ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL

Effective Date: July 29, 1996 **Number: D-0603**
Revised: July 1, 2008

SCIAP Funds Requests

OCSSA

Purpose

To provide information about SCIAP (Specialized Care Incentives and Assistance Program) and instruction for requesting the funding for children with special needs.

Approved

This policy was approved by Mike Ryan, Director of CFS, on July 1, 2008.
Signature on file.

Background

SCIAP was initially provided under Senate Bills 370 (Chapter 1294, Statutes of 1989) and 35 (Chapter 69, Statutes of 1993) and was intended for use during one fiscal year. However, it has continued each year as a source of support for children with special needs.

Five percent of the estimated state cost for foster care is added to the budget each year for children's special expenditures under SCIAP and is distributed among all 58 California counties. Annual allocations are based on the county's number of placement homes and include licensed homes, relatives, non-relative extended family members (NREFMs) and non-relative legal guardians. Group home placements are not included.

Expenditures are charged against the county's allocation and are 100% state funds.

This revision clarifies the process of requesting the funding.

Legal Mandates

Welfare and Institutions Code (WIC) Section 11461(e)(4)(B) requires a total of 5% of the annual state foster care budget be added and made available to counties for assistance with specialized care placements.

All County Letter (ACL) 93-85, dated November 1, 1993, provided initial instructions for SCIAP implementation.

ACL 94-88, dated October 18, 1994, and ACL 95-54, dated September 14, 1995, continued instructions for accessing SCIAP funds.

All County Information Notice (ACIN) I-113-00, dated November 30, 2000, provided additional information on SCIAP funds.

County Fiscal Letter (CFL) 07/08-28, dated November 6, 2007, provides the most recent allocation of SCIAP funds (at the time of this publication) for Orange County.

POLICY

SCIAP Funds

The purpose of SCIAP funds is to assist counties with providing activities and/or equipment needed by children who present special needs in out-of-home placements. Funds are to be used for the direct benefit of children who require additional care and supervision due to health and/or behavioral problems. Specifically, the funding is for:

A. Respite care services and/or maintenance of a respite program. In Orange County, this resource is used for special medical respite services which are not funded by Children and Family Services (CFS) contracted respite services.

B. One-time purchases of goods/equipment for children that are not allowable within the foster care specialized care system and not available from other sources. Possible needs that SCIAP funding can support may include:

1. Specialized wheelchair ramps.
2. Specialized strollers.
3. Feeding chairs or trays.
4. Generator or back-up batteries for special equipment.
5. Any equipment that will stimulate a child's physical and/or emotional growth.

C. One-time purchases of services for children that are not allowable within the foster care specialized care system and not available from other sources. Possible needs SCIAP funding can support may include:

1. Orthodontia or glasses.
2. Psychiatrist or psychologist visits.
3. Art or music therapy recommended by a professional.
4. Any activity that will stimulate a child's physical and/or emotional growth.

Three distinct procedures are used to request funding for the three defined areas of a child's special need.

OCSSA

Eligibility

Children eligible to receive SCIAP funds are those who:

A. Have a health and/or behavioral need that requires additional care and supervision. These children may or may not be in receipt of a specialized care increment (SCI).

B. Are residing in a foster, relative, NREFM, or non-relative legal guardian home. Group home placements are not included.

C. Are receiving an Aid to Families with Dependent Children-Foster Care (AFDC-FC) payment OR are placed with a relative and receiving California Work Opportunity and Responsibility to Kids (CalWORKs) because federal linkage requirements have not been met for federal foster care funding.

Requests—Medical Respite

Respite needs within Special Medical placements may be requested from SCIAP funds using *Special Medical Respite for Foster Parents Reimbursement Payment Form, F063-25-514.* The form will be completed, approved, and submitted to **SSA Accounting**.

Payments for these needs are by reimbursement only, with a pre-approval process required. A W-9 is also required to be on file, completed by the caregiver receiving reimbursement documenting his/her Taxpayer Identification Number. The Special Medical Placement Coordinator manages the approval and payment process.

Requests—Goods and Equipment

One-time purchases of goods/equipment may be requested from SCIAP funds if other sources have denied funding for the child's specific need. To request the item, an email with an attached *Facility Work Request, Form F063-25-218,* noting the purchase needed, will be completed by social work staff. The request will be routed and approved electronically by appropriate levels of management and sent to **Facilities Operations**, who will process a requisition for the purchase.

The following documentation will be necessary to request SCIAP funds:

- Letter of justification (e.g., physician/dentist/therapist statement of child's need)
- Price quote for item from three vendors/providers
- Current minute order confirming child's dependency status

Requests—Services

One-time purchases of services may be requested from SCIAP funds if other sources have denied funding for the child's special need. *SCIAP Funds Request, Form F063-25-320,* will be completed and submitted to appropriate management levels to request pre-approval of the identified services.

The following documentation will be attached to the form:

- Letter of justification (e.g., physician/dentist/therapist statement of child's need)
- Cost quote from service provider
- Current minute order confirming child's dependency status

OCSA

Services will begin after pre-approval signatures are obtained from the appropriate management level. The invoice(s) for payment will be submitted after services are completed, or as services are rendered for ongoing treatment, such as orthodontics. *SCIAP Funds Request* will be completed and submitted to **SSA Accounting** with invoice(s) and a copy of the pre-approval packet attached.

REFERENCES

Hyperlinks

Staff accessing this document by computer may create a direct connection to the following references by clicking on them.

- California Children's Services (CCS)
- County of Orange Health Care Agency CCS

Other Sources

Other printed references include the following:

None.

REQUIRED FORMS

Online Forms

Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
SCIAP Funds Request	F063-25-320
Facility Work Request	F063-25-218

Hard Copy Forms

Forms listed below must be completed in hard copy (including multi-copy NCR forms) and must be obtained in the CFS Forms Room. ***For reference purposes only,*** links are provided to view these hard copy forms, where available.

Form Name	Form Number
Social Services Agency Requisition	F063-03-93
Special Medical Respite for Foster Parents Reimbursement Payment	F063-25-514

CWS/CMS Forms

The following required forms may **only** be obtained in CWS/CMS. ***For reference purposes only,*** links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
None.	

Brochures

Brochures to distribute in conjunction with this procedure include:

Brochure Name	Brochure Number
None.	

OCSSA

PROCEDURE

Required Actions—Respite	The following actions must be completed when requesting SCIAP funds for special medical respite needs.	
Staff Responsible	**Step**	**Required Action**
Special Medical Respite Coordinator Senior Social Worker (SSW)	**1.**	Receive requests from caregivers for medical respite reimbursement via *Special Medical Respite for Foster Parents Reimbursement Payment Form*.
	2.	Review form and sign if complete and pre-approval on file. Notify caregiver and advise to complete a W-9 if signed form is not on file with SSA Accounting.
	3.	Forward to Program Manager (PM) for approval.
PM	**4.**	Review and sign, if approved. Return to Medical Respite Coordinator SSW.
Special Medical Respite Coordinator SSW	**5.**	Send original to **SSA Accounting**, Building #151, for reimbursement payment. Keep copy on file.

Required Actions—Goods and Equipment	The following actions must be completed when requesting SCIAP funds for a one-time purchase of goods/equipment for a child's specialized care.	
Staff Responsible	**Step**	**Required Action**
Assigned SSW	**1.**	Obtain written statement from child's professional provider that item is needed for his/her specialized care.
	2.	Assess funding resources for child's special need including Medi-Cal, California Children's Services (CCS), Regional Center of Orange County (RCOC). Document in case file. Consult with program's Public Health Nurse (PHN), if needed, for possible funding sources. ***If other sources ruled out, complete the following steps to request SCIAP funding:***
	3.	Obtain price quotes from three vendors for item. **Note:** If only one source exists for the specialized item, note that on the form request listed in Step #4.

OCSSA

4. Email request describing item, justification of need, identified child, and eligibility of child to SCIAP. Attach completed *Facility Work Request*, using the following as a guide for entries:

a. Top section: Use SSW and program identifying information.

b. Nature of Request section: Check “Other (Describe below)” and “SCIAP funds.”

c. Description of Request section: List name of item and provide website links for three vendor price quotes.

5. Forward request electronically to assigned Senior Social Services Supervisor (SSSS) for approval.

If requested for approval process, provide hard copies of:

a. Statement of justification from professional recommending item.

b. Price quotes from three vendors.

c. Most recent minute order for child.

SSSS **6.** Review. If approved, forward electronically to PM.

If denied, note reason for denial and return to SSW.

PM **7.** Review. If approved, forward electronically to Deputy Director (DD).

If denied, note reason for denial and return to SSW.

DD **8.** Review. If approved and cost amount is $500 or more, forward electronically to CFS Director. If amount is less than $500, indicate approval and forward electronically to requesting SSW.

If denied, note reason for denial and return to SSW.

Director **9.** Review. If approved, forward electronically to requesting SSW indicating approval. If denied, note reason for denial.

SSW **10.** Send approved request to Facilities Operations inbox via email address “CFS Facilities Operations” with cc to assigned SSSS.

Staff Specialist, Facilities Operations **11.** a. Complete *Social Services Agency Requisition, Form F063-03-93,* for item requested. Use SCIAP Object Code #1900, Job Code #S80141.

b. Forward *Requisition* to **SSA Purchasing**, Bldg. #15.

OCSSA

Store Clerk	**12.**	Deliver item to SSW when received.
SSW	**13.**	File copy of *Facility Work Request* and supporting documents in child's service file, Medical Acco.

Required Actions—Services	The following actions must be completed when requesting SCIAP funds for a one-time purchase of services for a child's specialized care.	
Staff Responsible	**Step**	**Required Action**
Assigned SSW	**1.**	Obtain written statement from child's professional provider documenting the reason(s) specialized services are needed for his/her care.
	2.	Obtain price quote from service provider for total cost of specialized service.
	3.	Assess funding resources for child's special need, including Medi-Cal, CCS, and RCOC. Document in case file. Consult with program PHN, if needed, for possible funding sources. ***If other sources ruled out, complete the following steps to request SCIAP funding:***
	4.	a. Complete *SCIAP Funds Request, F063-25-320,* to request pre-approval for total cost of service. b. Attach: • Written statement of need (original) • Price quote for total cost of service (original) • Minute Order (most recent) verifying child's dependency status • W-9 form from provider c. Forward request packet to SSSS for approval.
SSSS	**5.**	Review. If approved, sign and date. Forward to PM. If denied, note reason for denial and return to SSW.
PM	**6.**	Review. If approved, sign and date. Forward to DD. If denied, note reason for denial and return to SSW.
DD	**7.**	Review. If approved, sign and date. If cost amount is $500 or more, forward to CFS Director. If amount is less than $500, forward to assigned SSW. If denied, note reason for denial and return to SSW.

OCSSA

Director **8.** Review. If approved, sign and date. If denied, note reason for denial.

Return to assigned SSW.

SSW **9.** **If** request is pre-approved by the appropriate management level:

a. File approval packet in child's service file, Medical Acco.

b. Advise service provider:

- To begin services for child
- To send an invoice after service has been completed OR incrementally if services are ongoing in nature (such as orthodontia)
- That each invoice must include a unique invoice number, provider's Social Security Number or Tax I.D. number, and payee's name and address

10. Route approved packet with original signatures to **SSA Accounting**, Bldg. #151, when service is completed. Attach provider's invoice. Keep copy of approval packet and invoice in child's service file, Medical Acco.

If multiple invoices are needed for an ongoing service:

a. Repeat *SCIAP Funds Request* for each invoice as it is received. Attach the original, current invoice, and copy of approved packet with total cost documented.

b. Route to **SSA Accounting**, Bldg. #151, for payment. Keep copy in child's service file, Medical Acco.

OCSSA