



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

October 27, 2017

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-75-17

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL LOCAL MENTAL HEALTH DIRECTORS
ALL COUNTY ADOPTION AGENCIES
ALL ADOPTION DISTRICT OFFICES
ALL GROUP HOME PROVIDERS
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: ASSEMBLY BILL (AB) 403 GROUP HOME EXTENSION REQUEST TO
CONTINUE PLACEMENTS AND CURRENT RATE CLASSIFICATION
LEVEL (RCL) RATE

REFERENCE: WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS [11462.04](#);
[11466.01](#); [AB 403](#) (CHAPTER 773, STATUTES OF 2015); [ACL 16-65](#)

The purpose of this ACIN is to provide instructions to group home (GH) providers, county welfare and probation departments about how to complete and submit a second extension request using the attached revised Group Home Extension Request for the Rate Classification Level (RCL) Rate Form (FC 30). Counties must continue to request extensions on behalf of GH providers pursuant to WIC section 11462.04. For this second phase of extension requests, counties will be expected to provide additional details regarding the reason(s) for the extension.

Effective January 1, 2017, GH's were required to either transition to a Short-Term Residential Therapeutic Program (STRTP) or receive an approved extension request from the County as required by the California Department of Social Services (CDSS). The CDSS, in collaboration with the County Welfare Directors Association, have agreed to reset the clock for the initial extension requests expired or set to expire by December 31, 2017 that were submitted prior to January 1, 2017.

The deadline for submitting the second extension request is December 31, 2017. All second extension requests submitted by a county to CDSS will have an effective start date of January 1, 2018. Counties will select either a three or six-month increment. For any request that exceeds six months, the CDSS team will consult with the county to discuss the justification for a longer extension.

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

Under previous instructions the county submitted extension requests that covered the provider organization. **The revised FC 30 now requires counties (host or placing county) to submit a form for each facility where youth are placed and to detail the reason for a second extension request.**

The revised FC 30 requests more detailed information: For example, if a county checks #2 under Section B, a specific reason must be provided as to why a provider is choosing not to move forward as an STRTP. If a provider does not intend to convert to an STRTP and the county needs additional time to transition youth to a Home-Based Family-Care setting or to another GH or STRTP, the county/provider will need to indicate there is a plan for transitioning the youth to another setting.

The FC 30 must be filled out in its entirety and emailed to fosterca@dss.ca.gov . The review criteria contained on the FC 30 will assist CDSS in determining if additional steps need to be taken to work with a county or provider to better understand the reason for the extension.

The CDSS will notify the county child welfare, probation placing agency, the GH, and Community Care Licensing Division by sending a copy of the approved FC 30 which will include an expiration date. Counties and GH's should note that the granting of an extension that allows the GH to continue receiving placements or their existing RCL rate past January 1, 2017, does not guarantee approval of an application to become an STRTP. Counties should also note that when a GH receives its license as an STRTP, the STRTP provisional rate will be effective the date of licensure and is subject to the terms and conditions set forth in WIC section 11466.01. Also, the STRTP provisional rate will be effective the date of licensure.

If you have any questions regarding this ACIN, please contact the Foster Care Rates Bureau, at (916) 651-2752.

Sincerely,

Original Document Signed By:

CHERYL TREADWELL, Chief
Foster Care Audits and Rates Branch
Children and Family Services Division

Enclosure

c: Child Welfare Directors Association

GROUP HOME EXTENSION REQUEST FOR THE RATE CLASSIFICATION LEVEL (RCL) RATE

SECTION A (Sections A-C Must Be Completed For Approval)

This form is to request a RCL extension (pursuant to WIC section 11462.04) on behalf of a group home provider and must be signed by a child welfare director, chief probation officer, or designee and sent to the Foster Care Rates Bureau (FCRB).

Name of County: _____ Check One: Host Placing County

Non-Profit Corporation name (group home provider): _____

Corporation's program number given by FCRB: _____

Corporation's headquarter address: _____
Street State Zip Code

Facility address: _____
Street State Zip Code

Facility License Number (for which this request is being submitted): _____

Extension to the RCL Rate is requested for:

3 months

6 months

___ months (Additional engagement with the county required for requests longer than 6 months.)

SECTION B

This RCL extension request is based on the following criteria. Check the appropriate response below:

1. The group home is in the process of converting to a STRTP.
 - a. Program Statement not yet submitted for county review. _____
Expected Submission Date
 - b. Program Statement submitted to county. _____
Date
 - c. Program Statement submitted to the county and the provider is in the process of completing revisions. _____
Expected Completion Date
 - d. Program Statement & Letter of Recommendation submitted to CCL. _____
Date
 - e. Program Statement & Letter of Recommendation submitted to CCL and the provider is in the process of completing Program Statement revisions. _____
Expected Completion Date

Provide specific details about the program statement review or status of program statement revisions being made. Also, provide details about actions taken that will effect capacity (i.e., number of contracts that will or may be awarded and if an RFP has been submitted:

SECTION B (Continued)

2. The group home will NOT be converting to an STRTP; more time is needed to transition youth out of the group home. Select the appropriate response below.
- a. Completed Resource Family Recruitment Plan. _____
- | | | |
|--|-----------------|--------------------------|
| | Completion Date | Expected Completion Date |
|--|-----------------|--------------------------|
- b. Completed Transition Plan. _____
- | | | |
|--|-----------------|--------------------------|
| | Completion Date | Expected Completion Date |
|--|-----------------|--------------------------|
- c. Completed Closure Plan. _____
- | | | |
|--|-----------------|--------------------------|
| | Completion Date | Expected Completion Date |
|--|-----------------|--------------------------|

Provide details about the resource family recruitment, transition or closure plan being developed for the group home facility not converting to a STRTP.

Provide details about why the provider is choosing not to move forward with CCR.

SECTION C

1. Please indicate if the provider has any technical assistance needs in the following areas:
- a. Accreditation completion.
- b. Mental health certification.
- c. Mental health billing.
- d. Staffing to meet STRTP requirements.
- e. Provider wishes to continue to serve foster youth under a different license (e.g., THPP).
- f. Other: (Please explain)

2. Client Population served by this facility:

- Child Welfare
- Probation
- Both

Child Welfare Services Director or Chief Probation Officer/or Designee Signature

Date

County Contact Name (Please print)

Telephone Number

Email Address

Email completed form to: fosterca@dss.ca.gov

SECTION D

FOSTER CARE RATES USE ONLY:

Approve

Effective Approval Date: _____ Extension Expiration Date: _____

Approval Extension Rate Type: Provisional Probationary

Criteria For Extension Rate Type:

Rates Consultant

Telephone Number

Date