Sonoma County
Foster Care Specialized Care Plan Proposal
Update June 2018

Population
Sonoma County has 491 children who are dependents of the court and are in a foster care placement. Sonoma County is able to maintain the majority of child dependents in the least restrictive setting by offering the emergency foster home, concurrent foster home and the therapeutic foster home programs.

In addition to the emergency foster home, concurrent foster home and the therapeutic foster home programs, Sonoma County pays specialized care increments (SCI) for children with physical or behavioral needs which are not severe enough to need a therapeutic foster home placement, but severe enough to require additional support, effort and skill from the caregiver. This results in a more equitable payment of specialized care funds to families who accept children with special medical or behavioral needs and is consistent with what other counties throughout the state are doing. The county currently pays specialized care increments for 75 children with a variety of physical or behavioral needs. Sonoma County also pays SCI for 7 ARC cases using all county funds.

Sonoma County will not be offering SCIs to youth placed in Foster Family Agency placements. The services built into the FFA structure should make any need for SCI unnecessary.

Rate Criteria & Payment Amounts
Sonoma County will utilize the CWDA SCI Matrix, including the qualifying factors and conditions, to determine the SCI rate in each tier.

SCI Payment Amounts:

<table>
<thead>
<tr>
<th>Tiers</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$158</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$315</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$420</td>
</tr>
</tbody>
</table>
SCI is paid in addition to the Level of Care (LOC) basic rate. The LOC basic rate + SCI = the Specialized Care Rate (SCR). If the SCR is higher than the determined LOC rate, the caregiver will be paid the difference between the two. If the SCR is lower than the LOC, the SCI will be denied. The SCI is intended to compensate caregivers for the additional time, effort and expenses required above and beyond those already covered in the LOC rate structure. A SCI may only be authorized after an LOC determination is made. However, there may be exceptional circumstances in which an SCI may be approved prior to an initial LOC rate determination to immediately stabilize a placement. The SCI will not be applied to the ISFC LOC.

Below is an example of the payment structure

<table>
<thead>
<tr>
<th>If . . .</th>
<th>Then . . .</th>
</tr>
</thead>
</table>
| LOC Basic Rate + SCI = Less than LOC Rate Determination | No SCI will be paid. Caregiver will receive their LOC determined rate only.  
Example:  
SCI = Tier 1 ($158)  
$923 +$158 = $1081  
LOC Determination = LOC 3 ($1131)  
Caregiver will receive $1131 |
| LOC Basic Rate + SCI = More than LOC Rate Determination | Caregiver will receive their LOC determined rate plus the difference between the determine rate and the SCR.  
Example:  
SCI = Tier 2 ($315)  
$923 +$315 = $1238  
LOC Determination = LOC 2 ($1027)  
Caregiver will receive: $1027 (LOC 2) + $211 (SCI) = $1238 |

Review & Approval Process
The social worker will assess the child’s behavioral, emotional or medical challenges to determine the level of SCI. The assessment may include consultation with a County Public Health Nurse or other county staff with expertise in the field of children’s needs. The Social Worker may utilize information gathered by the CFT or CANS assessment to help inform their SCI assessment. Upon assessing the level of need and recommended SCI amount, the SW will complete the SCI Request Form and will obtain Section Manager approval for all Tiers of SCI. SCI payment amounts will be reassessed annually or if there is a triggering event (see next section).
Reassessment & Triggering Events
The Social Worker will reassess the need for changes in the SCI after the LOC assessment for the following triggering events:

- At a maximum of one year from the last SCI assessment;
- A placement change;
- Should the specialized needs of the child change as determined by a Child Family Team meeting

Reducing or Increasing Rates with Conversion to New SCI Plan
If a social worker or caregiver observes any condition that might require specialized care or support that may trigger a SCI assessment. If the caregiver observes the need they will bring it to the social worker to complete the assessment process. Social workers that may complete the process may include, case carrying, placement or caregiver support.

Under the revised plan, it is possible that a few youths may experience an increase or decrease in existing rates. Sonoma County is committed to not decreasing existing rates and will use County funds to offset any reductions to current placement. Sonoma County plans on advising all existing caregivers with SCIs about the switch to the new plan, and structure.

Implementation Date
Implementation date will coincide with Level of Care implementation date. Those families currently receiving SCI rates will be reviewed annual, and whenever new information is present to the social worker. For the roll out of this plan, families currently receiving SCIs under the old plan will not be assessed using the new plan until a triggering event has occurred or it has been 1 year since the SCI was reassessed.

Notification
Current caregivers will be notified of the updated SCI program via email or certified mail. New caregivers will be informed of the SCI plan during caregiver pre-service training. New caregiver training materials will be revised to include the updated SCI plan rates and criteria.

Notice of Action
See attached copy of Notice of Action

SCI point of county contact
Meg Easter-Dawson
measter@schsd.org
707 565-8383
112 Children’s Circle
Santa Rosa, CA 95409
# Statewide SCI Matrix

## SCI Matrix

The following table is not intended to include every possible condition or situation, but rather as some basic guidelines. In general, the conditions are suggested to be the minimum for a particular Tier, especially for Tier 3.

<table>
<thead>
<tr>
<th>Area</th>
<th>Tier 1 <strong>If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.</strong></th>
<th>Tier 2 <strong>If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.</strong></th>
<th>Tier 3</th>
</tr>
</thead>
</table>
| Medical conditions | □ 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.  
□ Mild breathing difficulties requiring prescription medications with close supervision.  
□ Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic)  
□ Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments.  
□ Diabetes with special diet – no insulin or medication needed.  
□ Failure to thrive due to mild feeding difficulties  
□ Seizure disorder (Abnormal EEG, medication required for seizure activity)  
□ Heart disease requiring close monitoring no intervention special treatments or diet.  
□ HIV positive clinically well | □ 4-6 appointments per month not including routine dental or physical examinations.  
□ Positive toxicity screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties)  
□ Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms. (level should be reduced at 6 month review if infant is not exhibiting any symptoms or difficulties)  
□ Apnea or heart monitor required (when discontinued, rate to be reduced to appropriate level)  
□ Moderate feeding difficulties requiring therapy or special feeding techniques.  
□ Seizures requiring intermittent monitoring, medications and other interventions to control.  
□ Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis.  
□ Intermittent oxygen.  
□ Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program.  
□ Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE).  
□ Shunt placement-functioning stable | □ More than 6 appointments per month not including routine dental or physical examinations.  
□ FAS/FASD with moderate to severe complications (verifiable medical diagnosis)  
□ Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions.  
□ Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure  
□ Continuous oxygen.  
□ Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program.  
□ Hemophiliac requiring close monitoring to prevent injury.  
□ Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc)  
□ Sickle Cell SC, Severe Symptoms.  
□ Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would |

5/4/2018
## Statewide SCI Matrix

<table>
<thead>
<tr>
<th>Area</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits,</td>
<td>if three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.</td>
<td>if three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.</td>
<td>otherwise require placement in an institutional facility.</td>
</tr>
<tr>
<td>Sickle Cell - SB + Thal, Mild Symptoms.</td>
<td></td>
<td></td>
<td>Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment.</td>
</tr>
<tr>
<td>Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc.</td>
<td></td>
<td></td>
<td>Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child.</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></td>
<td></td>
<td>Combined cleft lip/palate.</td>
</tr>
<tr>
<td>Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch).</td>
<td></td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td>Hearing condition is stable and infrequent intervention is needed or hearing aid is needed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal bracing equipment is needed (i.e. AFO's)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Developmental delays or disabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW.</td>
<td>Moderate to severe developmental delays or disabilities requiring extensive daily assistance several times a day from the care provider.</td>
<td>Severe learning delays or disabilities requiring extensive daily assistance several times a day from the care provider.</td>
</tr>
<tr>
<td>Developmental Disability (e.g., Intellectual Disability, Autism Spectrum etc.)</td>
<td>Intermittent assistance from a behaviorist or social/health services provider.</td>
<td></td>
<td>Regular in-home assistance from a behaviorist or social/health services provider.</td>
</tr>
<tr>
<td>Learning Delays or Disabilities</td>
<td>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 worker.</td>
<td>Multiple impairments, less than 18 months developmentally, nonambulatory. Regional Center</td>
<td></td>
</tr>
<tr>
<td>Sensory Integration Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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5/4/2018
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<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Behavior modification required but no medication prescribed. □ 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>
<td>□ Behavior modification needed in conjunction with prescribed daily medication. □ The child is at 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 discipline strategies. □ Care provider needs special training and participates in counseling with the minor to accomplish this. □ 601 behaviors (truant, beyond control of caregiver) 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. □ Other:</td>
<td>□ Other:</td>
</tr>
<tr>
<td></td>
<td>□ Other:</td>
<td></td>
<td>client documentation required from RC SW. □ Other:</td>
</tr>
<tr>
<td></td>
<td><strong>Behavioral Issues</strong> □ AWOL □ Aggressive and Assaultive □ Animal Cruelty □ CSEC □ Substance Use/Abuse □ Gang Activity □ Fire Setting □ Severe mental health issues-including suicidal ideation and/or Self Harm □ Psychiatric hospitalization(s) □ Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators □ Habitual Truancy □ Three or more placements due to the child’s behavior</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5/4/2018
Foster Care payments are changing from $923 to $1238.00 effective 06/01/2018.

Here's why:

You are now authorized to receive a Specialized Care Increment for this child.

Please refer to the budget shown on this page.

<table>
<thead>
<tr>
<th>Rate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Rate</td>
<td>$ 923.00</td>
</tr>
<tr>
<td>Net Nonexempt Income</td>
<td>- 0.00</td>
</tr>
<tr>
<td>Dual Agency Rate</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Final Rate</td>
<td>$ 1238.00</td>
</tr>
<tr>
<td>Prorated from 06/01/2018 to 06/30/2018</td>
<td></td>
</tr>
<tr>
<td>Prorated Rate</td>
<td>$ 1238.00</td>
</tr>
<tr>
<td>Special Needs</td>
<td></td>
</tr>
<tr>
<td>Specialized Care Increment</td>
<td>$ 315.00</td>
</tr>
<tr>
<td>Prorated from 06/01/2018 to 06/30/2018</td>
<td></td>
</tr>
<tr>
<td>Prorated Specialized Care Increment</td>
<td>+ 0.00</td>
</tr>
<tr>
<td>Dual Agency Supplemental Payment</td>
<td>$ N/A</td>
</tr>
<tr>
<td>Prorated from 06/01/2018 to 06/30/2018</td>
<td></td>
</tr>
<tr>
<td>Prorated Dual Agency Supplemental Payment</td>
<td>$ N/A</td>
</tr>
<tr>
<td>Infant Supplement</td>
<td>$ N/A</td>
</tr>
<tr>
<td>Prorated from 06/01/2018 to 06/30/2018</td>
<td></td>
</tr>
<tr>
<td>Prorated Infant Supplement</td>
<td>+ N/A</td>
</tr>
<tr>
<td>Total Benefits</td>
<td>$ 1238.00</td>
</tr>
</tbody>
</table>

Rules: These rules apply. You may review them at your welfare office: EAS Section(s): 45-302

Full FC Budget-Appr
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 start 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 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 10859 and 10960.)

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:
  · Sonoma County Office of the County Counsel
  · 330 Mandarin Ave, Ste 301
  · P.O. Box 1539
  · Santa Rosa, CA 95402
  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