



## SANTA BARBARA COUNTY SPECIALIZED CARE INCREMENT LEVEL ASSESSMENT and REQUEST FOR PAYMENT

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Out of Home Care Provider: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Initial Assessment

Reassessment

To assist social workers in using this assessment, a baseline description of the child who **would not** qualify for the proposed level of specialized care is as follows:

- The child is within the normal range for physical development for his or her age.
- The child is within the normal range for emotional social, behavioral development.
- The child has no problems or very minor problems in the educational setting.
- The child has no medical problems or conditions except for the childhood illnesses and or other occasional illnesses, which are routinely treated by any pediatrician or any general or family practice physician.
- The child has the accepted behavioral issues for his or her age and developmental level, and responds well to ordinary and reasonable parenting practices by the out of home care provider.

If the Foster Child being considered does not fit the above criteria then proceed to complete this assessment.

### ***Upon completion of this assessment form***

- ◆ Attach supporting verification/documentation.
- ◆ Submit to social worker supervisor for review and approval.
- ◆ Supervisor submits to division chief for Level IV approval.

### ***Upon receipt of approved assessment form***

- ◆ Place original assessment form in case record.
- ◆ Submit copy of approved assessment form to Foster Care Worker.

### ***Foster Care worker will***

- ◆ Enter SCI rate and reason for payment in CMS.
- ◆ Set control in CDS and create reminder in CMS for reassessment date which are 3 months for Levels IV and 6 months for Levels I, II and III.
- ◆ Provide NOA letter to out of home provider and copy to social worker advising of the SCI rate including reassessment due date.

## LEVEL I - Minimal Special Needs

The Minimal Special Needs rate will be provided when the child's condition exceeds medical, psychosocial and educational needs requiring:

- Frequent and/or additional appointments.  
Specify: \_\_\_\_\_
- Appointments with specialists. Specify: \_\_\_\_\_
- Purchases of products not covered under the basic AFDC rate i.e.: special formula, incontinent supplies.  
Specify: \_\_\_\_\_

## LEVEL II - Moderate Needs

The Moderate Needs rate will be provided when the child's diagnosed **moderate** physical and/or emotional state or behavior is such that age appropriate supervision and care is not sufficient to ensure the safety and well being of the child. Criteria for the Moderate Needs rate include:

- Child's diagnosed condition results in temporary inability to provide age appropriate self-care. Specify: \_\_\_\_\_
- Child's diagnosed condition requires special medication regime, such as aerosol treatments, oral medications, etc. Specify: \_\_\_\_\_
- Child's diagnosed condition requires special medical procedures such as physical therapy or sensory stimulation 60 minutes a day or less, oral feeding with special requirements, positioning, assistance with dressings, braces and other medical devices. Specify: \_\_\_\_\_
- Child's DSM-IV diagnosis requires Foster Care Provider's active participation in the treatment of at least 60 minutes per day such as infant stimulation, play therapy, journal writing, behavioral modification techniques, teaching of adaptive skills. Specify: \_\_\_\_\_

### LEVEL III - Severe Needs

The Severe Needs rate will be provided when the child's diagnosed **severe** physical and/or emotional state or behavior is such that age appropriate supervision and care is not sufficient to ensure the safety and well being of the child. Criteria for the Severe Needs rate include:

- Child's condition results in moderate and chronic inability to provide age appropriate self-care. Specify: \_\_\_\_\_
  
- Child's diagnosed medical condition requires special medical procedures such as physical therapy or sensory stimulation 60 minutes or more per day, apnea monitoring, daily intravenous therapy, catheterization, etc. Specify: \_\_\_\_\_
  
- Child's DSM-IV diagnosis requires continuous monitoring AND requires Foster Care Provider's active participation in the treatment of at least 60 minutes per day. Child's behavior may include suicidal/homicidal tendencies harm to animals, destruction of property. Specify: \_\_\_\_\_
  
- If more than one condition from Level II exists. Specify: \_\_\_\_\_

### LEVEL IV - Exceptional Needs

The Exceptional Needs rate is a three month time limited rate that will be provided when the child's diagnosed **exceptional** physical and/or emotional state or behavior is such that age appropriate supervision and care is not sufficient to ensure the safety and well being of the child. Criteria for the Exceptional Needs rate include:

- Child's condition results in severe and chronic inability to provide age appropriate self-care. Specify: \_\_\_\_\_
  
- Child's diagnosed condition and/or behaviors require around the clock monitoring such as: suicidal/homicidal ideation, fire setting, self-mutilation, sexual aggressive offenses, infant experiencing sever drug withdrawal. Specify: \_\_\_\_\_
  
- Child's DSM-IV diagnosed condition requires the Foster Care Provider's active, intensive, daily and continuous monitored therapeutic interaction. Specify: \_\_\_\_\_

List and describe specific activities, frequency, duration and expected goals of Caregiver responsibilities for receipt of Specialized Care Rate

Level 1

Level 2

Level 3 \*

Level 4 \*\*

Activity	Frequency / Duration	Goal	Documented Progress

\***relative caregivers** must complete 10 hours of specific training before Level 3 payments can be made No  Yes  How verified?

\*\***all caregivers** must complete 20 hours of specific SCI training before Level 4 payments can be made No  Yes  How verified?

Progress and continued need for payment of the SCI rate will be reassessed on a regular basis.

The reassessment due date is \_\_\_\_\_.

\_\_\_\_\_  
Caregiver Name

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Worker Name

\_\_\_\_\_  
Social Worker Signature

\_\_\_\_\_  
Date

Supervisor Approval

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Division Chief Approval

\_\_\_\_\_  
Division Chief Name Division

\_\_\_\_\_  
Division Chief Signature

\_\_\_\_\_  
Date

## Santa Barbara County Specialized Care Rates Program Chart

Level	Level I	Level II	Level III	Level IV*
Tier	Minimal Needs	Moderate Needs requiring extra care and supervision	Severe Needs requiring extra care and supervision	Exceptional Needs requiring extra care and supervision
Rate	<b>\$107</b>	<b>\$319</b>	<b>\$637</b>	<b>\$955</b>
Condition Problem Diagnosis	<ul style="list-style-type: none"> <li>• Child’s condition exceeds medical, psychosocial and educational needs requiring:</li> <li>• Frequent and/or additional appointments.</li> <li>• Appointments with specialists.</li> <li>• Purchases of products not covered under the basic AFDC rate i.e.: special formula, incontinent supplies.</li> </ul>	<ul style="list-style-type: none"> <li>• Child’s diagnosed condition results in temporary inability to provide age appropriate self-care.</li> <li>• Child’s diagnosed condition requires special medication regime, such as aerosol treatments, oral medications, etc.</li> <li>• Child’s diagnosed condition requires special medical procedures such as physical therapy or sensory stimulation 60 minutes a day or less, oral feeding with special requirements, positioning, assistance with dressings, braces and other medical devices.</li> <li>• Child’s DSM-IV diagnosis requires Foster Care Provider’s active participation in the treatment of at least 60 minutes per day such as infant stimulation, play therapy, journal writing, behavioral modification techniques, teaching of adaptive skills.</li> </ul>	<ul style="list-style-type: none"> <li>• Child’s condition results in moderate and chronic inability to provide age appropriate self-care.</li> <li>• Child’s diagnosed medical condition requires special medical procedures such as physical therapy or sensory stimulation 60 minutes or more per day, apnea monitoring, daily intravenous therapy, catheterization, etc.</li> <li>• Child’s DSM-IV diagnosis requires continuous monitoring AND requires Foster Care Provider’s active participation in the treatment of at least 60 minutes per day. Child’s behavior may include suicidal/homicidal tendencies harm to animals, destruction of property.</li> <li>• If more than one condition from Level II exists.</li> </ul>	<ul style="list-style-type: none"> <li>• Child’s condition results in severe and chronic inability to provide age appropriate self-care.</li> <li>• Child’s diagnosed condition and/or behaviors require around the clock monitoring such as: suicidal/homicidal ideation, fire setting, self- mutilation, sexual aggressive offenses, and infant experiencing severe drug withdrawal.</li> <li>• Child’s DSM-IV diagnosed condition requires the Foster Care Provider’s active, intensive, daily and continuous monitored therapeutic interaction.</li> </ul>