

Procedural Guide

0900-522.11

SPECIALIZED CARE INCREMENT (SCI) F-RATE

Date Issued: 07/09/13 Effective date: 07/22/13 Effective date: 10/10/13

(NOTE: The effective date applies to only those sections highlighted in yellow, the rest of the procedures are currently in effect. This will allow time for SCSWs to inform their CSWs of the changes.)

New Policy Release

Revision of Existing Procedural Guide 0900-522.11, Specialized Care Increment (SCI) F-Rate, dated 09/27/10

Revision made: NOTE: Current Revisions are Highlighted

This Procedural Guide has been revised to clarify and/or change out of county and LA County F-rate requirements as it pertains to training, child's age, medical treatment and foster parents' experience. It also reflects the new provisions in the Kin-GAP Program as enacted by AB 12 and instructions set forth by All County Letter (ACL) No. 11-15, New Kinship Guardianship Assistance Payment (Kin-Gap) Program Requirements. It also clarifies the application of the Early Start dual agency rate and law regarding capacity for specialized foster homes.

The rate increases effective 7/1/13 have been changed.

Cancels: None

DEPARTMENTAL PRIORITIES

This policy supports the Department's efforts to reduce recidivism by increasing the stability of the foster placements for children with special needs and enhancing the likelihood of a timely move to permanency by ensuring that a child is placed in a home that will meet the child's needs and is receiving the appropriate services and foster care rate to meet the child's needs.

WHAT CASES ARE AFFECTED

This Procedural Guide is applicable to all new and existing referrals and cases for children placed in out-of-home care.

OPERATIONAL IMPACT

All children in need of out-of-home care are to be placed in the least restrictive, most family-like setting consistent with their best interests and special needs. When children require a specialized foster family home, the assessment process, and placement selection must take into consideration the possible impact of placement on the child and his or her overall needs, ability to transfer attachments, and need for continuity of care and supervision. To the maximum extent possible, DCFS places children that have special needs with relatives, non-related extended family members or in foster family homes within the child's school of origin. Children, including those with special needs shall be placed with their siblings whenever possible.

Children with special health care needs can often live in foster care homes providing the foster parents and assistant caregivers are trained by health care professionals pursuant to the health care plan or discharge plan of the facility releasing the child being placed in, or currently in, foster care. Additional training shall be provided as needed during the placement of the child and to the child's biological parent or parents when the child is being reunified with his or her family. Foster parents who are licensed health care professionals are exempt from this requirement.

Each child must have a customized individualized health plan, developed by a team of individuals personally involved in the child's well being. The health care team shall delineate and coordinate health and related services for the child and the appropriate number of hours to be provided by any health care professional designated to monitor the child's individualized health care plan. The plan may also include the identification of any available and funded medical services that are to be provided to the child in the home, including, but not limited to, assistance from registered nurses, licensed vocation nurses, public health nurses, physical therapists, and respite care workers. The plan must reflect what specific activities are required to improve the child's functioning and how the F-rate will support these goals. This documentation must include the diagnosis, prognosis, treatment and medically related activities to be performed by the caregiver. See Procedural Guides 0600-505.10, Assessment of and Services for Children with Special Health Care Needs and 0600-513.10 and Medical Case Management Services (MCMS) Unit: Intake /Transfer Criteria and Transfer Procedures, for more information. The child's eligibility for SSI, due to a medical condition, is based on the Social Security Administrations' guidelines and determination.

The child's case plan must be congruent with the individualized health care plan. This includes referring the child for an Individual Education Plan (IEP). See Procedural Guide 0700-504.20, Referring Dependent Children for Special Education or Early Intervention Services (Early Start), for more information.

At the six-month reevaluation, if the child still requires the F-rate, the case plan must reflect any progress, or lack of, and any future goals/activities, if appropriate, to improve the child's functioning.

Dependent children of the court, requiring special health care for medical conditions, are eligible for the F-rate or the dual agency rate for dual agency children, provided that they are placed in a qualified placement and meet other criteria. See Procedural Guide 0900-511.12, Regional Center Rates for Dual Agency Children, for more information.

Medical conditions requiring specialized in-home health care includes, but are not limited to:

- Dependency on enteral feeding tube, total parenteral feeding, cardiorespiratory monitor, intravenous therapy, ventilator, oxygen support, urinary catheterization, renal dialysis, ministrations imposed by tracheostomy, colostomy, ileostomy, or other medical or surgical procedures, or special medication including ongoing regimen of injections, and intravenous medications.
- Other medical conditions considered for the F-rate include HIV/AIDS, premature birth, some congenital defects, severe seizure disorders, severe asthma, broncopulmonary dysplasia and severe gastroesophageal reflux.

For recipients of both the state- and federally-funded Kin-GAP Programs: The SCI is a rate available to the relative caregiver or relative guardian once DCFS determines that the assessed child meets the SCI criteria. See Procedural Guides 0100-520.35, Kinship Guardianship Assistance Payment (KIN-GAP) Program, for more information. The SCI can be increased or decreased as the special needs of the child change. If the relative guardian resides outside the county with payment responsibility, the county with payment responsibility pays the host county's specialized care rate or its own specialized care rate if the host county has no specialized care system. Note: If a child meets the criteria for SCI rate eligibility, the child may receive the SCI rate upon re-assessment indicating eligibility even though he or she did not receive the rate prior to entering Kin-GAP.

CAPACITY IN FOSTER CARE

It is DCFS' policy that an out-of-home caregiver may not have more than two children receiving a specialized care rate, regardless of their licensed capacity. More will be considered only if the children were in the home prior to November 1, 1995, or children receiving the basic rate in a home are later assessed as needing specialized care, or when placement will keep siblings together and it is not clinically contraindicated. See Procedural Guide 0100-510.10, Capacity In A Relative/Nonrelative Extended Family Member/Foster Family Home Or FFA Certified Home, for more information.

For children with special health care needs (see Procedural Guides 0600-505.10, Assessment of and Services for Children with Special Health Care Needs, for more information):

Pursuant to Welfare and Institutions Code Section 17732, no more than two foster care children shall reside in a specialized foster care home with the following exceptions:

A specialized foster care home may have a third child with or without special health care needs placed in that home provided that the licensed capacity is not exceeded and provided that all of the following conditions have been met:

The child's placement worker has determined and documented that no other placement is appropriate.

For each child in the planned placement and the child to be placed, the child's placement worker has determined that the child's psychological and social needs will be met by placement in the home and has documented that determination. New determinations on all the children in placement shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded.

Verification of these requirements must be documented in the CWS/CMS Case Notes. Placement of a third child with or without special needs **requires ARA approval**. The DCFS 280 requires the signature of the ARA. If the ARA(s) for the already placed children is/are different from the third child's ARA, all involved ARAs must confer and agree to the third placement, or follow the chain of command as needed, with the Division Chief over MCMS having the final decision-making authority. The decision must be documented in the CWS/CMS Case Notes.

NOTE: Pursuant to WIC 17732.2.(a) In determining the licensed capacity of a Specialized foster family home or a specialized certified family home, the department shall consider (*or count*) all adoptive, biological, and foster children, and children in guardianship living in the home, in order not to exceed a total of six children living in the home.

Additionally, Community Care Licensing (CCL) requires a waiver when placing a third child with special needs in a "Specialized Foster Home."

CAREGIVER'S REQUIREMENTS AND EXPECTATIONS

Foster parents, most relatives, non-related legal guardians, Kin-Gap guardians and Non-relative Extended Family Members (NREFM) are eligible to receive the F-rate on behalf of a child.

NOTE: Children residing in Foster Family Agency (FFA) certified homes **are not** eligible for a specialized care increment. However, as part of the permanency planning for children residing in FFA certified homes, and who are potentially eligible for a specialized care increment, the CSW shall refer them for evaluation at the time of the Concurrent Planning Assessment (CPA) process, if the alternative plan is adoption or legal guardianship. Having a recent assessment will assist in determining the appropriate Adoption Assistance Payment (AAP) and expedite the finalization of the adoption or allow the prospective legal guardian to receive the appropriate rate.

Per WIC 11461(e), the SCI shall not be paid to a Non-minor Dependent (NMD) placed in a Supervised Independent Living Placement (SILP). See Procedural Guide 0100-560.40 Supervised Independent Living Placement (SILP), for more information on SILP.

A child shall NOT be in a placement wherein the caregiver can not meet the child's special needs. Basic AFDC-FC funds are for the daily supervision, care, food, clothing, shelter, school supplies, a child's personal incidentals, liability insurance with respect to a child, and other expenses mentioned below. The higher F-rate is provided to caregivers for the extra care and supervision required for a child with special needs.

CAREGIVERS OF CHILDREN ELIGIBLE FOR AN F-RATE MUST MEET A. and B. below:

Prior to placing or replacing a child with medical needs/condition, CSWs shall ensure, in consultation with the Public Health Nurse and Medical Case Management Services (MCMS) Intake Coordinator that the prospective caregiver is able and trained to meet the child's medical or health care needs. See Procedural Guide 0600-513.10, Medical Case Management Services (MCMS): Intake /Transfer Criteria and Transfer Procedures. For children already in placement, CSWs shall continuously evaluate and assess, as part of their on-going duty, the child's safety and needs, quality of care received and the appropriateness of the placement. Child's safety should be the foremost consideration when evaluating the appropriate placement.

For placements in Los Angeles County:

A.

- Meet the appropriate and child-specific training requirements to ensure safety and quality of care in placement (DCFS requires that Legal Guardians, relatives,

non-relative extended family members, and non-specialized foster parents must complete training as well). **Child-specific training is mandatory for each child with special health care needs.** **Note: As early as possible, CSWs shall notify the caregivers of this training requirement and if necessary, assist in facilitating the completion of this training.**

This includes the 16 hours of initial F-rate certification training and 12 hours yearly thereafter to be certified. If the specialized training is not available (summer break, etc.), the training is to be completed within three (3) months of the next training sessions. **In consultation with a PHN regarding the child's medical needs and MCMS Intake Coordinator regarding the appropriateness of a placement and caregiver's professional background, prospective and current caregivers who have a verified professional health care background (e.g. licensed Medical Doctor, Registered Nurse, Nurse Practitioner, Physician's Assistant, Doctor of Osteopathic Medicine, etc.) are exempt from this requirement. The basis of this exemption shall be documented in the case by the PHN and the CSW. The final decision regarding exception is determined by the PHN, in consultation with the PHNS.**

NOTE: In addition, if the child is found to be eligible for the F-rate when placed in a home with a caregiver who has not received the above F-rate training, but the CSW, in consultation with the PHN and MCMS Intake Coordinator, believes the caregiver has the requisite knowledge, training, education or ability to meet the child's special needs, the caregiver requirement described in A. above is strongly recommended but not required for F-rate eligibility. The PHN and the CSW shall document in the case the basis for their conclusion that the caregiver possesses the requisite knowledge, training, education or ability to meet the child's needs, if the caregiver is relieved from F-rate training requirements. The final decision regarding training issues is determined by the PHN, in consultation with the PHNS.

See the Out of County Placement section of this Procedural Guide for requirements related to out of county/state placements.

B.

- To participate in the child's treatment, **which may** include family counseling.
- Provide transportation to various facilities and providers.
- To provide social and recreational activities consistent with the child's needs.

OUT OF COUNTY PLACEMENT

A placement from one county into another requires the cooperation of agencies in both counties. This applies to children being sent to live with parents or relatives as well as non-relative placements. See Procedural Guide 0100-525.15, Courtesy Supervision for California Counties.

When children are placed outside of Los Angeles County, the host county's rate and training, educational and/or other requirements apply. (See <http://www.childsworld.ca.gov/res/pdf/ChildWelfareAgencyRep.pdf>) If the host county does not have a specialized rate, the Los Angeles County increment applies as well as the host county's basic rates. As necessary and applicable, the host county's child protective agency can assist in making a referral to have the child assessed by the host county's mental health agency or other DCFS approved entity.

OUT OF STATE PLACEMENT

Placements from one state into another requires the cooperation of agencies in both states and all issues related to care, services and funding should be addressed through the ICPC process. See Procedural Guide 0100-525.10, Interstate Compact on the Placement of Children (ICPC), for more information.

A letter must be on file from the host state indicating what criteria, if any, is required and the rate the child is eligible to receive. The case-carrying CSW is responsible for acquiring this information.

DUAL AGENCY CHILDREN

The procedures in this Procedural Guide are **no** longer applicable for dual agency children as there is now an established process to receive the dual agency rate. A dual agency child 0 – 3 years old, receiving **AFDC-FC funding** and Early Start services but not yet determined to have a qualifying developmental disability is **only** eligible for the dual agency rate of **\$967.00/month**. If the child also has **another** medical/physical condition, **other than the developmental delay warranting Early Start services**, determined to meet criteria for an **F-1, F-2, F-3 or F-4** rate, the child can receive a higher rate through the SCI - F-rate. **In this case**, the caregiver shall be given the option of whether to receive the dual agency rate or the SCI F-rate. In these cases, CSWs shall collaborate with the Regional Center for the agency to determine as soon as possible if a child has a qualifying developmental disability and thereby would be eligible to receive the dual agency rate of **\$2162/month**, even prior to the child turning 3 years old.

If the caregiver opts to receive the F-rate **(if eligible)** in lieu of the dual agency rate of **\$967.00/month**, then the procedures in this Procedural Guide shall still be followed. CSWs shall ensure that the F-rate is changed to the appropriate dual agency rate once

child is determined to have a qualifying developmental disability or child turns three and determined to have a qualifying developmental disability.

NOTE: Unlike children/youth receiving AFDC-FC, those receiving AAP and Early Start services with no other medical condition may receive the F-1 in lieu of the Early Start rate, as there is an expressed language authorizing (AD 4320) this.

WIC 11464 does **not** mandate that caregivers of dual agency children complete training in order to qualify to receive the Regional Center/dual agency rate when otherwise eligible for the rate. However, all children with medical/physical needs/condition, regardless of the type of funding or foster care rate, must be brought to the attention of the PHN for review and caregiver training recommendation. In addition, all children *with special health care needs* shall be referred to the Medical Case Management Services Unit. See Procedural Guide 0600-513.10, Medical Case Management Services (MCMS): Intake /Transfer Criteria and Transfer Procedures. As stated above, all caregivers of children with special health care needs are **required** to complete any child-specific training as outlined in the child's Individualized Health Care Plan, physician's treatment plan and/or medical discharge plan. See Procedural Guide 0600-505.10, Assessment of and Services for Children with Special Health Care Needs, for more information. However, for dual agency children **with special health care needs or a medical condition**, the PHN and/or the MCMS Unit shall make the appropriate recommendation on any additional caregiver training, such as the 16-hour F-rate training and/or renewal training, utilizing a developed guideline and process as set forth by Procedural Guide 0900-511.12, Regional Center Rates for Dual Agency Children.

CHILD'S ASSESSMENT/DIAGNOSIS

There are four levels to the F-rate, F1, F2, F3 and F4. RAs must approve F3 and F4 rates. The guidelines for determining the appropriate level are detailed in Attachment I. Details of required care for specific disorders are described in Attachment II. When a child is receiving mental health services related and/or in addition to the medical condition, the F-rate is increased one level, not to exceed F-4.

A child found by the Regional Center to **not** meet the criteria, under the Lanterman Act, to receive Regional Center services, may have a diagnosis of **a Pervasive Developmental Disorder** which falls under the "autism spectrum disorders" {e.g. Asperger's Disorder, **Rhett Syndrome, Childhood Disintegrative Disorder (CDD)** and Pervasive Development Disorder (NOS)}. As with any situations wherein there are medical or developmental concerns, CSWs shall consult with the PHN regarding these children to determine if a referral for an F-rate **eligibility** is warranted. **If the child may have emotional or behavioral issues**, the PHN shall recommend that the CSW refer the child to the D-rate Evaluator to assess if the child qualifies for a D-rate **or if the child**

warrants an increased F-rate level. The CSW can and should refer the child to the D-rate Evaluator, independent of the PHN, in any situation where the child may have an emotional/behavioral problem. See Procedural Guide 0900-522.10, Specialized Care – D-Rate, for more information.

The Public Health Nurse (PHN) shall determine the appropriate F-rate, based upon the a complete and thorough assessment of the child's medical record. Therefore, it is necessary for the CSW to provide the child medical record to the PHN as soon as possible. Documentation must be from a health care provider who has examined the child within the prior six months. Any medical problems should be examined by a pediatrician and/or a pediatric specialist. All identified diagnoses should be overseen by pediatricians and/or pediatric specialists and documented. PHNs are to follow up with the medical providers, pediatricians and/or pediatric specialists, in order to provide appropriate and timely consultation to CSW regarding the child's condition(s). The F-rate set by the PHN cannot be changed. If there is concern about the level, the worker should provide additional information to the PHN. Staff shall **not** provide a specific F-rate level or amount to a caregiver or prospective caregiver until a final evaluation has been completed by the PHN. Staff shall instead advise the caregiver of the child's needs, condition, the process of the F-rate evaluation including at what point the case is in and **as applicable**, the training requirements.

Children receiving the F-rate must be reevaluated every six months. The F-rate is effective only as long as the need exists. At the time of reevaluation, documentation must be made of the need for continued care and compliance with the health care plan.

Procedures

A. WHEN: ASSESSING THE NEED FOR "F-RATE"

CSW Responsibilities

1. Within one business day of notification or observing that the child may have a special health care need, discuss with the caregiver the child's physical, neurological, and/or developmental disorders and the related activities needed in order to determine the needs of the child. **See the Operational Impact Section under Caregiver Requirements and Expectation heading of this Procedural Guide for more details.** It is highly recommended that the CSW and PHN make a joint visit to the caregiver's home when assessing the child's medical needs.
2. **Provide** the following F-rate packet:
 - DCFS 149A, Medical Care Assessment
 - DCFS 416, Individual Health Care Plan
 - DCFS 709, Foster Child's Needs and Case Plan Summary
 - DCFS 1696, F-Rate & Regional Center Rate Indicators
 - Copy of the caregiver's F-rate training certificate, if available

3. Forward the DCFS 149A to the appropriate California Children's Services (CCS) paneled and/or appropriate Pediatric Specialty treating physician(s) and request they complete the form and return it along with all available medical records documenting the child's status and needs.
4. Caregiver may also obtain a medical report on the physician's letterhead, prescription slip from the physician, in lieu of the 149A, as long as all the elements are included.
5. Information must include detailed diagnoses, prognoses, treatment plan, and the specific medically related activities to be performed by the caregiver.
6. Documentation must be current (within the past 6-months).
7. In collaboration with the PHN, determine the F-rate to be recommended by completing pages 2, 3 or 4 and "Actions to be Taken" section on page 6 of the DCFS 1696, using the medical/developmental documentation.
8. Locate the child's condition or the caregiver's activity by using the F-Rate Criteria Guidelines (Attachment I) and the Guide to F-Rate Criteria (Attachment II).
9. Place an X in the applicable boxes that correspond with the description of the required medical activities, infant behavior or Regional Center diagnosis.
10. The highest column level marked will be the F-rate paid for the child.
 - a) If the child also has documented emotional or behavioral problems, is 3 years or older and is enrolled in and attending a treatment program designed to address the emotional or behavioral problem, raise the F-rate one level by placing an X in the column that is one level higher than the highest medically related level.
 - b) If the child has multiple medical problems that require the caregiver to attend multiple appointments, administer multiple treatments, or visit multiple specialists, raise the F-rate one level by placing an X in the column that is one level higher than the highest medically related level.
11. Within one business day of receiving the completed DCFS 149A and medical records, forward the packet to the PHN. If a copy of the caregiver's F-rate training certificate can not be included in the packet, notify the PHN whether or not the caregiver has completed the training and if not, whether or not the caregiver is willing to complete the training and if so, where the caregiver is in the process of completing the training or in providing verification of training completion and put this information in the corresponding section of the DCFS 1696. **See the Operational Impact Section under Caregiver Requirements and Expectation heading of this**

Procedural Guide for more details. Forward a copy to the PHN as soon as possible in the course of the PHN making the F-rate assessment.

12. Within one business day of receiving the packet back from the PHN identifying the appropriate F-rate, take the following actions:

a) If caregiver training verification has not been previously obtained and provided to the PHN, obtain **as available**, a copy of his or her training certificate. Forward a copy of the caregiver's training certificate(s) and the DCFS 1696 to the PHN for review.

i) If the caregiver has not attended the F-rate training, advise the PHN that the F-rate training has not been completed by the caregiver.

ii) Consult with the PHN and jointly make a determination if caregiver is able to meet the child's needs despite lack of the F-rate training.

NOTE: If the child is found to be eligible for the F-rate when placed in a home with a caregiver who has not received the above F-rate training, but the CSW, in consultation with the PHN and if applicable, the MCMS Intake Coordinator, believes the caregiver has the requisite knowledge, training, education or ability to meet the child's special needs, the caregiver requirement described in A. above is strongly recommended but not required for F-rate eligibility. The PHN and the CSW shall document in the case (Case Notes and/or Health Notebook) the basis for their conclusion that the caregiver possesses the requisite knowledge, training, education or ability to meet the child's needs, if the caregiver is relieved from F-rate training requirements. The final decision regarding training exception is determined by the PHN, in consultation with the PHNS.

See the Out of County Placement section of this Procedural Guide for requirements related to out of county/state placements.

iii) If in consultation with the PHN, it is determined that the training and/or services are necessary to ameliorate an immediate safety concern regarding the child, discuss this with the caregiver. If the caregiver refuses to complete or has not followed through with the required services and/or training, consult with the SCSW and/or ARA and PHNS to assess child's safety in placement and determine the appropriate action (e. g. court involvement to seek a court order for cooperation and training to mitigate safety risk, or only as necessary and depending on the placement change, seek a removal and replacement order due to immediate safety concerns).

13. When the DCFS 1696 with the PHN's signature is received and **as appropriate/available**, training verification, submit the signed DCFS 1696, DCFS 280, medical documentation, copies of training certificate(s) and, if applicable, the psychological documentation to the SCSW for approval and if appropriate, submission to the ARA and RA. Indicate on the DCFS 280 "Child approved for an F-rate, please update the Placement Notebook." If the child is not on SSI, include the statement "Evaluate the child for SSI." Levels F-1 and F-2 **do not require** ARA approval but Levels F-3 and F-4 require RA approval.
15. Within one business day of receiving the signed DCFS 280, complete the following:
 - a) Forward the DCFS 280 with appropriate documentation (i. e., DCFS 1696) and **if available**, a copy of caregiver's training certificate to the EW for processing. **See the Operational Impact Section under Caregiver Requirements and Expectation heading of this Procedural Guide for more details.**
16. File documentation in appropriate case folders.
17. Document all contacts with the caregiver and physician in the Contact Notebook.
18. If the child is approved at levels F-3 or F-4 consult with and transfer the case to the Medical Case Management Services (MCMS) Unit, per existing procedures, unless the child was raised to F-3 from F-2 based on the child's severe emotional problems. **Note:** Dual agency children with developmental disability but with **no** medical condition/special health care needs are not eligible for transfer to MCMS. See Procedural Guide 1000-504.50, Medical Case Management Services (MCMS) Unit: Intake /Transfer Criteria and Transfer Procedures, for more information.
19. Advise the caregiver that the F-rate will be reviewed every six months. The F-rate may also be reviewed between intervals if medical or psychological status changes.
20. If applicable, within one business day of receiving the packet from the PHN determining that the child is **not** eligible for the F-rate, inform the caregiver that a Notice of Action (NOA) will be mailed to him or her with instructions on how to appeal the decision.
 - a) Submit a DCFS 280 requesting that a NOA be mailed **by the Regional TA/EW** regarding the denial of the F-rate.

SCSW Responsibilities

1. Within one business day of receiving the packet, review all documentation including training verification, and:
 - a) If approved and the rate is F1 or F2 and there is no capacity issue, sign necessary documents and return to the CSW.

- i) When there is a capacity issue or the rate is F3 or F4 forward the documents to the ARA.
- b) If not approved, return packet for corrective action.

ARA Responsibilities

1. Within one business day of receiving the packet, review all documentation, and:
 - a) If approved, sign the necessary documents and return to the SCSW.
 - i) If the rate is for F3 or F4, forward the packet to the RA for approval.
 - b) If not approved, return the packet for corrective action.

RA Responsibilities

1. Within one business day of receiving the packet, review all documentation, and:
 - a) If approved, sign the necessary documents and return to the SCSW.
 - b) If not approved, return the packet for corrective action.

PHN Responsibilities

1. Within three business days of receiving the packet, review the documentation. If further information is needed, consult with the CSW. If the F-rate certificate is not in the packet and was not previously advised by the CSW of the reason, discuss with the CSW about the **any training the caregiver has received, training needs if any and how the caregiver is meeting the child's needs.**
 - a) If advised by the CSW and/or noted on the DCFS 1696 that the caregiver has not completed the F-rate training, indicate on the DCFS 1696 that the training certificate is not available/provided. Indicate that the F-rate training is **strongly** recommended (and any other additional training as applicable) in the PHN section of DCFS 1696 and proceed with completing the DCFS 1696 to determine the applicable F-rate level that the caregiver **is eligible** to receive. **Consult with PHNS if there is a caregiver training issue and/or exception. See the Operational Impact Section under Caregiver Requirements and Expectation heading of this Procedural Guide for more details.**
2. Collaborate closely with the CSW. It is recommended that the PHN and CSW make a joint home visit **when having difficulty** determining the appropriateness of the F-rate and the selected placement that best meets the needs of the child.
3. Assist the CSW in contacting the physician or any other applicable service provider if additional information is needed.

4. **As available**, review the available caregiver's training certificate(s) to verify current certification and complete DCFS 1696 as appropriate.
5. As soon as sufficient information is received, complete the PHN's section of the DCFS 1696, and return it with the medical documentation to the CSW.

B. WHEN: UPON THE RECEIPT OF THE SIX-MONTH F-RATE ALERT OF THE MANAGEMENT INFORMATION DIVISION (MIC)

Bureau of Information Systems (BIS) generates an alert two months prior to the termination of the F-rate. Children receiving the F-rate must be reevaluated every six months. However, there may be cases where it is reasonably expected that the child's condition will change significantly prior to the sixth month re-evaluation. The CSW, in collaboration with the PHN, shall follow the steps in this section by the re-evaluation date noted on the DCFS 1696.

Designated Person (ITC, CSA,) Responsibilities

1. Print and distribute the alerts to the SCSWs and PHN Supervisors monthly.

SCSW Responsibilities

1. Within one day of receiving F-rate Alert, distribute the alert to the CSWs for review and follow up.

PHNS Responsibilities

1. Within one day of receiving the F-rate Alert, distribute the alert to the PHNs for review and follow up.

CSW Responsibilities

1. Upon receipt of the six-month alert, review the cases and the appropriateness of the current F-rate.
2. Collaborate closely with the PHN. It is highly recommended that the CSW make a joint home visit with the PHN in determining the appropriateness of the F-rate and the placement that best meets the needs of the child. For referrals involving children with a suspected or known medical or developmental condition, as well as all referrals with allegations of severe neglect, see Procedural Guide 0070-560.05, Joint Response Referral, for instructions.
3. Follows steps set forth above in Part A if it is believed that the F-rate should continue. At the review, continuing levels F-3 and F-4 need only ARA approval.

4. If the rate is to remain the same, the caregiver does not need to sign a new DCFS 1696.
5. If the rate is to be changed, submit the approved DCFS 280 to the TA/EW for processing.
6. Document all contacts with the caregiver in the Contact Notebook.

SCSW Responsibilities

1. Review and compare monthly F-rate Alerts to ensure that:
 - a) F-rates are completed in a timely manner.
 - b) F-rates are appropriate and consistent according to the special health care needs of the child as documented in the 1696.
2. Follow up on identified delinquent and inconsistent F-rates.
3. Submit a monthly report to ARA that includes an analysis, summary and the corrective action to resolve delinquencies and inconsistencies of the F-rate Alert.

PHN Responsibilities

1. Review and compare monthly F-rate Alerts to ensure that:
 - a) F-rates are completed in a timely manner.
 - b) F-rates are appropriate and consistent according to the special health care needs of the child as documented in the 1696.
2. Follow up on identified delinquent and inconsistent F-rates.

APPROVAL LEVELS

Section	Level	Approval
A.	SCSW	DCFS 280 DCFS 1696
	ARA	Placement of a third child with or without special needs in the home, where there are already 2 children with specialized care rate in the home.
	ARA & RA	F3 and F4 rates
B.	Same as section A	Same as section A; however at the six- month review, RA approval is not required for continuing

OVERVIEW OF STATUTES/REGULATIONS

Health and Safety Code Section 1501.1 states in part that when placing children in out-of-home care, particular attention should be given to the individual child's needs, the ability of the facility to meet those needs, the needs of other children in the facility, the licensing requirements of the facility as determined by the licensing agency, and the impact of the placement on the family reunification plan.

Welfare and Institutions Code Section 17710 offers, in part, the following definitions:

- (a) "Child with special health care needs" means a child, or a person who is 22 years of age or younger who is completing a publicly funded education program, who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care, and who either has been adjudged a dependent of the court pursuant to Section 300 but is in the custody of the county welfare department, or has a developmental disability and is receiving services and case management from a regional center.

Welfare and Institutions Code Section 17731 states in part:

That prior to the placement of a child with special health care needs, an individualized health care plan, shall be developed by the child's physician or his or her designee.

Welfare and Institutions Code Section 17732 states in part:

No more than two foster care children shall reside in a specialized foster care home with the following exceptions:

- (a) A specialized foster care home may have a third child with or without special health care needs placed in that home provided that the licensed capacity is not exceeded and provided that all of the following conditions have been met:
 - (1) The child's placement worker has determined and documented that no other placement is available.
 - (2) For each child in placement and the child to be placed, the child's placement worker has determined that his or her psychological and social needs will be met by placement in the home and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded.

Welfare and Institutions Code Section 17733 states in part:

All documentation prepared by the county concerning the identification of a dependent child as a child with special health care needs, the placement of such a child in a specialized foster care home, assessments and reassessments of the level of care designation, the decision to place more than two children with special health care needs in a home, and contact among the health care team plan members who are monitoring the individualized health care plan of the child, shall be made part of the child's case record. Reports of training provided by the health care professional pursuant to the discharge plan of the facility releasing the child being placed in foster care shall also be included in the case record.

Welfare and Institutions Code Section 11461(e) (1) states "specialized care increment" means an approved AFDC-FC amount paid on behalf of an AFDC-FC child requiring specialized care to a home listed in subdivision (a) in addition to the basic rate. Notwithstanding subdivision (a), the specialized care increment shall not be paid to a nonminor dependent placed in a supervised independent living setting as defined in subdivision (w) of Section 11403. A county may have a ratesetting system for specialized care to pay for the additional care and supervision needed to address the behavioral, emotional, and physical requirements of foster children. A county may modify its specialized care rate system as needed, to accommodate changing specialized placement needs of children.

Welfare and Institutions Code Section 11400 (w) states that "Supervised independent living setting" means, on and after January 1, 2012, a supervised setting, as specified in a nonminor dependent's transitional independent living case plan, in which the youth is living independently, pursuant to Section 472(c)(2) of the Social Security Act (42 U.S.C. Sec. 672(c)(2)).

Welfare and Institutions Code Section 11403.1(e) (1) In determining the amount of aid under this section, the rate provided to the youth shall be equivalent to the basic rate provided to a foster family home provider pursuant to Section 11461.

Manual of Policies and Procedures (MPP) 11-401.323 state that any county wishing to modify or adopt a specialized care system shall submit a proposal to the Department which describes the county's current specialized care system, if applicable, and the county's proposed system.

Manual of Community Care Licensing, Title 22, Division 6, Chapter 9.5, Section 89224 sets forth regulations regarding the waivers and exceptions to the caregiver's licensed capacity.

LINKS

**California Code
Division 31 Regulations
Title 22 Regulations**

<http://www.leginfo.ca.gov/calaw.html>
<http://www.cdss.ca.gov/ord/PG309.htm>
<http://www.dss.cahwnet.gov/ord/PG295.htm>

RELATED POLICES

[Procedural Guide 0070-560.05](#), Joint Response Referral
[Procedural Guide, 0100-510.10](#), Capacity in a Relative/Non-Relative Extended Family Member or Foster Family Home
[Procedural Guide, 0100-510.61](#), Responsibilities for Placement: Foster Child's Needs and Case Plan Summary
[Procedural Guide 0100-520.35](#), Kinship Guardianship Assistance Payment (KIN-GAP) Program
[Procedural Guide 0600-505.10](#), Assessment of and Services for Children With Special Health Care Needs
[Procedural Guide 600-513.10](#), Medical Case Management Services (MCMS) Unit: Intake /Transfer Criteria and Transfer Procedures
[Procedural Guide 0700-504.20](#), Referring Dependent Children for Special Education or Early Intervention Services (Early Start)
[Procedural Guide 0900-511.10](#), AFDC-FC/GRI-FC Rates
[Procedural Guide 0900-511.12](#), Regional Center Rates for Dual Agency Children

FORM(S) REQUIRED/LOCATION

HARD COPY: NOA 290, Notice of Action

LA Kids: [DCFS 149](#), Medical Care Assessment Cover Letter
[DCFS 149A](#), Medical Care Assessment
[DCFS 280](#), Technical Assistant Action Request
[DCFS 416](#), Individual Health Care Plan (IHCP)
[DCFS 709](#), Foster Child's Needs and Case Plan
[DCFS 1696](#), F-Rate and Regional Center Rate Indicators

CWS/CMS: Contact Notebook
Case Notes
Case Plan, Out-of-Home Care Information Update Document
DCFS 280, Technical Assistant Action Request
Health and Education Notebook

SDM: None

[ATTACHMENT I - Summary of F-Rate Criteria](#) and [ATTACHMENT II – F-Rate Criteria Guidelines](#)