Yolo County Specialized Care Rate Plan

All Yolo County minors placed in County or Foster Family Agency home-based foster care (HFBC) settings who meeting the criteria below may be assessed for a Specialized Care Increment (SCI) if the determined Level of Care (LOC) does not provide reasonable support for an eligible resource family’s ability to care for the minor’s needs in the least restrictive environment:

a. Minor who fall outside the normal range for their age for physical, emotional, social, behavioral, and/or developmental criteria.
b. Minor who have significant challenges in their educational setting.
c. Minor whose medical needs require treatment by specialists.
d. Minor exhibiting behaviors described in Appendix A, the Yolo County Specialized Care Increment Criteria and Rate Levels matrix, and for which services are unavailable through Medi-Cal, California Minor’s Services, Regional Centers, or other funding sources.

Yolo County currently has 35 dependent minors receiving an SCI, or 1% of the out-of-home care population. While Level of Care rates will address some of these issues for the caregivers, it is estimated that approximately 2% of Yolo County dependents may still meet requirements for SCI as additional reasonable support for their caregivers.

A resource home may notify the case carrying social worker that a minor in their care has specialized needs and can request an assessment for additional support. The Level of Care assessment would be performed first, and if that LOC is determined to be insufficient to support the minor’s needs, then the SCI assessment will be performed. It will be expected that a caregiver receiving an SCI either can demonstrate that they have attended specialized training and attained the skills needed to support the minor in their care or that they will engage with the Agency to pursue training sufficient to keep the minor safe. If the caregiver cannot meet these criteria, the social worker may look for placement better suited to the minor’s needs. In any case, initial approval will not exceed 6 months.

The need for a minor’s SCI rate will be reassessed every six months at a minimum, sooner if the minor’s needs change or as noted in the SCI Matrix. Triggering events will align with the LOC triggering events:

1. Minor leaves residential care or is being considered for residential care
2. Minor’s HBFC placement in jeopardy
3. Minor or family needing more support and services
4. Minor or family needing a different level of services
Yolo County hopes to implement the updated SCI plan concurrently with Level of Care. Families currently receiving an SCI will have an LOC assessment within 60 days of LOC implementation and, as noted above, will have an additional SCI assessment if the LOC rate will not meet the needs of the minor and their caregiver/s. All families will receive notification via letter from the Child, Youth and Family Branch regarding the outcome of an SCI assessment and determination. A copy of this letter will be sent to the Foster Family Agency if applicable. Any required Notices of Action regarding changes to Foster Care payments will continue to be generated and sent by the foster Care Eligibility unit.

We will be communicating with our caregiver community, as well as providing specific training with respect to LOC and SCI processes.

Once LOC is implemented, Yolo County will follow perform LOC assessments as directed by the State. At the time of each LOC assessment, the Social Worker will keep in mind that an SCI would also be available should the minor meet SCI criteria outlined in the plan, the caregiver have the skills or be willing to be trained, and the caregiver would be able to provide placement stability with the additional support. Foster Care Eligibility will notify caregivers of the outcome of their LOC and SCI assessments via a Notice of Action.

Yolo County Point of Contact:

Matthew Gebhardt
Child Welfare Services Manager
(530)666-8243
Matthew.Gebhardt@yolocounty.org
APPENDIX A: Yolo County Specialized Care Increment Criteria and Rate Levels

<table>
<thead>
<tr>
<th>Domain</th>
<th>Level 1: $124 per month (if 3 or more of the conditions listed below exist, assign the next higher level)</th>
<th>Level 2: $247 per month (if 4 or more of the conditions listed below exist, assign the next higher level)</th>
<th>Level 3: $370 per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples of Medical Conditions</td>
<td>Long-term prescription medication (needed daily for a period of 1 or more months). 1-2 medications not including prescription vitamins or short-term antibiotics.</td>
<td>Positive toxicology screen at birth (SCI level should be reduced at 6-month review if baby is not exhibiting any symptoms or difficulties)</td>
<td>AIDS – asymptomatic, stable</td>
</tr>
<tr>
<td>Drug exposed history/positive toxicology screen.</td>
<td>Mild breathing difficulties requiring prescription medications with close supervision.</td>
<td>Confirmed by maternal history, prenatal drug/alcohol exposure with symptoms (SCI level should be reduced at 6-month review if baby is not exhibiting any symptoms or difficulties)</td>
<td>FAS with moderate to severe complications (verified medical diagnosis)</td>
</tr>
<tr>
<td>Alcohol exposure (FAS or FAE)</td>
<td>Sickle Cell SF (sickle hemoglobin FS, HPFH, asymptomatic)</td>
<td>Apnea monitor required (reassess for appropriate SCI rate when discontinued)</td>
<td>Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT) in addition to weekly or biweekly therapy sessions</td>
</tr>
<tr>
<td>Respiratory difficulties/diseases</td>
<td>Sickle Cell – SB+Thalassemia, mild symptoms</td>
<td>Moderate feeding difficulties requiring therapy or special feeding techniques.</td>
<td>Severe feeding problems, excessive crying, sleep disruptions, etc., due to alcohol/drug exposure</td>
</tr>
<tr>
<td>Failure to Thrive</td>
<td>Symptomatic respiratory difficulties requiring the use of nebulized breathing treatments.</td>
<td>Severe respiratory difficulties requiring multiple medications, breathing treatments (excluding inhalers), and/or Chest Physical Therapy (CPT) daily.</td>
<td>Exceptional needs seizures</td>
</tr>
<tr>
<td>Diabetes &amp; Heart Disease</td>
<td>Diabetes with special diet – no insulin or medication needed.</td>
<td>Diabetes, stable with special diet and oral medications (minor compliant with prescribed program).</td>
<td>Extreme breathing difficulties requiring 4 or more breathing treatments daily and multiple prescription medications (excluding inhalers)</td>
</tr>
<tr>
<td>Hemophilia</td>
<td>Failure to thrive due to mild feeding difficulties.</td>
<td>Medical diagnosis of Fetal Alcohol Syndrome (not prenatal alcohol exposure FAE)</td>
<td>Continuous oxygen need</td>
</tr>
<tr>
<td>Cancer</td>
<td>Seizure disorder (abnormal EEG, no medication required for seizure activity)</td>
<td>Shunt placement-stable functioning</td>
<td>Diabetes with special diet, close monitoring of daily blood sugar levels, insulin injections, etc. (minor compliant with prescribed program)</td>
</tr>
<tr>
<td>HIV-AIDS</td>
<td>Heart disease requiring close monitoring (no intervention, special treatments or diet)</td>
<td>Sickle Cell SB+Thalassemia moderate symptoms. Minor requires 1-3 injections per week (i.e., growth hormone, asthma medication, etc.)</td>
<td>Tube feedings (GI, OG, NGO), bolus feedings, continuous feedings (&lt;13 hours per day)</td>
</tr>
<tr>
<td>Seizures</td>
<td>HIV positive, clinically well</td>
<td>Sickle Cell SC, severe symptoms</td>
<td>Hemophilic requiring close monitoring to prevent injury</td>
</tr>
<tr>
<td>Organ Failure-Transplant Candidate</td>
<td>Fetal Alcohol Effect/Exposure (FAE) attention deficits, memory deficits</td>
<td>Minor requires 4 or more injections per week (i.e., growth hormone, asthma medication, etc.)</td>
<td>Minor requires 4 or more injections per week (i.e., growth hormone, asthma medication, etc.)</td>
</tr>
<tr>
<td>Sickle Cell Anemia</td>
<td>Mild/Moderate Cerebral Palsy requiring minimal additional</td>
<td>Sickle Cell SC, severe symptoms</td>
<td>Sickle Cell SC, severe symptoms</td>
</tr>
<tr>
<td>Assistance with ADLs</td>
<td>Other:</td>
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<tr>
<td>☐ Minimal brain injury requiring minimal additional observation/guidelines. No shunt or with stable shunt requiring no medical intervention.</td>
<td>☐ Other:</td>
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<tr>
<td>☐ Stable visual condition with infrequent intervention needed (i.e., eye drops/patch)</td>
<td>hormone, asthma medication, etc.)</td>
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<tr>
<td>☐ Stable hearing condition with hearing aid or infrequent intervention needed</td>
<td>☐ Seizures that include loss of consciousness.</td>
<td></td>
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<tr>
<td>☐ Minimal bracing equipment (i.e., AFOs)</td>
<td>☐ Cleft lip requiring surgical intervention and special feeding assistance</td>
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<tr>
<td>☐ Other:</td>
<td>☐ Physical abnormalities requiring medical intervention</td>
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<td></td>
<td>☐ Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc.</td>
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<td></td>
<td>☐ 2nd degree burns requiring regular but not daily dressing changes, minor can cooperate with treatment plan</td>
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<td></td>
<td>☐ Visual impairment requiring minimal assistance with ADLs (mobility, educational needs, etc.)</td>
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<td></td>
<td>☐ Hearing impairment requiring moderate assistance (i.e., specialized communication techniques, speech therapy, special school program)</td>
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<tr>
<td></td>
<td>☐ Scoliosis requiring assisted exercise/bracing daily</td>
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<td></td>
<td>☐ Other:</td>
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<td></td>
<td>Tracheotomy</td>
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<tr>
<td></td>
<td>☐ Broviac line</td>
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<td></td>
<td>Colostomy/ileostomy</td>
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<td></td>
<td>☐ Minor requires daily continuous care/supervision with a prescribed treatment plan to prevent institutional placement</td>
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<td></td>
<td>☐ Receiving chemotherapy</td>
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<tr>
<td></td>
<td>☐ Visual or hearing impairment that requires constant care provider assistance with ADLs and/or an adaptive home environment</td>
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<td></td>
<td>☐ Severe CP or physical disability requiring adaptive equipment, non-ambulatory</td>
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<td></td>
<td>☐ 2nd/3rd degree burns requiring daily dressing changes, generally applies to a minor under 7</td>
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<tr>
<td></td>
<td>☐ Hearing impairment requiring assistance with ADLs, including care provider utilizing signing abilities for specific minor</td>
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<td></td>
<td>☐ Combined cleft lip and palate</td>
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<td></td>
<td>☐ Severe brain injury (i.e., near drowning, shaken baby syndrome, battered minor syndrome, accident, etc.) requiring total assistance with ADLs</td>
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<td></td>
<td>☐ Scoliosis requiring surgical intervention and extensive rehabilitation</td>
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<td></td>
<td>☐ Symptomatic immunosuppressant conditions</td>
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<td></td>
<td>☐ Other:</td>
<td></td>
<td></td>
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<tr>
<td>Developmental Delays or Disabilities</td>
<td>Behavioral Issues (Static Criteria)</td>
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<td></td>
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<tr>
<td>• Mental retardation</td>
<td>• AWOL</td>
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<tr>
<td>• ADD/ADHD</td>
<td>• Aggressive/Assaultive</td>
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<tr>
<td>• Learning disabilities</td>
<td>• Animal cruelty</td>
<td></td>
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<tr>
<td>• Sensory Integration Disorder</td>
<td>• CSEC</td>
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<td>• Central Auditory Processing Disorder</td>
<td>• Substance use/abuse</td>
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<td>• Gang activity</td>
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<td>• Fire setting</td>
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<td></td>
<td>• Severe mental health issues</td>
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<td>• Psychiatric hospitalization/s</td>
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<td>• Adjudicated violent offenses</td>
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<td>• Significant property damage</td>
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<td>• Sex offenders/perpetrators</td>
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<td>• Habitual truancy</td>
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<td>• 3 or more placements due to minor's behavior</td>
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<tr>
<td>□ Moderate learning delay/disability requiring daily care provider assistance</td>
<td>□ Close supervision by care provider, increased follow up with therapeutic provider, potential need for psychotropic medication</td>
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<tr>
<td>□ Mild mental retardation (IQ 50-65) with behavioral issues</td>
<td>□ Very high risk to self/others. Disruptive behaviors at home/school/social interactions.</td>
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<tr>
<td>□ ADD/ADHD diagnosed by a physician, requiring behavior modification but no prescribed medications</td>
<td>□ Stabilization of disruptive behaviors requires special intervention and disciplinary strategies.</td>
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<tr>
<td>□ CVRC client 0-3 years old included in an Early Intervention Program [i.e., Lori Ann Infant Stimulation or Exceptional Parents Unlimited (EPU)] documented by EIP or CVRC SW</td>
<td>□ Care provider needs specialized training and participates in counseling with the minor to accomplish this</td>
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<tr>
<td>□ ADD/ADHD diagnosed by physician, requiring behavior modification in conjunction with prescribed daily medication</td>
<td>□ 601 behaviors (truant, beyond control of caregiver)</td>
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<td>□ Other:</td>
<td>□ Chronic resistance to behavior modification strategies</td>
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<td>□ High risk to personal property of others in the home</td>
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<td>□ Excessive anti-social behaviors strictly limiting unsupervised social</td>
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<td></td>
<td>□ Severe learning disabilities/delays requiring extensive daily assistance from care provider PLUS secondary behavior problems requiring assistance from a behavioralist</td>
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<td></td>
<td>□ Profound mental retardation (IQ below 20) with multiple impairments, less than 18 months developmentally and non-ambulatory. CVRC client documentation required from CVRC SW.</td>
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<td>□ ADHD diagnosed by a physician requiring behavior modification in conjunction with 2 or more prescribed medications, exhibiting extreme out-of-control behavior and requiring extremely close supervision and monitoring by care provider</td>
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<td>□ Other:</td>
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</table>

A3
<table>
<thead>
<tr>
<th>Interaction</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disturbances</td>
<td>Other:</td>
</tr>
</tbody>
</table>
NOTIFICATION OF SPECIALIZED CARE INCREMENT PAYMENT CHANGES

Date

Foster Parent Address Block

Re: Child’s name

A comprehensive assessment has been performed on the above-named child to determine whether the child meets criteria to receive additional support in the form of a Specialized Care Increment and what level of support is needed.

The following determination has been made:

☐ The child is eligible to a Specialized Care Increment payment of: $  
☐ The child does not meet criteria to receive a Specialized Care Increment payment.

This determination represents:

☐ A new Specialized Care Increment payment for this child.  
☐ A change to the existing Specialized Care Increment payment for this child.  
☐ A discontinuation of the existing Specialized Care Increment payment for this child.

Please refer to the Notice of Action-Foster Care Change sent to you regarding this case for further detail about ongoing Foster Care payments and State Hearing information.

Matthew Gebhardt  
Child Welfare Services Manager  
(530)666-8243  
Matthew.Gebhardt@yolocounty.org

cc: Foster Family Agency (as applicable)
<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>boxes</th>
</tr>
</thead>
</table>
| California Department of Social Services  
Foster Care Audits and Rates Branch  
Attention: Romelia Fontamillas  
744 P Street, M.S. 8-03-38  
Sacramento, CA 95814 | Cindy Carson  
Foster Care Eligibility Supervisor  
Mendocino County Children and Family Services  
P.O. Box 839  
Ukiah, CA 95482  
727 South State  
Ukiah CA 95482 | 23 + 27(Ty) = 50 |
| Eric Kanaga  
Program Manager  
Humboldt County Department of Health and Human Services  
929 Koster Street  
Eureka, CA 95501 | Brandy Foushee  
Tehama County Social Services  
310 South Main Street  
Red Bluff, CA 96080 | 3 |
| Rod Delfer  
Eligibility Supervisor  
Shasta County Health and Human Services Agency  
Children’s Services, Foster Care Eligibility Unit  
1313 Yuba ST  
Redding, CA 96001 | Mary Pugh  
Supervisor, Employment and Eligibility  
Butte County Department of Employment and Social Services  
78 Table Mountain Blvd  
Orovile, CA 95965 | 1 |
| Sheri Brown  
Eligibility Specialist  
420 E. Laurel St  
Willows, CA 95988 | Misty Malloroy  
County of Del Norte  
Department of Health & Human Services  
Public Assistance/Employment and Training Branch  
880 Northcrest Drive  
Crescent City, CA 95531 | 1 |

Sherilyn Merrida  
Supervising Office Assistant  
Transitional Assistance Department  
Phone: 909-252-4848  
265 E. Fourth Street  
San Bernardino, CA 92415-0080
NOTICE OF ACTION
Foster Care Change

FOSTER PARENT ADDRESS BLOCK

Foster Care payments for XXXX are changing from $00 to $00 effective NA.

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.

CSC 11 (08/04) FC Change - Special Needs Added, Changed

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a state hearing. The back of this page tells how.
Your benefits may not be changed if you ask for a hearing before this action takes place.

<table>
<thead>
<tr>
<th>Rate</th>
<th>Full Rate</th>
<th>Net Nonexempt Income</th>
<th>Dual Agency Rate</th>
<th>Final Rate</th>
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</thead>
<tbody>
<tr>
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<td>$ 00</td>
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<td>$ 00</td>
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</tbody>
</table>

Prorated from NA to NA

| Prorated Rate | $ 00 |

Special Needs

<table>
<thead>
<tr>
<th>Specialized Care Increment</th>
<th>$ 00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prorated from NA to NA</td>
<td></td>
</tr>
</tbody>
</table>

| Prorated Specialized Care Increment | + 00 |

Dual Agency Supplemental Payment

<table>
<thead>
<tr>
<th>Prorated from NA to NA</th>
<th>$ 00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prorated Dual Agency Supplemental Payment</td>
<td>$ 00</td>
</tr>
</tbody>
</table>

Infant Supplement

| Prorated from NA to NA | $ 00 |

Total Benefits

| $ 00 |

Rules: These rules apply. You may review them at your welfare office: EAS Section(s): 45-302
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 you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:
• Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
• Your Child Care Services may stay the same while you wait for a hearing.
• Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:
Yes, lower or stop:
☐ Cash Aid  ☐ CalFresh
☐ Child Care

While You Wait for a Hearing Decision for:
Welfare to Work:
You do not have to take part in the activities.
You may receive child care payments for employment and for activities approved by the county before this notice.
If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.
If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.
• To get those supportive services, you must go to the activity the county told you to attend.
• If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:
• You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
• We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION
Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

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

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

TO ASK FOR A HEARING:
• Fill out this page.
• Make a copy of the front and back of this page for your records.
• If you ask, your worker will get you a copy of this page.
• Send or take this page to:
  Yolo County Department of Employment & Social Serv
  25 North Cottonwood
  Woodland, CA 95695

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 Aid Office
618 North Street
Woodland, CA 95695
(530) 862-1005
Welfare Rights Office
1111 Howe Avenue, Suite 150
Sacramento, CA 95826-6561
(916) 736-0616

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
☐ Cash Aid  ☐ CalFresh  ☐ Medi-Cal
☐ Other (lst)

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
NOTICE OF ACTION
Foster Care Change

FOSTER PARENT ADDRESS BLOCK

Foster Care payments for AGENCY are changing from $00 to $00 effective N/A.

Here's why:

The amount of the Specialized Care Increment you receive for this child has changed.

Please refer to the budget shown on this page.

CSC 11 (08/04) FC Change - Special Needs Added, Changed

<table>
<thead>
<tr>
<th>Rate</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>Dual Agency Rate</td>
<td>$00</td>
</tr>
<tr>
<td>Final Rate</td>
<td>$00</td>
</tr>
<tr>
<td>Prorated from NA to NA</td>
<td></td>
</tr>
<tr>
<td>Prorated Rate</td>
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</tr>
</tbody>
</table>

Special Needs

<table>
<thead>
<tr>
<th>Specialized Care Increment</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Prorated from NA to NA</td>
<td></td>
</tr>
<tr>
<td>Prorated Specialized Care Increment</td>
<td>$00</td>
</tr>
<tr>
<td>Dual Agency Supplemental Payment</td>
<td>$00</td>
</tr>
<tr>
<td>Prorated from NA to NA</td>
<td></td>
</tr>
<tr>
<td>Prorated Dual Agency Supplemental Payment</td>
<td>$00</td>
</tr>
<tr>
<td>Infant Supplement</td>
<td>$00</td>
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<td>Prorated from NA to NA</td>
<td></td>
</tr>
<tr>
<td>Prorated Infant Supplement</td>
<td>$00</td>
</tr>
</tbody>
</table>

Total Benefits $00

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 started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:
• Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
• Your Child Care Services may stay the same while you wait for a hearing.
• Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:
Yes, lower or stop:  □ Cash Aid  □ CalFresh  □ Child Care

While You Wait for a Hearing Decision for:
Welfare to Work:
You do not have to take part in the activities.
You may receive child care payments for employment and for activities approved by the county before this notice.
If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.
If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.
• To get those supportive services, you must go to the activity the county told you to attend.
• If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:
• You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
• We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION
Medi-Cal Managed Care Plan Members: The action on this notice may stop your from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.
Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.
Family Planning: Your welfare office will give you information when you ask for it.

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

TO ASK FOR A HEARING:
• Fill out this page.
• Make a copy of the front and back of this page for your records.
• If you ask, your worker will get you a copy of this page.
• Send or take this page to:
  Yolo County Department of Employment & Social Services
  25 North Cottonwood
  Woodland, CA 95695

OR
• Call toll free: 1-800-952-5253 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 Aid Office
619 North Street
Woodland, CA 95695
(530) 692-1005
Welfare Rights Office
1111 Howe Avenue, Suite 150
Sacramento, CA 95825-8551
(916) 736-0616

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
□ 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
NOTICE OF ACTION
Foster Care Change

COUNTY OF YOLO
STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Foster Care payments for [NAME] are changing from $0000 to $0000 effective N/A.

Here's why:
The Specialized Care Increment you were receiving for this child has stopped.

Please refer to the budget shown on this page.

CSC 24 (08/04) FC Change - Special Needs Stopped

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Net Nonexempt Income</td>
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</tr>
<tr>
<td>Dual Agency Rate</td>
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<td>Final Rate</td>
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<tr>
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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a state hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

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