SCZ414Z - Special Care Increment

**General Instructions**

* The following matrix is not intended to include every possible condition or situation, but rather as some basic guidelines. In general, the conditions are suggested to be the minimum for a particular Tier, especially for Tier 3.
* For most rows on the Matrix, only the highest tier is counted when totaling the Tiers. For example, on the following extract, if the youth has 4 appointments per month, only the middle column would be checked.



* There is an “SCI Caregiver Information” document for distribution to caregivers linked in the SCZ414Z Master List.
* Special Care Increment (SCI) payments are intended to ameliorate the impact on the caregiving family and some of the costs involved in caring for a special needs youth.
* The SCI methodology for each County in the State of California is established and audited by the State. If the youth is placed out-of-county, regulations require that we follow the county of residence’s SCI policies and rates. Similarly, if an out-of-county youth is placed in a SCC home, the SCI paid must follow SCC’s methodology and rates.
* RFA homes, Licensed Foster Care homes, Relative & NREFM homes are all eligible for SCI payments.
	+ FFA caregivers are not eligible for SCI County issuances.
	+ RFA homes receiving the ISFC or Static Criteria rate do not qualify for SCI.
* SCI payments are provided whether or not the home is fully RFA approved. If the home is not fully RFA Approved, the social worker will also need to complete a SCZ414Z~Placement Expenses form and check the 4XS box.
* The SCI implementation date is determined as the date the caregiving family contacted the Social Worker and requested a SCI or discussed the extra care and supervision the caregiver is providing; the rate cannot be back-dated to any date previous to this. Regardless of the length of time required to complete the SCI request and collect all needed documentation, the start date is identified as the date the caregiving family notified the Social Worker that they were requesting a SCI or discussed the extra care and supervision the caregiver is providing.
* If the youth’s condition changes significantly at any time during the 1 year SCI period, a new SCI request will be submitted and the new rate will be implemented, as appropriate, using the date the caregiving family contacted the Social Worker regarding the change(s) in the youth’s condition. This is true should the youth’s condition either improve or decline.
* If the caregiver is receiving a Placement Expenses basic foster care payment, you must also complete & attach the Placement Expenses.
* All claims are reviewed by DFCS to ensure adherence to County/State/Federal requirements especially ensuring that adequate and appropriate documentation for each claim is included. Claims will be returned to the social worker if additional documentation is required or corrections to the paperwork need to be made.

**Phased-In Implementation 04/01/2021 to 11/30/21**

* + Foster Care Implementation
		- Any new or renewing SCIs starting 04/01/21 - 05/31/21 may use either the new SCI Matrix (for 1 year) or the old SCI system (for 6 months), whichever has the higher rate.
		- Any new or renewing SCIs starting on or after 06/01/21 must use the new SCI Matrix
	+ KinGAP Implementation
		- Effective 06/01/21 new or renewing KinGAP approvals must use the new SCI Matrix.
		- KinGAP SCIs under the old SCI system that do not renew by 11/30/21 must be transitioned to the new SCI Matrix/rate with a start date of 12/01/21, using the existing end date (RRR date).
* Santa Clara County adopted the new State SCI Matrix that was developed in conjunction with the new Levels of Care (LOC). The new SCI matrix, policies and rates must be used with LOC and is triggered whenever the LOC is triggered. The new SCI matrix is assessed and implemented with the new LOC assessment procedure. These two assessments are tied together under most circumstances.
* SCIs are now implemented for a maximum of one year. But must also be re-assessed with each LOC assessment or re-assessment. KinGAP re-assessments are done every two years on the RRR date.

**Limits**

* SCI approvals may be requested for a maximum of 1 year. New requests may be submitted up to 2 months in advance of the expiration of an approved rate.
* Rates are pro-rated at the beginning and end of the placement based on the actual number of days the youth was in the placement. For all claims between the beginning and end of the placement, the start date must be the first day of the month and the end date must be the last date of the month.
* While it is always best to submit paperwork for SCIs in advance of the placement, it is acceptable to submit these requests after placement.
	+ At times, it may take several months to determine eligibility and obtain documentation, this is acceptable.
	+ A good guideline is to do everything possible to submit SCI paperwork no later than 4 months after placement…..but remember that during that time, the caregiver is not receiving any financial support for the extra care and supervision they are providing, nor the daily living expenses of the youth in their care.
* A SCI may be implemented for no more than 1 year. Towards the end of a 1 year period, if the youth’s condition(s) continues to impact the caregiving family, a new request for the next 1 year period may be submitted.
* At the time the Eligibility Worker processes the SCI request, all of the past months will be issued at the same time.

**Rates/Fees**

* Rates are set by the State or the County of residence. Some California county rate information and forms may be found at: [www.cdss.ca.gov/inforesources/foster-care/specialized-care](http://www.cdss.ca.gov/inforesources/foster-care/specialized-care). If you cannot find the form here, check with the SFU to see if they have the most recent form. If they do not have it, you will need to contact the county directly and ask to speak to someone in their Specialized Care unit: [www.cdss.ca.gov/county-offices](http://www.cdss.ca.gov/county-offices).

Documentation

* \*\*\*NEW\*\*\* With implementation of LOC and the SCI, documentation of the claims the caregiver includes on the SCZ414Z should be documented on the SCI Worksheets. Only if the youth’s provider refuses to complete the appropriate worksheet should the caregiver accumulate other documentation to provide to the social worker.
* Regulations require that documentation be provided for each condition claimed on the SCI Matrix.
* Caregivers are responsible for gathering documentation for each condition claimed on the SCI Matrix. Social workers provide any documentation they have readily available in the case file or CWS records.
* Documentation must be certified by a third party, and cannot be certified by the caregiver, the youth or any DFCS staff person.
* Documentation must describe the youth’s CURRENT condition and not historical information.
* Documentation of a youth’s CURRENT condition may not be more than 3 months older than the start date of the SCI.
* If the youth has a “permanent and unchanging condition” have the Medical/Mental Health Professional include this statement in the document they provide and that document may be copied then attached to each successive SCI request.
* Only Medical professionals may provide documentation for medical conditions. Only qualified Medical professionals or certified providers may provide documentation for developmental delays. Medical professionals, therapists and qualified mental health/behavioral health providers may provide documentation for behavioral conditions.
* Below are examples of alternative documents that are acceptable if the provider refuses to complete the worksheet. This is not an exhaustive list and other forms of documentation may be acceptable depending upon the condition and the document provided.
	+ Health Contact Forms (make sure they are readable).
	+ Letter, note or email from a Doctor, Therapist, or other Medical/Mental Health Professional (Most times a simple diagnosis statement is not sufficient as the severity of conditions vary greatly. This letter or note must be dated and have the provider’s printed name, signature, and title).
	+ IEP or 504 Plan documents (only if the IEP specifically addresses the youth’s impact on the caregiving family and the home).
	+ Psychotropic medication may be documented with a court document, photo of the prescription bottle, copy of the prescription scrip, note from the therapist, etc.
	+ WRAP document which specifically lists the youth’s behaviors. Many of these documents list goals, but not actual behaviors or caregiver interventions. One example is “the youth will behave safely while walking to and from school”. This is too vague to document a behavioral problem.

**You must use “TAB” key to move from one field to the next.**

**Hint: Use “X” key to check a box (without having to use your mouse)**

**Hint: Use “F4” key to drop the list in a dropbox, then type the FIRST letter of your choice to fill.**

Santa Clara County

Social Services Agency

Department of Family and Children’s Services

**Special Care Increment**

|  |  |  |
| --- | --- | --- |
| SW Name | SW # | Phone # |
|       |       |       |
| Case Last Name | Case First Name | County Case # (State) |
|       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Child/NMD Last Name | First Name | DOB | Placement Type |
|       |       |       |  |

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|  |
| --- |
| Caregiver Name |
|       |
| Street Address | City | State | Zip |
|       |       |      |       |

**FOSTER CARE PAYMENT TYPE**

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| --- |
| Only RFA Approved Homes, RFA Emergency and Pending Homes and Relative/NREFM Homes are eligible for SCI rates.[ ]  Fully RFA Approved home receiving “regular” foster care payments.[ ]  Relative/NREFM home is not yet fully RFA Approved. Also complete the SCZ414Z~Placement Expenses form and check 4XS.[ ]  ARC/CalWORKs rate payment. Also complete the SCZ414Z~Placement Expenses form and check 4XS.[ ]  KinGAP (KinGAP has 2 year renewals. The SCI end date must match the KinGAP Redetermination (RRR) date.) |
| Current LOC Determination: [ ]  Level 1 [ ]  Level 2 [ ]  Level 3 [ ]  Level 4 [ ]  Static Criteria Static Criteria rates are not eligible for SCI |

**SCI DETERMINATION**

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| --- |
| SCI Dates Covered (This request cannot be longer than 1 year.) Start:       End:       |
| SCI Tier requested: [ ]  Tier 1 $120 [ ]  Tier 2 $545 [ ]  Tier 3 $965 |
| Special Funds AnalystApproves This Request:Routing: Special Funds Desk→EW. | Date Approved |

| **Child/NMD’s Name:**  **,**   |
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| **MEDICAL CONDITIONS page 1 of 3****Medical Issues Tier 1 Tier 2 Tier 3** |
| [ ]  Additional Medical Appointments per Month as required for Medical conditions (not Developmental or Behavioral) | [ ]  1-3 appointments per month not including routine dental or physical examinations. | [ ]  4-6 appointments per month not including routine dental or physical examinations. | [ ]  More than 6 appointments per month not including routine dental or physical examinations. |
| [ ]  Drug exposed history or positive toxicology screen.[ ]  Alcohol exposure (FAS, FASD or FAE) | [ ]  Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits. | [ ]  Positive toxicology screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties).[ ]  Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms (level should be reduced at 6 month review if infant is not exhibiting any symptoms or difficulties).[ ]  Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE). | [ ]  FAS/FASD with moderate to severe complications (verifiable medical diagnosis). |
| [ ]  Respiratory Difficulties and Diseases | [ ]  Mild breathing difficulties requiring prescription medications with close supervision.[ ]  Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments. | [ ]  Apnea or heart monitor required (when discontinued, rate to be reduced to appropriate level).[ ]  Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis.[ ]  Intermittent oxygen. | [ ]  Continuous oxygen. |
| [ ]  Diabetes & Heart Disease | [ ]  Diabetes with special diet – no insulin or medication needed. [ ]  Heart disease requiring close monitoring no intervention special treatments or diet. | [ ]  Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. | [ ]  Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program. |
| [ ]  Failure to Thrive | [ ]  Failure to thrive due to mild feeding difficulties. | [ ]  Moderate feeding difficulties requiring therapy or special feeding techniques | [ ]  Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure. |

| **Child/NMD’s Name:**  **,**   |
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| **MEDICAL CONDITIONS page 2 of 3** **Medical Issues Tier 1 Tier 2 Tier 3** |
| [ ]  Hemophilia/Sickle Cell | [ ]  Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic).[ ]  Sickle Cell – SB + Thal, Mild Symptoms. | [ ]  Sickle Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc). | [ ]  Hemophiliac requiring close monitoring to prevent injury.[ ]  Sickle Cell SC, Severe Symptoms. |
| [ ]  Seizures | [ ]  Seizure disorder (Abnormal EEG, medication required for seizure activity). | [ ]  Seizures requiring intermittent monitoring, medications and other interventions to control. | [intentionally left blank] |
| [ ]  Cerebral Palsy | [ ]  Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. | [ ]  Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. | [intentionally left blank] |
| [ ]  Brain Injury (abuse or accidental) | [ ]  Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention. | [ ]  Shunt placement-functioning stable. | [intentionally left blank] |
| [ ]  Visually impaired (birth, abuse, or accidental)[ ]  Hearing impaired (birth, abuse, or accidental) | [ ]  Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch).[ ]  Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. | [ ]  Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.) 17. Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program). | [ ]  Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment.[ ]  Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child. |
| [ ]  Immune Disorders | [ ]  HIV positive clinically well. | [intentionally left blank] | [intentionally left blank] |
| [ ]  Physical Disabilities/Impairments[ ]  Surgical intervention Orthopedicabnormalities (birth or abuse) (i.e. scoliosis) | [ ]  Minimal bracing equipment is needed (i.e. AFO’s). | [ ]  Cleft lip requiring surgical intervention and special feeding assistance.[ ]  Physical abnormalities requiring medical intervention.[ ]  Scoliosis requiring assisted daily exercise and/or bracing. | [ ]  Combined cleft lip/palate.[ ]  Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions. |
| [ ]  Severe burns | [intentionally left blank] | [ ]  2nd degree burns requiring regular, but not daily dressing changes. This generally applies to children 8 or over who can cooperate with the treatment plan. | [intentionally left blank] |

| **Child/NMD’s Name:**  **,**   |
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| **MEDICAL CONDITIONS page 3 of 3** **Medical Issues Tier 1 Tier 2 Tier 3** |
| [ ]  Other:      The SCI Matrix allows for the addition of “OTHER” diagnoses and care, but these additions must not duplicate anything that is listed in the LOC Matrix or this SCI Matrix. | [ ]  Long-term prescription medications (medication needed on a daily basis for a period of 1 or more months). One-two medications not including prescription vitamins or short-term antibiotics. | [intentionally left blank] | [ ]  Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc)[ ]  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. |
| [ ]  Other:       | [ ]  Other:       | [ ]  Other:       |
| **DEVELOPMENTAL DELAYS or DISABILITIES page 1 of 1****Developmental Issues Tier 1 Tier 2 Tier 3** |
| [ ]  Developmental Delay[ ]  Developmental Disability (e.g.,Intellectual Disability, Autism Spectrum etc.)[ ]  Learning Delays or Disabilities[ ]  Sensory Integration Disorder[ ]  Other:      The SCI Matrix allows for the addition of “OTHER” diagnoses and care, but these additions must not duplicate anything that is listed in the LOC Matrix or this SCI Matrix. | [ ]  Moderate developmental delays or disabilities requiring weekly care provider assistance.[intentionally left blank][ ]  Other:       | [ ]  Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW.[ ]  Intermittent assistance from a behaviorist or social/health services provider.[ ]  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). Required: Documentation from either EIP or RC social worker.[ ]  Other:       | [ ]  Severe learning delays or disabilities requiring extensive daily assistance several times a day from the care provider.[ ]  Regular in-home assistance from a behaviorist or social/health services provider.[ ]  Multiple impairments, less than 18 months developmentally, non-ambulatory. Regional Center client documentation required from RC SW. [ ]  Other:       |

**Please note that if this child is a Regional Center client, the Dual Agency Rate (DAR) may be higher, in which case the child should be enrolled into the DAR and LOC/SCI will not apply.**

| **Child/NMD’s Name:**  **,**   |
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| **BEHAVIORAL ISSUES page 1 of 1** **Behavioral Issues Tier 1 Tier 2 Tier 3** |
| **Behavioral Issues**[ ]  AWOL[ ]  Aggressive and Assaultive[ ]  Animal Cruelty[ ]  CSEC[ ]  Substance Use/Abuse[ ]  Gang Activity [ ]  Fire Setting [ ]  Severe mental health issues-including suicidal ideation and/or Self Harm [ ]  Psychiatric hospitalization(s) [ ]  Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators[ ]  Habitual Truancy [ ]  Three or more placements due to the child's behavior [ ]  Other:      The SCI Matrix allows for the addition of “OTHER” diagnoses and care, but these additions must not duplicate anything that is listed in the LOC Matrix or this SCI Matrix. | [ ]  Behavior modification required but no medication prescribed.[ ]  The child presents some risky behaviors sometimes placing self and/or others at risk.[ ]  Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption.[ ]  Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider.[ ]  Other:       | [ ]  Behavior modification needed in conjunction with prescribed daily medication.[ ]  The child is at high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions.[ ]  Stabilization of disruptive behaviors requires special intervention and discipline strategies. [ ]  Care provider needs special training and participates in counseling with the minor to accomplish this.[ ]  601 behaviors (truant, beyond control of caregiver) exhibited at this level.[ ]  Chronic resistance to behavior modification strategies.[ ]  Personal property of others in the home at high risk.[ ]  Excessive anti-social behaviors which strictly limits unsupervised social interaction.[ ]  Other:       | [intentionally left blank][ ]  Child at extreme risk to self and/or others. In addition, therapeutic plan is required to address the minor’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 frequently exhibited themselves at this level.[ ]  Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed.[ ]  Minors at this level are at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances.[ ]  Other:       |

| **Child/NMD Name:**  **,**   |
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| **RATE DETERMINATION****Instructions Tier 1 Tier 2 Tier 3** |
| **Count and enter the number of checked boxes in each column:** |  checked Tier 1 boxes[ ]  If 1 or more conditions of Tier 1 exist, eligibility for this level is met. [ ]  If 3 or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level. |  checked Tier 2 boxes[ ]  If 1 or more conditions of Tier 2 exist, eligibility for this level is met.[ ]  If 3 or more Tier 2 conditions exist, rate will be increased to the next higher level.[ ]  If 2 Tier 2 conditions and 3 Tier 1 conditions exist, rate will be increased to the next higher level.[ ]  If 1 Tier 2 conditions and 6 Tier 1 conditions exist, rate will be increased to the next higher level. |  checked Tier 3 boxes[ ]  If 1 or more conditions of Tier 3 exist, eligibility for this level is met. |
| **Check the qualifying Tier:**SCI Rate 04/01/21 to 06/30/22 | **[ ]** $120.00 per month | **[ ]** $545.00 per month | **[ ]** $965.00 per month |

**REQUIRED ATTACHMENTS: Please see instructions at the beginning for this form for backup documentation info.**

**REQUIRED SIGNATURES** (Signatures may be FAXed or scanned)

I hereby attest that the above information regarding this child/NMD and its impact on the caregiving family is true to the best of my knowledge.

|  |  |
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| Requestor/Caregiver: | Date: |
| Social Workersupports this request: | Date: |
| SWS supportsthis request: | Date: |

**CONTACT and ROUTING INFORMATION**

Contact: Special Funds Desk 408-501-6867 or Special.Funds@ssa.sccgov.org.

Routing: SW→ SWS→Special Funds Desk.

DocuSign Routing: SW→SWS→Special Funds Unit using: “CC receives a copy” .

 DocuSign to: “ special.funds@ssa.sccgov.org ” . Do not include a place for Special Funds to sign.