

**SAN BENITO COUNTY CPS
SPECIALIZED CARE INCREMENT (SCI) PLAN
Updated June 2018**

The specialized care program provides a supplemental payment to the foster family provider for the cost of providing care and supervision to meet the additional daily needs of a child with health and/or behavioral concerns. The specialized care increment (SCI) is the supplemental payment added to the Level of Care (LOC) rate for children who are determined to have moderate to exceptional care needs due to qualifying factors, such as specialized medical care, developmental delay issues, or behavioral needs.

San Benito County's current specialized care program structure is based on Difficulty of Care, Adolescent Care and Medically Fragile Home, and is available to foster family homes, including relatives, non-related extended family members (NREFM), county licensed, non-related legal guardians, and, per guidelines of ACL 07-13, KinGap homes.

San Benito County's new SCI rate will still be available to foster family homes, including relatives; NREFM; county licensed foster; resource family approved; Adoption Assistance Program (AAP); and KinGap homes. In addition, children/youth receiving payment through the Approved Relative Caregiver (ARC) program will also be eligible for SCI. Foster family homes receiving dual agency or Intensive Services Foster Care rates will not be eligible for SCI, nor will non-minor dependents living in Supervised Independent Living Programs.

The new SCI assessment tool (See ***Request for Specialized Care Increment***) provides staff with the guidelines of the health/medical conditions, developmental delays or disabilities, and/or behavioral issues that would qualify for the SCI rate. Caregivers who do not meet the needs directly and instead rely on the agency to provide support to meet these needs will not be eligible for the SCI.

New SCI Payment Amount

The new flat SCI rate of \$100 will be added to the determined LOC rate when SCI criteria are met.

County Review and Reassessment Process

Social workers will complete both the Level of Care (LOC) and SCI assessment tools following a Child and Family Team (CFT) meeting *unless* an SCI assessment is needed imminently in order to stabilize a placement. Social workers will submit initial SCI assessments to their supervisors for review. If the supervisor is in agreement, the SCI assessment, including any supporting documentation, will be forwarded to the Deputy Director for review and final approval to ensure all claims are documented as required. Supporting documentation will be required and must be included for all SCI requests. Acceptable forms of documentation include, but are not limited to, SCI assessment tools; Level of Care (LOC) assessment tools; Case Plans; Child Assessment of Needs and Strength (CANS) assessment tools; Resource Parent LOC assessment tools; and/or letters and reports from clinicians, behavior specialists, medical professionals, Regional Center staff, and school staff. Approved SCI assessments,

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along with required eligibility documents, are then forwarded to the Foster Care Eligibility unit for payment processing.

SCI reassessments are to occur annually from the date of the last approved SCI assessment or at any time a LOC assessment is triggered. For SCI reassessments, supervisor and Deputy Director signatory approval will be required.

SCI Assessments

Each LOC assessment will trigger an SCI assessment, and the information from each tool will be utilized to help inform the assessment of each tool. Both the LOC and SCI assessments will be conducted together in order to simplify the social worker's workload and to ensure the SCI assessment is being conducted consistently and in a timely manner. The SCI assessment tool will be conducted following:

- An initial out-of-home placement with a foster family;
- Change of placement to another foster family home;
- Step down from a Short Term Residential Therapeutic Program (STRTP) or group home placement to a foster family home;
- An assessment that the youth's behavior, health, or other qualifying factors that did not previously meet SCI determination is now met;
- The foster family caregiver requests a reassessment to determine eligibility; and/or
- When the current SCI assessment is expiring.

Proposed Implementation Dates

San Benito County intends to implement the new SCI plan along with the implementation of LOC by August 1, 2018 following the training of all staff on the new policy and procedures.

Families currently receiving SCI will continue to receive the approved SCI until the SCI expires or the placement undergoes a LOC assessment. Current SCI approvals expire in six months from the approved start date. All current SCI approvals will end no later than December 31, 2018.

In the event a LOC and the new SCI assessment is completed and if the determination results in a lower payment, the rate will not be decreased.

Notifying Families

San Benito County plans on issuing a letter to foster families notifying them of LOC and SCI.

NOA Forms

The State Notice of Action (NOA) form (See *Notice of Action – Approval, Change or Discontinued (NA 403)*) will be used to notify the foster family caregivers of the approval, redetermination or discontinuance of a SCI rate. The NOA form will not be used to inform a foster family caregiver of a

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denial of a SCI rate as the social worker is to work with the family when assessing the LOC and SCI rates.

SCI Point of Contact

Tracey Belton, Deputy Director
San Benito County, Health & Human Services Agency, Child Protective Services
1111 San Felipe Road
Hollister, CA 95023
(831) 630-5146
tbelton@cosb.us

Child's Name Click or tap here to enter text.	DOB Click or tap here to enter text.	Age Click or tap here to enter text.	Social Worker Name Click or tap here to enter text.
Resource Family Name Click or tap here to enter text.		Case Name Click or tap here to enter text.	
Begin Date Click or tap here to enter text.	<input type="checkbox"/> Initial Assessment <input type="checkbox"/> Reassessment		

AREA	CONDITIONS and ACTIVITIES <i>The following list is not intended to include every possible condition or activities, but rather as some basic guidelines. In general, the conditions are suggested to be the minimum.</i>
<u>Medical conditions</u> Alcohol exposure (FAS, FASD or FAE) Respiratory Difficulties and Diseases Failure to Thrive Diabetes & Heart Disease Hemophilia Seizures Physical Disabilities/Impairments Brain Injury (abuse or accidental) Visually impaired (birth, abuse, or accidental) Hearing impaired (birth, abuse, or accidental) Immune Disorders Surgical intervention Orthopedic abnormalities (birth or abuse) (i.e. scoliosis) Severe burns	<ul style="list-style-type: none"> <input type="checkbox"/> Two or more medical specialist appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Positive toxicology screen at birth (level should be reduced at 6-month review if baby is not exhibiting any symptoms or difficulties). <input type="checkbox"/> Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE). <input type="checkbox"/> Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure <input type="checkbox"/> Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis. <input type="checkbox"/> Failure to thrive due to mild feeding difficulties, or moderate feeding difficulties requiring therapy or special feeding techniques. <input type="checkbox"/> Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions. <input type="checkbox"/> Heart disease requiring close monitoring no intervention special treatments or diet. <input type="checkbox"/> Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program. <input type="checkbox"/> Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc.) <input type="checkbox"/> Sickle Cell – SB + Thal, Mild Symptoms. <input type="checkbox"/> Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic), <input type="checkbox"/> Sickle Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc.), or Sickle Cell SC, Severe Symptoms. <input type="checkbox"/> Seizures requiring intermittent monitoring, medications and other interventions to control. <input type="checkbox"/> Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits, <input type="checkbox"/> 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. <input type="checkbox"/> Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention. <input type="checkbox"/> Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. <input type="checkbox"/> Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch). <input type="checkbox"/> Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment.

AREA	CONDITIONS and ACTIVITIES <i>The following list is not intended to include every possible condition or activities, but rather as some basic guidelines. In general, the conditions are suggested to be the minimum.</i>
	<input type="checkbox"/> Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. <input type="checkbox"/> Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child. <input type="checkbox"/> HIV positive clinically well <input type="checkbox"/> Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. <input type="checkbox"/> Combined cleft lip/palate. <input type="checkbox"/> Other:
<u>Developmental delays or disabilities</u> Developmental Delay Developmental Disability (e.g., Intellectual Disability, Autism Spectrum etc.) Learning Delays or Disabilities Sensory Integration Disorder	<input type="checkbox"/> Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW. <input type="checkbox"/> Severe learning delays or disabilities requiring extensive daily assistance several times a day from the care provider. <input type="checkbox"/> Intermittent assistance from a behaviorist or social/health services provider. <input type="checkbox"/> Regular in-home assistance from a behaviorist or social/health services provider. <input type="checkbox"/> Regional Center client: 0-3 years of age to be included in Early Intervention Program (EIP) (i.e. Lori Ann Infant Stimulation, Exceptional Parents Unlimited (EPU). Documentation required from either EIP or RC social <input type="checkbox"/> Multiple impairments, less than 18 months developmentally, non-ambulatory. Regional Center client documentation required from RC SW. <input type="checkbox"/> Other:
<u>Emotional/Behavioral Issues</u>	<input type="checkbox"/> The caregiver needs special training and participates in counseling with the child/youth to assist in stabilization of behavior. <input type="checkbox"/> Active participation in all areas of counseling and intervention is required by the caregiver in order to facilitate therapy and treatment. <input type="checkbox"/> Personal property of others in the home at high risk. <input type="checkbox"/> Other:

Resource Parent Signature

Date

Social Worker Signature

Date

Supervisor Signature

Date

NOTICE OF ACTION

Worker Name:
Worker ID:
Worker Phone Number:
Notice Date:
Case Name:
Case Number:
Office Hours:
TDD - For Hearing Impaired:

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of _____ the County has _____
your _____

Budget Calculation:

Here's why:

Rules: These rules apply. You may review them at your welfare office:
(This section must be completed to validate this Notice of Action)

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 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:

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.

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 _____ County about my:

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 _____



SAN BENITO COUNTY

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FOSTER CARE RATES EFFECTIVE JULY 1, 2019

San Benito County Foster Care Rates
 4.15% increase effective 7/1/19 (ACL 19-70)

	LOC Rates for RF, FFH, Relatives (including ARC), NREFMs and NMDs (not residing in a SILP). Kin-Gap & NRLG est. on or after 1/01/17			
	Basic Level Rate	LOC 2	LOC 3	LOC 4
RF	\$1,000	\$1,112	\$1,225	\$1,337
Social Work	\$354	\$354	\$354	\$354
Social Services & Support	\$162	\$208	\$254	\$336
RFA	\$50	\$50	\$50	\$50
Administration	\$700	\$700	\$700	\$700
Total	\$2,266	\$2,424	\$2,583	\$2,777

*Please note NMDs residing in SILP and NRLG Probate cases where guardianship was established on or after January 1, 2017 are **only eligible for the Basic Level Rate** and its corresponding CNL increase.

Kin-GAP & NRLG (Including Probate) Est. Prior to 1/01/17					
Rate Level	0-4 Years	5-8 Years	9-11 Years	12-14 Years	15-19 Years
Basic Rate Kin-GAP, NRLG, Probate NRLG Established Prior to May 1, 2011	\$581	\$632	\$677	\$746	\$819
Basic Rate Kin-GAP, NRLG, Probate NRLG Est. 5/01/2011-12/31/2016	\$795	\$859	\$905	\$948	\$993

Infant Supplement						
Placement Type	GH	FFH/FFA	THP+FC Single Site	THP+FC Remote Site	THP+FC Host Family	SILP
Rate	\$1,379	\$900	\$900	\$900	\$900	\$900

Specialized Care Increment (SCI)			
Level	Level 1	Level 2	Level 3
	\$345.00	\$586.00	\$826.00

* SCI cannot be paid to NMDs residing in a SILP

Clothing Allowance			
Initial & Annual	0-4 years	5-11years	12 & up
	\$120.00	\$150.00	\$181.00

*Children placed with a Relative and receiving CalWorks are not eligible