California Department of Social Services

Children and Family Services Division | System of Care Branch Foster Care Rates and Outcomes Bureau

Innovative Model of Care

The Innovative Model of Care Rate is created in partnership with County or Tribe, Provider, and the CDSS Rate's Oversight Unit, to support foster children and Non-Minor Dependents (NMDs) with complex needs unable to be met in existing Aid to Families with Dependent Children-Foster Care (AFDC-FC) programs.

Background Information

California passed <u>Assembly Bil-2944(Chapter 104</u>, <u>Statutes of 2020) Foster care</u> commonly known as the <u>Continuum of Care Reform</u>(CCR). The Continuum of Care Reform draws together a series of existing and new reforms to our child welfare services program designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes.

In addition, AB 2944 provided the Department under Welfare and Institutions Code (WIC) section 11460(a)(3), the ability to develop, implement, and approve individualized rates, which may be program-specific or child-specific, for an innovative program or model of care and services, consistent with existing statewide licensing and AFDC-FC program requirements.

IMC Rate Types <u>ISFC Plus:</u> Enhanced Intensive Services Foster Care Plus Rate for individual child or program. This rate cannot exceed the current STRTP rate of \$15,281 per month. The following placement types are acceptable: ISFC, FFA, RFA, Relative, or NREFM.

STRTP of (1, 2, 3, or 4): Enhanced Short-Term Residential Therapeutic Program model for an individual child/NMD or program.

Specialized Rate Categories

<u>Child-Specific:</u> This is an individualized IMC Rate assigned to a child/NMD for the length of placement with a specified provider. Once the child/NMD leaves their current placement, the rate is terminated and cannot be transferred to a new provider. The County or Tribe would need to request a new IMC Rate.

Program-Specific: This is a program rate assigned to a provider. This rate stays in effect until the County or Tribe determines there is no longer a need for an Innovative Model of Care model.

Approved **IMC** Rates for County Child Welfare & Probation **Departments**

Rate Type	Program- Specific Rates	Child-Specific Rates
ISFC Plus	8	10
STRTP of 1	1	12
STRTP of 2	9	0
STRTP of 3	3	0

Process for requesting an Innovative Model of Care Rate

County or Tribe & Provider

Provider is responsible for completing the Budget and in collaboration with the county or Tribe, completing the IMC Program Description.

County or Tribe is responsible for completing the IMC Rate Request, Letter of Intent & submitting the youth's current QI Assessment (Child-Specific Requests

Specific Re ONLY1

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County or Tribe

Requesting County or Tribe determines there is a need for either a Child-Specific or Program Specific IMC Rate and contacts the Rates Oversight Unit via email at Foster CAdds ca aov.

Rates Oversight Unit

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After the Rates Oversight Unit is contacted. Instructions are sent detailing the documents needed from both the County or Tribe and Provider.

Budget Consultation

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Once all documentation is received. The Rates Oversight Unit will schedule a meeting with both County or Tribe and Provider. The submitted budget will be reviewed with all parties and feedback will be given for any unallowable costs.

Rate Approval Letter

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If no further discussions are needed and the rate amount has been determined and agreed upon by all parties. The Rate Approval Letter will be completed and mailed to both the County or Tribe and Provider.

CDSS IMC Rate Request Form

CDSS Budget

Template (Reminder-<u>mental health</u> and clinician staff are <u>unallowable</u> IMC rate costs so can't be included on the bratest branches

budget template)

PROGRAM-SPECIFIC OR CHILD-SPECIFIC RATE REQUEST			
FOR INNOVATIVE MODEL OF CARE (IMC) (AB2944)			
	SECTION I- Rate Request		
IMC Rate Type (check one)	Program-Specific Rate	Child-Specific Rate	
STRTP of	STRTP of 1 SFC Plus	NREFM FFA RFA	
County of Tribe requesting IMC Rate			
County Contact Name:		nall Address:	
	Pho	ne Number:	
Mailing Address: City, State, Zip			
Budget Template Submitted?	Yes No Total Amount	Requested:	
	SECTION II- Youth Informatio	88	
Name of youth/NMD:		Date of Birth:	
Placing County or Tribe:	Is youth	Federally Eligible? Yes No	
QI Assessment completed?	Yes No Dat	e completed:	
Out-of State (OOS) placement?	Yes No	State:	
Is youth placed with provider?	Yes No Date of	f Placement:	
Estimateid Length of Placement			
	SECTION III- Provider Informat	lion	
Name of Provider:		and and a second se	
Facility Address:			
City, State, Zio			
	Pho	ne Number:	
Executive Director:	En	nal Address:	
Administrator:		nal Address:	
Mailing Address:	0		
City, State, Zip			
Provider County:			
Country Contact Name:	En	nal Address:	
STRTP Facility License Number:		Expires:	
FFA Facility License Number:		Expires:	
RFA ID Number:		Expires:	



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sdic	ary and Wages Executive Director	Avg. FTE	Amount	%
				-
	Administrator Salary			-
	Direct Care Staff Salary			-
	Social Work Staff Salary			-
	Other Personnel			-
	Sub-total Salary & Wages		\$	• ###
	ge Benefits and Payroll Taxes			_
	Payroll Taxes			_
	Health, Dental, Vision, Etc.			_
	Retirement			_
	Workers' Compensation Insurance			_
	Other Costs			_
	Sub-total Fringe Benefits & Payroll Taxes		\$	- ###
	Total Personnel Costs		\$	- ###
	Operational Costs			
	Accreditation Expense	_		
	Conference, Meetings, In-Service Training			7
	Depreciation & Amortization Expense			7
14	Dues, Membership, and Subscriptions			7
	Equipment Leases			
16	nsurance		7	
17	censes and Permits			7
18	Office, Postage, and Printing Expense			7
19	Professional & Auditing Fees			7
	Recruitment & Training Expense			-
	Repairs & Maintenance			-
22	Resource Family Payment (If Applicable)			-
23	Shelter Costs - Building Rental or Lease			-
	Shelter Costs - Mortgage, Tax, and Homeowners Insur	ance		-
25	Telephone			-
26	Utilities			-
	Vehicles & Transportation Expense			-
	Other Operational Costs			-
	Total Operational Costs		s	- ###
	Children Expenses		Amount	%
29	Food			_
	Clothing			-
	Personal Incidentals			-
	School Supplies			-
	Outside Activities Expenses			-
	Child/Youth related transportation for home, visit, sch	ool of origir		1
35	Other Child Costs			-
	Total Children Expenses		\$	- ###
	al Proposed Budget		s	 ###



Rates Oversight Unit Contacts

Rates Oversight Unit Inbox <u>-Fosterca@dss.ca.gov</u> Michael Ford (Manager) – <u>Michael.Ford@dss.ca.gov</u> Tera Tapp (Analyst) – <u>Tera.Tapp@dss.ca.gov</u> Carrie Salisbury (Analyst) – <u>Carrie.Salisbury@dss.ca.gov</u> Brandy Crosby (Analyst) – <u>Brandy.Crosby@dss.ca.gov</u>

9/3/20XX

OTHER COMPLEX CARE FUNDS

Assembly Bill 153 (Chapter 153, Statutes of 2021)

Ty Morgan, Rates Policy Unit System of Care Branch

Capacity Building Plans/Funds



Before Submitting a Capacity Building Proposal

 Complete the Self-Evaluation for Complex Care Capacity Building with the interagency leadership team and with local tribes.

• To complete the self-evaluation, use the following link <u>https://survey.alchemer.com/s3/7143306/</u> Self-Evaluation-for-Capacity-Building

Submitting a Capacity Building Building Building Funding Funding Request (cont.)

Submitting a

Capacity

Building

Funding

Request

- Complete and submit the Capacity Building Proposal attached to ACL <u>21-143</u> and submit to <u>ratespolicy@dss.ca.gov</u>.
 - The Capacity Building Proposal must address the gaps identified in the selfevaluation.
- CFL <u>21/22-68</u> instructions for administrative claiming.
- Funds cannot be used to supplant existing funding.



Child Specific Funding Requests



All requests must have a recommendation basis Qualified individual (QI) Technical assistance provided by CDSS Clinical determination of an interagency placement committee (IPC) Regional center assessments Child and family teams recommendations (must include a clinician's agreeing to recommendation) Educational Assessments Psychological/Psychiatric assessments Medical Assessments
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• Develop a plan to address the needs identified by the qualifying child specific assessments. • If this is a tribal youth, consult/engage with the tribe in the development of the plan. Submitting a Complete the Child Specific Funding Request Template attached to ACIN <u>I-03-23</u> and submit to Child Specific Funding ratespolicy@dss.ca.gov. Request • To submit an invoice after approval: • Complete the invoice form using the Reference Number provided in the approval letter. Continued • Invoices can only be submitted after the services were rendered. If one time cost, can be submitted earlier but AFTER service provided.

NOTE:	 Please note child specific funding cannot be used to pay for: County staff who are already reimbursed through the time study process. Shelter Care. Youth placed in the home of a parent or guardian. To supplant existing funding (such as AFDC-FC, Medi-Cal, Mental Health). 	



Posted Guidance— Capacity Building •<u>ACL 21-143</u> •Capacity Building

 Capacity Building funding opportunity, requirements and guidelines

•<u>CFL 21-22-54</u>

Capacity Building Allocation

•<u>CFL 21/22-68</u>

 Claiming Instructions For Capacity Building Administrative Activities

Posted Guidance— Child Specific	 ACL 21-119 Child specific funding opportunity, requirements and guidelines CFL 21-22-35 Child Specific Funding Allocation FY 21-22 CFL 22-23-08 Child Specific Funding Allocation FY 22-23 Child Specific Funding Allocation FY 22-23 ACIN I-03-23 Updated Child Specific Request Form and Additional Information