TEHAMA COUNTY 2018
SPECIALIZED CARE INCREMENT PLAN

June 29, 2018

Gregory E. Rose
Deputy Director
Children and Family Services Division

As per ACL 18-48 regarding state guidance for SCR programs, please find attached the Tehama County plan for updating our Specialized Care Increment rate structure.

Please feel free to contact us if you have any questions.

Sincerely,

Steven Dickerson, Program Manager
Child Welfare Services
Tehama County Department of Social Services
Tehama County Specialized Care Increment Plan 2018

1. **Population**

   Current Specialized Care Increment Population:

   Currently there are 13 foster children and 150 receiving adoption assistance payments with a Specialized Care Increment (SCI) in Tehama County. It is our expectation the population will remain at the same levels.

   Tehama County’s Current eligible caregivers are:

   - County Licensed Homes
   - County RFA Homes
   - Relative NREFM Approved Homes
   - RFA Emergency Homes
   - AAP Homes

   Intensive Services Foster Cares and Foster Family Agencies will not be eligible to Specialized Care Increments.

2. **New Payment Amounts**

<table>
<thead>
<tr>
<th>Level</th>
<th>New SCI Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level A</td>
<td>$150</td>
</tr>
<tr>
<td>Level B</td>
<td>$300</td>
</tr>
<tr>
<td>Level C</td>
<td>$500</td>
</tr>
</tbody>
</table>

   These rates will not include annual CNI increases.

3. **Criteria, Qualifying Factors and Conditions**

   Please see attached adaptation of the Matrix (Pages 5-7).

4. **County Review Process**

   Approval of an SCI involves continual additional training to meet the needs of the child. The training requirements must be continually maintained by the care provider to receive SCI payments. SCI is not a promise or guarantee and will be assessed every three months to review child’s progress and determine continued eligibility and/or level. A child must have a minimum of three areas in a specific level to be considered for SCI. The RFA Supervisor will give final approval of all SCI levels.
Documentation will be required for all claims and will include, but not be limited to, the SCI Worksheet, the LOC assessment, letter and documents from medical professionals, therapist, and school staff. The request needs to come attached with the caregivers training or planned training to meet the needs of the child, and verification should be submitted at each quarter reassessment. AAP cases are given the option for review every two years.

5. **SCI Assessment Triggers**

Assessments will only be done if a caregiver or social worker requests an assessment. The social worker will assist the caregiver in completing the worksheet and deliver all documentation to the RFA Supervisor for approval. The social worker or caregiver can request a reassessment at any time if they believe that there is a change in behavior, health, or other qualifying factors. These needs must have INCREASED to request that the SCI rate goes up. All SCI rates expire in three months if no reassessment paperwork is received from the caregiver.

6. **Proposed Implementation Dates**

The new SCI rate will be implemented August 1, 2018 or 30 days from the implementation of the LOC determination, whichever is later.

Families that are currently receiving SCI will continue to receive their current rate until a triggering event takes place and a LOC assessment takes place.

All current rates will end no later than 90 days after the implementation of LOC.

7. **Notifying Families**

Families will be notified via a County created notice mailed to all caregivers, informing them of the new LOC and SCI rates.

8. **Notice of Action Forms**

The attached Notice of Action (NOA) will be used to notify the caregiver of the approval, denial, redetermination or discontinuance of a SCI rate and would indicate if it is for a resource family or AAP rate.

9. **SCI Points of Contact**

<table>
<thead>
<tr>
<th>Tania Gunderman</th>
<th>Angela Ackley</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFA Supervisor</td>
<td>Adoptions Supervisor</td>
</tr>
<tr>
<td>Tehama County Department of Social Services</td>
<td>Tehama County Department of Social Services</td>
</tr>
<tr>
<td>PO Box 1515</td>
<td>PO Box 1515</td>
</tr>
<tr>
<td>Red Bluff, CA 96080</td>
<td>Red Bluff, CA 96080</td>
</tr>
<tr>
<td>Phone (530) 528-4139 Fax (530) 527-5410</td>
<td>Phone (530) 528-4189 Fax (530) 527-5410</td>
</tr>
<tr>
<td><a href="mailto:tgunderman@tcdss.org">tgunderman@tcdss.org</a></td>
<td><a href="mailto:aackley@tcdss.org">aackley@tcdss.org</a></td>
</tr>
</tbody>
</table>
Specialized Care Increments (SCI) are for children with extraordinary needs that involve additional support by caregivers to maintain their health, safety and well-being. Approval of an SCI involves continual additional training to meet the needs of the child. The training requirements must be continually maintained by the care provider to receive SCI payments. SCI is not a promise or guarantee and will be assessed every three months to review child’s progress and determine continued eligibility and/or tier. A child must have a minimum of three areas in a specific level to be considered for SCI.

Child’s name: ____________________________
Date of birth: ____________________________
Caregiver’s Name: ____________________________
Medical/Psychiatric diagnosis: ____________________________
Comments: ____________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Social Worker Signature Date Care Provider Signature Date

Update on child’s progress/Comments:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Department’s Suggestions for Training: ____________________________________________
___________________________________________________________________________

For Department Use Only

RFA Supervisor Signature Determination Date
Level Approved: A B C Hours of training related to child’s needs: ______
Reason for Denial:

Services Required for Specialized Care Increment Reimbursement
I/We agree to transport the child to all needed services.

I/We agree to participate in services, such as counseling and medical appointments, when deemed necessary and/or appropriate.

I/We agree to provide a special diet, including a bag lunch for school or specialized formula, if necessary.

I/We agree to provide other services as specified on the Service Plan, to include but not limited to, Independent Living Skills Program (ILSP), WRAP, and Therapeutic Behavioral Services (TBS).

I/We understand re-assessment of the minor’s needs will be required on a quarterly basis, and the I/We understand Specialized Care Rate may be increased, decreased, or discontinued following each review.

I/We agree to provide documentation with each re-assessment to support the child specific I/We have training completed.

I/We understand and agree an RFA family cannot have more than two (2) children/youth receiving a specialized care rate, regardless of their license capacity.

I/We agree to work with the Social Worker to formulate a plan to address the child/youth’s needs, including goals to mitigate needs/behaviors each six-month period.

INSTRUCTIONS:

- Assessments are completed quarterly with input from both the care provider and the social worker. Paperwork needs be turned in by the 10th of the month every 3 months.

- It is the care provider’s responsibility to submit re-assessments quarterly, regardless of Department reminders.

- Attach to this form any supporting documentation related to child’s needs such as mental health assessment, medical diagnosis or clinical determinations.

- Documentation to support caregivers training or plan to obtain training to meet child’s needs. Verification of completed training hours must be submitted with each quarterly assessment. If training is completed with child’s doctor or medical professional, forms are available for medical professional to document training.

- If quarterly assessment is not received by the 25th of the reporting month, the SCI will be discontinued. Ex. Report is due April 10th, if the Department has not received it by April 25th SCI payments stop.

- Child must be in placement with care provider for at least 30 days before an SCI assessment can be completed.

- Each Level requires yearly hours of training directly related to child’s needs; 25% must be in-person training (training given by a medical professional will be considered in person training).
  - Level A - 12 hours
  - Level B - 16 hours
  - Level C - 20 hours

- Please include any other relevant information related to the child’s success or positive progress in services, behaviors or needs. Feel free to add any pictures or updates on child’s development, likes or dislikes.

___________________________________________  ____________________
Care Provider Signature                      Date
<table>
<thead>
<tr>
<th>Area</th>
<th>Level A - 3 marked boxes to be considered for this level</th>
<th>Level B - 3 marked boxes to be considered for this level</th>
<th>Level C - if any area is marked in other levels and 1 or more in this area level C may be considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Physical Conditions including but not limited to:</td>
<td>□ 2 to 4 appointments per month with the expectation of this frequency needed for 3 months or more. Not including routine dental or medical examinations or assessments.</td>
<td>□ 5 to 7 appointments per month with the expectation of this frequency needed for 2 months or more. Or appointments more than 20 miles out of county more than once per month. Not including routine dental or medical examinations or assessments.</td>
<td>□ 8 or more appointments per month with the expectation of this frequency needed for 3 months or more. Or appointments more than 20 miles out of county more than 2x per month. Not including routine dental or medical examinations or assessments.</td>
</tr>
<tr>
<td>- Drug exposed history or positive toxicology screen.</td>
<td>□ Administering prescription medications once daily (medication needed on a daily basis with expectation of need for over a month not including prescription vitamins or antibiotics).</td>
<td>□ Administering prescription medications more than 2x daily; condition is stable (medication needed on a daily basis with expectation of need for over a month not including prescription vitamins or antibiotics).</td>
<td>□ Administering injections more than 4 times per week. Or specialty medications that require travel over 20 miles to pharmacy, and/or medications must be picked up more than twice monthly due to limited availability; expected need for over 30 days.</td>
</tr>
<tr>
<td>- Alcohol exposure (FAS or FAE)</td>
<td>□ Mild breathing difficulties requiring prescription medications with close supervision.</td>
<td>□ Moderate breathing difficulties requiring multiple medications (not including an inhaler) and/or Chest Physical Therapy on a daily basis and/or monitoring daily for respiratory stability</td>
<td>□ Severe conditions such as tracheotomy, colostomy, ileostomy or condition that requires continuous care and supervision, which would otherwise require placement into an institution.</td>
</tr>
<tr>
<td>- Respiratory Difficulties and Diseases</td>
<td>□ Chronic and/or life threatening illness which may require a special diet or occasional monitoring.</td>
<td>□ Chronic and/or life threatening illness which may require moderate monitoring and support. Condition is stable and child is compliant with prescribed program.</td>
<td>□ Severe breathing difficulties requiring 4 or more breathing treatments daily and multiple prescription medications (not including an inhaler) or continuous oxygen or monitoring more than 4x per day for respiratory stability.</td>
</tr>
<tr>
<td>- Failure to Thrive</td>
<td>□ Prenatal drug exposure; diagnosed with mild specific disorder directly related to exposure</td>
<td>□ Prenatal drug exposure; diagnosed with moderate specific disorder that requires additional care/ training and/or monitoring.</td>
<td>□ Chronic and/or life threatening illness which may require continuous monitoring/support and/or condition is not stable and/or child is resistant with prescribed program.</td>
</tr>
<tr>
<td>- Diabetes &amp; Heart Disease</td>
<td>□ Diagnosed condition such as a brain injury or cerebral palsy requiring minimal assistance with feeding, dressing, hygiene or other basic self-care skills.</td>
<td>□ Moderate feeding or gastrointestinal issues that requires extra time/support above typical age/developmental stages; special equipment/techniques needed</td>
<td>□ Prenatal drug exposure; diagnosed with severe specific disorder that requires additional care/training and/or monitoring.</td>
</tr>
<tr>
<td>- Hemophilia</td>
<td>□ Minimal feeding or gastrointestinal issues that requires extra time/support above typical age/developmental stages. May include crying, longer feeding times, colic symptoms, sleep disruptions.</td>
<td>□ Moderate toileting or bathing difficulties requiring extra time/support above typical age/developmental stages; special ointments or diapers to address rashes, bed sores or skin conditions.</td>
<td>□ Severe feeding or gastrointestinal problems, continual support/ special techniques and supervision/monitoring which may include excessive crying, sleep disruptions, above typical age/developmental stage.</td>
</tr>
<tr>
<td>- Oncology (Cancer)</td>
<td>□ Minimal toileting or bathing difficulties requiring extra time/support above typical age/developmental stages; May include frequent rashes or sensitive skin requiring special ointments or extra cleaning/observation.</td>
<td>□ Minimal toileting or bathing difficulties requiring extra time/support above typical age/developmental stages; special equipment/techniques needed. Such more frequent changes, specialized ointments or diapers to address rashes, bed sores or skin conditions.</td>
<td></td>
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</tbody>
</table>
needed with/for mobility supportive devices.

- Visual, Hearing or communication impairment requiring minimal assistance and/or observation.
- Compromised immune system which limits out of home experiences to visitation and child related appointments.

- Moderate Physical limitations due to abnormality or disability that requires intervention/support/bracing, dressing, hygiene, exercising/stretching, or other basic self-care and/or supports. Such as cleft lip, cerebral palsy, scoliosis, brain injury, or seizures. Support given with some resistance.
- Visual, Hearing or communication impairment requiring moderate assistance. (i.e. specialized communication tools/techniques, speech therapy, ASL tools/training)
- Compromised immune system requiring limited out of home experiences requiring a higher level of precaution for child to be involved with visitation and child related appointments. ** with this determination it is expected that the care giver would limit child’s contact with public settings and use universal precautions to reduce child’s chance of illness.

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Behavioral/Developmental Delays or Disabilities:

- ADD/ADHD
- Learning Disabilities
- Sensory Integration Disorder
- Central Auditory Processing Disorder

- Moderate learning delay/disability requiring daily care provider assistance.
- Low IQ with mild behavioral issues.
- Mild Developmental or Behavioral disorder diagnosed by a physician that require behavioral modification but no medication prescribed.
- Change presents negative responses requiring correction beyond age/developmental behaviors.
- Tendency to wander, comes back on own motivation or with minimal prompting.
- Actively involved with Parent Infant Program services provided through FNRC. (**children who receive services over age 3

- Significant learning delay/disability requiring daily care provider assistance.
- Low IQ with moderate behavioral issues.
- Moderate Developmental or Behavioral disorder diagnosed by a physician that require behavioral modification and prescribed daily medication.
- Adapting to change presents moderate difficulty requiring continued redirection, physical support and assistance in transition.
- Frequent wander, needs prompting or redirection/supervision to stay safe.

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- Severe learning disabilities/delays requiring extensive daily assistance from the care provider & secondary behavior problems requiring assistance from a behaviorist.
- Low IQ with severe behavioral issues.
- Severe Developmental or behavioral disorder diagnosed by a physician. Behavior modification with 2 or more prescribed medications. Child exhibits extreme out of control behavior and requires extremely close supervision
- Cannot handle change needs full support for transitioning, Rigid
- Consistent diverging requiring vigilant supervision and redirection to maintain safety
<table>
<thead>
<tr>
<th>Behavioral/Emotional issues</th>
<th>Some risky behaviors sometimes placing self and/or others at risk.</th>
<th>Moderate risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions.</th>
<th>Extreme risk to self and/or others. Therapeutic plan is required to address disruptive, dangerous, and high risk behaviors. Does harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>- AWOL</td>
<td>Close supervision is sometimes necessary to minimize risk and/or self-harm and/or manage some aggressive behaviors</td>
<td>Consistent inappropriate (i.e. disruptive, aggressive, sexualized, experimenting with substance) behaviors requiring correction beyond age/developmental behaviors. Special intervention and additional supervision is required for safety of self and others.</td>
<td>Active intervention is required by the care provider to facilitate therapy and treatment. Established pattern of substance abuse, or alarming inappropriate sexual behaviors with others and/or animals, or very destructive, aggressive and/or abusive to self and others</td>
</tr>
<tr>
<td>- Aggressive and Assaultive</td>
<td>Some disruptive, aggressive, sexualized or experimenting with substances behavior more than 2x per week requiring correction beyond age/developmental behaviors.</td>
<td>Psychotropic medication is required with close supervision by care provider and increased follow up by therapeutic provider, some concerning behaviors or condition is unstable.</td>
<td>2 or more psychotropic medications required with close supervision by care provider and increased follow up by therapeutic provider, behaviors are inconsistent and condition is unstable.</td>
</tr>
<tr>
<td>- Animal Cruelty</td>
<td>Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider. Otherwise stable.</td>
<td>Psychotropic medication is required with close supervision by care provider and increased follow up by therapeutic provider, some concerning behaviors or condition is unstable.</td>
<td>Will not attend classes and/or complete home study assignments, SARB</td>
</tr>
<tr>
<td>- CSEC</td>
<td>Resists attending school, cuts classes more than 2x per month. Needs additional accountability and monitoring to ensure attendance.</td>
<td>Chronic truancy; refuses to attend school; cuts classes weekly does not complete assignments</td>
<td>Chronic run a way, involves others and/or stays gone for long amounts of time. Resistance to behavior modification strategies.</td>
</tr>
<tr>
<td>- Substance Use/Abuse</td>
<td>Occasional AWOL less than 24 hours more than 1x per month</td>
<td>Run a way (over 24 hrs. more than 1x per month) and/or resistance to behavior modification strategies.</td>
<td>Minor is at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances.</td>
</tr>
<tr>
<td>- Fire Setting</td>
<td></td>
<td>Personal property of others in the home at high risk.</td>
<td></td>
</tr>
<tr>
<td>- Severe mental health issues including:</td>
<td></td>
<td>Excessive anti-social behaviors which strictly limits unsupervised social interactions. Limited ability to tolerate typical social functions or interactions, support needed above typical age/developmental stages.</td>
<td></td>
</tr>
<tr>
<td>- suicidal ideation and/or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Self-Harm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Psychiatric hospitalization(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adjudicated violent offenses, and/or sex offenders/perpetrators</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Habitual Truancy</td>
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<td></td>
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<tr>
<td>- Three or more placements due to the child’s behavior</td>
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</tbody>
</table>

will not be eligible for SCR and may request dual agency resource.)
NOTICE OF ACTION

Tehama Co. Dept. of Social Services
PO Box 1515
Red Bluff, CA 96080

As of 05/2018 the Resource Family Approval Team has authorized a continuance to your Specialized Care Increment for the child to remain at a Level I rate ($253.00). The application is approved and the supplemental rate of $253.00 monthly will be in addition to the basic rate of $923.00 for a total of $1176.00 monthly.

The Specialized Care Rate for the child has been approved for this quarter. Qualifying factors and areas where caregivers are committing to provide additional support are:
- Monitoring food allergies and helping the child avoid foods that increase his allergic reactions
- Caregivers active involvement in mental health and counseling appointments
- Monitoring psychotropic medications to ensure proper dosage and time intervals
- Caregivers to remind/support proper hygiene habits and routines
- Caregiver to monitor and report substance abuse issues and concerns. Caregiver to work with Social Worker and Child to create a plan to address substance abuse concerns.
- Caregivers active involvement in education including but not limited to extra appointments with the school/teachers, review/ correct and coaching completion of homework.

Specialized Care rates are not guaranteed, the rate will change and may be discontinued according to the needs of the child. A new assessment will be requested quarterly. Should you have any questions or concerns related SCR policies or requirements please call RFA Supervisor Gunderman at 530-528-4139.

You must remember to turn in all Health Provider Contact Forms (TEH675) from all appointments for your quarterly log review.

Rules: These rules apply. You may review them at your welfare office:
45:200; 45:300; W&IC Sec 11-225; 40-173; 45-201; 45-202; 45-203; 45-301; 45-302; 45-303
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, an action on Cash Aid, Medi-Cal, Food Stamps, 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 (Food Stamps) 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, Cal Fresh (Food Stamps) 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 (Food Stamps) □ 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.

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&L 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:
  Fair Hearings Officer
  Tehama County Dept. of Social Services
  310 S Main St
  PO Box 1515
  Red Bluff, CA 96080
  (530)527-1911/Fax (530) 527-5410
  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.

Legal Services of Northern California
541 NORMAL AVE
Chico, CA 95927
530-345-9493/Fax: 530-345-6913
Toll Free: (800) 345-9491

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 on County about my:

□ Cash Aid □ CalFresh (Food Stamps) □ Medi-Cal
□ Other (list)

Here's

□ 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

CITY STATE ZIP CODE

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.)

CITY STATE ZIP CODE