

Specialized Care Increments

(Revised 03/18/21)

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Forms

This file references the following forms:

- 10-43 Special Care Rate Authorization / Authorization for Special Care Rate (CWS/CMS County Template)
- 04-01 Special Care Rate Referral (CWS/CMS County Template)

Description

Specialized Care Increments (SCI) are paid in addition to the youth's foster care rates for children with physical, emotional, intellectual or developmental disabilities and are intended to compensate resource parents for the additional time, effort, and expenses required above and beyond those already covered in the foster care rate structure. Direct expenses connected with a child's disability are not a factor in determining the child's basic eligibility for a SCI.

When combined, the foster care rate and the SCI equal the Special Care Rate (SCR). If the SCR is higher than the payment received by the caregiver, caregiver will be paid the higher rate. If the SCR is lower than the determined payment, the SCI will be denied.

A child's eligibility for a SCI will be determined by the Special Care Rate Coordinator.

Tiers

San Diego County has the following SCI tiers. Click each SCI tier for more information and examples.

SCI Tier	Amount added to basic foster care monthly rate.
Tier 1	\$85
Tier 2	\$147
Tier 3	\$216
Tier 4	\$260
Tier 5	A- \$501 B- \$713 \$926
Tier 6	\$2706

Assessments for children, who are deaf or hard of hearing, will be completed on a case-by-case basis in consultation with the Deaf Services Unit. Similarly, assessments for children who are legally blind will be conducted on a case-by-case basis in consultation with the Medically Fragile Unit.

NOTE: Documentation is required at all levels and service provider verification required for Tier 2 and above.

Who May Receive SCI

The following caregivers may be eligible to receive a SCI:

- Licensed Foster Parent
- Approved Resource Family receiving AFDC-FC
- Approved relative who qualifies for AFDC-FC funding
- Approved non-relative extended family member
- Guardians
- Non-Minor Dependent (NMD) in a paid placement
- Families receiving Adoption Assistance Program (AAP).

Circumstances Under Which a SCI Cannot be Authorized

The following cases are not eligible to receive a SCI:

- Resource parent who is not receiving federal or state foster care funds (this includes Cal-Works, ARC recipients, and un-paid placements)
- Foster Family Agency homes (FFA)
- NMD living in a Supervised Independent Living Placement (SILP)
- NMD who is their own payee

The following circumstances do not qualify for a SCI:

- The time period during which NEST funds are being paid
- Services, which are required for all, foster youth (e.g. developmental evaluations through DSEP, Pathways mental health screenings, well child exams, etc.)
- Placement prior to RFA approval

Who May Authorize the SCI

Only the Special Care Rate (SCR) Coordinator or PSS/Manager/designee of the SCR Coordinator may authorize a SCI.

The AAP PSS/Manager may authorize a SCI for AAP cases.

SCR Coordinator

The SCR Coordinator will:

- Evaluate all SCI referrals.
 - Gather and review pertinent SCI information from the child’s SW, resource parent, medical and educational providers.
 - Determine the Tier and complete Authorization for Special Care Rate (10-43). Payment authorization is valid for up to 12 months.
 - Send copies of the 10-43 to the resource parent, SW, Registrar and Human Services Specialist (HSS).
 - Reevaluate the rate upon receiving new/updated information from the child’s SW, resource parent or service provider. As the child’s diagnosis or condition changes, the SCI will be reduced, terminated, or increased as needed.
 - Notify the resource parent of any changes in the SCI or direct cost reimbursement and explain the reasons for the rate change.
 - Adjust payment to existing SCR by completing a new 10-43 and sending copies to the resource parent, SW, Registrar and HSS.
 - Forward SCR related documentation to assigned SW as warranted or requested.
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Authorization Procedure

Follow these steps to authorize the SCI:

Who	Action
SW	<ul style="list-style-type: none">• Assess the child’s need for a SCI:<ul style="list-style-type: none">○ At the time, the child is placed or changes placement.○ Whenever new information is received regarding the child’s needs.• Complete a SCI referral form (04-01).• Send the SCI referral to the SCR Coordinator by email or interoffice mail at MS W-94.
SCR Coordinator	<ul style="list-style-type: none">• Consult with the resource parent and SW, as needed.• Request any applicable documentation from the assigned SW.• Request verifications from child’s school, therapist(s), medical provider(s), and resource parent by sending the Special Care Rate Application packet to the child’s resource parent.

Authorization Procedure (cont.)

Who	Action
Resource Parent	<p>The resource parent must complete the application packet prior to the SCR assessment proceeding.</p> <p>NOTE: The resource parent returns the SCR Caregiver form directly to the SCR Coordinator. Additional forms may be submitted directly from the service provider to the SCR Coordinator or via the resource parent. A written statement from a doctor, therapist, or teacher may be substituted for the Special Care Rate forms if the statement includes all of the information requested on the forms.</p>
SCR Coordinator	<p>Upon receipt of completed SCR application packet from the resource parent and service providers the SCR Coordinator will:</p> <ul style="list-style-type: none"> • Complete assessment to determine if the resource parent qualifies for a SCR. • Complete the SCR Authorization (10-43). Have PSS/Manager of SCR Coordinator review and sign 10-43.
PSS/Manager of SCR Coordinator	<ul style="list-style-type: none"> • Review and sign the 10-43. • Return 10-43 to SCR Coordinator.
SCR Coordinator	<ul style="list-style-type: none"> • Send the 10-43 with the Rights to Appeal attachment to the resource parent. • Send copies of the 10-43 to the Registrar, SW and HSS.
Registrar	<p>Enter the SCI and SCI type into CWS/CMS.</p>
HSS	<ul style="list-style-type: none"> • Issue payment. • Send a Notice of Action (NOA) indicating authorization for a SCI. • Send a NOA to the resource parent one month before payment authorization is due to expire.
SW	<ul style="list-style-type: none"> • Assess the child’s need for a SCI on an ongoing basis, with documentation in hard file at least every six months. • Communicate new information about child’s needs, condition or diagnosis to SCI Coordinator. • Assist SCR Coordinator to obtain verifications, as needed.

Effective Dates All tiers of SCI may be authorized for a period ranging from 30 days to 12 months. The length of the SCI is determined by the SCR Coordinator and is dependent upon the need of the child and the verification received from the SW and/or service provider(s). After the SCI expires, a new assessment can be initiated by a referral from the SW or an application by the resource parent.

The SCI will remain in effect until the payment authorization expires or will be reassessed due to the caregiver's request, if the child's condition changes. A change of placement from one resource parent to another does not affect the SCI. If the child moves out of San Diego County, the HSS will end the SCI payment and, if requested by the new placement, the SCR Coordinator will reassess the SCI.

The SCI may be authorized retroactively for a time period of up to 12 months prior to the date the assessment is completed, if the SCR Coordinator determines that:

- the child met the disability criteria at an earlier date, **and**
- the resource parent was providing the required level of services.

When the SCI starts on a date other than the first of the month, the rate will be continued through the last day of the last authorized month.

Out-of-County/State SCI When San Diego retains jurisdiction for a child placed in another California county, or out of state, and the child qualifies for a SCI, San Diego will pay the host county/state's SCI. If the host county/state does not have a SCI, San Diego's rates may be authorized.

SCI Denials If the SCR Coordinator denies a request for a SCI, the Coordinator will note the reasons for the denial on the 10-43 form and mail the 10-43 to the resource parent, HSS and the SW.

SCI Disagreements If the resource parent disagrees with the SCI denial or the amount of the rate, the SCR Coordinator will inform the resource parent about the following options:

- Call the PSS and request a review of the decision.
- Request a fair hearing by following the instructions on the reverse of the 10-43 form.

Tier 1 Description The child requires additional care and supervision because of a mild physical, intellectual, or developmental disability. The resource parent may qualify for this SCI if they are expected to provide additional time and **direct services beyond basic age-appropriate care expectations**.

Examples of Tier 1

Examples include but are not limited to the following:

Tier 1 SCI Examples
Weekly transportation to medical/therapy appointments, special schools, class, or rehabilitation programs is provided.
Medical/therapy appointments twice monthly and caregiver participation is required. (NOTE: Medical diagnoses may include, but are not limited to Scoliosis, Sickle Cell, heart conditions, Fetal Alcohol Syndrome, Hemophilia, brain injuries, cleft pallet, or ADD)
Regular training or tutoring of the child due to mild intellectual impairment, developmental delay, or mental health diagnosis such as Attention Deficit Disorder (ADD) is provided.
Additional care and/or supervision of child is required due to medically documented developmentally inappropriate behavior, including biting, hitting, and enuresis.
Premature infant requires medical follow-up care and protection from common illness.
Child has diagnosis of reflux and/or severe feeding problems requiring special feeding techniques.
Child is in a cast with hairline fracture or simple limb injury.
The child had lice or scabies when placed and the resource parent needs to disinfect all of the children and clothing in the home.

Tier 2 Description

The child requires additional care and supervision due to a moderate physical, intellectual, or developmental disability, which has been medically documented. The parenting youth has additional educational needs.

Examples of Tier 2

Examples include but are not limited to the following:

Tier 2 SCI Examples
Child routinely requires supervision and administration of daily prescribed medication (does not include routine vitamins/iron), and/or the preparation and monitoring of a medically prescribed diet to treat or control a medical condition.
Participation in the child’s medical treatment, therapy programs, or services such as PT, OT, or speech therapy at least weekly, and providing related services/activities at home is required.

Examples of Tier 2 (cont.)

Tier 2 SCI Examples
Child requires a monitor or other special equipment (e.g. apnea monitor with an infrequent or occasional alarm).
Child has serious behavioral disturbances or excessive tantrums requiring therapy and/or a therapeutic behavior modification plan.
Child has burns at time of placement and requires dressing changes at least twice a day.
Child/Youth is currently pregnant and requires additional support to attend prenatal appointments and prepare for the birth of the child. Child/Youth requires support and coaching to prepare for parenthood. Child/Youth requires support and coaching from caregiver to learn parenting skills.

Tier 3 Description

The child requires both extensive supervision and personal services because of moderate to severe physical handicaps, intellectual disability, or emotional problems.

Examples of Tier 3

Examples include but are not limited to the following:

Tier 3 SCI Examples
Child has developmental delays or a disability, and needs daily assistance with activities of daily living, although they may occasionally or partly meet these needs.*
Child needs extensive supervision due to antisocial, destructive, self-destructive behavior, or sexual behavior problems. This includes frequent physical aggression or intentional property destruction in older children.
Facilitation of child's twice-weekly medical/therapy appointments. Participation in appointments and provision of at-home activities required.
Child needs periodic intensive care due to severe allergies (e.g. peanut allergy in young children) or epilepsy with infrequent breakthrough seizures.
Child requires close observation and frequent medical care due to the placement of a shunt or the regular use of a medically prescribed equipment (e.g. an apnea monitor with frequent alarms).
Child is in care due to severe breaks or multiple fractures, and is not capable of age-appropriate self-care, or a small child in a body cast.
Child has serious communicable disease, including HIV, which requires close observation, extensive medication and increased medical appointments.

Examples of Tier 3 (cont.)

Tier 3 SCI Examples
Frequent visits to school by caregiver. Child has history of at home suspensions, expulsions, truancy, etc.
Child is diagnosed with Failure to Thrive and has increased feedings and frequent weight checks.
Child identifies as Gay, Lesbian, Bisexual, Transgender, Questioning (LGBTQ) or identifies as Gender-Binary and requires additional coaching and support to promote positive identity development to include attendance at support groups/services, seeking consultation and treatment for gender-related transition and/or gender confirmation surgical procedures, and/or advocacy to facilitate name changes, gender marker changes, and support for social transition.

* If child is not active to San Diego Regional Center (SDRC), SCI Coordinator will contact assigned SW to recommend a referral.

Tier 4 Description

The child requires intensive supervision, training, and personal care because of profound physical handicaps, developmental disability or delay, severely impaired judgment/cognitive abilities, or physical helplessness.

Examples of Tier 4

Examples include but are not limited to the following:

Tier 4 SCI Examples
Child requires continual assistance and supervision in eating, dressing and personal hygiene because of disability or developmental delay.*
Child always requires intensive supervision and guidance and may not be left unattended due to anti-social or self-destructive behavior.
Child has a diagnosis of Autism or Autistic Spectrum Disorder with significant impairments in social and emotional functioning requiring intensive intervention and observation as documented by a psychologist. *
Child has diagnosis of a seizure disorder with regular break through seizures.*
Adolescent youth has diagnosis of encopresis or daily enuresis and resource parent is taking measures to alleviate the symptoms including seeking counseling or medical consultations.
Child was born positive for heroin and is actively titrating from methadone.
Child has been identified within the last 6 months as at risk or actively a victim of Commercial Sexual Exploitation (CSEC) and requires increased support and supervision to maintain safety and/or access to supportive services to address victimization.

* If child is not active to San Diego Regional Center (SDRC), SCI Coordinator will contact assigned SW to recommend a referral.

**Tier 5
Description**

The child has severe disabilities, impairments, or delays, which require both intensive care and supervision and the resource parent/guardian, must have special skills and training. This category is limited to children who would otherwise require placement in an institutional setting.

Exception: From October 01, 2020 to March 31, 2021, dependent youth who are COVID-19 exposed are eligible for the Tier 5C daily rate when there is a need for quarantine and/or has additional needs as it relates to care and supervision. The quarantine period is determined by documentation. If the documentation provided indicates that the dependent youth needed to quarantine but did not indicate the amount of days, the period will default to the Center for Disease Control guidelines of 14 days.

**Examples of
Tier 5**

Tier 5 SCI includes a range of rates: A-\$501, B-\$713, and C-\$926. The SCR coordinator utilizes a matrix to assess the SCI. Examples include, but are not limited to, the following:

Tier 5A SCI Examples
Resource parent and/or medical professionals provide at least 2 hours per day of medically prescribed therapy or treatment, excluding transportation related time.
Resource parent provides at least 3 hours per day of personal care (e.g. feeding, bathing, dressing, etc.) due to disability or developmental delay.
Resource parent transports child at least 10 times per month.
Resource parent spends at least 2 hours per day consulting with the provider, implementing the behavior modification plan and redirecting the child's behavior.
Resource parent provides close 24-hour supervision to prevent the youth from running away, resource parent checks with the school daily to ensure the youth is present, and resource parent monitors for alcohol/drug use and intervenes as necessary.
Resource parent installed special equipment (e.g. alarms) to prevent the youth from leaving the house, <u>and/or</u> Resource parent gets up at least twice a night to check the youth's room. <u>AND</u> Resource parent is awakened and has to deal with the youth's behavior at least once a week.

**Examples of
Tier 5 (cont.)**

Tier 5B SCI Examples
Resource parent and/or medical professionals provide at least 3 hours per day of medically prescribed therapy or treatment, excluding transportation related time.
Child has been diagnosed with Type 1 Diabetes, which has been determined by a medical professional to be medically stable but requires a high level of supervision to assure compliance with medical plan.
Resource parent provides at least 4 hours per day of personal care (e.g. feeding, bathing, dressing, etc.) due to disability or developmental delay.
Resource parent provides care and supervision for a child who requires the use of a feeding tube.
Resource parent transports child at least 15 times per month.
Resource parent spends at least 4 hours per day consulting with the provider, implementing the behavior modification plan and redirecting the child's behavior.
Resource parent provides close 24-hour supervision, monitors the youth's property to ensure it is not stolen, monitors for drug/alcohol use and intervenes as necessary. Additionally, SCP may work closely with probation.
Resource parent provides close supervision for youth who periodically threatens suicide and resource parent consults with the therapist as needed.
The resource parent installed special equipment (e.g. alarms) to prevent the youth from leaving the house, <p style="text-align: center;"><u>and/or</u></p> Resource parent gets up at least 3 times a night to check the youth's room. <p style="text-align: center;"><u>AND</u></p> Resource parent is awakened and has to deal with the youth's behavior at least 3 times a week.
Resource parent and/or medical professionals provide at least 4 hours per day of medically prescribed therapy or treatment, excluding transportation related time.
Resource parent monitors and cares for a child who: <ul style="list-style-type: none"> • Has been diagnosed with Type 1 Diabetes which Has been determined by a medical professional to be medically unstable and places the child at high risk of hospitalization or acute medical crisis (e.g. brittle diabetic). • Needs oxygen. Oxygen requirements are unstable and demand frequent level changes. • Is dependent on tracheotomy. • Is dependent on ventilator. • Has Cystic Fibrosis.

Examples of Tier 5 (cont.)

Tier 5C SCI Examples
Resource parent provides at least 5 hours per day of personal care (e.g. feeding, bathing, dressing, etc.) due to disability or developmental delay.
Resource parent provides a home environment and care required for a child in a wheelchair.
Resource parent transports child at least 20 times per month.
Resource parent spends at least 6 hours per day consulting with the provider, implementing the behavior modification plan and redirecting the child's behavior.
Resource parent participates in the child's specialized/non-traditional educational setting because the child is frequently suspended or unable to attend public schools. May include day treatment or home school as a result of chronic medical conditions, disciplinary actions, or severe behavioral health issues.
Resource parent provides close 24-hour supervision, monitors the youth's property to ensure it is not stolen, monitors for drug/alcohol use and intervenes as necessary. Additionally, resource parent works closely with police/probation officer.
Resource parent provides close 24-hour supervision; participates in the youth's therapy sessions and/or intervention plan; checks youth's room daily; and locks up all potentially dangerous household items (e.g. knives, scissors, razors, medicine).
Resource parent installed special equipment (e.g. alarms) to prevent the youth from leaving the house, <p style="text-align: center;"><u>and/or</u></p> Resource parent gets up at least 4 times a night to check the youth's room. <p style="text-align: center;"><u>AND</u></p> Resource parent is awakened and has to deal with the youth's behavior at least once a night.
Dependent youth who are COVID-19 exposed and there is a need for quarantine and/or has additional needs as it relates to care and supervision are eligible for Tier 5C on a daily rate calculation.

Tier 6 Description

From October 01, 2020 to March 31, 2021, dependent youth who are COVID-19 positive are eligible for a one month Tier 6 rate when there is a need for quarantine and/or has additional needs as it relates to care and supervision.

Examples of Tier 6

Tier 6 SCI Description
The dependent youth is COVID-19 positive and needs to be quarantined and/or has additional needs as it relates to care and supervision.

**Transportation
Direct Costs**

Certain transportation costs incurred by the resource parent for which the child's disability/medical needs was approved for SCI may be added to the specified SCI. The need must result in an extra expenditures on the part of the resource parent while providing necessary care and supervision.

Mileage costs may be added to the SCI when the resource parent demonstrates that the AFDC-FC transportation allowance is otherwise used. Costs are calculated at the current mileage reimbursement rate and must be documented on the 10-43 form.

Mileage reimbursement may be authorized retroactively for a time period of up to 12 months prior to the date the request is processed by the SCR Coordinator.

**Alignment
with SET**

This policy supports Safety Enhanced Together (SET) [Value 2](#) and the guiding principle to provide supportive services for kinship and resource families, and the agency practice to provide ongoing assessment of needs and services for kinship and resource families. This also supports SET [Value 3](#) and the guiding principle to have a continual focus on children's well-being while they are in our care, and the agency practice to value the need to have ongoing needs assessments including developmental, behavioral, educational, dental, medical, etc.

If you have any questions or comments, please contact Amanda Amabile.