POLICY:
When a social worker places a child, changes the placement, or at six month reassessment, the social worker shall review the special needs of each child. Based upon the criteria attached below the highest level of SCI shall be requested.

Rates are reviewed at six months intervals. The rate may be increased or decreased based on the needs of the child.

The Foster Parent will receive a Notice of Action whenever change occurs.

PROCEDURE:
When requesting a specialized care rate for a child in foster care a Dependent/Ward Payment Plan (56-4-4) must identify the following:

- A specific description of the child’s behavior/emotional problems which warrant a specialized care rate.
- A description of what services the foster parents are going to provide the child
- If transportation is included in the SCI it must be clearly linked to the physical, emotional, or developmental needs of the child.
- Identify on the payment plan what type of specialized care increment is requested: MODERATE, SEVERE, INTENSIVE or ENRICHED

RATE:
Ventura County has the following SCI levels: Effective January 1, 2008

<table>
<thead>
<tr>
<th>SCI LEVEL</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>$ 50.00 + basic foster care</td>
</tr>
<tr>
<td>Severe</td>
<td>$164.00 + basic foster care</td>
</tr>
<tr>
<td>Intensive</td>
<td>$263.00 + basic foster care</td>
</tr>
<tr>
<td>Enriched</td>
<td>$890.00 total SCI and Basic Foster Care rate; includes all ages.</td>
</tr>
<tr>
<td>RATE LEVEL</td>
<td>CRITERIA</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| MODERATE   | • Behavior problems.  
• Twice monthly medical therapy or other appointments  
• Occasional bedwetting or soiling.  
• Minor physical problems, requiring special soap.  
• Child in cast, or simple injury.  
• Problems in school requiring some tutoring.  
• Emotional needs of the child require less than 20 miles daily total transportation. | $50 + basic foster care |
| SEVERE     | • Behavioral problems requiring considerable structure.  
• More than occasional bedwetting.  
• More than twice monthly transportation.  
• Special diet or formula  
• Physical problems requiring special care.  
• Supervision with prescribed medication, or diabetic child that self injects.  
• Emotional needs of the child requires more than 20 miles but less than 40 miles daily total transportation. | $164.00+ basic foster care |
| INTENSIVE  | • Numerous medical appointments.  
• Physically destructive, unsocialized behavior.  
• Emotional problems requiring therapeutic intervention.  
• Requires constant supervision and control to ensure safety of self and others.  
• Child is diabetic, needs foster parent to inject, and/or has frequent emergencies.  
• Child has serious communicable disease, requiring extensive observation.  
• Premature infant requires close observation.  
• Emotional needs of the child require 40 to 60 miles daily total transportation. | $263.00+ basic foster care |
| ENRICHED   | • Non-organic failure to thrive due to severe physical/emotional neglect.  
• Neo-natal withdrawal syndrome  
• Severe cerebral palsy  
• Very low birth weight babies needing multiple specialists appointments  
• Gastric-intestinal tube feeding.  
• Chronic significant depression, displaying behavior such as suicide ideation, or self-mutilation.  
• A child diagnosed with chronic mental disorder that requires ongoing therapeutic intervention. | $890.00 total for all ages |
COUNTY OF VENTURA
HUMAN SERVICES AGENCY
CHILDREN AND FAMILY SERVICES

DEPENDENT/WARD PAYMENT PLAN

To be completed on ALL payment plans where anything other than the Basic Foster Care rate is requested.

<table>
<thead>
<tr>
<th>Case #</th>
<th>Regional Center Client (please check if child is receiving regional center services)</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Case Name</th>
<th>DOB</th>
<th>Vendor Name</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Placement</th>
<th>Vendor Address</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
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</tbody>
</table>

**TYPE OF PLAN:**
- [ ] Special Need
- [ ] Clothing
- [ ] Out of State
- [ ] Out of County
- [ ] Dual Agency

**FUNDING SOURCE:**
- [ ] Foster Care
- [ ] Trust Fund
- [ ] Kinship Emergency
- [ ] SCIAP
- [ ] All County Funds

**DESCRIBE NEED:**

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

**Effective Date:** ________________

**Termination Date:** ________________

**Amount:** ________________

[ ] Rate added to CWS/CMS

**Social Worker/Probation Officer**

[ ] Approved [ ] Denied

**Date**

**Eligibility Officer**

**Date**

**Eligibility Supervisor**

**Date**

**Child Welfare or Probation Supervisor**

**Date**

**Program Manager**

[ ] Approved [ ] Denied

**Date**

**Special Funding Approval**

**Date**

**Kinship Emergency:**

[ ] Approved [ ] Denied

**All County Funds:**

[ ] Approved [ ] Denied

White copy to Eligibility Officer / Yellow: Services Case

56-04-04 (11-10)