SUTTER COUNTY SPECIALIZED CARE RATE (SCR) PROGRAM

UPDATED SPECIALIZED CARE INCREMENT (SCI) IMPLEMENTATION PLAN

Submitted – June 28, 2018

Sutter County plans to continue to use a Specialized Care Rate (SCR) Program to authorize a Specialized Care Increment (SCI) payment in combination with the new Level of Care (LOC) rate structure and Protocol. The following information outlines how Sutter County will continue to administer an SCR program, including the rates and how Sutter County will assess and determine eligibility for children and youth in placement, and continue to comply with federal (Title IV-E) and state statutes that define foster care maintenance payment.

Sutter County’s current plan provides four levels of Specialized Care Increments (SCI) – A-D, which increases in severity of a child’s increasing level of needs related to several domains. Sutter County’s current assessment tool starts with a list of baseline descriptions of a child who would NOT qualify for specialized care if the following factors apply:

- The child is within the normal range for physical development for his/her age.
- The child is within the normal range for emotional, social, behavioral development.
- The child shows the expected level of separation anxiety following the removal from home.
- The child presents only mild symptoms of damage as a result of abuse/neglect experienced in the home.
- The child shows the expected degree of posttraumatic stress associated with experiencing any abuse/neglect.
- The child has no problems or very minor problems in the educational setting.
- The child has no medical problems or conditions except for the expected childhood illnesses, and/or other occasional illnesses, which are routinely treated by any pediatrician or any general or family practice physician.
- The child has the expected behavioral problems for the age and developmental level and responds well to ordinary and reasonable parenting practices by the foster parents.

If there are no areas of need that would require a high level of care utilizing the Level of Care assessment tool then an SCI assessment would not be considered at that time.

However, if there was a change in the child/youth’s needs identified through social worker interaction with child/youth and resource family; additional information from other providers working with the child and identified through the Child and Family Team (CFT) process then an SCI assessment may be considered ONLY after a Level of Care (LOC) assessment has been completed.
Currently, Sutter County has two children assessed for an SCI rate. The qualifying factors for these children are based upon their increased need in the behavioral health domain which manifest as increased aggression, self-destructive behavior, aggressive and assaultive behavior towards caregivers and property. The second child has increased needs in self-care and grooming and assistance with toileting due to developmental disabilities and medical conditions.

Sutter County expects to provide an SCI rate to children who qualify under the following domains:
Medical conditions
Developmental delays or disabilities
Behavioral Issues

Sutter County will be utilizing the recommended SCI matrix tool provided by CWDA. This tool has been modified to include Sutter County's four levels of increasing need combined with a scoring structure which corresponds to the level recommendation.

Per ACL 18-48, Sutter County will follow federal and state criteria and eligible conditions that apply to a child or youth that has:

1. Behavioral, emotional 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 is 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.

Sutter County anticipates that the above criteria will be used to assess the needs of children in Home Based Family Care (HCFC) placements.

Sutter County will continue to use the established SCI rates as outlined in Sutter County's 2011 plan (Attachment # 1). However, there will be a change in the assessment tool that is utilized to assess the level of need. This tool is a modified version of the recommended SCI matrix tool provided by CWDA. A copy of the SCI assessment and matrix tool is attached (Attachment # 2).

Sutter County will review children for an SCI rate after the LOC rate has been assessed and if a child/youth is receiving an LOC rate for certain conditions (medical, behavioral, developmental delay/disability and/or care and supervision needs related to these domains, an SCI can only be paid to address these issues above and beyond those already covered in the LOC rate structure.

The Sutter County SCI matrix will be administered and reviewed under the domains of medical, behavioral, developmental delays or disabilities and scores in each of these domains will be tallied to provide a total score that will correspond to a Level A – Intensive Care; Level B –
Severe Care; Level C – Exceptional Care and Level D Mental Health/and/or drug or alcohol condition that is an extraordinary care rate.

Sutter County will have the county social worker assess the need for an SCI rate based on the assessment tool matrix and with input from providers such as County Public Health Nurse, Clinical Social Worker or other county staff who have expert knowledge of the child’s issues. The assessment recommendation will be reviewed by the county social worker’s supervisor and for Level D recommendations always be reviewed by the program manager. An initial assessment will align with initial LOC and CFT reviews, and subsequent SCI reassessments will be conducted annually or when a triggering event occurs.

Circumstances that may trigger an SCI assessment could be as follows:
- Initial placement LOC assessment completed, and needs identified that warrant a review of the child’s condition related to medical, developmental delay or disability and behavioral issues, or extraordinary addition of care and supervision needs related to these domains.
- A triggering event related to the child’s medical, developmental, or behavioral issues that results in or could result in the disruption of placement.

A review of Sutter County’s existing families SCI rates will occur at the next CFT, review of LOC (if not already completed); triggering event or annually (whichever occurs earliest).

If the SCI rate reassessment results in a recommendation to increase/decrease the SCI rate, a review will be conducted by the county social worker supervisor. Notification of any changes will be made to the foster care eligibility worker. NOA’s will be mailed out to inform families of the change to the SCI rate. Sutter County will utilize the suggested NOAs attached in ACL 17-11, the Notice of Action (NA403) which incorporates a rate increase, decrease, discontinuance, or that a request of rate change is denied.

The planned implementation date for the updated SCI Plan and rate structure is July 1, 2018, or the date of implementation of Phase II of LOC for HBFC settings, whichever is later.

Sutter County’s point of contact:
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Social Services Program Manager
1965 Live Oak Blvd., Ste. C
Yuba City, CA 95991
Tel: 530-822-7151 ext.139
pkearns@co.sutter.ca.us

Attachment # 1 - Sutter County’s SCI plan - 2011
Attachment # 2 – Sutter County’s SCI Assessment and Matrix Tool - 2018
ATTACHMENT # 1

SUTTER COUNTY’S SCI PLAN 2011
HUMAN SERVICES DEPARTMENT
WELFARE & SOCIAL SERVICES DIVISION
1965 Live Oak Boulevard, Ste. C
PO Box 1599
Yuba City, CA 95992-1599
(530) 822-7155
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TOM SHERRY
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Specialized Care Rate Program
California Department of Social Services
Foster Care Support Services
744 P Street, MS 8-13-78
Sacramento, CA 95814

March 21, 2011

SUTTER COUNTY
SPECIALIZED CARE INCREMENTS

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>January 1, 2008 Forward*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level A</td>
<td>Intensive Care</td>
<td>$210.00</td>
</tr>
<tr>
<td>Level B</td>
<td>Severe Care</td>
<td>$315.00</td>
</tr>
<tr>
<td>Level C</td>
<td>Exceptional Care</td>
<td>$420.00</td>
</tr>
<tr>
<td>Level D</td>
<td>M/H and/or Drug/Alcohol Condition</td>
<td>$1365</td>
</tr>
</tbody>
</table>

*Increased per ACL 08-01

MYRNICE VALENTINE
Program Manager-Admin S.I.U.
(530) 822-7230
FAX: (530) 822-7255

PAT EVANS
Program Manager-System Support
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DEVINDER (David)
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Program Manager
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Program Manager-Social Services
(530) 822-7151
FAX: (530) 822-7596

ALMA AMAYA-MATTA
Program Manager-Employment Services
(530) 822-7133
FAX: (530) 822-7599
Sutter County
Specialized Care Increment Assessment Tool

Child’s Name:______________________________ Child’s DOB:______________________________

Case Name:______________________________

To assist social workers in using this form, a baseline description of the foster child who would not qualify for any level of specialized care is as follows:
• The child is within the normal range for physical development for his/her age.
• The child is within the normal range for emotional, social, behavioral development.
• The child shows the expected level of separation anxiety following the removal from home.
• The child presents only mild symptoms of damage as a result of abuse/neglect experienced in the home.
• The child shows the expected degree of posttraumatic stress associated with experiencing any abuse/neglect.
• The child has no problems or very minor problems in the educational setting.
• The child has no medical problems or conditions except for the expected childhood illnesses, and/or other occasional illnesses, which are routinely treated by any pediatrician or any general or family practice physician.
• The child has the expected behavioral problems for the age and developmental level, and responds well to ordinary and reasonable parenting practices by the foster parents.

If the foster child being considered does not fit the above criteria then proceed to complete the form.

Instructions:
1. To complete this form simply read through each category and check those factors which apply.
2. There may be checkmarks in more than one category.
3. After reviewing all four categories, select the one, which best matches the child’s needs.
4. It is expected that a child for whom the Level D Mental Health and/or Drug or Alcohol Condition is sought, may have many factors identified in category C as well as some in category D.
5. There will be instances in which only one checkmark in a category would justify the rate, i.e. the child is a danger to self, or the child has terminal cancer, or the medical follow-up requires only four visits per month but each trip is 450 miles round trip to Stanford. In most instances the social worker will determine the category by choosing the one with the greatest number of checkmarks or the category which overall best matches the needs identified across all of the categories. When deciding between categories, the social worker should consider the child’s needs from the perspective of the foster parents time, energy, and cost required to meet that need.
Level A: Intensive Care

Intensive Care is paid at the age based state foster family home rate plus the Level A increment. Intensive Care will be provided when the child's physical or emotional state and/or behavior is such that age appropriate supervision and care is not sufficient to ensure the safety and well-being of the child. Criteria for Intensive Care would include:

- The child has a chronic medical condition such as asthma, epilepsy, or heart condition which requires more frequent and specialized treatment not available through the regular pediatrician or general or family physician, etc.
  Specify:

- The child has moderate educational problems and/or learning disabilities requiring that the foster parent meet with school personnel twice-a-month
  Specify:

- The child has moderate symptoms of drug withdrawal, or moderately severe chronic conditions, such as delayed development resulting from prenatal drug exposure.
  Specify:

- The child has moderately severe, documented behavioral/emotional problems.
  Specify:

- More than two medical or professional service appointments per month are required; and
- A travel distance of more than 75 miles (round-trip) is required for appointments.

Level B: Severe Care

Severe Care is paid at the age based state foster family home rate plus the Level B increment. Severe Care will be provided when the child's physical or emotional state and/or behavior is such that age appropriate supervision and care is not sufficient to ensure the safety and well-being of the child. Criteria for Severe Care would include:

- The child has a medical condition which requires continual monitoring of environmental conditions such as temperature and air quality, or more than ordinary care in food preparation, etc.
  Specify:

- The child has severe educational problems requiring more than three meetings per month with school personnel.
  Specify:

- The child has severe drug withdrawal symptoms or severe chronic conditions, such as delayed development resulting from prenatal drug exposure or medical issues.
  Specify:

- The child has persistent enuresis, mild to moderate encopresis, severe ADHD, persistent behavioral/emotional problems, severe development delays, etc.
  Specify:

- More than three medical or professional service appointments per month are required; and
- A travel distance of more than 75 miles (round trip) is required for appointments.
Level C: Exceptional Care

Exceptional Care is paid at the age based state foster family home rate plus the Level C increment. Exceptional care will be provided when the child has severe emotional/behavioral and/or physical problems requiring the highest level of family foster care available in the regularly licensed county foster homes to insure adequate supervision and care. Criteria for Exceptional Care would include:

- The child has a severe medical condition, which requires in-home monitoring by medical professionals and some use of medical equipment by the foster parents. Specify: __________________________

- The child is severely emotionally disturbed in the educational setting and at risk of more restrictive out-of-home placement. Specify: __________________________

- The child suffers severe medical and/or developmental consequences such as those from prenatal drug exposure. Specify: __________________________

- The child is “system of care” eligible and at risk of more restrictive out-of-home placement. Specify: __________________________

- The child has severe emotional/behavioral problems such as substance abuse, self-destructive behavior and/or severe depression and severe anxiety, and/or is sometimes destructive of property and/or physically assultive; and/or has severe encoporesis. Specify: __________________________

- More than four medical or professional service visits per month are required; and;

- A travel distance of more than 75 miles (round trip) is required for appointments.

Level D: Mental Health and/or Drug or Alcohol Condition:

Mental Health and/or Drug or Alcohol Condition is paid at the age based state foster family home rate plus the Level D increment. Mental Health and/or Drug or Alcohol Condition increment will be provided when the child has a need for treatment of severe mental or behavioral disorders. Criteria for Mental Health and/or Drug or Alcohol Condition are:

- The child has a diagnosed mental health condition requiring immediate and ongoing treatment

- The child has a diagnosed drug or alcohol addiction requiring immediate and ongoing treatment in a licensed rehabilitation treatment center. (NOTE: Provider must be a licensed and certified Mental Health Facility which provides residential treatment for drug and alcohol addiction. In addition the provider must have staff that is qualified and required to provide at a minimum, three hours of group counseling and two hours of personal counseling per week.)

- Child is an adjudicated Ward of the Juvenile Court (“602)
- Child has a documented history of fire starting.
Other factors to consider for Level D include:

- The child is severely emotionally disturbed in the educational setting and at risk of more restrictive out-of-home placement.

- The child suffers severe medical, and/or developmental complications of prenatal drug exposure to the extent that constant one on one supervision by others is necessary. Specify: _______________________

- The child is frequently a danger to self or others.

- The child has severe emotional/behavioral problems such as substance abuse, self-destructive behavior, severe depression and/or anxiety, and is frequently destructive of property and/or physically assaultive. Specify: _______________________

- More than five medical and professional services visits per month along with in-home intervention by professionals is required to maintain the child in the placement.

- A travel distance of more than 75 miles (round trip) is required for appointments.

Proposed Rate: _______________________

Additional justification if requested by supervisor:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional justification if requested by the Program Manager:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
CLASSIFICATION OF SPECIAL RATE QUALIFYING FACTORS

LEVEL A: INTENSIVE CARE
Intensive level of care needed due to one or more of the following conditions:
1. Physical, emotional or medical problems requiring an unusual number of trips to the physician and/or therapist.
2. Recurrent out-of-county trips to the physician and/or therapist.
3. Drug withdrawal symptoms requiring an unusual number of physician or other types of medical contacts.
4. Children who are considered to be “Medically Fragile” including, but not limited to those who test as HIV positive.
5. Children who have symptoms of, or are diagnosed as having AIDS whether or not the symptoms are present.

LEVEL B: SEVERE CARE
Child has severe behavioral or physical problems requiring high level of supervision and care:
1. Severe emotional or behavioral problems, destructive behavior, running away, assaultive behavior, stealing, abnormal sexual behavior.
2. Severe problems in school requiring frequent foster parent interaction with educational personnel.
3. Severe medical complications as a result of prenatal drug exposure requiring frequent medical treatment and in-home monitoring.

LEVEL C: EXCEPTIONAL CARE:
Child has exceptional problems or conditions requiring constant care:
1. Developmentally disabled or emotionally disturbed.
2. Special nursing and other medical staff or professional supervision and structure required for medical condition.

LEVEL D: MENTAL HEALTH AND/OR DRUG OR ALCOHOL CONDITION:
Child has a diagnosed Mental Health or drug addiction condition:
1. Diagnosed Mental Health condition requiring immediate and ongoing treatment.
2. Diagnosed drug or alcohol addiction requiring immediate and ongoing treatment in a licensed rehabilitation treatment center. (NOTE: Provider must be a licensed and certified Mental Health Facility which provides residential treatment for drug and alcohol addiction. In addition the provider must have staff that is qualified and required to provide at a minimum, three hours of group counseling and two hours of personal counseling per week.)
3. Child is an adjudicated Ward of the Juvenile Court (“602”).
4. Child has a documented history of fire starting.
Methodologies Used:

A workgroup of child welfare leadership and foster care placement workers including a Program Manager, Analyst, Social Worker IVs and county licensing staff convened to establish criteria needed to ensure the proper placement for children with specialized care needs. Qualifying factors were determined to identify the additional care and supervision needs of children that are above what is typical to children in foster care.
ATTACHMENT # 2

SUTTER COUNTY’S SCI ASSESSMENT AND MATRIX TOOL - 2018
Sutter County

Specialized Care Increment Assessment Recommendation

Child’s Name: ____________________________  Child’s DOB: ______________

Case Name: ______________________________

To assist social workers in using this form, a baseline description of the foster child who would not qualify for any level of specialized care is as follows:

- The child is within the normal range for physical development for his/her age.
- The child is within the normal range for emotional, social, behavioral development.
- The child shows the expected level of separation anxiety following the removal from home.
- The child presents only mild symptoms of damage as a result of abuse/neglect experienced in the home.
- The child shows the expected degree of posttraumatic stress associated with experiencing any abuse/neglect.
- The child has no problems or very minor problems in the educational setting.
- The child has no medical problems or conditions except for the expected childhood illnesses, and/or other occasional illnesses, which are routinely treated by any pediatrician or any general or family practice physician.
- The child has the expected behavioral problems for the age and developmental level and responds well to ordinary and reasonable parenting practices by the foster parents.

If the foster child being considered does not fit the above criteria then proceed to complete the Sutter County SCI Matrix.
Child’s overall score from SCI Matrix _________________.

If the total score is 2 or less, SCI Level A is recommended ($210.00).

If the total score is between 3 and 8, SCI Level B is recommended ($315.00).

If the total score is between 9 and 14, SCI Level C is recommended ($420.00).

If the total score is 15 or above, the extraordinary care rate, Level D may apply. Please consult with your Supervisor prior to recommending this SCI level ($1365.00).

**Determining Maximum Allowable Rate**

| Level of Care Rate: $ ____________________ | Age Based Rate: $ ____________________ |
| Proposed SCI Rate: $ ____________________ | Proposed SCI Rate: $ ____________________ |
| Total Monthly Payment: $ LOC Rate plus SCI Rate | Total Monthly Max: $ Age Based Rate plus SCI Rate |

The maximum allowable rate to be given per month must be less than the “Age Based Rate” plus the “Proposed SCI Rate”.

**Additional justification if requested by Supervisor:**

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**Additional justification if requested by the Program Manager:**

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

SCI Rate for Approval: $________________________

Social Worker Signature ___________________________ Date ________________ □Approve □Deny

Supervisor Signature ___________________________ Date ________________ □Approve □Deny

Program Manager ___________________________ Date ________________
The following table is not intended to include every possible condition or situation, but rather as some basic guidelines. Review and complete each area- Medical Conditions, Developmental Delays or Disabilities, and Behavioral Issues- and check all boxes in each column that apply to the child. **Note:** Please review criteria in all three columns before choosing which boxes to mark. You are to mark the MOST accurate box related to the concern. For example: If a child has 7 medical appointments per month, you will only mark the box for 6 or more appointments located in column three and will not mark the boxes related to the number of medical appointments in columns one or two.

<table>
<thead>
<tr>
<th>Area</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</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 toxicology 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  
□ Sickle Cell SB Thal Moderate Symptoms  
□ Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc.) | □ 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.  
□ Hemophilic 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 otherwise require placement in an institutional facility. |
<table>
<thead>
<tr>
<th>Area</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits, Sickle Cell – SB + Thal, Mild Symptoms, Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention. Visual condition is stable and infrequent 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)</td>
<td>Cleft lip requiring surgical intervention and special feeding assistance. Physical abnormalities requiring medical intervention. Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. 2nd degree burns requiring regular, but not daily dressing changes. This generally applies to children 8 or over who can cooperate with the treatment plan. Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.) 17. Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program). Scoliosis requiring assisted daily exercise and/or bracing.</td>
<td>Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment. Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child. Combined cleft lip/palate. Other:</td>
<td></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 developmental delays or disabilities requiring weekly care provider assistance.
- Other:

- Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW.
- Intermittent 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 worker.
- Other:

- Severe learning delays or disabilities requiring extensive daily assistance several times a day from the care provider.
- Regular in-home assistance from a behaviorist or social/health services provider.
- Multiple impairments, less than 18 months developmentally, non-ambulatory. Regional Center client documentation required from RC SW.
- Other:
### SUTTER COUNTY SCI MATRIX

<table>
<thead>
<tr>
<th>Area</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavioral Issues</strong></td>
<td>□ Behavior modification required but no medication prescribed.</td>
<td>□ Behavior modification needed in conjunction with prescribed daily medication.</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.</td>
</tr>
<tr>
<td>□ The child presents some risky behaviors sometimes placing self and/or others at risk.</td>
<td>□ The child is at high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions.</td>
<td>□ 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.</td>
<td></td>
</tr>
<tr>
<td>□ Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption.</td>
<td>□ Stabilization of disruptive behaviors requires special intervention and discipline strategies.</td>
<td>□ 601 behaviors (truant, beyond control of caregiver) exhibited at this level.</td>
<td></td>
</tr>
<tr>
<td>□ Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider.</td>
<td>□ Care provider needs special training and participates in counseling with the minor to accomplish this.</td>
<td>□ 601 and 602 frequently exhibited themselves at this level.</td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td>□ Chronic resistance to behavior modification strategies.</td>
<td>□ Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed.</td>
<td></td>
</tr>
<tr>
<td>Three or more placements due to the child's behavior</td>
<td>□ Personal property of others in the home at high risk.</td>
<td>□ 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.</td>
<td></td>
</tr>
</tbody>
</table>

**Total Score (after multiplier)=**

Total  
Level A= ________  
x 1 point each= ________

| Total Level B= ________  
x 2 Points Each= ________ |
| Total Level C= ________  
x 3 Points Each= ________ |

If your total score is **2 or less**, SCI Level A applies.  
If your total score is **between 3 and 8**, SCI Level B applies.  
If your total score is **between 9 and 14**, SCI Level C applies.  
If your total score is **15 or above**, the extraordinary care rate, Level D may apply. Please consult with your Supervisor prior to recommending this SCI level.

Reference CWDA-Statewide SCI Matrix 5/2018

6/26/2018