

Procedural Guide

0900-522.10

SPECIALIZED CARE INCREMENT (SCI) - D-RATE

Date Issued: 09/19/07 10/22/07

- New Policy Release
- Revision of Existing Procedural Guide 0900-522.10, Specialized Care – D-Rate, dated 01/03

Revision Made: NOTE: Current Revisions are Highlighted

Updating and clarifying regulations. Defining roles of staff for the assessment of the D-Rate. The addition of a new form – The DCFS 1695, D- Rate Indicators & Child Referral form. Kin-GAP legal guardians are now eligible to receive the D-Rate.

This Procedural Guide was revised to eliminate the requirement that the DCFS 709 be part of the D rate Packet.

Cancels: None

DEPARTMENTAL PRIORITIES

This Procedural Guide supports the Department's efforts to reduce recidivism by increasing the stability of the foster placements for children with special needs. A stable placement enhances 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 for the assessment and possible issuance of the D-rate for children with special emotional/behavioral needs.

OPERATIONAL IMPACT

The D-Rate Section provides assistance to CSWs in identifying and assessing the needs of children with special needs by ensuring that the caregiver's home meets the

child's needs and that all children having special needs have those needs met in accordance with the provisions of the Katie A. settlement agreement.

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 original attendance area. Children with special needs shall be placed with their siblings whenever possible.

Kin-GAP legal guardians are eligible to receive the Special Care Increments (SCI) (i.e. D and F Rate) payments as part of the Kin-GAP payment if the child was receiving AFDC-FC SCI payments **in the month before the month that Kin-GAP benefits began**. In addition, the amount of the SCI received on behalf of the child will be the amount received in the month prior to entry into Kin-GAP. In addition, inform the caregiver that while the child's physical or behavioral condition may change; the Kin-GAP payment **will not be adjusted as a result of any changes in the child's needs**. However, the specialized care rate will automatically adjust based on the child's age. See Procedural Guide 0900-511.10, AFDC-FC/GRI-FC Rates effective July 1, 2001 (pages 2-3). In addition, inform the caregiver that six-month reassessments for eligibility for receipt of the SCI are not required.

CHILD'S ASSESSMENT/DIAGNOSIS

Based upon the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (currently DSM IV TR), a child must be diagnosed with behavior(s) inappropriate to the child's developmental age that impairs the child in critical life areas. The assessment must be made by a licensed mental health professional (LCSW, licensed MFT, Psychologist, Psychiatrist.) The diagnosis must indicate that the child displays psychotic features, is a suicide risk or at risk of violence, or has substantial impairment in at least two of the following areas:

Conditions requiring specialized D-rate care include:

- As a result of the mental disorder, the child has substantial impairment in at least two of the following areas:
 - ❑ Self-care
 - ❑ School functioning
 - ❑ Family relationships, and/or
 - ❑ Functioning in the community

And either:

- ❑ The child is at risk of removal from the current placement or has already been removed, or

- The impairments have been present for six months or are likely to continue for more than one year without treatment.

Dependent children of the court that are 18 years of age or younger, who have been diagnosed as requiring specialized care for emotional/behavioral problems, and who are in a publicly funded education program are eligible for the D-rate.

NOTE: In cases where it is necessary for the child to receive further assistance, consult with the SSI Unit. See Procedural Guides 0900-523.10, Supplemental Security Income (SSI) For Children With Disabilities and 0600-520.00, Collaborating with Regional Center to Provide Services to Children/Youth.

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 assessed as needing specialized care, or when placement will keep siblings together and it is not clinically contraindicated. Verification of these requirements must be documented in the Case Notes. Placement of a third child with or without special needs **requires ARA approval.**

NOTE: When seeking ARA approval for the placement of a 3rd child, CSWs shall take into account all children in the home, including birth, adopted, relative and guardian and not just the foster care placements.

See Procedural Guide Capacity in a Relative/Non Relative Extended Family Member of Foster Family Home.

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 available.

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.

CAREGIVER'S REQUIRMENTS AND EXPECTATIONS

Foster parents, most relatives, non-related legal guardians, Kin-GAP legal guardians and non-relative extended family members are eligible to receive the D-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 Permanency Planning/Adoption Assessment. Having a recent assessment will assist in determining the appropriate Adoption Assistance Payment (AAP) and expedite the finalization of the adoption.

Basic AFDC-FC funds are for the daily supervision, care, food, clothing, shelter, school supplies, the child's personal incidentals, liability insurance with respect to a child, and other expenses mentioned below. The higher D-rate is paid for the extra care and supervision required for a child with special needs.

The expectations of all caregivers responsible for a child receiving the D-rate are to:

- Have participated in the foster care program for children age three or older for at least two years.
- Meet the training requirements for a child receiving the D-rate (DCFS requires that Legal Guardian (non-Kinship), relatives, non-relative extended family members, and non-specialized foster parents must complete training as well.)
 - Caregivers must have participated in 16 hours of initial D-rate certification training and 18 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. Payment may be made pending completion of the training in this situation.
- Participate in the child's treatment including family counseling.
- Provide transportation to various facilities and providers.
- Provide social and recreational activities consistent with the child's needs.
- Familiarize themselves about special education and the Individualized Education Plan (IEP) process. Caregivers should advocate for the child's educational needs and rights by partnering with teachers.

- Caregivers should learn daily interactional skills in meeting the child's particular needs and avail themselves of support groups and foster parent associations in developing support techniques.

CRITERIA FOR CHILD

Must meet all of the following:

- ❑ Child is between the ages of 5-18 years old. Children ages 37 months to 59 months may be referred with ARA approval. Children 18, but not yet 19, may continue to receive the D-rate if otherwise eligible and in school or a training program that can reasonably be expected to be completed by the child's 19th birthday. Children 19 and older are not eligible.
- ❑ The children reveal disturbances or behaviors, which are characterized by varying degrees of personality disorganization and departures from normal modes of thinking, feeling, perceiving and acting. They often exhibit impairment in reality testing, judgement and communication; and react to daily living experiences and rituals with excessive fearfulness, aggression, depression or withdrawal. Outbursts of rage, excessive verbal and physical aggressiveness, including overt and covert hostility, are common.
- ❑ Suicidal ideation and/or attempts are not uncommon. The children respond with extreme impulsivity and assume rigid postures of fight or flight when frustrated. They employ a deeply ingrained maladaptive constellation of behaviors, which are hostile, provocative, distrustful, manipulative, defiant or vengeful. Their behaviors place them in chronic conflict with parents, teachers, peers and society at large.
- ❑ The volatile, unpredictable, destructive, and antisocial qualities of their behavior trigger much concern about the danger to self, others and/or property. Diagnostic impressions may vary but most often revolve around psychosis, borderline conditions, severe personality and character disorders, and unsocialized aggressive reactions.
- ❑ Placement histories of these children generally reveal rejection, placement disruptions, prior hospital commitments, and multiple replacements. They are extremely difficult to live with because of their chronic unmanageable and unsocialized behaviors. Likewise, educational inventories frequently reveal major learning deficits consistent with the cycle of rejection, disruptions and replacements. These children are often known to school personnel and are portrayed as "unwanted" by school districts because of their acting-out behavior.
- ❑ Child has a current (i.e. within the past 12 months) clinical evaluation substantiating D-rate eligibility or is receiving SSI for emotional needs.

- Children being placed in a D-rate home from a RCL 12 or above facility (including psychiatric hospitals) can be presumed eligible from the date of placement. If a child is already receiving SSI for psychiatric reasons, the child should be referred for D-rate.

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.

Prior to approval of the D-rate, children placed in Los Angeles County and adjoining counties must have a Los Angeles County Department of Mental Health (DMH) clinical assessment. This assessment will include: documentation of the child's mental health service needs; current level of functioning in the home, school and community; and interviews with the caregiver regarding the child's behavior and developmental level. DMH will assess the current mental health services received by the child and make recommendations for additional mental health services, if needed. An interagency team comprised of staff from DMH and DCFS will review the assessments that DMH believes do not meet the D-rate criteria for a final resolution.

For children placed in non-adjoining counties, 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 by a licensed clinical psychologist.

The host county's rate applies. If the host county does not have a specialized rate, the Los Angeles County increment applies in addition to the host county's basic rates. The caregiver must meet the host county's criteria for children with severe and persistent emotional and/or behavioral problems.

OUT OF STATE PLACEMENT

Placements from one state into another require the cooperation of agencies in both states. This applies to children being sent to live with parents or relatives as well as non-relative placements. See Procedural Guide 0100-525.10, Interstate Compact on the Placement of Children (ICPC).

When a caregiver from another state requests the D-rate for the child(ren) in his or her care, the caregiver must first meet the host state's criteria for children with severe and persistent emotional and/or behavior problems prior to approval of the D-rate. If the host state does not have any criteria and/or a specialized foster care rate, Los Angeles County's D-rate will be paid in addition to the host state's basic rate. 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 and obtaining ARA approval.

D RATE PROCESS

In most cases, the initial assessment referral is made by the CSW. After processing of the referral, the initial assessments are completed by the Department of Mental Health (DMH). The D-rate is effective only as long as the need exists. DMH contracts with private providers (psychologists) to go to the home and assess the child and the situation.

Historically, after the initial assessment and certification by DMH, the child was re-certified for the D-rate every two years without an analysis of his/her progress toward improved functioning, goal-setting or implementation of a viable case plan with treatment options to achieve a higher level of functioning. In addition, D-rate foster caregivers were essentially left on their own to find the resources, services and supports they needed to help their children.

The D-rate Section was operationalized to achieve two goals:

- Assist the case-carrying CSW with the formulation of a viable case plan that will meet the child's specialized and specific needs, including three (3) to five (5) goals to be attained within the next six month period. This goal includes the provision of resources, community support and linkages and brokerages to comprehensive and innovative mental health services. Included in this paradigm are individual, group and family therapy, in-home therapy, case management, respite care, educational linkages, brokerage with Regional Centers, community social and recreational resources, TBS/one-on-one support and health care resources, and
- Work with D-rate foster caregivers to help them achieve better outcomes with their children and addressing their needs and concerns. These would include direct access to a knowledgeable, clinical D-rate Evaluator who can address their concerns, including process concerns, the need for resources, services and supports outlined above and methods helpful in dealing with this high-end population.

Ten (10) D-rate Evaluators, who are all licensed clinicians with many years of DCFS experience, were assigned to regional offices to serve the approximately 2,850 D-rate children. They are supervised by two (2) Licensed Supervising Children's Social Workers and team with five (5) Medical Case Workers and one (1) Supervising Psychiatric Social Worker from DMH. Each child's case is reviewed/recertified every six months to evaluate progress, revamp goals and modify treatment options as indicated.

A team composed of the CSW, D-rate Evaluator, DMH Medical Caseworker and ideally other persons involved in the child's treatment plan (caregiver, child, teacher, doctor, etc.) develop a plan to determine the appropriate foster home, related requirements and expectations of the caregiver and treatment modalities responsive to the results of the D-rate assessment. The team also formulates a viable case plan to meet the child's

specific needs including the three to five goals to be attained within the next six month period. The CSW's case plan must be congruent with this plan.

Procedures

A. WHEN: INITIATING A D-RATE ASSESSMENT

CSW Responsibilities

1. Within one business day of notification or observing that the child may have an emotional/behavioral problem, discuss with the caregiver the child's emotional/behavioral problem(s) and the related activities needed in order to determine the needs of the child. For relatives, non-relative extended family members, legal guardians (non Kin-Gap) and any non-specialized licensed foster caregivers, this includes attending the Department's D-rate training, which must be completed in order to receive the D-rate. If the caregiver has not attended the Department's D-rate training, provide information to the caregiver so they may schedule and begin the D-rate training.
2. Complete the following D-rate packet of forms:
 - DCFS 417, Schedule "D" Caregiver Referral
 - DCFS 1695, D-Rate Indicators and Child Referral
 - If the child has had a mental health assessment (DSM diagnosis included) within the past year by a LCSW or licensed mental health professional, include a copy along with the required forms.

NOTE: ARA approval is required when requesting an assessment for any child age 37-59 months or when the placing a third D-rate child in the home.

3. Forward the D-rate packet to the SCSW for review of the documentation to initiate a D-rate assessment.

SCSW Responsibilities

1. Within one business day of receiving the packet, review all documentation.
 - a) If approved, sign necessary documents and return to the CSW.
 - i) When the D-rate assessment is for a child 37-59 months of age, and/or when there is a capacity issue, forward the packet to the ARA for approval.

ARA Responsibilities

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

CSW Responsibilities

1. Upon approval from the SCSW and/or ARA for a D-rate assessment, forward the packet to the office's D-rate Evaluator.

D-RATE Evaluator Responsibilities

1. Receive and log the packet on the "D-Rate Referral Log".
2. Review the documentation and complete the following:
 - a) If the packet includes a mental health assessment, including a DSM diagnosis and indication that the caregivers are able to meet the child's needs, completed within the past year, and the documentation indicates the child's condition(s) warrant the D-rate, complete the D-rate Evaluator's portion of the DCFS 1695, forward to the D-rate Section supervisor for approval and proceed to step 3.
 - b) If the documentation requires a DMH assessment of the child, forward the packet to DMH.
 - i) Upon receipt of DMH's assessment, complete the D-rate Evaluator's portion of the DCFS 1695 indicating the approval or denial of the D-rate, forward to the D-rate Section supervisor for approval and proceed to step 3.
3. Attend the regional Team Decision meeting to develop the goals for the next six month period, return the CSW's original D-rate assessment packet and discuss with the CSW the results of the assessment.
4. Obtain a copy of the D-rate training certificate from the caregiver and file with the D-rate packet. Also annotate the DCFS 1695:
 - a) If the caregiver has not attended the D-rate training, remind the caregiver they must complete the training within three months of the placement date in order to receive retroactive payment to the first day of placement. In addition, inform the caregiver that until they complete the required training they will continue to receive the basic rate.

b) Inform the caregiver that if the training has not been completed after the three-month period, due to the lack of caregiver's initiative, the D-rate will begin on the date the training is completed.

5. File a copy of the D-rate packet and all supporting documents in the designated "D-rate Section" office file.

CSW Responsibilities

1. Within one business day of receiving the packet from the D-rate Evaluator approving the D-rate, complete a DCFS 280 and submit, along with the DCFS 1695 to the SCSW and/or ARA for signature.
2. Within one business day of receiving the packet from the D-rate evaluator determining the child is not eligible for the D-rate, notify the caregiver that the D-rate was denied. Inform the caregiver that a Notice of Action (NOA) will be mailed to them from Revenue Enhancement with instructions on how to appeal the decision. In addition, complete a DCFS 280 and submit, along with the DCFS 1695 to the SCSW to direct Revenue Enhancement staff to issue a Notice of Action to the caregiver..

SCSW Responsibilities

1. Within one business day of receiving the DCFS 1695 and DCFS 280, review, complete and sign the DCFS 280 and return to the CSW.

NOTE: When there is a capacity or age issue, forward the documents to the ARA for approval.

CSW Responsibilities

1. Within one business day of receiving the signed DCFS 280, forward the DCFS 280 within appropriate documentation to the EW for processing.
2. File documentation in appropriate case folders.

B. WHEN: THE SIX-MONTH D-RATE ALERT IS RECEIVED

Bureau of Information Services (BIS) generates an alert two months prior to the re-certification due date. Each SPA has a designated staff person to print and distribute the alerts to the CSW. The D-rate will expire at the end of the six months unless another assessment is completed and determines the D-rate shall continue.

It is the team’s responsibility to determine the three of five outcomes/performance goals upon which the D-rate and concurrent treatment is developed.

CSW Responsibilities

1. Upon receipt of the six-month alert, if it is believed that the D-rate should continue, follow steps set forth in Part A.

D-RATE Section Staff Responsibilities

1. Upon receipt of the reassessment request from the CSW, follow steps set forth above in Part A, beginning with the heading *D-RATE SECTION*.

C. WHEN: PLACING A CHILD OUT-OF-STATE/OUT-OF-COUNTY

The out-of-state caregiver must meet the host state’s criteria for children with severe and persistent emotional and/or behavior problems and/or medical problems prior to approval of the specialized rate. If the host state does not have any criteria and/or a specialized foster care rate, the Los Angeles County specialized rate eligibility criteria must be met, and the Los Angeles County specialized care rate will be paid in addition to the host state’s basic rate. The 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.

Caregivers living in non-adjointing counties or in other states must go to their local child protective agency for appropriate referrals for training. If specialized training is not offered, a letter from that county or state must be on file stating they do not offer specialized training. The specialized rate will be paid only when a psychological assessment is provided and either the caregiver provides verification of completion of the training or a letter from the county or state stating they do not offer specialized training are on file. When specialized training is not available, the case-carrying CSW must assess the caregiver’s ability to handle the extraordinary needs of the child with severe and persistent emotional and/or behavioral problems.

APPROVAL LEVELS

Section	Level	Approval
A.-C.	SCSW	DCFS 280 DCFS 417 DCFS 1695
	ARA	Assessment of children ages 37-59 months and/or the placement of a third child with or without special needs in the home.

OVERVIEW OF STATUTES/REGULATIONS

Health and Safety Code Section 1501.1, states in pertinent 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 5600.3(a)(2), states in pertinent part, that seriously emotionally disturbed children or adolescents" means minors, under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms.

Welfare and Institutions Code Section 17700, states in pertinent part, that a significant number of children adjudicated dependents of the juvenile court under Section 300 who require placement outside their own homes have special health care needs. Children with biological families who can provide health care services can be discharged from hospital care into home care when it has been determined that the child is medically stable.

Welfare and Institutions Code Section 17710

- (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 pertinent 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 pertinent part, that 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 pertinent part, that 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.

Manual of Community Care Licensing, Title 22, Division 6, Chapter 9.5, Section 89224 – Waivers and Exceptions, states in pertinent part that if ever it becomes necessary for a caregiver to accept and/or for a CSW to place a child(ren) over the caregiver's licensed capacity, the caregiver and/or the CSW shall submit a written request for a waiver or exception, together with substantiating evidence supporting the request to Community Care Licensing (CCL).

CCL shall have the authority to waive or grant an exception to a specific regulation(s) if the request demonstrates how the intent of the regulations(s) will be met. Such waiver or exception shall in no instance be detrimental to the health and safety of any child.

LINKS

California Code	http://www.leginfo.ca.gov/calaw.html
Division 31 Regulations	http://www.dss.cahwnet.gov/ord/CDSSManual_240.htm
Title 22 Regulations	http://www.dss.cahwnet.gov/ord/CCRTitle22_715.htm

RELATED POLICIES

Procedural Guide, 0100-510.10, Capacity in a Relative/Non Relative Extended Family Member of Foster Family Home

Procedural Guide, 0100-510.61, Responsibilities for Placement: Foster Child's Needs and Case Plan Summary

Procedural Guide, 0900-511.10, AFDC-FC/GRI Rates

Procedural Guides 0900-523.10, Supplemental Security Income (SSI) For Children With Disabilities and 0600-520.00, Collaborating with Regional Center to Provide Services to Children/Youth

FORM(S) REQUIRED/LOCATION

HARD COPY: None

LA Kids: **DCFS 280**, Technical Assistant Action Request
DCFS 417, Schedule "D" Caregiver Referral
DCFS 1695, D Rate Indicators

CWS/CMS: **DCFS 280**, Technical Assistant Action Request
DCFS 709, Foster Child's Needs and Case Plan
Contact Notebook
Case Notes
Case Plan, Out-of-Home Care Information Update Document
Health and Education Notebook

SDM: None