The specialized care program provides a supplemental payment to the foster family provider for the cost of providing care and supervision to meet the additional daily needs of a child with health and/or behavioral concerns. The specialized care increment (SCI) is the supplemental payment added to the Level of Care (LOC) rate for children who are determined to have moderate to exceptional care needs due to qualifying factors, such as specialized medical care, developmental delay issues, or behavioral needs.

San Benito County's current specialized care program structure is based on Difficulty of Care, Adolescent Care and Medically Fragile Home, and is available to foster family homes, including relatives, non-related extended family members (NREFM), county licensed, non-related legal guardians, and, per guidelines of ACL 07-13, KinGap homes.

San Benito County's new SCI rate will still be available to foster family homes, including relatives; NREFM; county licensed foster; resource family approved; Adoption Assistance Program (AAP); and KinGap homes. In addition, children/youth receiving payment through the Approved Relative Caregiver (ARC) program will also be eligible for SCI. Foster family homes receiving dual agency or Intensive Services Foster Care rates will not be eligible for SCI, nor will non-minor dependents living in Supervised Independent Living Programs.

The new SCI assessment tool (See Request for Specialized Care Increment) provides staff with the guidelines of the health/medical conditions, developmental delays or disabilities, and/or behavioral issues that would qualify for the SCI rate. Caregivers who do not meet the needs directly and instead rely on the agency to provide support to meet these needs will not be eligible for the SCI.

New SCI Payment Amount

The new flat SCI rate of $100 will be added to the determined LOC rate when SCI criteria are met.

County Review and Reassessment Process

Social workers will complete both the Level of Care (LOC) and SCI assessment tools following a Child and Family Team (CFT) meeting unless an SCI assessment is needed imminently in order to stabilize a placement. Social workers will submit initial SCI assessments to their supervisors for review. If the supervisor is in agreement, the SCI assessment, including any supporting documentation, will be forwarded to the Deputy Director for review and final approval to ensure all claims are documented as required. Supporting documentation will be required and must be included for all SCI requests. Acceptable forms of documentation include, but are not limited to, SCI assessment tools; Level of Care (LOC) assessment tools; Case Plans; Child Assessment of Needs and Strength (CANS) assessment tools; Resource Parent LOC assessment tools; and/or letters and reports from clinicians, behavior specialists, medical professionals, Regional Center staff, and school staff. Approved SCI assessments,
SAN BENITO COUNTY – SCI PLAN

along with required eligibility documents, are then forwarded to the Foster Care Eligibility unit for payment processing.

SCI reassessments are to occur annually from the date of the last approved SCI assessment or at any time a LOC assessment is triggered. For SCI reassessments, supervisor and Deputy Director signatory approval will be required.

SCI Assessments

Each LOC assessment will trigger an SCI assessment, and the information from each tool will be utilized to help inform the assessment of each tool. Both the LOC and SCI assessments will be conducted together in order to simplify the social worker’s workload and to ensure the SCI assessment is being conducted consistently and in a timely manner. The SCI assessment tool will be conducted following:

- An initial out-of-home placement with a foster family;
- Change of placement to another foster family home;
- Step down from a Short Term Residential Therapeutic Program (STRTP) or group home placement to a foster family home;
- An assessment that the youth’s behavior, health, or other qualifying factors that did not previously meet SCI determination is now met;
- The foster family caregiver requests a reassessment to determine eligibility; and/or
- When the current SCI assessment is expiring.

Proposed Implementation Dates

San Benito County intends to implement the new SCI plan along with the implementation of LOC by August 1, 2018 following the training of all staff on the new policy and procedures.

Families currently receiving SCI will continue to receive the approved SCI until the SCI expires or the placement undergoes a LOC assessment. Current SCI approvals expire in six months from the approved start date. All current SCI approvals will end no later than December 31, 2018.

In the event a LOC and the new SCI assessment is completed and if the determination results in a lower payment, the rate will not be decreased.

Notifying Families

San Benito County plans on issuing a letter to foster families notifying them of LOC and SCI.

NOA Forms

The State Notice of Action (NOA) form (See Notice of Action – Approval, Change or Discontinued (NA 403)) will be used to notify the foster family caregivers of the approval, redetermination or discontinuance of a SCI rate. The NOA form will not be used to inform a foster family caregiver of a
SAN BENITO COUNTY – SCI PLAN

denial of a SCI rate as the social worker is to work with the family when assessing the LOC and SCI rates.

SCI Point of Contact

Tracey Belton, Deputy Director
San Benito County, Health & Human Services Agency, Child Protective Services
1111 San Felipe Road
Hollister, CA 95023
(831) 630-5146
tbelton@cosb.us
Attachment 1

San Benito County SCI Checklist

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>DOB</th>
<th>Age</th>
<th>Social Worker Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource Family Name</th>
<th>Case Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Begin Date</th>
<th>Initial Assessment</th>
<th>Reassessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click or tap here to enter text.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AREA**

**CONDITIONS and ACTIVITIES**

*The following list is not intended to include every possible condition or activities, but rather as some basic guidelines. In general, the conditions are suggested to be the minimum.*

<table>
<thead>
<tr>
<th>Medical conditions</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol exposure (FAS, FASD or FAE)</td>
<td>Two or more medical specialist appointments per month not including routine dental or physical examinations.</td>
</tr>
<tr>
<td>Respiratory Difficulties and Diseases</td>
<td>Positive toxicology screen at birth (level should be reduced at 6-month review if baby is not exhibiting any symptoms or difficulties).</td>
</tr>
<tr>
<td>Failure to Thrive</td>
<td>Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE).</td>
</tr>
<tr>
<td>Diabetes &amp; Heart Disease</td>
<td>Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure.</td>
</tr>
<tr>
<td>Hemophilia</td>
<td>Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis.</td>
</tr>
<tr>
<td>Seizures</td>
<td>Failure to thrive due to mild feeding difficulties, or moderate feeding difficulties requiring therapy or special feeding techniques.</td>
</tr>
<tr>
<td>Physical Disabilities/Impairments</td>
<td>Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions.</td>
</tr>
<tr>
<td>Brain Injury (abuse or accidental)</td>
<td>Heart disease requiring close monitoring no intervention special treatments or diet.</td>
</tr>
<tr>
<td>Visually impaired (birth, abuse, or accidental)</td>
<td>Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program.</td>
</tr>
<tr>
<td>Hearing impaired (birth, abuse, or accidental)</td>
<td>Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc.)</td>
</tr>
<tr>
<td>Immune Disorders</td>
<td>Sickle Cell − SB + Thal, Mild Symptoms.</td>
</tr>
<tr>
<td>Surgical intervention</td>
<td>Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic),</td>
</tr>
<tr>
<td>Orthopedic abnormalities (birth or abuse) (i.e. scoliosis)</td>
<td>Sickle Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc.), or Sickle Cell SC, Severe Symptoms.</td>
</tr>
<tr>
<td>Severe burns</td>
<td>Seizures requiring intermittent monitoring, medications and other interventions to control.</td>
</tr>
<tr>
<td>Fetal Alcohol Effect or Exposure (FAE)</td>
<td>Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits,</td>
</tr>
<tr>
<td>Attention deficits, Memory deficits,</td>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
<td>Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention.</td>
</tr>
<tr>
<td>Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention.</td>
<td>Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc.</td>
</tr>
<tr>
<td>Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc.</td>
<td>Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch).</td>
</tr>
<tr>
<td>Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch).</td>
<td>Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment.</td>
</tr>
</tbody>
</table>

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## Conditions and Activities

The following list is not intended to include every possible condition or activities, but rather as some basic guidelines. In general, the conditions are suggested to be the minimum.

<table>
<thead>
<tr>
<th>Area</th>
<th>Conditions and Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Hearing condition is stable and infrequent intervention is needed or hearing aid is needed.</td>
</tr>
<tr>
<td></td>
<td>- Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child.</td>
</tr>
<tr>
<td></td>
<td>- HIV positive clinically well</td>
</tr>
<tr>
<td></td>
<td>- Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc.</td>
</tr>
<tr>
<td></td>
<td>- Combined cleft lip/palate.</td>
</tr>
<tr>
<td></td>
<td>- Other:</td>
</tr>
</tbody>
</table>

### Developmental Delays or Disabilities

- Developmental Delay
- Developmental Disability (e.g., Intellectual Disability, Autism Spectrum etc.)
- Learning Delays or Disabilities
- Sensory Integration Disorder

- Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW.
- Severe learning delays or disabilities requiring extensive daily assistance several times a day from the care provider.
- Intermittent assistance from a behaviorist or social/health services provider.
- Regular in-home 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.
- Multiple impairments, less than 18 months developmentally, non-ambulatory. Regional Center client documentation required from RC SW.
- Other:

### Emotional/Behavioral Issues

- The caregiver needs special training and participates in counseling with the child/youth to assist in stabilization of behavior.
- Active participation in all areas of counseling and intervention is required by the caregiver in order to facilitate therapy and treatment.
- Personal property of others in the home at high risk.
- Other:

---

**Resource Parent Signature**

**Date**

**Social Worker Signature**

**Date**

**Supervisor Signature**

**Date**

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NOTICE OF ACTION

As of __________ the County has ________________
your ________________

Here's why:

Rules: These rules apply. You may review them at your welfare office:
(This section must be completed to validate this Notice of Action)
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 let us lower 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 unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&I Code Sections 10850 and 10950.)

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 get you a copy of this page.
- Send or take this page to:

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.

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 __________ 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 __________

SIGNATURE __________ DATE __________

NAME OF PERSON COMPLETING THIS FORM PHONE NUMBER __________

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME __________ PHONE NUMBER __________

STREET ADDRESS __________

CITY __________ STATE __________ ZIP CODE __________

NA BACK # (REPLACES NA BACK # AND EP 9) (REVISED 4/2013) - REQUIRED FORM - NO SUBSTITUTE PERMITTED

NA 100 CIV