Specialized Care Rate Program

Santa Cruz County
Family & Children’s Services

June 27, 2018

Proposed Revision of Santa Cruz County SCR Plan
The Santa Cruz County Specialized Care Rate (SCR) program is designed to augment the Level of Care Protocol (LOC) and support resource parents, relatives and non-relative extended family members (NREFM) in providing enhanced care and supervision to the children/youth placed in their care who have persistent health, developmental, educational and/or behavioral challenges. The Specialized Care Increment (SCI) provides a supplemental payment in addition to the foster care rate to pay for the additional cost of enhanced daily care and supervision needs of a child/youth placed in a family’s care. Specialized Care Rates are paid based on the child’s special needs and the intervention a resource parent must exercise to maintain the child in a home-based setting.

Santa Cruz County’s current SCR population is as follows:

<table>
<thead>
<tr>
<th>Program</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>77</td>
</tr>
<tr>
<td>KinGAP</td>
<td>9</td>
</tr>
<tr>
<td>AAP</td>
<td>224</td>
</tr>
</tbody>
</table>

The SCI may be paid to approved resource parent, licensed foster parent, an approved relative, or an approved NREFM (including KinGAP and AAP) homes, in addition to the LOC rate that is determined for a child/youth. The SCI may be paid for the same condition and/or care and supervision needs as the LOC rate, including Intensive Services Foster Care (ISFC). SCI will be paid to address the requirements of the child/youth in care, and provided by the resource parent, above and beyond those already covered in the LOC rate structure. Health is included in the requirements. For Foster Family Agency (FFA) resource homes, the SCI will be paid to the resource family. SCI does not apply to NMDs living in a SILP, or to any child/youth placed in congregate care.

**Federal and State Requirements**

Payments must be made for increased care and supervision that meets the federal definition of a foster care maintenance payment under Title IV-E which is defined in section 475(4) of the Social Security Act as “...payments to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to a child, reasonable travel to the child’s home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement.”

CDSS Manual of Policies and Procedures § 11-400(s)(6) defines a Specialized Care Increment as “an amount paid to a family home in addition to the HBFC/LOC rate on behalf of an AFDC-FC child requiring specialized care because of health and/or behavioral problems.”
WIC 11461(e)(2) – allows “...A county may have a rate-setting system for specialized care to pay for the additional care and supervision needed to address the behavioral, emotional, and physical requirements of foster children.”

Eligible conditions to be identified in the SCR program will apply to a child/youth that has:

1. Behavioral, emotional, developmental and/or physical (including health) needs that require additional care and supervision provided by a resource parent above that which is covered by the LOC rate. The additional care needs or activities are being performed or facilitated by a resource parent on behalf of, or in support of a child/youth’s placement, or

2. Changes in care and supervision needs at any time, even after a LOC rate determination request has been made by a resource parent, county social worker/probation officer, child/youth, or other appropriate county staff due to the child/youth’s changed care and supervision needs.

Eligible conditions that are above those covered by the LOC rate and are covered under Santa Cruz County’s SCI rate are defined in Attachment 1.

**SCI Level and Rate**

The Santa Cruz County SCR program is adapted from the CWDA rate matrix to consist of one tier. The monthly flat rate paid to eligible caregivers is $100. Social workers are encouraged to ensure that caregivers receive an appropriate LOC rate that is commensurate with the support provided to a child/youth by the caregiver, and to use the SCI only to supplement care and supervision that is provided in addition to activities outlined on the LOC Protocol tool. Prior to completing a SCI assessment, social workers in consultation with the Child and Family Team (CFT) should first determine if the child/youth’s needs meet the criteria for a higher LOC.

Children/youth placed out in out-of-county resource homes are paid at the host county rate for Specialized Care in that county. The Foster Care Eligibility Unit will provide other county’s Specialized Care Rate information upon request, or rate information is available at [CDSS Specialized Care](#).

**SCI Assessment**

The initial SCI assessment should be conducted using information from the Child and Family Team (CFT), and after the LOC Protocol tool has been completed. However, there may be exceptional circumstances in which and SCI is needed prior to initial LOC rate determination to immediately stabilize a foster care placement (workers have up to 60 days to complete the LOC Protocol tool).

To evaluate the appropriateness of a Specialized Care Rate, the caregiver completes and submits the Resource Family Reporting tool. If the caregiver has completed a Resource Family Reporting Tool as part of the LOC rate determination, it may also be used for the SCI.
assessment. Information gathered from the LOC Matrix is also used to inform the SCI assessment. Together with the caregiver, the social worker completes the SCI Checklist.

Reassessment of the SCI will take place anytime a triggering event takes place that requires reassessment of the LOC. Triggering events include:

- **Initial foster care placement** – After the LOC Protocol tool has been completed.
- **FFA – change from age-based to LOC rate** – For a change in placement from any foster child/youth moving from an FFA home receiving an age-based rate to another FFA home or a relative/county resource home. SCI assessment takes place after the LOC protocol has been completed.
- **Any other Resource Family placement change** – For a change in placement for any foster child/youth to or from and FFA home paid under the LOC rate structure or to or from a county resource/relative home to another county resource/relative home. If an LOC determination has been performed and there are no changes to the child’s needs, the prior LOC may be applied, and a new SCI assessment must be conducted.
- **Transition from Short-Term Residential Therapeutic Program (STRTP)** – For a change in placement for any foster child/youth from an STRTP to a Home-Based Foster Care (HBFC) setting. The SCI assessment is conducted after the LOC protocol has been completed.
- **Requested change from caregivers** – When a caregiver, youth or SW/PO in consultation with the CFT (if available) indicates a child/youth’s needs have changed, the SCI assessment is conducted after the LOC Protocol has been completed.
- **Transition from ISFC/TFC** – When a child/youth is receiving Intensive Services Foster Care (ISFC) or Therapeutic Foster Care (TFC), and is ending those services, the SCI assessment is conducted after the LOC Protocol is completed.
- **Decrease in LOC Rate** – In the instance when the rate decreases as a result of the LOC Protocol and the child remains with the same caregiver, a new SCI assessment is conducted after the LOC Protocol has been completed.

Families currently receiving SCI will continue to receive the approved SCI until the placement undergoes a LOC assessment due to a triggering event.

**SCI Documentation Process**

The SCI Checklist (Attachment 1), along with a completed Resource Family Reporting Tool (Attachment 2) documents the child’s conditions and caregiver’s activities. These completed tools serve as documentation that supports and authorizes the SCI payment for the additional care and supervision above the LOC determined rate. The SCI Checklist and Resource Family Reporting Tool must be signed by the social worker and caregiver, then submitted for approved by a FCS Supervisor. Once approved, the original SCI Checklist and Resource Family Reporting Tool are kept in the FCS services file, and a copy of each is forwarded to Foster Care Eligibility.
ACI Notice of Action (NOA)

NOAs will be provided by Foster Care Eligibility to ensure that formal state hearing rights will continue to be afforded to families. Santa Cruz County will notify families via NOA explaining any rate change and the reason. Additionally, documentation used to determine and LOC rate will be maintained in the case file. The LOC rate and the SCI rate assessment can be requested should a caregiver or child request a fair hearing. The NOA will provide an explanation to resource families of how and why rates are changing in the event of:

- A rate increase
- A rate decrease
- A rate discontinuance
- A request for rate change is denied

Effective Date of Payment

The social worker will make every effort to complete SCI assessment protocol with the caregiver within 30 days of the caregiver’s request. The effective date of payment is the month the assessment is completed and signed by the social worker and caregiver. Specialized Care rates that become effective during the initial month of a child/youth’s placement are prorated based on the number of days in that month the child/youth resides in the placement.

When SCI Rates Are Not Payable

Specialized Care Rates are limited to payment for the conditions and activities outlined in Attachment 1. Circumstances in which Specialized Care Rates are not payable include, but are not limited to:

- Children receiving Emergency Shelter Care (first 30 days of placement)
- The cost of day care or nursery school, including child care costs required because the resource parent is employed
- The cost of private schooling
- The cost of routine transportation to school or medical appointments
- Behavioral/physical needs which are appropriate or normal in type of degree for the child’s age
- Extra costs incurred by resource families, by their choice, which are not specifically covered in Attachment 1.
## 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>
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<tbody>
<tr>
<td>Alcohol exposure (FAS, FASD or FAE)</td>
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<tr>
<td>Respiratory Difficulties and Diseases</td>
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<tr>
<td>Failure to Thrive</td>
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<tr>
<td>Diabetes &amp; Heart Disease</td>
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<tr>
<td>Hemophilia</td>
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<tr>
<td>Seizures</td>
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<tr>
<td>Physical Disabilities/Impairments</td>
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<tr>
<td>Brain Injury (abuse or accidental)</td>
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<tr>
<td>Visually impaired (birth, abuse, or accidental)</td>
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<tr>
<td>Hearing impaired (birth, abuse, or accidental)</td>
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<tr>
<td>Immune Disorders</td>
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<tr>
<td>Surgical intervention</td>
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<tr>
<td>Orthopedic abnormalities (birth or abuse) (i.e. scoliosis)</td>
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<tr>
<td>Severe burns</td>
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</table>

- Two or more medical specialist appointments per month not including routine dental or physical examinations.
- Positive toxicology screen at birth (level should be reduced at 6-month review if baby is not exhibiting any symptoms or difficulties).
- Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE).
- Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure
- Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis.
- Failure to thrive due to mild feeding difficulties, or moderate feeding difficulties requiring therapy or special feeding techniques.
- Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions.
- Heart disease requiring close monitoring no intervention special treatments or diet.
- Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program.
- Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc.)
- Sickle Cell – SB + Thal, Mild Symptoms.
- Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic),
- 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.
- Seizures requiring intermittent monitoring, medications and other interventions to control.
- Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits,
- 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.
- 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.
- Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch).
- Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment.
### 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.*

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

### 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:

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Resource Parent Signature

Date

Social Worker Signature

Date

Supervisor Signature

Date

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