



# Tuolumne County Human Services Agency

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## FOSTER CARE SPECIALIZED CARE INCREMENT (SCI) RATES Tuolumne County

Effective Date: January 1, 2008  
DSS ACL 08-01 (5% COLA Increase)

Age Scale	Basic Rate	Specialized Care Rate (Standard Care + Level Increment)			
		Level 1	Level 2	Level 3	Level 4
(MPP 11-401.1)	Foster Family Home Legal Guardianship Kin- GAP (DSS ACL 08-01)	(MPP 11-401.3; Board of Supervisor's Resolution, dated 1/9/1996.)			
		\$181.00	\$360.00	\$721.00	\$992.00
0 - 4 years	\$446.00	\$627.00	\$806.00	\$1,167.00	\$1,438.00
5 - 8 years	\$485.00	\$666.00	\$845.00	\$1,206.00	\$1,477.00
9 - 11 years	\$519.00	\$700.00	\$879.00	\$1,240.00	\$1,511.00
12 - 14 years	\$573.00	\$754.00	\$933.00	\$1,294.00	\$1,565.00
15 - 20 years	\$627.00	\$808.00	\$987.00	\$1,348.00	\$1,619.00
	Specialized Care Increment (SCI) Rate Approvals require 2 signatures: (CWS Supervisor or Chief Probation Officer AND HSA Director or designee.) Rate approved for no more than 6 months at any one time				
	Out of County Placements:	Pay the other County's Basic Rate or Specialized Care Increment Rate. If none, pay Tuolumne County rate. (MPP 11-401.4)			
	Out of State Placements:	Pay the rate of the state of placement. Note: The placement state's licensing requirements must first be met. (DSS ACL 87-65)			

Revision:  
03/21/08

## SCI Rate Criteria for Tuolumne County

### CLASSIFICATIONS

Effective Date: July 1, 2001

#### **Level I - Moderate**

Foster Parents and Relatives receiving this rate are required to be currently enrolled in or have completed the basic training requirements as defined by Tuolumne County's Licensing Office. In addition, Foster Parents and Relatives 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 is recommended.

#### **Level II - Intensive**

#### **Level IV - Extreme**

#### **Level III - Extraordinary Care**

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 and /or drug and alcohol exposed children if they are providing care to a child with these problems. The Specialized Foster Care training program will be developed by the Placing Social Worker based on the child's needs and current level of Foster Parent expertise.

**Note:** When a child has more than two behaviors or symptoms in a classification level, the foster home would be eligible to the next higher classification level.

### BEHAVIORS / SYMPTOMS

- 1) **Abnormal Behavior and Emotional Disturbances**
- 2) **Developmental Disabilities**
- 3) **Diabetes**
- 4) **Diagnosed as a Medically Fragile Child**
- 5) **Drug Exposed Infants/Children**
- 6) **Physical Handicaps**
- 7) **Respiratory Problems**

#### 1) **Abnormal Behaviors and Emotional Disturbances**

*Age of the child must be considered in setting the level*

- Level I**
- A) 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.
  - B) 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, argument 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.
  - C) Enuresis evidenced by repeated involuntary voiding by day or night that is not due to a physical disorder of children six years of age and under.

D) Encopresis evidence 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 six years of age and under.

- Level II** A) 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 home. Stealing or thefts in and out of home. Impairment in impulse control, poor social judgment 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, angry outburst or tantrums; irritability and aggressiveness as evidenced by frequent fights.
- B) Enuresis or encopresis involving a child usually age 6 to 11 years of age.

- Level III** A) 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 acts, self-mutilations, recurrent accidents, physical fights. Recurrent thoughts of death, suicidal ideation, wishes to be dead or suicide attempts.
- B) Enuresis or encopresis involving a child usually 12 years of age or older.

## 2) Developmental Disabilities

Child is Valley Mountain Regional eligible with placement in non-vendored home

- Level I** Condition requiring close monitoring, moderate supervision and intervention. Child's condition stable with very few disruptions. Medical follow-up is essential.
- Level II** 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.
- Level III** Requiring continuous monitoring and supervision and requiring frequent daily intervention. Child's condition is frequently unstable.
- Level IV** A) A child who is unable to provide own personal care. May be confined to bed or special chair and requires total care. Lifting of child required.  
B) A child requiring lifting, and as described under Level II, but over the age of 12 or weighing 100 or more pounds  
C) A child requiring placement in an institution if he/she left foster care.

## 3) Diabetes

*Age of the child must be considered in setting the level*

- Level I** Special diet preparation, sugar level monitoring and close supervision of self-administered medications.

**Level II** Special diet needed, very close monitoring of food consumption. Close supervision of injection. Monitoring of daily blood sugar testing. Multiple monthly medical visits.

**Level III** Same as Level II 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.

#### **4) Diagnosed as a Medically Fragile Child**

**Level I** Condition such as HIV positive or other clinically well child requiring close supervision and monitoring under doctor's care.

**Level II** Condition that requires close monitoring, medication and frequent intervention to keep child stable.

**Level III** Condition that requires continuous monitoring and/or intervention on a daily basis: ie. Daily injections, tube feeding, breathing treatments, therapeutic exercises.

**Level IV** Requires continuous 24 hour per day in-home care and supervision on a daily basis in accordance with a professional treatment or behavior management plan that otherwise would require placement in an institution setting.

#### **5) Drug Exposed Infants/Children**

**Level I** HIV positive, clinically well child with mild to moderate symptoms of sleeping, eating, crying disorders, etc; monitoring required for the safety of the child.

**Level II** 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, ie. Apnea monitor, etc. History of seizures, mild and infrequent multiple daily meds.

**Level III** 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.

**Level IV** Symptomatic AIDS or Fetal Alcohol Syndrome with severe complications/life dependent on attachment to 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.

#### **6) Physical Handicaps**

*Age of the child must be considered in setting the level*

**Level I** 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 and supervision: DD child daily therapy per occupational/physical therapist.

**Level**

**II** 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.

**Level III** 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.

**Level IV** In addition to intensive care, child is unable to provide own personal care, may be confined to bed or special chair and require 24 hour total care. Lifting of child required. A child as described under Level II but over the age of 12 or weighing 100 or more pounds. Child would require a hospital placement if he/she left the foster home.

## **7) Respiratory Problems**

*Age of the child must be considered in setting the level*

**Level**

**I** Routine treatments and medications, small doses of oxygen and monitoring.

**Level II** Frequent breathing difficulties requiring very close supervision of meds and breathing assistance devices and treatments. Multiple medical appointments monthly.

**Level III** Extensive breathing difficulties, very close supervision of meds and breathing assistance devices and treatments. Oxygen and other emergent care as needed 24 hours. Multiple medical appointments monthly.

**Level**

**IV** Life-threatening extreme breathing difficulties, very close supervision of meds and breathing assistance devices and treatments. Oxygen, pulmonade, suction, tracheostomy, etc. and other emergent care on a daily basis. Multiple medical appointments monthly.



Department of Social Services  
Specialized Foster Care Rate Request

Childs Name: \_\_\_\_\_ Foster Parent/Guadian Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_

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Attachments:

Foster Parent Behavior Log       Legal  
 School Logs/Documentation       Other  
 Medical Documentation

Foster Parent/ Guadian Signature: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date Received by DSS: \_\_\_\_\_



Department of Social Services  
Specialized Foster Care Behavior Log

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Foster Parent/Guardian Name: \_\_\_\_\_

This form will be used to determine if the child has special needs which require special foster care rate. Please complete as accurately as possible and provide to placing Social Worker **monthly**. Log will be used to evaluate specialized foster care placement every six months. If you have questions please contact placing Social Worker. **♦Use additional sheets if needed.**

Behavior & Frequency	Explanation: Indicate what the child was doing and what the foster parent had to do to stop or modify the behavior.	Date Behavior Was Exhibited
<b>Dependency:</b> (Needs constant reassurance, always under foot, etc)		
<b>Inability to relate:</b> (Doesn't know how to get attention, has problems getting along with other etc.)		
<b>Passivity:</b> (Lack of responsiveness, withdrawn)		
<b>School Problems:</b>		
<b>Peer Problems:</b> (Fighting, etc)		
<b>Runs Away:</b>		

Behavior & Frequency	Explanation: Indicate what the child was doing and what the foster parent had to do to stop or modify the behavior.	Date Behavior Was Exhibited
<b>Stealing:</b>		
<b>Drug Use:</b>		
<b>Destructiveness:</b> (Intentionally destroys property)		
<b>High Activity Level:</b>		
<b>Self-Destructive:</b> (Hurts or harms self; has harmful accidents)		
<b>Enuresis:</b> (Bed wetting, wets oneself while awake)		
<b>Encopreses:</b> (Soils oneself)		
<b>Very Difficult or Unusual Behavior:</b>		
<b>Medical Conditions:</b>		
<b>Physically Handicapping Conditions:</b>		
<b>Other Significant Behaviors or Problems:</b>		

