

# California Department of Social Services

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





# CDSS IMC Rate Request Form

**PROGRAM-SPECIFIC OR CHILD-SPECIFIC RATE REQUEST  
FOR INNOVATIVE MODEL OF CARE (IMC) (AB2594)**

**SECTION I: Rate Request**

IMC Rate Type (check one)  Program-Specific Rate  Child-Specific Rate

STRTP of \_\_\_\_\_  STRTP of 1  BFC Plus  MRFM  FFA  RFA

County of Title requesting IMC Rate: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 County Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Budget Template Submitted?  Yes  No Total Amount Requested: \_\_\_\_\_

**SECTION II: Youth Information**

Name of youth/IMC: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Placing County or Title: \_\_\_\_\_ Is youth Federally Eligible?  Yes  No  
 IQ Assessment completed?  Yes  No Date completed: \_\_\_\_\_  
 Out-of-State (OOS) placement?  Yes  No State: \_\_\_\_\_  
 Is youth placed with provider?  Yes  No Date of Placement: \_\_\_\_\_  
 Estimated Length of Placement: \_\_\_\_\_

**SECTION III: Provider Information**

Name of Provider: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Executive Director: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Administrator: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Provider County: \_\_\_\_\_  
 County Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 STRTP Facility License Number: \_\_\_\_\_ Expires: \_\_\_\_\_  
 FFA Facility License Number: \_\_\_\_\_ Expires: \_\_\_\_\_  
 RFA ID Number: \_\_\_\_\_ Expires: \_\_\_\_\_

# CDSS Budget Template

(Reminder - *mental health and clinician staff are unallowable* IMC rate costs so can't be included on the budget template)

| I. Personnel Costs  |          |        |     |
|---|----------|--------|-----|
| Salary and Wages  | Avg. FTE | Amount | %   |
| 1 Executive Director  |          |        |     |
| 2 Administrator Salary  |          |        |     |
| 3 Direct Care Staff Salary  |          |        |     |
| 4 Social Work Staff Salary  |          |        |     |
| 5 Other Personnel   |          |        |     |
| Sub-total Salary & Wages  |          | \$ -   | ### |
| <b>Fringe Benefits and Payroll Taxes</b>                                |          |        |     |
| 6 Payroll Taxes   |          |        |     |
| 7 Health, Dental, Vision, Etc.  |          |        |     |
| 8 Retirement  |          |        |     |
| 9 Workers' Compensation Insurance                                       |          |        |     |
| 10 Other Costs  |          |        |     |
| Sub-total Fringe Benefits & Payroll Taxes                               |          | \$ -   | ### |
| <b>Total Personnel Costs</b>  |          | \$ -   | ### |
| <b>II. Operational Costs</b>  |          |        |     |
| 11 Accreditation Expense  |          |        |     |
| 12 Conference, Meetings, In-Service Training                            |          |        |     |
| 13 Depreciation & Amortization Expense                                  |          |        |     |
| 14 Dues, Membership, and Subscriptions                                  |          |        |     |
| 15 Equipment Leases   |          |        |     |
| 16 Insurance  |          |        |     |
| 17 Licenses and Permits   |          |        |     |
| 18 Office, Postage, and Printing Expense                                |          |        |     |
| 19 Professional & Auditing Fees   |          |        |     |
| 20 Recruitment & Training Expense                                       |          |        |     |
| 21 Repairs & Maintenance  |          |        |     |
| 22 Resource Family Payment (if Applicable)                              |          |        |     |
| 23 Shelter Costs - Building Rental or Lease                             |          |        |     |
| 24 Shelter Costs - Mortgage, Tax, and Homeowners Insurance              |          |        |     |
| 25 Telephone  |          |        |     |
| 26 Utilities  |          |        |     |
| 27 Vehicles & Transportation Expense                                    |          |        |     |
| 28 Other Operational Costs  |          |        |     |
| <b>Total Operational Costs</b>  |          | \$ -   | ### |
| <b>III. Children Expenses</b>   |          |        |     |
| 29 Food   |          |        |     |
| 30 Clothing   |          |        |     |
| 31 Personal Incidentals   |          |        |     |
| 32 School Supplies  |          |        |     |
| 33 Outside Activities Expenses  |          |        |     |
| 34 Child/Youth related transportation for home, visit, school of origin |          |        |     |
| 35 Other Child Costs  |          |        |     |
| <b>Total Children Expenses</b>  |          | \$ -   | ### |
| <b>Total Proposed Budget</b>  |          | \$ -   | ### |

# CDSS IMC Guidance Letters

ACL 22-21  
CFL 22-23-16

# Rates Oversight Unit Contacts

Rates Oversight Unit Inbox – [Fosterca@dss.ca.gov](mailto:Fosterca@dss.ca.gov)  
Michael Ford (Manager) – [Michael.Ford@dss.ca.gov](mailto:Michael.Ford@dss.ca.gov)  
Tera Tapp (Analyst) – [Tera.Tapp@dss.ca.gov](mailto:Tera.Tapp@dss.ca.gov)  
Carrie Salisbury (Analyst) – [Carrie.Salisbury@dss.ca.gov](mailto:Carrie.Salisbury@dss.ca.gov)  
Brandy Crosby (Analyst) – [Brandy.Crosby@dss.ca.gov](mailto:Brandy.Crosby@dss.ca.gov)

## 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

AB 153-  
Capacity  
Building Funds

- \$43.3 million in one time capacity building funds (ACL 21-143).
- Must be claimed by June 30, 2026
- Evaluations of current continuum of care required prior to approval.
- Funds were allocated to the counties based on the STRTP population under their jurisdiction.

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Submitting a  
Capacity  
Building  
Funding  
Request

- **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  
<https://survey.alchemer.com/s3/7143306/Self-Evaluation-for-Capacity-Building>

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Submitting a  
Capacity  
Building  
Funding  
Request (cont.)

- Complete and submit the Capacity Building Proposal attached to ACL [21-143](#) and submit to [ratespolicy@dss.ca.gov](mailto:ratespolicy@dss.ca.gov).
  - The Capacity Building Proposal must address the gaps identified in the self-evaluation.
- CFL [21/22-68](#) instructions for administrative claiming.
- Funds cannot be used to supplant existing funding.

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Ways CDSS  
Can Help

- The CDSS can offer technical assistance on:
  - Developing Capacity Plans.
  - Working with Tribes on engagement.
  - Technical Assistance for individual cases.

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Child Specific Funding  
Requests

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AB 153 – Child  
Specific Funds

- AB 153 -- \$18.1 million dollars annually (ACL 21-119).
- Children in foster care with complex needs.
- Consult with Tribes for tribal children.
- FY 21/22 and 22/23 funds were allocated based on the number of Short Term Residential Therapeutic Program (STRTP) placements in the county's jurisdiction.

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Submitting a Child Specific Funding Request

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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Submitting a Child Specific Funding Request Continued

- 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.
- Complete the Child Specific Funding Request Template attached to ACIN [I-03-23](#) and submit to [ratespolicy@dss.ca.gov](mailto:ratespolicy@dss.ca.gov).
- To submit an invoice after approval:
  - Complete the invoice form using the Reference Number provided in the approval letter.
  - Invoices can only be submitted after the services were rendered. If one time cost, can be submitted earlier but AFTER service provided.

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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).

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Funding Limitations

- The funds do not rollover. If they are not expended, they are lost.
- Counties have 18 months after the end of the FY to claim the funds. However, the actual expenditure has to occur during the relevant FY.
- Example: County placed child in STRTP of 1 in February of 2022. Probation can submit a claim for these funds up to December 31, 2023.

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Posted Guidance—  
Capacity Building

- ACL 21-143
  - Capacity Building funding opportunity, requirements and guidelines
- CFL 21-22-54
  - Capacity Building Allocation
- CFL 21/22-68
  - Claiming Instructions For Capacity Building Administrative Activities

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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
- ACIN I-03-23
  - Updated Child Specific Request Form and Additional Information

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