

Statewide SCI Matrix

Overview

Specialized care provides a supplemental payment to the family home provider, in addition to the Level of Care rate, for the cost of supervision (and the cost of providing that supervision) to meet the additional daily care needs of a child who has behavioral, emotional and/or physical (including health) challenges. Placement of children who need specialized care in family homes complies with State and Federal requirements that a child is entitled to placement in a family environment, in close proximity to the parent's home, and consistent with the best interest and special needs of the child. California's specialized care rate setting system promotes these concepts.

SCI Framework

In order to determine an SCI, county agency staff must assess the child's behavioral, emotional and/or physical (including health) challenges. The SCI rate is determined by the County child welfare agency through a process that should be described in the County's Specialized Care Rate (SCR) Plan, which must be submitted to CDSS prior to implementation (Please refer to ACL 18-48 Supplemental Care Rate for any protocols in relation to the eligibility and application of the SCR to children. Counties can refer to ACL 18-06, ACL 18-6E, ACL 18-25, and 18-48 for the coordination of SCR and LOC.).

The CWDA Children's Committee adopted this SCI Classification Matrix in March 2018 for all counties implementing an SCR plan. The intent of this framework is to better align SCI determinations to provide equitable consideration and support to caregivers of children with extraordinary needs. Note that this framework does not mandate uniform rates. Rather, it aligns the conditions by which foster children and youth are assessed so that children with similar needs, across counties, may receive an SCI. Counties continue to set their own rates for SCI payments.

Methodology

CWDA Children's Committee, with input from a county workgroup and other stakeholders, developed this SCI Matrix based on a review of county SCR plans. The conditions listed in the SCI Matrix represent common conditions identified across multiple county SCR plans that were reviewed by the SCI county working group for which caregivers provide additional support to a foster child/youth in their care. The SCI Matrix has been updated to the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Three Tiers were selected to differentiate acuity of needs. This SCI Matrix will be posted on the CWDA website (www.cwda.org) and may be updated as needed.

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Implementation

Each county will determine its own SCI dollar amounts for each of the Tiers. Counties may further differentiate within each of the three Tiers by developing a range of funding within each Tier. For example, Tier 1 may have a “low”, “middle” and “high” with corresponding dollar amounts. Counties may also use their existing SCI protocols as long as it has the same or similar elements (e.g., multiple Tiers).

A County will assess the child’s behavioral, emotional and/or physical (including health) challenges to determine the level of SCI. The assessment should include, but is not limited to a consultation with a County Public Health Nurse, Clinical Social Worker or other County staff who have expertise in a child’s issues. The final determination of the rate is determined by the County and documented in the County’s SCI Plan.

The County may use the SCI Classification Matrix in the Addendum to determine if the child’s needs meet Tiers 1, 2, or 3 as a guideline to create their SCI Classification Tables in their individualized County SCI plan. The SCI Classification Matrix is not meant to encompass every issue, but serves as a foundation of like issues that meet Tiers 1, 2, or 3. If a condition does not exist in the Table, it is up to the County to determine whether the condition and possible associated Tiers are applicable under the County’s SCI plan.

It is recommended that an SCI assessment should be completed after a Child and Family Team meeting and after use of the LOC Protocol and any other relevant assessments. However, there may be circumstances in which an SCI is needed more immediately in order to stabilize a placement. In either case, the SCI can be paid retroactively to the initial date of the request. Upon assessing the level of need and the recommended level of SCI, the social worker or other child welfare staff will complete a County SCI request form. Any additional sign off will be determined by a County’s process. If approved, the information will be forwarded to the County’s Eligibility program through the County’s established process with the required eligibility documents so that payment can be authorized.

For questions regarding this SCI Matrix, please contact Loc Nguyen, CWDA CCR Consultant at LNguyen@cwda.org or 628-249-6821.

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The following table 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.

Area	Tier 1 **If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.	Tier 2 **If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.	Tier 3
<p>Medical conditions Drug exposed history or positive toxicology screen. Alcohol exposure (FAS, FASD or FAE) Respiratory Difficulties and Diseases Failure to Thrive Diabetes & Heart Disease Hemophilia Seizures Physical Disabilities/Impairments Brain Injury (abuse or accidental) Visually impaired (birth, abuse, or accidental) Hearing impaired (birth, abuse, or accidental) Immune Disorders Surgical intervention Orthopedic abnormalities (birth or abuse) (i.e. scoliosis) Severe burns</p>	<p><input type="checkbox"/> 1-3 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> 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. <input type="checkbox"/> Mild breathing difficulties requiring prescription medications with close supervision. <input type="checkbox"/> Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic) <input type="checkbox"/> Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments. <input type="checkbox"/> Diabetes with special diet – no insulin or medication needed. <input type="checkbox"/> Failure to thrive due to mild feeding difficulties <input type="checkbox"/> Seizure disorder (Abnormal EEG, medication required for seizure activity) <input type="checkbox"/> Heart disease requiring close monitoring no intervention special treatments or diet. <input type="checkbox"/> HIV positive clinically well</p>	<p><input type="checkbox"/> 4-6 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Positive toxicology screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties) <input type="checkbox"/> 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) <input type="checkbox"/> Apnea or heart monitor required (when discontinued, rate to be reduced to appropriate level) <input type="checkbox"/> Moderate feeding difficulties requiring therapy or special feeding techniques. <input type="checkbox"/> Seizures requiring intermittent monitoring, medications and other interventions to control. <input type="checkbox"/> Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis. <input type="checkbox"/> Intermittent oxygen. <input type="checkbox"/> Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. <input type="checkbox"/> Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE). <input type="checkbox"/> Shunt placement-functioning stable</p>	<p><input type="checkbox"/> More than 6 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> FAS/FASD with moderate to severe complications (verifiable medical diagnosis) <input type="checkbox"/> Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions. <input type="checkbox"/> Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure <input type="checkbox"/> Continuous oxygen. <input type="checkbox"/> Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program. <input type="checkbox"/> Hemophiliac requiring close monitoring to prevent injury. <input type="checkbox"/> Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc) <input type="checkbox"/> Sickle Cell SC, Severe Symptoms. <input type="checkbox"/> Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would</p>

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	<input type="checkbox"/> Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits, <input type="checkbox"/> Sickle Cell – SB + Thal, Mild Symptoms. <input type="checkbox"/> Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. <input type="checkbox"/> Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention. <input type="checkbox"/> Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch). <input type="checkbox"/> Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. <input type="checkbox"/> Minimal bracing equipment is needed (i.e. AFO's) <input type="checkbox"/> Other:	<input type="checkbox"/> Sickle Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc). <input type="checkbox"/> Cleft lip requiring surgical intervention and special feeding assistance. <input type="checkbox"/> Physical abnormalities requiring medical intervention. <input type="checkbox"/> Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. <input type="checkbox"/> 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. <input type="checkbox"/> 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). <input type="checkbox"/> Scoliosis requiring assisted daily exercise and/or bracing. <input type="checkbox"/> Other:	otherwise require placement in an institutional facility. <input type="checkbox"/> Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment. <input type="checkbox"/> Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child. <input type="checkbox"/> Combined cleft lip/palate. <input type="checkbox"/> Other:
<u>Developmental delays or disabilities</u> Developmental Delay Developmental Disability (e.g., Intellectual Disability, Autism Spectrum etc.) Learning Delays or Disabilities Sensory Integration Disorder	<input type="checkbox"/> Moderate developmental delays or disabilities requiring weekly care provider assistance. <input type="checkbox"/> Other:	<input type="checkbox"/> Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW. <input type="checkbox"/> Intermittent assistance from a behaviorist or social/health services provider. <input type="checkbox"/> 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). Documentation required from either EIP or RC social worker.	<input type="checkbox"/> Severe learning delays or disabilities requiring extensive daily assistance several times a day from the care provider. <input type="checkbox"/> Regular in-home assistance from a behaviorist or social/health services provider. <input type="checkbox"/> Multiple impairments, less than 18 months developmentally, nonambulatory. Regional Center

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		<input type="checkbox"/> Other:	client documentation required from RC SW. <input type="checkbox"/> Other:
<u>Behavioral Issues</u> 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	<input type="checkbox"/> Behavior modification required but no medication prescribed. <input type="checkbox"/> The child presents some risky behaviors sometimes placing self and/or others at risk. <input type="checkbox"/> Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption. <input type="checkbox"/> Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider. <input type="checkbox"/> Other:	<input type="checkbox"/> Behavior modification needed in conjunction with prescribed daily medication. <input type="checkbox"/> The child is at high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions. <input type="checkbox"/> Stabilization of disruptive behaviors requires special intervention and discipline strategies. <input type="checkbox"/> Care provider needs special training and participates in counseling with the minor to accomplish this. <input type="checkbox"/> 601 behaviors (truant, beyond control of caregiver) exhibited at this level. <input type="checkbox"/> Chronic resistance to behavior modification strategies. <input type="checkbox"/> Personal property of others in the home at high risk. <input type="checkbox"/> Excessive anti-social behaviors which strictly limits unsupervised social interaction. <input type="checkbox"/> Other:	<input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 601 and 602 frequently exhibited themselves at this level. <input type="checkbox"/> Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed. <input type="checkbox"/> 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. <input type="checkbox"/> Other: