; Copy – KinGAP Special Needs Social Worker $
7/31/18

RE: Special Needs Approval

Dear

The special needs (re)assessment for the child named above has been evaluated and the child has been identified as a child who presents special needs and requires exceptional care and/or services.

The child’s Human Services Specialist (HSS) will send you a notice regarding the foster care rate for this child and the effective date. The notice will also indicate the date when the assessment on this child will require renewal.

Special needs rates must be reviewed a minimum of every TWO YEARS. Each assessment is based on the needs of the child at the time the assessment is conducted. Based on current needs the special needs increment may increase, decrease or be eliminated.

The special need increment is meant to pay for the additional services, equipment, and supplies not able to be covered through other resources. The increment is also designed to take into consideration the exceptional care and/or services provided by the child’s caretaker to address the child’s special needs. If you have questions about these services or levels of care, contact the Kin-GAP special needs social worker.

You must provide the items on the attached Additional Services and Documentation Required letter with next year’s renewal or your rate will be terminated. The information provided will be used as a tool to help determine if there has been a change in circumstance or level of care.

If you disagree with this decision, we encourage you to call and discuss it with the Kin-GAP social Worker at 876-1049 or contact your Kin-GAP worker. If you don’t know your worker’s phone number, please call 875-8100 if you live in the south area or 876-8000 if you live in the north area for assistance.

Sincerely,

KinGAP Special Needs
Sacramento County
Department of Human Assistance

Resource List _____ Yes _____ No

Additional sheet(s) _____

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KG 2006_34C, DHA Initial Approval Letter
Countywide Services Agency
Department of
Human Assistance
Paul G. Lake, Director
Gladys Deloney, Deputy Director
Robert Schultz, Acting Deputy Director

County of Sacramento

Date:__________________________________________________________
Address ____________________________________________________________
City__________________________

Child's Name_____________________________________________________
DOB______________________________________________________________

RE: Re-assessment

Dear:____________________________________________________________

YOU MUST RETURN THE ASSESSMENT FORM WITHIN THE NEXT 30 DAYS SIGNED AND WITH FULL
DOCUMENTATION OR YOUR RATE WILL BE TERMINATED.

Our records show we do not have a current Special Needs Assessment Form on file for your child. Please fill out the
enclosed assessment form to renew the Special Needs rate and return the form to the Special Needs Program within 30
DAYS. Mail the assessment form to the above address c/o Special Needs.

The additional special needs is meant to pay for services. It is also designed to assess what caretakers do to resolve
specific problems. When children have exceptional medical problems, the caretaker is expected to monitor equipment,
give medication and observe the child closely. When children have exceptional emotional or behavioral problems, the
caretaker is expected to provide therapy and seek instruction/information to increase their knowledge of how to respond
to the child's behavior (i.e.: anger or acting out). It is to the caretaker's advantage to be clear, complete, accurate and
specific describing actions taken and the results achieved.

This program requires documentation for specific areas described in your Special Needs Assessment. Examples: doctor
reports, Alta California Regional reports, school reports (such as IEP), infant stimulation records (including exercises the
caretaker is required to do), psychology/therapy/counseling reports and any other documentation that will facilitate the
assessment process.

Each assessment is based on the needs of the child at the time of the assessment. The Special Needs
determination is based on both the behaviors or problems of the child and the services provided.

Rates are not based on individual items but rather on the total picture.

1. Send special needs the ORIGINAL of the assessment form and a PHOTOCOPY of the documentation.
2. Keep a photocopy of the assessment form for your records and all original documentation.

For questions regarding special needs status, we encourage you to contact the Kin-GAP social worker at 876-1049 or
contact your Kin-GAP worker. If you don't know your worker's phone number, please call 875-8100 if you live in the
south area or 876-8000 if you live in the north area for assistance.

Sincerely,

KinGAP Special Needs
County of Sacramento
Department of Human Assistance

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KG 2007_34C, DHA Packet Instructions
RE: Denial Notification

Dear

( ) The determination has been made that the criteria for eligibility for the Sacramento County Specialized Care Rate has not been met, due to the following reason:
___Caregiver Receiving Alta Rate, ___Caregiver Certified with FFA, ___SSI, ___. Other _______________________

( ) The determination has been made that the child named above does not currently present Special Needs which requires exceptional care and/or services. This determination was based on information in the assessment form recently submitted and information in any supporting documentation that was attached to the assessment form. Based on current needs the request for a Special Needs increment for the above child has been denied.

( ) A Special Needs increment for the above named child has been denied due to the Special Needs Program criteria not being met; ___packet not returned, ___no verifying documents, ___timelines were not met, or ___other _______________________

If at any time in the future there is a significant change in the child's emotional, medical, or behavioral problems thereby requiring exceptional care and/or services, another assessment may be requested.

If you disagree with this decision, we encourage you to call and discuss it with the Kin-GAP social worker at 876-1049 or contact your Kin-GAP worker. If you don't know your worker’s phone number, please call 875-8100 if you live in the south area or 876-8000 if you live in the north area for assistance.

Sincerely,

KinGAP Special Needs
Sacramento County
Department of Human Assistance

Additional Sheet(s): Yes ___ No

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KG 2004_34C, DHA Denial Letter
The purpose of this letter is to notify you that the Special Needs packet recently submitted for the above mentioned child cannot be processed. The required documentation is not enclosed. Each renewal is a new assessment. Information concerning medical or behavioral problems is necessary to do the assessment. All issues concerning the child must be current and substantiated by written documentation from the child's healthcare provider(s). This includes medication verification such as prescription receipts or printouts from the pharmacy, frequency of visits and treatment plans from counselors/counseling agencies, documents from school such as a copy of the child's IEP.

You have until (     ) to provide the documentation. Failure to do so will terminate your special needs rate or close your special needs application. There will be no retroactive payments. You will need to re-apply starting the process from the beginning.

It is our goal to have all of our children gain measurable progress toward becoming as healthy, happy and well-rounded as they possibly can be. With the help of caretakers such as yourself, we are making advances toward that goal.

If you have any questions or need further assistance we encourage you to call and discuss it with the Kin-GAP social worker at 876-1049 or contact your Kin-GAP worker. If you don't know your worker's phone number, please call 875-8100 if you live in the south area or 876-8000 if you live in the north area for assistance.

Thank You,

KinGAP Special Needs
Sacramento County
Department of Human Assistance

KG 2002_34C, Addition Info Requested
Date
Name
Street
City, ST, Zip code

Re:

DOB:
Case Number:

Dear __________,

This letter has been sent to inform you that the special needs packet that you were instructed to complete, sign, and return to us, with all supporting documents, has not been received. Please complete, sign, and return the special needs packet, with supporting documents, to the KinGAP Special Needs Social Worker located at 5747 Watt Ave. North Highlands, CA 95660 within 7 days from the day you receive this letter.

If we do not hear from you or do not receive the special needs packet, with all supporting documents, within 7 days, your special needs rates will be terminated.

If you have any questions or need assistance in completing the Special Needs Assessment Packet, please contact the Kin-GAP social worker at 876-1049 or contact your Kin-GAP worker. If you don’t know your worker’s phone number, please call 875-8100 if you live in the south area or 876-8000 if you live in the north area for assistance.

Sincerely,

Special Needs Department
Sacramento County Foster Home Licensing

KG 2001_34C, DHA7Day Notice

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