Yuba County Health and Human Services Department  
Child and Adult Protective Services Division  

Specialized Care Increment (SCI) Plan

Populations Served:

As of June 30, 2018, Yuba County Health and Human Services Department (YCHHSD), Child and Adult Protective Services (CAPS) Division provides a specialized care increment (SCI) rate to approximately six resource families and 137 Adoption Assistance Program (AAP) cases. CAPS currently utilizes a 4 level SCI structure based upon the emotional, behavioral, health, and developmental care needs of the children. The levels are dependent on the severity of the needs and the required interventions. As a result of the implementation of the LOC rate structure, Yuba County will implement a one level SCI system to compensate resource families for extreme daily care and supervision needs of a child who has severe health, developmental, and/or behavioral/emotional needs not covered by the LOC rate. The qualifying criteria for the SCI were adopted utilizing Tier 3 of the Statewide SCI Matrix developed by the Child Welfare Director’s Association. The number of foster care placements receiving an SCI is not expected to change significantly under the new plan.

Under the new plan, an SCI may be paid for conditions including, but not limited to: child diagnosed with a severe and/or life threatening medical condition such as AIDS, cancer, burns requiring specialized treatment, feeding difficulties, breathing difficulties, need for continuous care and supervision in accordance with a prescribed treatment plan that would otherwise require placement in an institutional facility; severe Cerebral Palsy; severe brain injury; other terminal illness which requires in-home monitoring by medical professionals, direct medical treatment and/or specialized care provided by the resource family and/or use of medical equipment; severe medical and/or developmental complications from prenatal and/or environmental drug exposure; severe learning disabilities/delays requiring extensive daily assistance from the care provider; profound intellectual disability; child at extreme risk to self and/or others and a therapeutic plan is required to address the child’s behaviors; intervention required by the care provider in order to facilitate therapy and treatment to stabilize and reduce extreme behaviors; and child at risk of STRTP placement due to behaviors and/or emotional disturbances.

Caregivers who may request a SCI include:

- County foster care or resource family homes
- Relative/Non-relative extended family member placements who have not yet converted to RFA
- NRLG
- Adoptive parents receiving an AAP payment

SCI Proposed Payment Amounts

Yuba County proposes to utilize a one level system with a rate of $679.00 (see Table A).

For those resource families currently receiving an SCI, the rate will be reassessed at the time of redetermination or upon completion of the LOC rate determination protocol, whichever is earlier.
• Cases in which a triggering event occurs that requires a LOC rate determination or cases that currently have a LOC rate and request an SCI will use the new level and rate structure (Table A).

• Other cases will continue to receive a payment equivalent to the previous rate structure. This includes AAP cases and NRLG and Kin-GAP that do not qualify for a LOC rate higher than the basic rate (Table B).

• For AAP cases that use the age-based system, the SCI will continue to be paid based on the SCI structure associated with the case (Table B).

These rate structures are designed to ensure that those currently receiving an SCI will continue to receive the same overall payment for children in their care, unless the child’s needs warrant a different level of payment at the time of redetermination.

**Table A**

<table>
<thead>
<tr>
<th>Old SCI Rate</th>
<th>Total Level 4 Payment to Caregiver (Old Rate)</th>
<th>New SCI Rate</th>
<th>Total Payment to Caregiver (New Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 4 ($991)</td>
<td>$923 + $991 = 1914.00</td>
<td>Basic Rate</td>
<td>$923 + $679 = $1602</td>
</tr>
<tr>
<td></td>
<td>LOC 2</td>
<td></td>
<td>$1027 + $679 = $1706</td>
</tr>
<tr>
<td></td>
<td>LOC 3</td>
<td></td>
<td>$1131 + $679 = $1810</td>
</tr>
<tr>
<td></td>
<td>LOC 4</td>
<td></td>
<td>$1235 + $679 = $1914</td>
</tr>
</tbody>
</table>

**Table B**

<table>
<thead>
<tr>
<th>Old SCI Rate</th>
<th>Total Payment to Caregiver (Old Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 ($221)</td>
<td>Basic LOC Rate or Age Based Foster Care Rate + $221</td>
</tr>
<tr>
<td>Level 2 ($331)</td>
<td>Basic LOC Rate or Age Based Foster Care Rate + $331</td>
</tr>
<tr>
<td>Level 3 ($440)</td>
<td>Basic LOC Rate or Age Based Foster Care Rate + $440</td>
</tr>
<tr>
<td>Level 4 ($991)</td>
<td>Basic LOC Rate or Age Based Foster Care Rate + $991</td>
</tr>
</tbody>
</table>

**Qualifying Criteria**

In order for a placement to qualify for the SCI, the child must require care and supervision in excess of the LOC to meet their specific health, developmental, and/or behavioral/emotional needs. The qualifying factors are identified in the YCHHSD 350 - Specialized Care Increment Rate Assessment Form (Attachment A).

In addition, the caregivers must complete the requirements of the resource family approval process and agree to complete additional training requirements. The determination regarding the number of hours of training and the types of training required will be made by the Resource Family Approval (RFA) Social Worker (SW). The general guideline is that 20 hours of additional training will be required, but the amount may be higher or lower depending upon the caregiver's prior experience, education, and/or training and/or the specialized needs of the child. The RFA SW will develop a training plan with the resource parent(s). The training requirements will be listed on the YCHHSD 353 - Specialized Care Increment Rate Resource Family Home Certification Agreement (Attachment B).
Review Process

All requests for an SCI are assessed by the SW and reviewed/approved by a SW supervisor.

SCI certification requirements are set and monitored by the RFA SW and approved/denied by the RFA supervisor.

Redetermination of SCI certifications must be completed every six months, or sooner if the level of care and supervision needs change. The redeterminations require SW supervisor approval.

When a determination or redetermination is completed, it is recorded on the YCHHSD 352 - SCI Notice of Action (Attachment C) and provided to the caregiver, along with information regarding the right to request a state hearing if he/she disagrees with the decision (PUB 13 – Your Rights pamphlet).

SCI Assessments

An assessment for an SCI can be triggered by a number of factors:

- Caregiver believes that they may need compensation above the determined rate level in order to address the health, developmental, or behavioral/emotional requirements of the child placed in his/her care.
- A child in an approved placement begins to exhibit new health, developmental, or emotional/behavioral needs, and the caregiver believes he/she may need compensation above the determined LOC rate to address the health, developmental, or behavioral/emotional requirements of the child placed in his/her care.
- A caregiver who previously requested an SCI but did not qualify because they had not completed required training hours now meets the training requirements, and believes they may now qualify for compensation above the determined LOC rate level in order to address the health, developmental, or behavioral/emotional requirements of the child placed in his/her care.
- The current SCI is due for a redetermination.

SCI Implementation and Notification Plan

The planned implementation date for the new SCI Plan and rate structure is August 1, 2018, or the date of implementation of Phase II of LOC for all Home Based Family Care (HBFC) settings, whichever is later. Beginning with the date of implementation, the SCI payment structure in Table A will apply to all new requests that are approved for an SCI for a child placed in a HBFC.

For those currently receiving an SCI:

- The payment structure in Table A will apply at the time of redetermination if a triggering event has occurred requiring a LOC rate determination. Caregivers will be provided with a Notice of Change to Yuba County Child and Adult Protective Services Specialized Care Increment Plan and Rate Structure (Attachment D) to explain the new SCI level and LOC during the redetermination process.
- The payment structure in Table B will apply if no triggering event has occurred, and for cases that do not qualify for LOC rates.
SCI Point of Contact for Yuba County

John Harvey, Social Worker Supervisor
PO Box 2320
Marysville, CA 95901
530-749-6791
jharvey@co.yuba.ca.us
ATTACHMENT A

SPECIALIZED CARE INCREMENT RATE ASSESSMENT FORM

Child’s Name: [Redacted]  DOB: [Redacted]

Case Name: [Redacted]

Caregiver Name(s): [Redacted]

Qualifying Criteria
Instructions: in order to qualify for the specialized care increment rate, at least one of the factors below must apply. Check all applicable factor(s).

Medical Conditions

☐ More than 6 appointments per month not including routine dental or physical examinations.
☐ AIDS Asymptomatic, stable
☐ FAS 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 disturbances, etc. due to alcohol/drug exposure.
☐ Seizure disorder requiring close monitoring and multiple medications to control.
☐ Extreme breathing difficulties requiring 4 or more breathing treatments daily and multiple prescriptions medications (not including inhalers).
☐ Continuous oxygen
☐ Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program.
☐ Tube feedings (i.e. GI, NG, gastrostomy or continuous feedings 12 hours or less per day).
☐ Hemophilia 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
☐ Tracheotomy
☐ Broviac (or other type of central) line
☐ Colostomy ileostomy
☐ 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.
☐ Child receiving chemotherapy.
☐ Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment.
☐ Severe Cerebral Palsy or physical disability requiring adaptive equipment (non-ambulatory).
☐ 2nd/3rd degree burns requiring daily dressing changes.
☐ Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child.

Signature: [Redacted]

[Redacted] / [Redacted]

Original: [Redacted]

Copied: [Redacted]
Combined cleft lip/palate.

- Severe brain injury requiring total assistance with activities of daily living (i.e., near drowning, shaken baby syndrome, battered child syndrome, accident, etc.)
- Scoliosis requiring surgical intervention and extensive rehabilitation.
- Systemic immunosuppressant Conditions

Other: 

**Developmental Delays or Disabilities**

- Severe learning disabilities/delays requiring extensive daily assistance from the care provider and secondary behavior problems requiring assistance from a behavioral.
- Pickett and intellectual disability. Multiple impairments, 0-3 years of age receiving Early Intervention Services through Regional Center (documentation required).
- ADHD as diagnosed by a physician. Behavior modification needed in conjunction with 2 or more prescribed medications. Child exhibits extreme out of control behavior and requires extremely close supervision and monitoring by the care provider.

Other: 

**Behavioral Issues**

- Child at extreme risk to self and/or others. In addition, therapeutic plan is required to address the child's disruptive, dangerous, and high risk behaviors.
- 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.
- 601 and 602 behaviors frequently exhibited.
- Monthly evaluations to track the progress of the minor and adjust treatment strategies as needed.
- Child at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances.

Other: 

**Approval Information**

Approved for Specified Care increment Rate: $____ (SCI) + ____ (LGC Rate) = ____ (Total Payment)

Authorized time period (6 month time period): ___________ to ___________

Social Worker Signature: ___________________________ Date: ___________

Social Worker Supervisor Signature: ___________________________ Date: ___________
SPECIALIZED CARE INCREMENT RATE RESOURCE FAMILY HOME
CERTIFICATION AGREEMENT

<table>
<thead>
<tr>
<th>Resource Parent Name(s):</th>
<th>[Redacted]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Family Home Address:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Phone No.:</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

APPLICANT RESPONSIBILITIES

In addition to complying with the Health and Safety Codes and regulations regarding resource family approval, I/we understand that in order to qualify for a Specialized Care Increment (SCI) certification, all requirements that exist for a resource family home (RFH) must be met. If the home meets the guidelines for a regular RFH approval, it is understood that the decision to accept, reject, or be denied for a SCI certification will have no impact upon the current RFH approval or pending approval. When resource parents must have specified experience, the department will check references from other agencies and professionals and verify the applicable experience.

Resource parents of children determined to be eligible for a SCI will be encouraged to participate in the additional training required to obtain the SCI certification and will be allowed a time period of 90 days in which to obtain it. Such homes may be provisionally certified for the 90-day time period. Prior experience as resource parents and/or combination of education and experience will be considered when determining the type and amount of training necessary for certification.

I/we agree to:

1. [ ] Successfully complete up to 20 hours of specialized training to qualify for the SCI certification prior to receiving placement of children with specialized care needs or within 90 days after placement of children with specialized care needs.
2. [ ] Provide verification of training to the Resource Family Approval Social Worker.
3. [ ] The caregiver has the knowledge and experience necessary to meet the child’s special needs and shall be exempt at this time from any additional training requirements in order to receive the SCI.
4. [ ] Maintain at least one stay at home parent and/or have a work schedule that is compatible with meeting the needs of a foster child with specialized needs.
5. [ ] Assist agency staff in identifying and approving respite providers that must be approved, trained, and available prior to receiving children and to allow respite providers to stay in my home for extended hours to provide a service.
6. [ ] Complete 20 hours of training annually after the first year to maintain the SCI certification and provide verification of training to the Resource Family Approval Social Worker.
7. [ ] Allow more frequent in-home visits from department staff and staff persons from other agencies.
8. [ ] Provide transportation as needed to enable the foster child with specialized needs to receive services.
**Required Training Topics**

- HIV/AIDS and Other Autoimmune Deficiency Disorders
- Handling Serious Communicable Diseases
- Acute Asthma
- Diabetes
- Drug/Alcohol Withdrawal
- Developmental Delays
- Heart Conditions
- Physical Urinary Tract/Bowel Problems
- Blindness/Deafness
- Physically Handicapped
- Blood Disorders
- Epilepsy and Other Seizure Disorders
- Brain Damage
- Use of Medical Equipment, Apnea Monitor, Breathing Machines, Feeding Tubes, Etc.
- Profound Intellectual Disabilities
- Terminal Illness
- Down Syndrome and Other Genetic Abnormalities
- Understanding and Managing Problem Behavior
- Mental Health Issues
- The Seriously Emotionally Disturbed (SED) Child and Behavior Problems
- PTSD in Children and Adolescents
- Working with the Oppositional Defiant Child/Adolescent
- Controlling Aggressive, Violent Behavior and Rage in Youth
- Other: 
- Other: 
- Other:

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**Signature of Resource Parent**

**Date**

**Signature of Resource Parent**

**Date**

**Signature of RFA Social Worker**

**Date**

**Signature of RFA Supervisor**

**Date**

YCHSO (2/11/2021)
Distribution: Resource Parent, RFA Director
Dear [Name],

Your request for a Specialized Care Increase Rate Certification has been:

☐ Approved effective _____ for the amount of _____.

☐ Approval is provisional pending completion of additional training requirements. Training requirements must be completed within 30 days - by _____, if training requirements are not completed timely, the specialized care rate may be stopped.

☐ Denied effective _____ because the child does not meet the requirements for extensive care and supervision needs related to health and/or development condition(s).

☐ Stopped effective _____ based on the following reasons:

☐ The 90-day time period allotted to complete additional training requirements has passed and _____ has/have failed to complete all of it.

☐ The level of care and supervision needs related to the child's health and/or developmental condition(s) have decreased

If you have any questions, please call me. My phone number is _____.

Sincerely,

[Signature]

Child and Adult Protective Services Social Worker
The County of Yuba
HEALTH & HUMAN SERVICES DEPARTMENT

Jennifer Vasquez, Director
P.O. Box 229, 3508 Paddock Ave., Suite 100, Marysville, California 95901
Phone: 530-746-6101 FAX: 530-746-6206

Date: ________

You are receiving this notice because:

- You are currently receiving a Specialized Care Incurrence (SCI) rate and are due for a reassessment, or
- You have made a request to determine if you qualify for a higher Level of Care (LOC) rate based on the needs and services of the child in your care.

This notice is to advise you that with the implementation of the new LOC rate structure replacing the old age-based rate structure, Yuba County Child and Adult Protective Services (CAPS) is making changes to Yuba County SCI Plan and rate structure. Changes to the qualifying criteria have also been made to align with the new Statewide SCI Matrix.

How could this impact me?

Because of the increased rates provided through the LOC protocol, the SCI program has been revised to include only one level. The SCI will compensate for the extreme daily care and supervision needs for a child that are not included in the LOC. It is anticipated that with the new rate structure, you will likely maintain the same total payment you are currently receiving, unless the needs of the child in your care have changed.

<table>
<thead>
<tr>
<th>Old SCI Rate</th>
<th>Total Level 4 Payment to Caregiver (Old Rate)</th>
<th>New SCI Rate</th>
<th>Total Payment to Caregiver (New Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 4 ($991)</td>
<td>$923 + $991 = $1,914.00</td>
<td>Basic Rate</td>
<td>$923 + $879 = $1,802</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LOC 2</td>
<td>$1,027 + $879 = $1,906</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LOC 3</td>
<td>$1,131 + $879 = $2,010</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LOC 4</td>
<td>$1,235 + $879 = $2,114</td>
</tr>
</tbody>
</table>

As with any redetermination, you may experience a decrease or increase in payment if it is determined that the needs of the child have changed.

What actions should I take?

Cooperate with the social worker when you are contacted regarding a redetermination of the SCI. The social worker will work with you to determine the appropriate LOC rate for the child in your care and assess whether you qualify for a SCI.

If you have questions regarding this letter, please contact your social worker, [Contact Information], at 530-746-______.
Yuba County Health and Human Services Department
POLICY AND PROCEDURES

POLICY NUMBER | CWS-006-005 | FUNCTIONAL LEVEL | Placement
--- | --- | --- | ---
POLICY TITLE | Specialized Care Increment Plan

The policy and procedure provides guidelines for the utilization of the specialized care increment (SCI) rate for caregivers who are providing care to Yuba County foster children.

ATTACHMENTS
- YCHHSD 353 - Specialized Care Increment Resource Family Home Certification Agreement
- YCHHSD 352 - SCI Notice of Action
- YCHHSD 350 - Specialized Care Increment Assessment Form
- YCHHSD 352 - SCI Notice of Action.

REFERENCES
- All County Letter 17-11
- All County Letter 18-06
- All County Letter 18-48

ORIGINAL ISSUE DATE | 04/01/2001 | REVISED DATE(S) | 03/07/2012, 04/04/2016, 08/01/2018

POLICY

As a result of the implementation of the Level of Care (LOC) rate structure, Yuba County is implementing a one level SCI system effective August 1, 2018. The new SCI system will provide a supplemental payment, in addition to the LOC rate, to compensate resource families for extreme daily care and supervision needs of a child who has severe health, developmental, and/or behavioral/emotional needs not covered by the LOC rate.

Resource families with a SCI in place at the time of implementation of the new SCI system will be reassessed at the time of redetermination or upon completion of the LOC rate determination protocol, whichever is earlier. Information regarding the Yuba County SCI system will be provided to resource parents by the Resource Family Approval (RFA) Social Worker (SW) during RFA orientation.

Resource families may request that their homes be designated as a SCI RFH at any time. In order to receive the designation, the resource family must complete the requirements of the RFA process and agree to complete additional training requirements. The determination regarding the number of hours of training and the types of training required will be made by the RFA SW. The general guideline is that 20 hours of training will be required, but the amount may be higher or lower depending upon the resource parent’s prior experience, education, and/or training and/or the specialized needs of the child. The RFA SW will develop a training plan with the resource parent(s).

The SCI is $679.00. In order for a placement to qualify for the SCI, the child must require care and supervision in excess of the LOC to meet their specific health, developmental, or behavioral/emotional needs. The qualifying factors are listed on the YCHHSD 350 - Specialized Care Increment Rate Assessment Form (Attachment 1).
PROCEDURE

I. SCI Certification

A. Resource parent requests SCI certification.

1. If the resource parent requests the SCI certification during the LOC rate determination process, the SW may grant provisional approval if the daily care and supervision needs meet the SCI criteria. Refer to Section II of this Policy and Procedure for detailed instructions.

B. The RFA SW shall schedule an appointment with the resource parent(s) to develop a training plan to ensure the SCI training requirement is met and complete the YCHHSD 353 - Specialized Care Increment Rate Resource Family Home Certification Agreement (Attachment 2). The YCHHSD will specify the type of training needed and timeframes for completion. The RFA SW shall monitor completion of required training.

C. The RFA SW shall review the expectations of a SCI RFH with the resource parents. The expectations are as follows:

1. At least one resource parent must be an at home parent and/or have a work schedule which is compatible with meeting the needs of a foster child identified as needing specialized care.
2. All persons providing care in the RFH must successfully complete up to 20 hours of specialized training as determined by the RFA SW prior to or within 90 days of receiving placement of children at the specialized care rate.
3. The resource parent(s) and others providing care must agree to more frequent visits from department staff and other agencies who will be monitoring and supervising the home and the child in order to best meet the child’s specialized care needs.
4. The resource parent(s) and other caretakers must be willing and able to provide transportation as needed in order for the foster child to receive services necessary for the specialized needs.

D. Provisional approval

1. Provisional approval can be granted for 90 days by the RFA SW or the SW to enable the resource parent(s) to obtain the required training.
2. The provisional approval can be extended for an additional 90 days if necessary to allow the resource parent(s) to complete the additional training requirements.
3. The extension will be the exception rather than the rule and will be granted on a case-by-case basis.
4. If the caregiver(s) fail to complete the training requirements, the SCI will be discontinued. The home will continue to receive the LOC rate.

E. The RFA SW shall route the YCHHSD 353 to his/her supervisor for review and approval.

F. The RFA Supervisor shall review and approve the YCHHSD 353 and route it back to the RFA SW for distribution.

G. Upon receiving verification that all certifications requirements have been completed, the RFA SW shall RFA SW shall:
1. Complete the YCHHSD 352 - SCI Notice of Action (Attachment 3) and provide it to:
   a. The resource parent(s)
   b. The SW
   c. The FC ET

2. Add a special project code of SCI Certified to the Placement Home Notebook in CWS/CMS. This will make it possible to complete a placement match at a later date if there is a need for a SCI Certified placement home.

3. If the RFH is open to new placements, add the information to the list of county RFHs provided on the Changing of the Guard report and notify staff of the RFH's SCI certification at the Child and Adult Protective Services Changing of the Guard meeting.

II. SCI Assessment

1. The SW shall complete the SCI assessment in conjunction with the LOC rate determination if the child has severe health, developmental, or emotional needs requiring extreme levels of care and supervision that are not covered by the LOC.

2. The SW shall complete the YCHHSD 350 - Specialized Care Increment Rate Assessment Form and route it to his/her supervisor for review and approval.

C. The SW Supervisor shall review and approve the YCHHSD 350 and route it back to the SW for distribution.

D. The SW shall:

   1. Distribute the YCHHSD 350 as follows:
      a. Route the original of the YCHHSD 350 to the Foster Care Eligibility Technician (FC ET).
      b. Route a copy of the YCHHSD 350 form to the Resource Family Approval (RFA) SW.
      c. File a copy of the YCHHSD 350 in the service case file.

   2. Complete the YCHHSD 352 and:
      a. Mail the YCHHSD 352 to the resource family.
      b. Route a copy of the YCHHSD 352 to the RFA SW.
      c. Route a copy of the YCHHSD 352 to the FC ET.
      d. File a copy of the YCHHSD 352 in the service case file.

   3. Complete the YCHHSD 351 – FC Referral to Eligibility (Attachment 4), Section IV (Change in Circumstances), Special Care Rate information, and route it to the FC ET.

F. The RFA SW shall:

   1. File the YCHHSD 350 and YCHHSD 352 in the RFA case file for the placement home.
   2. Schedule a meeting with the resource family to determine the types and amount of training needed for the SCI and complete the YCHHSD 353 (if not done prior to the SW assessment).
G. The FC ET shall:

1. Review the YCHHSD 350 and YCHHSD 352 to verify the resource family home is certified for the SCI.
2. Process the rate change.

III. Denial Process

A. Denial for SCI certification shall be determined by the RFA SW, with the approval of the RFA Supervisor.

1. The RFA SW shall:
   a. Complete the YCHHSD 352 and provide it to:
      i. The resource parent(s) – along with a PUB 13 - Your Rights pamphlet (The YCHHSD 352 contains the reasons for denial and the PUB 13 contains appeal rights.)
      ii. The SW.

IV. SCI Reassessment

A. The SW shall reassess continued need for the SCI at a minimum of every six months. The reassessment should be completed in conjunction with court review hearings and/or case plan updates (for voluntary cases).

C. The reassessment may be completed more often if there is a change in the child’s specialized care needs.

D. The reassessment process is the same as the process for the initial assessment. Refer to Section II of this Policy and Procedure for detailed instructions.

E. The FC ET shall discontinue the SCI if the updated YCHHSD 350 is not provided prior to the expiration of the certification period identified on the previous YCHHSD 350.

V. SCI Discontinuance

A. The SCI shall be discontinued for the following reasons:

1. A change in circumstances resulting in lower care and supervision needs related to health and/or developmental issues.
2. Resource parent(s) fail to complete the additional training requirements.

B. RFA SW shall:

1. Complete the YCHHSD 352 documenting the reason for the discontinuance.
2. Mail the YCHHSD 352 to the resource family.
3. Route a copy of the YCHHSD 352 to the FC ET.
4. Route a copy of the YCHHSD 352 to the SW.
5. End date the special project code of SCI Certified in the Placement Home Notebook in CWS/CMS.
6. If the RFH is open to new placements, remove the SCI designation from the list of county RFHs provided on the Changing of the Guard report and notify staff of the RFH’s SCI certification discontinuance at the Child and Adult Protective Services Changing of the Guard meeting.
C. The SW shall:

1. File the YCHHSD 352 in the service case file.
2. Complete the YCHHSD 351 (Change in Circumstances section, Special Care Rate information) and route it to the FC ET.

D. The FC ET shall process the discontinuance.
SPECIALIZED CARE INCREMENT RATE ASSESSMENT FORM

Child's Name: ____________________________  DOB: __________

Case Name: ____________________________

Caregiver Name(s): ______________________

Qualifying Criteria

Instructions: In order to qualify for the specialized care increment rate, at least one of the factors below must apply. Check all applicable factor(s).

Medical Conditions

☐ More than 6 appointments per month not including routine dental or physical examinations.

☐ AIDS - Asymptomatic, stable

☐ FAS 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.

☐ Seizure disorder requiring close monitoring and multiple medications to control.

☐ Extreme breathing difficulties requiring 4 or more breathing treatments daily and multiple prescriptions medications (not including inhalers).

☐ Continuous oxygen

☐ Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program.

☐ Tube feedings (i.e. GI, NG, NGO, Bolus feedings or continuous feedings [12 hours or less per day])

☐ Hemophilia 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

☐ Tracheotomy

☐ Brovace (or other type of central line)

☐ Colostomy/ileostomy

☐ 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.

☐ Child receiving chemotherapy.

☐ Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment.

☐ Severe Cerebral Palsey or physical disability requiring adaptive equipment (non-ambulatory).

☐ 2nd/3rd degree burns requiring daily dressing changes.

☐ Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child.
Combined cleft lip/palate.
Severe brain injury requiring total assistance with activities for daily living (i.e. near drowning, shaken baby syndrome, battered child syndrome, accident, etc.).
Scoliosis requiring surgical intervention and extensive rehabilitation.
Systemic Immunosuppressant Conditions
Other: 

Developmental Delays or Disabilities
Severe learning disabilities/delays requiring extensive daily assistance from the care provider and secondary behavior problems requiring assistance from a behavioral specialist.
Profound intellectual disability. Multiple impairments, 0-3 years of age; receiving Early Intervention Services through Regional Center (documentation required).
ADHD as diagnosed by a physician. Behavior modification needed in conjunction with 2 or more prescribed medications. Child exhibits extreme out of control behavior and requires extremely close supervision and monitoring by the care provider.
Other: 

Behavioral Issues
Child at extreme risk to self and/or others. In addition, therapeutic plan is required to address the child's disruptive, dangerous, and high risk behaviors.
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.
601 and 602 behaviors frequently exhibited.
Monthly evaluations to track the progress of the minor and adjust treatment strategies as needed.
Child at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances.
Other: 

Approval Information
Approved for Specialized Care Incurrence Rate:  
Authorized time period (6 month time period): to 
Social Worker Signature: Date: 
Social Worker Supervisor Signature: Date: 

W. Johnson (signature)
Child's Name
Original - Foster Care Agency/Community
Copies - RSA Social Worker and Case File.
SPECIALIZED CARE INCREMENT RATE RESOURCE FAMILY HOME
CERTIFICATION AGREEMENT

Resource Parent Name(s):

Resource Family Home Address:

Phone No.:

APPLICANT RESPONSIBILITIES

In addition to complying with the Health and Safety Codes and regulations regarding resource family approval, I/we understand that in order to qualify for a Specialized Care Increment (SCI) certification, all requirements that exist for a resource family home (RFH) must be met. If the home meets the guidelines for a regular RFH approval, it is understood that the decision to accept, reject, or be denied for a SCI certification will have no impact upon the current RFH approval or pending approval. When resource parents must have specified experience, the department will check references from other agencies and professionals and verify the applicable experience.

Resource parents of children determined to be eligible for a SCI will be encouraged to participate in the additional training required to obtain the SCI certification and will be allowed a time period of 90 days in which to obtain it. Such homes may be provisionally certified for the 90-day time period. Prior experience as resource parents and/or combination of education and experience will be considered when determining the type and amount of training necessary for certification.

I/we agree to:

1. [ ] Successfully complete up to 20 hours of specialized training to qualify for the SCI certification prior to receiving placement of children with specialized care needs or within 90 days after placement of children with specialized care needs.
2. [ ] Provide verification of training to the Resource Family Approval Social Worker.
3. [ ] The caregiver has the knowledge and experience necessary to meet the child's special needs and shall be exempt at this time from any additional training requirements in order to receive the SCI.
4. [ ] Maintain at least one stay at home parent and/or have a work schedule that is compatible with meeting the needs of a foster child with specialized needs.
5. [ ] Assist agency staff in identifying and approving respite providers that must be approved, trained, and available prior to receiving children and to allow respite providers to stay in my home for extended hours to provide a service.
6. [ ] Complete 20 hours of training annually after the first year to maintain the SCI certification and provide verification of training to the Resource Family Approval Social Worker.
7. [ ] Allow more frequent in-home visits from department staff and staff persons from other agencies.
8. [ ] Provide transportation as needed to enable the foster child with specialized needs to receive services.
8. [ ] Allow trained agency staff to provide hands-on training in the home on an as-needed basis.

<table>
<thead>
<tr>
<th>Required Training Topics</th>
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<tr>
<td>HIV/AIDS and Other Autoimmune Deficiency Disorders</td>
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<tr>
<td>Handling Serious Communicable Diseases</td>
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<td>Acute Asthma</td>
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<td>Diabetes</td>
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<td>Drug/Alcohol Withdrawal</td>
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<td>Developmental Delays</td>
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<tr>
<td>Heart Conditions</td>
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<td>Physical Urinary Tract/Bowel Problems</td>
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<td>Blindness/Deafness</td>
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<td>Physically Handicapped</td>
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<td>Blood Disorders</td>
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<td>Epilepsy and Other Seizure Disorders</td>
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<td>Brain Damage</td>
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<tr>
<td>Use of Medical Equipment, Apnea Monitor, Breathing Machines, Feeding Tubes, Etc.</td>
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<tr>
<td>Profound Intellectual Disabilities</td>
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<tr>
<td>Terminal Illness</td>
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<tr>
<td>Down Syndrome and other Genetic Abnormalities</td>
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<tr>
<td>Understanding and Managing Problem Behavior</td>
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<tr>
<td>Mental Health Issues</td>
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<tr>
<td>The Seriously Emotionally Disturbed (SED) Child and Behavior Problems</td>
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<tr>
<td>PTSD in Children and Adolescents</td>
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<td>Working with the Oppositional Defiant Child/Adolescent</td>
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<tr>
<td>Controlling Aggressive, Violent Behavior and Rage in Youth</td>
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<tr>
<td>Other:</td>
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<td>Other:</td>
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</table>

Signature of Resource Parent ___________________________ Date ____________

Signature of Resource Parent ___________________________ Date ____________

Signature of RFA Social Worker ___________________________ Date ____________

Signature of RFA Supervisor ___________________________ Date ____________

YCS05-053 (Rev. 05/2004)
Distribution: Resource Parent, RFA Case Focal Point
The County of Yuba
HEALTH & HUMAN SERVICES DEPARTMENT

Jennifer Vasquez, Director
P.O. Box 2755, 9700 Park Ave., Suite 100, Marysville, California 95901
Phone: (530) 746-4311 FAX: (530) 746-6365

Date:

Dear 

Your request for a Specialized Care Increase Rate Certification has been:

☐ Approved effective _____ for the amount of _____.

☐ Approval is provisional pending completion of additional training requirements. Training requirements must be completed within 90 days - by ____. If training requirements are not completed timely, the specialized care rate may be stopped.

☐ Denied effective _____ because the child does not meet the requirements for extensive care and supervision needs related to health and/or development condition(s).

☐ Stopped effective _____ based on the following reasons:

☐ The 90-day time period allotted to complete additional training requirements has passed and _____ has/have failed to complete all of it.

☐ The level of care and supervision needs related to the child's health and/or developmental condition(s) have decreased

If you have any questions, please call me. My phone number is _____.

Sincerely,

[Signature]

Child and Adult Protective Services Social Worker
## FC REFERRAL TO ELIGIBILITY

**Referred By:**
- CPS: Probation
- Child's Name: [Redacted]
- Child's Name: [Redacted]
- Child's Name: [Redacted]
- National Rate: Mother: [Redacted]
- Address: [Redacted]
- Father: [Redacted]
- Address: [Redacted]

**Date:** 03/11/2017

### Initial Placement
- Date and Time Removed from Caregiver: [Redacted]
- Placement Date: [Redacted]
- Parent Date: [Redacted]
- Temporary Parent for Removal: [Redacted]
- Person from Who Removed (Legal): [Redacted]
- Person from Who Removed (Physically): [Redacted]
- Name of Substitute Care Provider/Placement Facility: [Redacted]
- Physical Address: [Redacted]
- County Where Placement Located: [Redacted]
- License Number if Applicable: [Redacted]
- Payee Name and Mailing Address: [Redacted]
- Emergency Placement with Relative: [Redacted]
- Basic Rate: [Redacted]
- Special Care Rate (If Applicable): [Redacted]
- Special Care Rate Reason: [Redacted]
- Level of Care: [Redacted]
- Custody Notification (Date and Time): [Redacted]
- Guardian: [Redacted]

### Change in Placement (FC has not been discontinued)
- Change in Placement: [Redacted]
- Subordinate Care Provider/Placement Facility: [Redacted]
- Physical Address: [Redacted]
- County Where Placement Located: [Redacted]
- License Number if Applicable: [Redacted]
- Payee Name and Mailing Address: [Redacted]
- Emergency Placement with Relative: [Redacted]
- Basic Rate: [Redacted]
- Special Care Rate (If Applicable): [Redacted]
- Special Care Rate Reason: [Redacted]
- Level of Care: [Redacted]
- Custody Notification (Date and Time): [Redacted]

### Change in Circumstances
- Minor R&D Away On: [Redacted]
- Hold Placement Until: [Redacted]
- Placement Termination Date: [Redacted]
- Placement Termination Reason: [Redacted]
- Change in Legal Authority From: [Redacted]
- To: [Redacted]
- Change of Address for Substitute Care Provider/Placement Facility: [Redacted]
- New Address: [Redacted]
- Change in Family Agency: [Redacted]
- Agency Mailing Address: [Redacted]
- Adaptative Agreement Signed Date: [Redacted]
- Special Care Rate: [Redacted]
- Educational Placement Status: [Redacted]
- Educational Placement Reason: [Redacted]
- Legal Guardianship Established: [Redacted]
- FC Application Date: [Redacted]

### Transfers
- From: [Redacted]
- To: [Redacted]