



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



EDMUND G. BROWN JR.  
GOVERNOR

January 31, 2017

ALL COUNTY LETTER (ACL) NO. 17-11

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 FOSTER FAMILY AGENCIES  
ALL TITLE IV-E AGREEMENT TRIBES  
ALL OUT-OF-STATE GROUP HOMES

SUBJECT: PHASE II IMPLEMENTATION OF THE CONTINUUM OF CARE REFORM (CCR) HOME-BASED FAMILY CARE (HBFC) AND SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM (STRTP) RATES STRUCTURE AND CONVERSION PROCESS FROM THE OLD RATE STRUCTURE TO THE NEW RATE STRUCTURE

REFERENCE: [ASSEMBLY BILL \(AB\) 403](#), CHAPTER 773, STATUTES OF 2015; [AB 1997](#), CHAPTER 612, STATUTES OF 2016; [SENATE BILL \(SB\) 831](#), STATUTES OF 2016; WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS [11364](#), [11387](#), [11453](#), [11460](#), [11461](#), [11462](#), [11462.01](#), [11462.04](#), [11462.015](#), [11462.02](#), [11463](#), [16000](#), [16121](#), [16519.5](#), [16519.52](#), [16519.53](#), [16519.54](#), [16519.55](#), [18358.30](#), [18987.72](#); [ALL COUNTY LETTER \(ACL\) 11-51](#); [ACL 16-52](#); [ACL 16-54](#); [ACL 16-55](#); [ACL 16-57](#); [ACL 16-65](#); [ACL 16-79](#)

REASON FOR THIS TRANSMITTAL

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

The purpose of this ACL is to update information previously provided in [ACL 16-79](#) about the new HBFC and STRTP rate structures and to describe Phase II rate implementation. All Phase II rates described in this letter will be paid prospectively effective December 1, 2017 and will not be paid retroactively to January 1, 2017.

## **Overview of the Phase II HBFC Level of Care (LOC) Rate Structure**

This letter builds upon the HBFC Phase I letter in the following ways:

- Introduces the newly established HBFC LOC rate structure that will be used for Resource Families (RFs) and Foster Family Agencies (FFAs). Under the LOC rate structure, the age-based system will be replaced by a four-tiered rate structure and based on the child/youth's needs as determined by the LOC Protocol (with an exception for some children/youth in FFAs, as described below). The rates will include a Basic Level Rate, LOC 2, LOC 3 and LOC 4.
- Includes an Intensive Services Foster Care (ISFC) rate previously known as Intensive Treatment Foster Care (ITFC) that can be used to support Therapeutic Foster Care Services (TFC).

The new HBFC LOC rate structure is designed to support positive outcomes for children in home-based family settings using a core practice model that engages the child/youth and families using a Child and Family Team (CFT) approach. Rate determinations will be based on a LOC Protocol which uses a set of core domains describing the care needs for the child and the RFs level of expected supervision and supports. The use of the LOC Protocol will be required for determining the LOC rate. The California Department of Social Services (CDSS) is in the final stages of completing an LOC Protocol which is partially referenced in this letter.

The HBFC LOC rate structure applies to all RF homes, county Foster Family Homes (FFHs) and foster homes certified by an FFA that are in the process of becoming RF approved homes, Approved Relative Caregiver (ARC) homes (in both counties that have and have not opted into the ARC Program), Non-Relative Extended Family Members (NREFMs), Non-Minor Dependents (NMDs) residing in a HBFC family setting that is not a Supervised Independent Living Placement (SILP), Kinship Guardianship Assistance Program (Kin-GAP), Non-Related Legal Guardians (NRLGs) and Adoption Assistance Program (AAP) homes. Regardless, if a currently licensed/approved caregiver has undergone the RFA conversion process; those families will be eligible for the new rate as described in this ACL.

### **RF LOC Rates**

As stated above, the new HBFC rate structure is comprised of a Basic Level Rate and three additional LOCs as described in Table A. All foster family applicants after January 1, 2017, including relative caregivers (of children both federally-eligible and non-federally eligible) will now be approved pursuant to the Resource Family Approval (RFA) process and will be known as a RF.

Upon Phase II implementation, Table A below represents LOC rates that can be paid directly to the RF. This includes county foster homes and foster homes certified by FFAs that have not yet converted to approval under the RFA process, ARC homes (in both counties that have and have not opted-in to the ARC Program), NREFMs and NMDs residing in a HBFC setting that is not a SILP. The rate to be paid must be based on an LOC Protocol completed upon initial placement of a child into foster care or triggered by the individual and changing needs of a child or youth.

**FFHs, Relatives (including ARC), NREFMs and NMDs (excluding those residing in a SILP), Kin-GAP, NRLG and AAP**

During Phase II, the new LOC rates will be used for all newly established RFs, FFHs, Relatives (including ARC), NREFMs and NMDs (not residing in a SILP), Kin-GAP, NRLG and AAP homes that will use Table A below:

**Table A:**

<b>RF LOC Rates - Kin-GAP, NRLG and AAP</b>			
Basic Level Rate	LOC 2	LOC 3	LOC 4
\$889	\$989	\$1,089	\$1,189

The CNI will be applied to this rate and more information about the application of the CNI will be in a forthcoming ACL.

**Initial Placement with a RF**

Upon initial foster care placement into a HBFC setting (other than an ISFC home), the county shall pay the Basic Level Rate, pending a full assessment. Once the assessment is completed, the LOC, if different than the Basic Level Rate, will be effective back to the initial date of placement. Exceptions to this include:

- If the child is immediately placed into an ISFC placement,
- The child has extenuating circumstances and qualifies for a temporary ISFC rate paid only to the resource family. See ISFC section below for additional information.

**FFA Rates**

Table B reflects the Phase I rate structure effective January 1, 2017, which currently applies to all existing FFA placements including all placements made prior to January 1, 2017 and for FFA placements made between January 1, 2017 and November 30, 2017. When Phase II LOC rates are implemented, the existing FFA placements as of December 1, 2017 will continue to use Table B until those children/youth exit the foster care system or a triggering event occurs as described below.

**Table B:**

<b>FFA Rate Components – Phase I</b>					
<b>Age</b>	<b>0-4</b>	<b>5-8</b>	<b>9-11</b>	<b>12-14</b>	<b>15-21</b>
FFA Certified Family Minimum Rate	\$896	\$954	\$994	\$1,032	\$1,072
Social Worker	\$340	\$340	\$340	\$340	\$340
Services and Supports	\$156	\$156	\$156	\$156	\$156
RFA	\$48	\$48	\$48	\$48	\$48
Administration	\$672	\$672	\$672	\$672	\$672
<b>Total</b>	<b>\$2,112</b>	<b>\$2,170</b>	<b>\$2,210</b>	<b>\$2,248</b>	<b>\$2,288</b>

A triggering event occurs when any foster child/youth moves to or from an FFA home or a relative/county FFH or a county-approved RFA home and is receiving a rate from Table B (the age-based rate structure), when this occurs, then Table C rates will apply. The new LOC rate is effective back to the date of the new placement.

When a request for an assessment from a caregiver occurs and the child remains with the same caregiver this is also considered a triggering event, then Table C rates will apply. If the resulting new rate is lower than the previous rate, the new rate is effective in the first month following the month in which both determination and adequate and timely notice is provided; the effective shall be indicated on a form transmitted from the Social Worker (SW) to the eligibility worker.

All new FFA placements occurring on/after December 1, 2017 will be paid a rate based on the LOC rates displayed in Table C using the LOC Protocol. Payments will be pro-rated consistent with existing foster care payment processes.

**Table C:**

<b>FFA Rate Components – Phase II December 1, 2017</b>				
	Basic Level Rate	LOC 2	LOC 3	LOC 4
RF	\$889	\$989	\$1,089	\$1,189
Social Work	\$340	\$340	\$340	\$340
Social Services & Support	\$156	\$200	\$244	\$323
RFA	\$ 48	\$ 48	\$48	\$48
Administration	\$672	\$672	\$672	\$672
<b>Total</b>	<b>\$2,105</b>	<b>\$2,249</b>	<b>\$2,393</b>	<b>\$2,572</b>

The CNI will be applied only to the basic rate portion of the age-based rate and to the Basic Level Rate paid directly to the RF during Phase I and to LOCs 2-4 rates that are paid directly to the RF during Phase II. More information about the application of the CNI will be in a forthcoming County Fiscal Letter (CFL). In Phase II, there will no longer be a distinction between Non-Treatment and Treatment types of FFAs.

**The LOC Protocol and Triggering Events**

The LOC Protocol is a strength-based method designed to identify the individual care and supervision needs of children/youth that can be translated to an appropriate LOC rate to support their placement in a family setting. Care and supervision needs will be identified based on five (5) core domains. The Core Domains in the protocol tool are: Physical, Behavioral/Emotional, Educational, Health and Permanency/Family Services. The LOC Protocol is comprised of a matrix, a form to be completed by the caregiver, a scoring sheet which is to be completed by a SW or Probation Officer (PO), and an instructional guide. The LOC, once determined, will be documented by the SW or PO and provided to foster care eligibility staff on a CDSS form that is currently in development.

There is no annual LOC rate determination requirement. The SW/PO must use the LOC Protocol when one of the following triggering events occurs:

- **Initial foster care placement:** As stated previously, the Basic Level Rate will be paid upon initial foster care placement into a HBFC setting pending the completion of the LOC Protocol unless the child meets an exception for an ISFC rate as described below (new rate based on the results of the LOC Protocol is effective the date of initial placement).

- **FFA – Moving from Age-Based Rates:** As stated previously, for a change in placement for any foster child/youth moving from an FFA home receiving a rate under the age-based rate structure to another FFA home (with a different FFA agency) or a relative/county home. If the LOC rate determination was not completed prior to the placement move, the Basic Level Rate shall be paid until the LOC Protocol is completed. The new LOC rate based on the LOC Protocol is effective back to the date of the new placement.
- **Other RF Placement Changes:** For a change in placement for any foster child/youth to or from an FFA home paid under the LOC rate structure or to or from a relative or county home or, to or from a relative/county home to another relative/county home. If an LOC determination has been performed and there are no changes to the child's needs, the prior LOC may be applied. If the LOC rate determination was not completed prior to the new placement, the Basic Level Rate is paid until the LOC determination is completed. The new rate is effective back to the date of placement.
- **Transition from STRTP:** For a change in placement for any foster child/youth from an STRTP to a HBFC setting. If the LOC determination was not completed prior to the new placement, the Basic Level Rate shall be paid until the LOC Protocol is completed. The new LOC rate based on the LOC Protocol is effective back to the date of the new placement into the HBFC setting.
- **Requested Changes from Caregivers:** When a caregiver, youth or SW/PO in consultation with the CFT (if available), indicates a child/youth's needs have changed, the new rate is effective the date of the completion of the LOC Protocol as indicated on the form provided by the SW.
- **Transition from ISFC/TFC:** When a child/youth is receiving ISFC or TFC and is ending those services, the new LOC rate is effective the date the ISFC or TFC services end.
- **Decrease in Rate:** In the instance when the rate decreases as a result of the LOC Protocol and the child remains with the same caregiver, the effective date of the decrease will be the first on the month following the month in which both the determination and adequate and timely notice is provided.

The CDSS in partnership with counties and stakeholders will pilot the application and consistency of the protocol tool and will offer regional "train the trainer" workshops before the statewide release and use of the protocol tool. A future ACL will describe the workflow for the LOC protocol, including the responsibilities of how the SW or PO will gather information from various sources to assist with the determination of the appropriate LOC rate.

### **GHs and STRTPs**

The effective date of the STRTP rate will be determined when the CDSS Foster Care Rates Bureau (FCRB) reviews and approves the rate application packet. To assist counties in determining when to pay the STRTP rate, the FCRB will issue a rate letter to the Provider and update its rates list for both GH's that have received an extension of their Rate Classification Level (RCL) rate and for STRTPs. Additionally, GHs granted an extension to continue to operate under the RCL system may convert to an STRTP at any time during the extension period. For example, a GH that received a six-month extension is ready to convert to an STRTP four months into the extension window, may do so. However, the effective date of the rate will be based on the date provided in the rate letter from the FCRB. Information on the GH extension process can be found in [ACL 16-65](#). The STRTP rate is reflected in Table D below.

**Table D:**

<b>STRTP Rate</b>	
Rate	\$12,036

The CNI will be applied to this rate and more information about the application of the CNI will be in a forthcoming ACL.

### **ITFC Conversion to ISFC**

The ITFC rate described in [WIC 18358.30](#) currently funds a placement option that provides intensive treatment services and supports which is currently limited to FFA certified families. Effective December 1, 2017, all ITFC, Multi-Dimensional Treatment Foster Care (MTFC) and TFC placements (existing and new) will be paid according to the amounts identified in Table E below. The ISFC rate is modified to add one new component (Social Services and Support). Under the new HBFC rate structure, the ISFC rate is intended for specialized programs that serve children with specific needs such as intensive treatment and behavioral needs and specialized health care needs. The ISFC rate will accommodate programs that serve as an alternative to or as a step-down from residential care such as: the current ITFC and MTFC programs, probation youth, special health care or medical placements, or TFC, or serve other specialty placements such as difficult sibling sets. All RFs (county FFHs, FFAs and relatives, etc.) will be eligible for the ISFC rate if they meet a level of specified training and competencies matched to the child's needs at this level.

The ITFC program currently is operated through FFA's; however, under [AB 1997](#) and under the ISFC rate structure, counties have the flexibility to operate this program in any one of the following scenarios:

- 1) **FFA-based ISFC:** The FFA is paid the ISFC Rate of \$6,003 in Table E and the FFA pays the RF the \$2,321 portion;
- 2) **County-based ISFC:** Allows for the use of the payment to any RF based on the intensive needs of the child if they meet a level of specified training and competencies matched to the child's needs at this level and is based on the LOC Protocol. Under this option, the county is able to claim the ISFC rate which is typically paid to the FFA. The County receives the \$6,003 in Table E and pays the RF the \$2,321 portion. Under this option, the county is expected to provide the oversight and services otherwise provided by FFAs;
- 3) **TFC Model:** Either the FFA or the county may operate a TFC but does so as a licensed FFA agency. This option requires the FFA/county to also have a mental health contract with the RF to provide therapeutic foster care intervention under the supervision of a licensed clinician that is billable to Medi-Cal.<sup>1</sup> The FFA/county receives the \$6,003 as a licensed FFA provider in Table E and pays the RF the \$2,321 portion;
- 4) **Family-Only Rate:** Allows for county- use of the payment on an urgent, **time-limited** basis (up to 60 days) to any RF for children with urgent placement needs, or to any RF on an **on-going** basis, based on the intensive needs of the child if they meet a level of specified training and competencies matched to the child's needs at this level and the rate is based on the LOC protocol. The RF receives the \$2,321 in Table F.

In all of the above scenarios, the amount paid to the RF (\$2,321) will be the same and will equal the ISFC RF portion of the rate identified in Table E or Table F below. This portion of the rate amount is unchanged from the amount paid to the foster family under the previous ITFC rate. Further program policy guidance and clarification on ISFC will also be provided in a subsequent ACL which will include, but not limited to, areas of administrative and contracting requirements such as: Memorandums of Understanding agreements, in-home support counseling and caregiver training. A workgroup will be established to address what program areas need revision.

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<sup>1</sup> Reference CDSS/DHCS All County Information Notice (ACIN) #I-52-16 and #16-031 regarding Therapeutic Foster Care (TFC) Services and Continuum of Care Reform (CCR).



**Table E:**

<b>FFA or County ISFC Rate</b>	
ISFC RF	\$2,321
Administrative Costs	\$3,482
Social Services & Support	\$200
<b>Total</b>	<b>\$6,003</b>

When the ISFC RF rate is used by a county to pay a resource parent, the ISFC RF Rate only is reflected in Table F below.

**Table F:**

<b>ISFC RF Rate</b>	
ISFC RF	\$2,321

The CNI will be applied to the ISFC RF rate portion only in Table E and Table F. More information about the application of the CNI will be in a forthcoming ACL.

**Kin-GAP**

- The rate structure for all existing Kin-GAP cases in which dependency was dismissed prior to May 1, 2011, will not change and are reflected in Table G.
- Kin-GAP cases, where dependency was dismissed between May 1, 2011 and December 31, 2016, will receive the age-based rates identified in [ACL 16-57](#). These rates are reflected in Table H.
- Kin-GAP cases, where dependency is dismissed on or after January 1, 2017, will be paid the Basic Level Rate of \$889.
- In Phase II, Kin-GAP cases, where dependency is dismissed on or after January 1, 2017 (based on a LOC Protocol determination), will be eligible for LOC 2 – 4 rates reflected in Table A

**NRLG**

- The rate structure for all existing NRLG cases whose guardianship was established by the juvenile court prior to May 1, 2011, will not change and are reflected in Table G.
- NRLG cases where guardianship was established by the juvenile court between May 1, 2011 and December 31, 2016, will receive the age-based rates identified in ACL [16-57](#). These rates are reflected in Table H.

- NRLG cases where guardianship was established by the juvenile court on or after January 1, 2017 will be paid the Basic Level Rate of \$889.
- In Phase II, NRLG cases, where guardianship was established on or after January 1, 2017 (upon completion of the LOC Protocol determination), will be eligible for LOC 2 – 4 rates reflected in Table A

**Probate NRLG**

- The rate structure for all existing probate NRLG cases, whose guardianship was established prior to May 1, 2011, will not change and are reflected in Table G.
- Probate NRLG cases, where guardianship was established between May 1, 2011 and December 31, 2016, will receive the age-based rate identified in [ACL 16-57](#). These rates are reflected in Table H.
- Probate NRLG cases, where guardianship is established on or after January 1, 2017, as determined by the date the application requirements are met, are eligible only for the Basic Level Rate of \$889.

**Table G:**

<b>Kin-GAP, NRLG, Probate NRLG Prior to May 1, 2011</b>					
Age	Birth-4	5-8	9-11	12-14	15-21
Rate	\$517	\$562	\$602	\$664	\$728

**Table H:**

<b>Kin-GAP, NRLG, Probate NRLG May 1, 2011 thru December 31, 2016</b>					
Age	Birth-4	5-8	9-11	12-14	15-21
Rate	\$707	\$765	\$805	\$843	\$883

The CNI will be applied to this rate and more information about the application of the CNI will be in a forthcoming ACL.

The instructions in this ACL supersede where applicable, the information in [ACL 16-79](#). An Errata will be forthcoming to correct the information in [ACL 16-79](#) as it pertains to Kin-GAP and NRLGs.

### **Adoption Assistance Placement (AAP)**

- The rate structure for initial AAP agreement signed and with an adoption finalization prior to May 27, 2011 will not change. The 2007 and 2008 rate structures continue to apply.
- Initial AAP agreements signed prior to January 1, 2017 with an AAP basic rate based on the statewide structure effective May 27, 2011, may be renegotiated based on a reassessment of the child's needs and the circumstances of the adoptive parent(s) to the Basic Level Rate of \$889 on or after January 1, 2017.
- The Basic Level Rate of \$889 is effective for all initial AAP agreements signed on or after January 1, 2017.
- The Phase II LOC rates reflected in Table A are effective December 1, 2017 for all initial AAP agreements signed on or after this date.
  - Initial AAP agreements signed on or after January 1, 2017 with an AAP Basic Level Rate based on the rate of \$889, may be renegotiated based on a reassessment of the child's needs and the circumstances of the adoptive parent(s) to the Phase II LOC rates reflected in Table A.
  - Initial AAP agreements signed *prior* to January 1, 2017 with an AAP Basic Level Rate based on the statewide structure effective May 27, 2011, may be renegotiated based on a reassessment of the child's needs and the circumstances of the adoptive parent(s) to the Phase II LOC rates reflected in Table A.

The CNI increase continues to be applicable and will be applied to all AAP basic rates. A separate ACL will be issued specific to AAP, should one occur, effective July 1<sup>st</sup> of each year.

### **Specialized Care Increment (SCI) Program**

The county-optional, SCI program provides a supplemental payment added to the foster care basic rate to meet the special behavioral and/or medical needs for children/youth and to prevent placement disruption. The SCI was part of the programs that were realigned in Fiscal Year (FY) 2011-12, the county could provide an SCI to support a child in an FFH, ARC home, or certified FFH. Under AB 403, counties may continue the option of providing an SCI to a RF (including those with FFHs, relatives, NREFMs, RFs and certified family homes of FFAs, or non-relatives).

The SCI can be provided in addition to an LOC rate. If a child is receiving an LOC rate for a certain condition and/or care and supervision needs, this does not prevent counties, at their discretion, from providing the SCI in addition to the LOC rate for the same condition and/or care and supervision needs.

### **NMDs Residing in a SILP**

The rate for an NMD residing in a SILP will not change and will remain at the Basic Level Rate of \$889 during Phase II. Please refer to [ACL 16-79](#) for more information. The CNI will be applied to this rate and more information about the application of the CNI will be in a forthcoming ACL.

### **Whole Family Foster Home (WFFH)**

All dependent parents residing with their *non-dependent* child in a WFFH placement are eligible for the infant supplement per [ACL 15-58](#).

### **Infant Supplement**

All other Infant Supplement rates will remain the same per [ACL 16-57](#) and will not be affected by Phase II rate implementation.

### **Unaccompanied Refugee Minors (URMs)**

URM FFAs will continue to receive the age-based rate through Phase I. However, for Phase II, the URM FFAs will use Table C. The GHs operated by FFAs for the URM population will retain their GH license and RCL rate level. Please see [ACL 16-03](#) for further information regarding URM placements.

### **Notices of Action (NOAs)**

Consistent with existing rate change and determination processes, NOAs, and any informal hearing provided by the County or formal State hearings, rights will continue to be afforded to families. Counties will notify families via a NOA explaining that their rate changed because of AB 403, a new law that authorizes rate changes (per WIC [11460](#), [11463](#), [11464](#), [11364](#), [11387](#) and [18358](#)) and RFs are now subject to an LOC rate determination. CDSS has developed a NOA for county use and substitutions of the form are permitted.

The NOAs will provide an explanation to RFs of how and why rates are changing under the CCR rate restructuring in the event of:

- a rate increase,
- a rate decrease,
- a rate discontinuance.

Any rate determination that results in no rate change at all, the RF will be provided with adequate and timely notice given by the SW, PO or others designated by the county. The county shall inform the caregiver of the determination in writing. Additional information will be forthcoming in an ACL.

Information on the Services Only Rate will be provided in a forthcoming ACL. A CFL regarding revised claiming will be issued upon Phase II implementation. Please contact the Foster Care Rates Bureau at (916) 651-9152 for any questions regarding the information in this ACL.

Sincerely,

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

Attachments

c: CWDA  
CPOC

# NOTICE OF ACTION

**For Resource Families, including homes certified by a Foster Family Agency, County Approved Relative Homes, Non-Relative Extended Family Members, Foster Family Homes, Non-Related Legal Guardians**

Notice Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Number: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

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**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has approved your Foster Care aid.

As of \_\_\_\_\_, the county is Approving your Foster Care aid  
(Date)

of \$ \_\_\_\_\_ per month.

This aid is for: \_\_\_\_\_  
(Name of Child)

As of \_\_\_\_\_, the county is Changing your Foster Care aid  
(Date)

from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

This aid is for: \_\_\_\_\_  
(Name of Child)

Here's why: Your rate is based on a level of care determination as defined in AB 403 and WIC section 11461.

- Your case had a rate increase.
- Your case had a rate decrease.
- Your case has been issued an Infant Supplemental Payment.
- Your case has been issued a Supplemental Care Increment.

# NOTICE OF ACTION

**For Resource Families, including homes certified by a Foster Family Agency, County Approved Relative Homes, Non-Relative Extended Family Members, Foster Family Homes, Non-Related Legal Guardians**

Notice Date: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Worker Name: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

- The child has \_\_\_\_\_ income.  
(Countable)
- \_\_\_\_\_ for \_\_\_\_\_  
(Income Type) (Name of Child)
- of \$ \_\_\_\_\_ is effective \_\_\_\_\_.  
(Date)

This is counted as \_\_\_\_\_ income in the  
(Earned/Unearned)  
Foster Care budget calculation.

- Other: \_\_\_\_\_
- Your case has been discontinued.

As of \_\_\_\_\_, the county is Discontinuing your  
(Date)  
Foster Care aid.

Here's why:

- You are no longer providing foster care for: \_\_\_\_\_  
(Name of Child)
- He/she is no longer living in your home/facility. The County will stop paying for Foster Care from the day the child leaves your home/facility.
- He/she no longer meets the age rules.
- The child has too much income.
- The child has too much property. See attached page.

# NOTICE OF ACTION

**For Resource Families, including homes certified by a Foster Family Agency, County Approved Relative Homes, Non-Relative Extended Family Members, Foster Family Homes, Non-Related Legal Guardians**

Notice Date: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Worker Name: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

If the County figured that the child's car or other vehicle was worth more than you think it's worth, you can give the County proof that it is worth less. Ask the County how. If you can prove it is worth less the child may get Foster Care aid.

- The legal guardianship was terminated.
- You moved out of the State of California.
- You did not return your completed redetermination paperwork.
- Other: \_\_\_\_\_
- Due to funding requirements, you may receive multiple checks for this benefit month. The sum of these checks will be equal to the amount listed above.

**Rules:** These rules apply. You may review WIC sections: 11460, 11461, 11463, 11463.23, and 16519.



## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:  Cash Aid  CalFresh  
 Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

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- To get those supportive services, you must go to the activity the county told you to attend.
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### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

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**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

- Cash Aid  CalFresh  Medi-Cal  
 Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If you need more space, check here and add a page.  
 I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# NOTICE OF ACTION - CHANGE

## For Kinship - Guardians Only

Notice Date: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Worker Name: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has approved your Kin-GAP aid.

As of \_\_\_\_\_, the county is Approving your Kin-GAP aid of  
(Date)

\$ \_\_\_\_\_ per month.

This aid is for: \_\_\_\_\_  
(Name of Child)

As of \_\_\_\_\_, the county is Changing your Kin-GAP aid  
(Date)

from \$ \_\_\_\_\_, \$ \_\_\_\_\_.

This aid is for: \_\_\_\_\_  
(Name of Child)

Here's why: Your rate is based on a level of care determination as defined in AB 403 and WIC section 11461.

- Your case had a rate increase.
- Your case had a rate decrease.
- Your case has been issued an Infant Supplemental Payment.
- Your case has been issued a Supplemental Care Increment.

The child has \_\_\_\_\_ income  
(Countable)

\_\_\_\_\_ for \_\_\_\_\_  
(Income Type) (Name of Child)

of \$ \_\_\_\_\_ is effective \_\_\_\_\_.  
(Date)

This is counted as \_\_\_\_\_ income in the  
(Earned/Unearned)

Kin-GAP budget calculation.

# NOTICE OF ACTION - CHANGE

## For Kinship - Guardians Only

Notice Date: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Worker Name: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Other: \_\_\_\_\_

Your case has been discontinued.

As of \_\_\_\_\_, the county is Discontinuing your  
(Date)

Kin-GAP aid.

Here's why:

You are no longer providing foster care  
for \_\_\_\_\_.  
(Name of Child)

He/she is no longer living in your home/facility. The County will stop paying for Kin-GAP from the day the child leaves your home/facility.

He/she no longer meets the age rules.

The child has too much income.

The child has too much property. See attached page.

# NOTICE OF ACTION - CHANGE

## For Kinship - Guardians Only

Notice Date: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Worker Name: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ADDRESSEE)

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If the County figured that the child's car or other vehicle was worth more than you think its worth, you can give the County proof that it is worth less. Ask the County how. If you can prove it is worth less the child may get Foster Care aid.

- The legal guardianship was terminated.
- You moved out of the State of California.
- You did not return your completed redetermination paperwork.
- Other: \_\_\_\_\_.
- Due to funding requirements, you may receive multiple checks for this benefit month. The sum of these checks will be equal to the amount listed above.

**Rules:** These rules apply. You may review WIC section: 11364.

## YOUR HEARING RIGHTS

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