

COUNTY OF SAN BERNARDINO SPECIALIZED CARE RATE (SCR) PACKAGE

Introduction

If the child being considered for placement **does not** fit the criteria below, then the SW completes this SCR Package:

- Is within the normal range for physical development for his/her age
- Is within the normal range for emotional, social, behavioral development
- Shows the expected level of separation anxiety following the removal from home
- Presents only mild symptoms of damage as a result of abuse/neglect experienced in the home
- Shows the expected degree of posttraumatic stress associated with experiencing any abuse/neglect
- Has no problems or very minor problems in the educational setting
- Has no medical problems or conditions except for the expected childhood illnesses, and/or other occasional illnesses, which are routinely treated by any pediatrician or any general or family practice physician
- Has the expected behavioral problems for the age and developmental level, and responds well to ordinary and reasonable parenting practices by the substitute care providers

Definition/Purpose of Specialized Care Rate (SCR)

The Specialized Care Rate (SCR) is a combination of the Basic Foster Care rate and the Specialized Care Increment (SCI). SCR is paid for children placed in:

- Licensed Foster Family Homes
- Licensed Small Family Homes (Tier 6 Only)
- Non-Related Legal Guardian Homes
- Approved Relative Homes
- Approved Non-Relative Homes
- Shelter Care Homes (Tier 4 Only)

The purpose of the Specialized Care Rate (SCR) is to pay the care provider for the extra care needed for children with health and/or behavior problems.

Instructions

The DCS Social Worker obtains the Specialized Care Rate (SCR) for a child with special needs by completing the necessary forms for Assessment, Rate Determination and Payment Authorization.

Use the following forms to assess the child's special needs; determine the appropriate specialized care rate; document the Care Provider's agreement to provide specialized care/complete the required training; and, authorize the SCR payment.

SCR FORM	SIGNED/DATED BY...	COPY TO:
DCS 152 SCR Tier # Tier Assessment Checklist	NO signatures required (Date of Assessment, Care Provider Name, Address, Phone ONLY)	Original – DCS Case File Copy – Foster Care Unit Copy – SCR Facilitator
DCS 152-R SCR SCR Rates	NO signatures required; Rate Determination ONLY	NO copies required; Reference ONLY
DCS 152-A SCR SCR Letter of Agreement/ Training Requirements	– Care Provider – Social Worker	Original – Care Provider Copy – DCS Case File Copy – SCR Facilitator
DCS 152 SCR Specialized Care Rate (SCR) Payment Authorization	– Social Worker (All Tiers) – Supervisor (All Tiers) – SCR Facilitator (Tiers 4, 5 & 6)	Original – Foster Care Unit Copy – Care Provider Copy – DCS Case File Copy – SCR Facilitator
	For <i>retroactive</i> (SCR eligibility prior to the current calendar month) <i>payment</i> (All Tiers): – CWSM (Up to 6 months) – Deputy Director (More than 6 months)	
DCS 152-B SCR Documentation of Completed SCR Training	Care Provider at reassessment (no later than every twelve months or six months for medically fragile children)	Original – Care Provider Copy – DCS Case File Copy – SCR Facilitator