



COUNTY FOSTER CARE RATES

As of 07/01/2013 (see ACL 13-62 dated 8/14/13 and Errata dated 11/25/13)

<http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2013/13-62.pdf>

<http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2013/13-62E.pdf>

Effective 7/01/2013 the new rates in effect as of July 1, 2013, with a 2.65 % cost- of- living-increase (COLA). In addition, Shasta County Receiving Home rates updated effective 9/1/2013.

BASIC RATE BY AGE:

0-4	5-8	9-11	12-14	15-20	Schedule B
\$657	\$711	\$748	\$783	\$820	

*BASIC RATE BY AGE:

0-4	5-8	9-11	12-14	15-20	Schedule A
\$481	\$522	\$559	\$617	\$675	

*The **Kin-GAP** and **NRLG** basic rate in which the guardianship was established prior to May 1, 2011.

FFA TREATMENT RATE BY AGE:

0-4	5-8	9-11	12-14	15-20
\$1,714	\$1,789	\$1,844	\$1,911	\$1,977

FFA NON-TREATMENT:

\$657	711	748	783	820
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INFANT SUPPLEMENT:

\$890-GROUP HOME \$411-FOSTER FAMILY HOME/FFA/FFA+FC/SILP

Intensive Treatment Foster Care/Multidimensional Treatment Foster Care:

Level I \$5,637 Level II \$4,854 Level III \$4,090

GROUP HOME BY LEVEL:

RCL 1	\$2,282	RCL 8	\$6,259
RCL 2	2,851	RCL 9	6,825
RCL 3	3,419	RCL 10	7,394
RCL 4	3,986	RCL 11	7,959
RCL 5	4,550	RCL 12	8,529
RCL 6	5,121	RCL 13	9,104
RCL 7	5,689	RCL 14	9,669

SHASTA COUNTY SPECIAL RATES FOR BASIC RATE HOMES:

INITIAL CLOTHING \$74
ANNUAL CLOTHING \$142
SPECIAL NEED \$58/MONTH

SPECIALIZED CARE I \$182
SPECIALIZED CARE II \$360
SPECIALIZED CARE III \$721
SPECIALIZED CARE IV \$991

RECEIVING HOME RATES (limited to a contracted receiving homes):

<u>Age of Child</u>	<u>Daily Rate</u>
0 to 4	\$47
5 to 8	\$48
9 to 11	\$49
12 to 14	\$50
15 to 20	\$51

Transitional Housing Program Payment (THP+FC)

Single Site Housing \$2, 871
Remote Site \$2,871
Host Family Model \$2,284

Regional Center Foster Care Child “Dual Agency Rate” \$2,162

(May qualify for an additional supplement of \$250, 500, 750, 1000)

California’s Early Start Intervention Services Act (under 3 yrs of age) \$967

(under 3 years of age)

WRAPAROUND RATES:

	Non-Federal Child	Federal Child
RCL 10/11	\$7,677	\$3,839
RCL 13	\$9,104	\$4,552

***Non-Federal foster care cases can not be paid foster care to relative placements. The relative would need to apply at the local welfare office.**

Revision 01/06/2014



SPECIALIZED CARE RATE APPLICATION

Initial Placement
(Social Worker Attends Committee)

**Change & Annual
No Change Renewal**
(Social Worker Attends Committee)

Recommended Level: _____

County of Residence: _____

Child's Name: _____

Age: _____ Case Number: _____

Case Name: _____

Foster Parent's Name: _____

Type of Placement: _____

Social Worker's Name: _____

Recommended By: _____

Medical Information

Physician: _____

Visits: _____ Week Month

Diagnosis: _____

Prognosis: _____

Medications: _____

Special Care: _____

Equipment/Monitors: _____

Physical Therapy: _____

Counseling

Counselor: _____

Visits: _____ Week Month

Diagnosis: _____

Prognosis: _____

Medications: _____

Care and Supervision

Behavior: _____

Personal Care: _____

Supervision: _____

Placement Barriers: _____

Foster Parent's Training: _____

Recommended by (Supervisor) Signature: _____ Date: _____

Specialized Care Rate of _____ County is authorized at _____ level of care for \$_____ effective _____.

Denied, Reason: _____

Program Manager's Signature: _____ Date Authorized: _____

Route completed form to the Placement Clerk

Specialized Care Rate – Foster Care

Classification	Level I - Moderate	Level II - Intensive	Level III - Extreme	Level IV – Extraordinary Care
Diagnosed as a Medically Fragile Child:	Condition such as HIV positive or other clinically well child requiring close supervision and monitoring under doctors care.	Condition that requires close monitoring, and frequent intervention to keep child stable.	Condition that requires continuous monitoring and/or intervention on a daily basis. I.e. Daily injections, tube feeding, breathing treatments, therapeutic exercises.	Requires continuous 24-hr-a-day-in home care and supervision on daily basis in accordance with a professional treatment or behavior management plan that otherwise would require placement in an institution setting.
Respiratory Problems: Age of child must be considered in setting rate.	Routine treatments and medications, small doses of oxygen, and monitoring.	Frequent breathing difficulties requiring very close supervision of meds and breathing assistance devices and treatments. Multiply medical appointments monthly	Extensive breathing difficulties very close supervision of meds and breathing assistance devices and treatments. Oxygen and other emergent care as needed 24 hr. Multiple medical appointments monthly.	Life-threatening extreme breathing difficulties, very close supervision of meds and breathing assistance devices and treatments. Oxygen, Pulmonade, suction, tracheotomy, etc. and other emergent care on a daily basis. Multiple medical appointments monthly.
Diabetes: Age of the child must be considered in setting level.	Special diet preparation, sugars level monitoring, and close supervision of self-administered medications.	Special diet needed, very close monitoring of food consumption. Close supervision of injection. Monitoring of daily blood sugar testing. Multiple monthly medical visits.	Same as Intensive but with a resistive child which could be life threatening. Child in addition is in counseling with more frequent medical appointments and/or medically qualified caretaker administering injections.	

- Note:
1. For Level I, foster parents and relatives receiving this rate are required to be currently enrolled in or have completed the basic training requirements as defined by Shasta County’s Licensing Office. In addition, foster parents shall continue their education by participating in annual in-service training and maintain a current CPR, Infant CPR (when caring for infants) and First Aid Certificates. Specialized training as defined in (2) below is recommended.
 2. In addition, to Level I requirements, foster parents and relatives shall be enrolled in or have completed specialized training in the care of medically fragile, behavioral problem, or are drug and alcohol exposed children as offered through the Foster Education program at Shasta College.

Classification	Level I – Moderate	Level II – Intensive	Level III – Extreme	Level IV – Extraordinary Care
Drug Exposed Infants/Children	HIV positive, clinically well child with mild to moderate symptoms of sleeping, eating, crying disorders, etc.; monitoring required for safety of the child	Asymptomatic Aids or Fetal Alcohol Syndrome with mild complications, extensive sleep, eating or crying disorders, etc Medical devices required for maintenance of the child’s well being, i.e., Apnea monitor, etc, History of seizures, mild and infrequent. Multiple daily needs.	Symptomatic AIDS or Fetal Alcohol Syndrome with moderate complications. Severe drug withdrawal behaviors. Medical device required and multiple medications. Seizures (active) controlled. Extensive medical follow-up which requires multiple visits each month to doctors other than routine visits.	Symptomatic AIDS or Fetal Alcohol Syndrome with severe complications. Life dependent on attachment on medical devices. Severe complications from drug withdrawal. Multiple meds and intravenous treatments. Extensive involvement with various medical providers due to multiple complications. Seizures active and uncontrolled.
Physical Handicaps: Age of child must be considered in setting level	Diagnosed condition or at high risk and requiring close monitoring, moderate supervision, and/or intervention. Child’s condition is stable with few disruptions. Medical follow-up is essential; i.e. thyroid or growth hormone deficiency requiring close therapy & supervision. DD child daily therapy per occupational/physical therapist	Condition requiring close to almost continuous monitoring and supervision, with frequent intervention. Child’s condition is stable or stabilizing. Enureses and/or encopresis medically diagnosed 2 or more times a day. May be in a wheelchair but can get around on own and can provide own personal care with little assistance.	Condition requires continuous monitoring and supervision and frequent daily intervention. Child’s condition is frequently unstable. May be in a wheelchair and needs help to get around and with own personal care. Colostomy.	In addition to intensive care, child is unable to provide own personal care may be confined to bed or special chair and require 24-hr. total care. A child as described under intensive but over the age of 12 or weighing 100 or more pounds. Child would require a hospital placement if they left foster home.

<p>Abnormal Behaviors and Emotional Disturbances: Age of the child must be considered in setting level</p>	<p>Exhibits disruptive behaviors on almost a daily basis that require closer supervision than would be true of the average child placed in foster care. Behaviors are evidenced in the home and at school</p> <p>Often acts before thinking, shifts excessively from one task to another, short attention span. Has difficulty sitting still or fidgets. A pattern of disobedience, negativism, argumentative, and provocative opposition to authority figures. Poor age appropriate social skills, with few long or close friends and no or little evidence of trust, and reliance on others. Enuresis evidenced by repeated involuntary voiding by day or night that is not due to a physical disorder of children six years of age or under. Encopresis evidenced by repeated voluntary or involuntary passage of feces into places not normally considered appropriate. Condition is not due to a physical condition in a child usually 6 years of age and under.</p>	<p>In addition to Level I the child evidences – chronic violations of a variety of important rules (that are important, reasonable and age appropriate for the child) at home or at school. Episodic physical violence and vandalism against property. Episodic running away from home overnight. Persistent serious lying in and out of the home. Stealing or thefts in and out of the home. Impairment in impulse control, poor social judgement and/or sexual acting out. Mood swings, depression, apathy. Feelings of inadequacy and low or inflated self-esteem. Poor school performance with frequent truancy. Social isolation or withdrawal. Inappropriate and intense anger, anger outburst or tantrums; irritability and aggressiveness as evidenced by frequent fights.</p> <p>Enuresis or encopresis involving a child usually age 6 to 11 years of age.</p>	<p>In addition to Level I and II the child evidences - Physical violence against persons. Suspicious or paranoid ideation. Odd or bizarre ideation or magical thinking. Marked impairment in personal hygiene. Behavior that is grossly disorganized. Abuse of alcohol or drugs - beyond experimentation and effecting daily functioning at home and school. Physically self-damaging act, self-mutilations, recurrent accidents, and physical fights. Recurrent thoughts of death, suicidal ideation, wishes to be dead or suicide attempts.</p> <p>Enuresis or encopresis involving a child usually age 12 years of age or older.</p>	
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<p>Developmental Disabilities: Child is Far Northern eligible with placement in non-vendored home.</p>	<p>Condition requiring close monitoring, moderate supervision, and intervention. Child's condition stable with very few disruptions. Medical follow-up is essential.</p>	<p>Requiring close to almost continuous monitoring, supervision, and frequent intervention. Child's condition is stable or stabilizing. Enureses and/or encopresis medically diagnosed 2 or more times a day.</p>	<p>Requiring continuous monitoring and supervision and requiring frequent daily intervention. Child's condition is frequently unstable.</p>	<p>A child who is unable to provide own personal care. Maybe confined to bed or special chair and require total care. Lifting of child required.</p> <p>A child requiring lifting and as described under Intensive, but over the age of 12 or weighing 100 or more pounds.</p> <p>A child requiring an Institution placement if they left foster care</p>