

November 15, 2018

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY INFORMATION NOTICE NO. I-79-18**

The purpose of this ACIN is to provide instructions to group home (GH) providers and county child welfare and probation departments about how to complete and submit a **fourth** extension request using the existing Group Home Extension Request for the Rate Classification Level (RCL) Rate Form (FC 30) and to provide instructions regarding additional requirements pertaining to GH extensions provided for under AB 1811.



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](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

November 15, 2018

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-79-18

TO: ALL COUNTY WELFARE DIRECTORS  
ALL GROUP HOME PROVIDERS  
ALL CHIEF PROBATION OFFICERS  
COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA  
ALL TITLE IV-E TRIBES  
ALL COUNTY MENTAL HEALTH PLAN DIRECTORS

SUBJECT: **PHASE FOUR GROUP HOME EXTENSION REQUEST TO CONTINUE PLACEMENTS AND CURRENT RATE CLASSIFICATION LEVEL (RCL) RATE, AND THE IMPLICATIONS FOR PLACEMENT FUNDING**

REFERENCE: [ASSEMBLY BILL \(AB\) 1811 \(CHAPTER 35, STATUTES OF 2018\)](#), [ASSEMBLY BILL \(AB\) 404 \(CHAPTER 732, STATUTES OF 2017\)](#), [AB 403 \(CHAPTER 773, STATUTES OF 2015\)](#); [AB 1997 \(CHAPTER 612, STATUTES OF 2016\)](#); [WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 11462.04\(d\)\(1\)](#), [WIC SECTION 11466.01](#), [HEALTH AND SAFETY CODE \(HSC\) SECTION 1502](#), [ACL 16-65](#), [ACIN I-75-17](#), [ACIN I-37-18](#)

The purpose of this ACIN is to provide instructions to group home (GH) providers and county child welfare and probation departments about how to complete and submit a **fourth** extension request using the existing Group Home Extension Request for the Rate Classification Level (RCL) Rate Form (FC 30) which is attached to this notice and to provide instructions regarding additional requirements pertaining to GH extensions provided for under [AB 1811](#). This notice also provides guidance to counties regarding continued federal financial participation for the funding of placements in GHs which receive a rate extension.

In order to remain an Aid to Families with Dependent Children – Foster Care (AFDC-FC) eligible placement setting, GHs are required to transition to a Short-Term Residential Therapeutic Program (STRTP) or another AFDC-FC eligible facility type, or

be granted a case-by-case rate extension for GH providers pursuant to [WIC section 11462.04](#) by the California Department of Social Services (CDSS), upon the request of a county placing agency using the FC 30 form. The third extension requests submitted by a county to CDSS had an effective start date of July 1, 2018, and expire on December 31, 2018.

AB 1811 authorizes CDSS to grant an additional rate extension, upon a county child welfare department submitting a written request on behalf of a provider and providing documentation as specified in [WIC section 11462.04\(d\)\(1\)\(B\)](#). CDSS may grant an additional rate extension in increments of six months for a period not to exceed twelve months.

### **Requirement of an FC 30 and County Transition Plan**

County child welfare agencies are only eligible to request a group home rate extension for a provider if an FC 30 and a county transition plan have been completed and submitted to [CCRPerformance@dss.ca.gov](mailto:CCRPerformance@dss.ca.gov). Templates for the county transition plan will be provided by CDSS individually to each county and must be completed and signed by both the child welfare agency and the county mental health plan (MHP) **within 30 days of receipt of the county specific template**. The purpose of the county transition plan is to demonstrate that both the child welfare agency and the MHP have jointly identified the STRTP and home based service provider capacity needs of children under the care and supervision of the county, and have a coordinated plan to address any capacity gaps.

To be eligible to request a rate extension for placements made through the county probation department, a GH provider must submit an FC 30 and accompanying documentation from the probation department stating there is a significant risk to the safety of the youth or the public, due to an inadequate supply of STRTPs or resource families necessary to meet the needs of probation youth. In order to avoid duplication in the provision of the required accompanying documentation, it is recommended that county probation departments participate with the local county child welfare agency and mental health plan in the submission of the above-required county transition plan.

Should an FC 30 rate extension not be granted to a GH, a child placed in the GH will not be eligible for AFDC-FC funding. The rate will be terminated by operation of law as provided under [WIC 11462.04\(c\)](#) and the cost of the GH placement will be born solely by the placing county using local funds.

### **Requirement for a Child-Specific Transition Plan**

Additionally, pursuant to [WIC section 11462.04 \(d\)\(1\)\(B\)\(iii\)](#), placement of a child in a GH operating under an FC 30 rate extension is eligible for Title IV-E payment only if a child-specific transition plan documenting the following has been provided to the CDSS:

- Intensive family finding and engagement for every child lacking an identified home-based caregiver, including youth identified for STRTP transition.

- Child and family team-driven case plans that identify and respond to barriers to home-based placement.
- Documentation of the trauma-informed and permanency-competent specialty mental health services to be provided, including wraparound, collateral, intensive care coordination and intensive home-based services, and therapeutic behavioral services.
- For children identified as requiring STRTP level of care, provide documentation of the Interagency Placing Agency for this level of care.

CDSS will provide each county with a child-specific transition template that shall be used to document the above information for all children placed in a GH operating under a rate extension on or after January 1, 2019. Completed child-specific transition plans are **due January 30<sup>th</sup> and 30 days after each subsequent placement** into a GH facility that is operating under an FC 30 rate extension.

### **Automatic Extensions for Providers with Completed STRTP Applications**

Providers with **complete STRTP applications** accepted and under consideration by CDSS **by December 15, 2018**, will be granted an automatic rate extension via their existing FC 30 until a STRTP application determination has been made by CDSS.

A facility which has a denied STRTP application, has not submitted a completed STRTP application, or does not intend to transition to STRTP licensure, must have a new FC 30 submitted and must submit a closure plan or a facility transition plan to another licensure category or program model (such as a Foster Family Agency, a vendorized Regional Center facility, or a Transitional Housing Program) **by December 31, 2018, or 45 days following the application determination**. At the discretion of CDSS, a rate extension for a GH that is not converting to an STRTP may be granted in one to six month increments until December 31, 2019, provided the facility transition or closure plan is provided to CDSS as required in order to facilitate the transition of the GH's foster children to an appropriate placement in either a family home-based placement or a licensed STRTP. Facilities may request technical assistance regarding the submission for a facility transition plan or closure plan by contacting [FosterCA@dss.ca.gov](mailto:FosterCA@dss.ca.gov).

The automatic GH rate extension for providers with an accepted complete STRTP application and FC 30 allows the GH to continue receiving placements at their existing RCL rate but does not guarantee approval of an application to become an STRTP. When a GH receives provisional licensure as a STRTP, the STRTP provisional rate will be effective as of the date of licensure and is subject to the terms and conditions set forth in [WIC section 11466.01](#). A GH provider that does not receive a rate extension before December 31, 2018, and therefore has its rate terminated by operation of law under [WIC 11462.04\(c\)](#), shall have a right to protest the rate termination as provided under [WIC section 11468.2](#). The rate protest and appeal procedures applicable to GHs as set forth in [WIC section 11468](#) et seq. and CDSS Manual of Policies and Procedures section 11-430 et seq. shall apply.

For GH providers that require a new FC 30 form, it is recommended that placing/host counties communicate with the facility provider and with other county placing agencies to determine which county placing agency will submit the request. The county that submits the FC 30 to CDSS should provide a copy of the FC 30 with the GH provider and, if applicable, to the host county. The GH provider is required to send a copy of the FC 30 to all placing counties with youth placed in the facility. **The completed FC 30 is required to be submitted no later than December 15, 2018, to [FosterCA@dss.ca.gov](mailto:FosterCA@dss.ca.gov)** to be eligible for consideration by CDSS. **The completed facility transition or closure plan is required to be submitted no later than December 31, 2018, to [FosterCA@dss.ca.gov](mailto:FosterCA@dss.ca.gov).**

### **Requirements for the Needs and Services Plan from the Provider**

Consistent with ACIN I-37-18, as a condition of a GH provider's receipt of a rate extension, the child-specific transition plan is required to be reflected in the Needs and Services Plan (NSP) or the placement agreement for each child in the facility, and shall be based on information provided by the placing agency as reflected in the child's case plan, court report, or other county case records.

The NSP shall be made available to the county placing agency upon request and, at a minimum, shall specify how the provider is actively supporting each component of the child specific transition plan referenced above and shall include an acknowledgement that the provider is informed of and participating in ongoing Child and Family Team meetings to address barriers to home-based placement, including that, if no home-based placement for step-down is identified, the provider is informed of and actively supporting intensive family finding and/or child-specific recruitment, or, if determined by an interagency placement committee, placement of the child in a licensed STRTP within the extension period.

### **Camera Ready Copies and Translations**

For camera-ready copies in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain this form from the CDSS webpage at: <http://www.cdss.ca.gov/inforesources/Forms-Brochures>.

When translations are completed per the [CDSS Manual of Policies and Procedures \(MPP\) Section 21-115.2](#), including Spanish form, they are posted on our website. Copies of the translated forms can be obtained at: <http://www.cdss.ca.gov/inforesources/Translated-Forms-and-Publications>.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English

version of the form or notice along with the *GEN 1365-Notice of Language Services* and a local contact.

The county child welfare department shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient.

In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in [MPP Section 21-115](#).

Sincerely,

***Original Document Signed By:***

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

SARA E. ROGERS, Chief  
Continuum of Care Reform Branch  
Children and Family Services Division

c: Child Welfare Directors Association

Attachment

# 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). A GH that has submitted a completed STRTP application to CDSS may submit an FC 30 directly as provided for in ACIN I-37-18.

A copy of the approved form must be provided by the facility to each placing agency that places children in the facility. Each placing agency and the facility must ensure that each child placed in the facility has an updated Needs and Services Plan developed in collaboration with the county placing agency, as required in ACIN I-37-18

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
- 5 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.

Application for STRTP licensure submitted to CDSS

Date Submitted: \_\_\_\_\_

**or**

Program Statement is in active revision with the county and has been submitted to CDSS

Reviewing County: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Date Submitted to CDSS: \_\_\_\_\_

**SECTION B**  
**(Continued)**

**Provide specific details about any identified barriers to STRTP transition, barriers to identifying alternative placements for children not requiring an STRTP level of care, and progress toward compliance with the Mental Health Program Approval requirements.**

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- 2.  The group home will **NOT** convert to STRTP licensure.
  - a. The facility has completed and is implementing one of the following:
    - Completed Transition Plan      Completion Date: \_\_\_\_\_
    - Completed Closure Plan      Completion Date: \_\_\_\_\_
  - b. Has the provider considered transitioning to THP+FC or another type of licensure category?
    - Yes                       No
  - c. Is technical assistance or further information requested?
    - Yes                       No

**Provide specific details about the facility efforts to support county recruitment of resource families for children placed in the facility. Please describe the transition or closure plan developed for the group home facility. Also, provide details about why the provider is choosing not to become an STRTP.**

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**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.  Presumptive Transfer Determinations.
- g.  Trauma Informed or Other Training for Staff.
- h.  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](mailto:fosterca@dss.ca.gov)**

**SECTION D**

**FOSTER CARE RATES USE ONLY:**

Approve

Effective Approval Date: \_\_\_\_\_

Extension Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Rates Consultant

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

GROUP HOME EXTENSION REQUEST