

STATE OF CALIFORNIA

REPORT TO THE JOINT LEGISLATIVE BUDGET COMMITTEE

**Children Receiving AFDC-FC, Kin-GAP or AAP and
Concurrently Receiving Services from a
California Regional Center**

FOR JUNE 2012 AND DECEMBER 2012



Welfare and Institutions Code section 11464(h)

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EXECUTIVE SUMMARY

Background

This report covers the March 2013 and October 2013 reports to the Joint Legislative Budget Committee (JLBC) which represents June 2012 and December 2012 data, respectively, and provides the Legislature with information regarding the outcomes of establishing a rate structure for children who are both consumers of California regional center services and receive Aid to Families with Dependent Children-Foster Care (AFDC-FC), Kinship-Guardianship Assistance Payment (Kin-GAP), or Adoption Assistance Program (AAP) benefits. A consumer of California regional center services is a child receiving services from a California regional center due to a developmental disability as defined by Welfare and Institutions Code (W&IC) section 4512 (Lanterman Act) or a child receiving services under Government Code section 95000 California Early Intervention Services Act (CEISA). Children in the dual agency AFDC-FC population eligible to receive a dual agency rate are those children placed in a licensed community care facility that is not vendorized; the approved home of a relative; the approved home of a non-relative extended family member; the home of a non-related legal guardian; or, the former non-related legal guardian when the guardianship of a child otherwise eligible for AFDC-FC has been dismissed due to the child attaining 18 years of age. For purposes of this report, the eligible population of children will be referred to as “dual agency” children.

This report does not reflect all children in foster care receiving services from a California regional center. The caseloads that are not part of this report are the children placed in the certified home of a foster family agency (FFA) or a group home.

History

Senate Bill (SB) 84, Chapter 177, Statutes of 2007, addressed the extraordinary care and supervision needs of children who are both consumers of California regional center services and receive AFDC-FC or AAP benefits i.e., “dual agency” children. The W&IC section 11464 established a rate structure to provide a rate for care and supervision of “dual agency” children that would be higher than the average rate they would otherwise receive through the foster care system and higher than the rate other children with medical and other significant special needs receive.

Assembly Bill (AB) 4 (Chapter 4, Statutes of 2009) applied the dual agency rate structure to the non-federal Kin-GAP Program when a dual agency child exited the court dependency system to permanently reside with a related legal guardian. The dual agency rate structure was applied to the federal Kin-GAP Program when it was established by AB 12 (Chapter 559, Statutes of 2010).

Additionally, SB 1013 (Chapter 35, Statutes of 2012) authorized and adjusted the schedule of dual agency rates in W&IC section 11464(e)(3) by the percentage change in the California Necessities Index (CNI) as set forth in W&IC section 11461(g)(2). In Fiscal Year 2012-13, the dual agency rates were adjusted to reflect the CNI increase of 2.98 percent and in Fiscal Year 2013-14, the dual agency rates were adjusted to reflect the CNI increase of 2.65 percent.

Pursuant to W&IC section 11464(h), the California Department of Social Services (CDSS) and the Department of Developmental Services (DDS) are to provide the following information related to dual agency children who are both consumers of regional center services and receiving AFDC-FC, Kin-GAP or AAP:

- The number of, and services provided to children who are consumers of California regional center services, and who are receiving AFDC-FC, Kin-GAP, or AAP benefits, broken out by 1) dual agency children receiving the rate established at \$2,006 per month for children with developmental disabilities pursuant to W&IC section 11464(c)(1), 2) dual agency children three years of age and older receiving a \$2,006 rate for a child with a developmental disability and a supplement to that rate pursuant to W&IC section 11464(c)(2), and 3) dual agency children receiving the rate established at \$898 per month pursuant to W&IC section 11464(d)(1) for a child birth to three years of age who is receiving services under the CEISA.
- A comparison of services provided to dual agency children and similar children who are California regional center consumers who do not receive AFDC-FC, Kin-GAP, or AAP benefits, broken out by, 1) dual agency children receiving the \$2,006 rate for a child with a developmental disability, 2) dual agency children three years of age and older receiving the \$2,006 rate for a child with a developmental disability and a supplement to that rate, and 3) dual agency children receiving the \$898 rate for a child receiving services under the CEISA.
- The number and nature of appeals filed regarding services provided or secured by California regional centers for dual agency children, consistent with W&IC section 4714 and broken out by 1) dual agency children receiving the \$2,006 rate for a child with a developmental disability, 2) dual agency children three years of age and older receiving the \$2,006 rate for a child with a developmental disability and a supplement to that rate, and 3) dual agency children receiving the \$898 rate for a child receiving services under the CEISA.
- The number of dual agency children who are adopted before and after implementation of W&IC section 11464, broken out by 1) dual agency children receiving the \$2,006 rate for a child with a developmental disability, 2) dual agency children three years of age and older receiving the \$2,006 rate for a child with a developmental disability and a supplement to that rate, and 3) dual agency children receiving the \$898 rate for a child receiving services under the CEISA.
- The number and levels of the supplement to the rate for a child with a developmental disability that are requested.
- The number of supplements to the rate for a child with a developmental disability that are authorized upon caregiver request.
- The number of supplements to the rate for a child with a developmental disability that are denied after request, but authorized upon appeal.

Summary

The 2012 data continues to show that the total AFDC-FC caseload, as well as the percent of the AFDC-FC caseload in foster family home placements, as presented in Figure 1, has decreased while the AAP caseload, as presented in Figure 3, has increased. The dual agency family home caseload percentage of the AFDC-FC foster family home caseload has increased from 5.3 percent in December 2007 to 7.1 percent in December 2012. The dual agency adoption caseload percentage of the total AAP caseload has increased from 3.5 percent in December 2007 to 4.0 percent in December 2012.

Figures 6, 7, 8 and 9 present more than dual agency rate payment information. The foster care rate payment for dual agency children receiving AFDC-FC and AAP included rate payments that were equal to foster family home basic rates or Alternative Residential Model (ARM) rates established by DDS.

Data collected from the AFDC-FC-AAP 84: "Supplement to the Rate Requests for Dual Agency AFDC-FC and AAP" related to requests for the supplement to the dual agency rate for foster and adopted children with a developmental disability indicates that the actions taken are similar in the dual agency AFDC-FC and AAP caseloads. The majority of the requests for a supplement to a dual agency rate are authorized upon initial request, with 73 percent of dual agency children receiving AFDC-FC and 79 percent of dual agency children receiving AAP benefits. The \$1,000 level of supplement is requested more than any other level of supplement to the dual agency rate, more than 80 percent in both the AFDC-FC and AAP caseloads as represented in Figures 13,14 and 15.

PROGRAM INFORMATION

Dual agency children are eligible to receive financial support and services from programs administered by CDSS and DDS. The CDSS administers the AFDC-FC, Kin-GAP and AAP Programs. The DDS oversees the administration of California regional centers and early intervention services.

Aid to Families with Dependent Children-Foster Care (AFDC-FC)

The AFDC-FC Program provides the funding for the cost of 24-hour out-of-home care and supervision of children whose own families are unable or unwilling to care for them and who are in need of temporary or long-term substitute parenting pursuant to a juvenile court order or voluntary placement agreement. "Care and supervision" includes the cost of providing food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals and reasonable travel, including travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which he or she is enrolled at the time of placement. The AFDC-FC Program has four rate structures which pay a monthly rate to the foster care provider on behalf of the child. The foster family home (FFH) basic rate structure established in W&IC section 11461 applies to a licensed or approved FFH, the approved home of a relative, the approved home of a non-relative extended family member, the home of a non-relative legal guardian, and a tribe-specified home. The FFA rate structure based on W&IC section 11463 applies to certified homes of FFAs; at a minimum the certified foster parent is paid the FFH basic rate and a child increment. The group home rate is based on the program offered by the group home and the rate set by CDSS pursuant to W&IC section 11462 and the dual agency rate structure that was established in W&IC section 11464.

Adoption Assistance Program (AAP)

The purpose of AAP is to benefit special needs children by providing the security and stability of a permanent home through adoption. Federal Public Law 96-272, The Adoption Assistance and Child Welfare Act of 1980, established subsidies to encourage the adoption of special needs children and to remove the financial disincentives for families to adopt. An AAP eligible child may receive a federally funded subsidy under Title IV-E or a state funded subsidy per state guidelines. The benefits available to AAP eligible children include a monthly financial benefit, medical insurance through Medi-Cal, non-recurring adoption expenses (up to \$400 per child), payment for residential treatment and continuation of AAP benefits in a re-adoption. The negotiated AAP benefit amount, in accordance with the adoption assistance agreement, is based on the child's needs and the circumstances of the family. The AAP benefit may not exceed the rate the child would have received in foster care had they not been adopted. If the child's needs are greater and require a higher level of care and supervision, they may qualify for a Special Care Increment (SCI) in addition to the basic AAP rate. A child who receives services from a California regional center may be eligible to receive the dual agency rate.

The Kinship-Guardianship Assistance Payment (Kin-GAP) Program

The Kin-GAP Program provides an option to achieve a permanent plan for children in foster care who are unable to be reunified with their parents. The Kin-GAP Program was developed to support long-term, stable placements with relative caregivers. The Kin-GAP Program provides financial support on behalf of the child to the relative guardian based on the AFDC-FC FFH basic rate, and the specialized care increment, if applicable, or if the child was a dual agency child, the dual agency rate. The Kin-GAP Program was originally established as a state-only program pursuant to W&IC sections 11360-11374 by SB 1901 (Chapter 1055, Statutes of 1998), and its provisions were later extended to probation youth by AB 1808 (Chapter 75, Statutes of 2006). California exercised its option to establish a federal Kin-GAP Program and the ability to claim federal financial participation, along with extending Kin-GAP benefits to age 21 for qualifying youth, pursuant to federal Public Law 110-351, "The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008". Over the course of several years, California enacted legislation pursuant to PL 110-351 via AB 12 (Chapter 559, Statutes of 2010), AB 212 (Chapter 459, Statutes of 2011), AB 1712 (Chapter 846, Statutes of 2012) and AB 787 (Chapter 487, Statutes of 2013).

AB 12 added W&IC sections 11385-11393 establishing a federally-funded Kin-GAP Program and amendments were made to the already established state-funded Kin-GAP Program. AB 12 did the following: reduced the time in care with prospective relative guardian from 12 months to six months; added interstate portability of benefits for recipients who move out of state/country; allowed the renegotiation of benefit amount based on changes in youth's/non-minor former dependents needs or changed circumstances of relative legal guardian was permitted; and extended benefit payments until age 21 for certain minors/non-minor former dependents meeting specific criteria.

AB 212 amended W&IC sections 11364(b)(6) and 11387(b)(6) to specifically state that for a kinship guardianship established on and after January 1, 2012, reimbursement shall be made for reasonable and verified nonrecurring expenses associated with obtaining legal guardianship not to exceed the amount specified in federal law. AB 212 further restored the "High School Completion Rule" for the Kin-GAP population (W&IC section 11403.01).

AB 1712 amended W&IC section 11391(c) to expand the definition of "relative" for purposes of the federally-funded Kin-GAP Program to include non-relative extended family members, tribal kin, or current caregivers of foster children, as specified. This expansion will not be effective until federal approval of the state Title IV-E plan. The state plan has not yet been approved.

AB 787 added W&IC sections 388.1 to allow re-entry into non-minor dependency (foster care) for non-minor former dependents who received aid after attaining 18 years of age under Kin-GAP pursuant to Article 4.5 (commencing with Section 11360) or Article 4.7 (commencing with Section 11385) of Chapter 2 of Part 3 of Division 9 or pursuant to subdivision (e) of Section 11405, and whose former guardian or guardians died after the non-minor attained 18 years of age, but before he or she attains 21 years of age.

California Regional Centers

California regional centers are non-profit private corporations that contract with DDS to provide or coordinate services and supports for individuals with developmental disabilities. California regional centers have offices throughout California that provide a local resource to help find and access the many services available to eligible individuals and their families.

To be eligible for services, a person must have a disability that begins before the person's 18th birthday, be expected to continue indefinitely and present a substantial disability as defined in Section 4512 of the California Welfare and Institutions Code. Eligibility is established through diagnosis and assessment performed by California regional centers.

California Early Intervention Services

Families whose infants or toddlers have a developmental delay, disability or an established risk condition with a high probability of resulting in a delay may be eligible to receive services under the CEISA. Teams of service coordinators, healthcare providers, early intervention specialists, therapists, and parent resource specialists evaluate and assess infants or toddlers and provide appropriate early intervention and family support services for young children from birth to three years of age. The criteria for determining the eligibility of infants and toddlers is specified in Section 95014 of the California Government Code.

All infants and toddlers suspected of having a developmental concern including those "at risk" will receive intake and evaluation from their local regional center to determine eligibility for Early Start services. If the child is not eligible for Early Start, the regional center will determine if a referral to Prevention Resource & Referral Services (PRRS) is appropriate based on the child's risk factors. California regional centers will facilitate each family's access to local Family Resource Center's PRRS with parental consent.

Rate History

Prior to the establishment of the dual agency rate structure, there was confusion regarding roles and responsibilities related to foster care rate determinations for children served by both California regional centers and child welfare agencies. Children in foster care would be eligible, based on placement, for either the FFH basic rate and applicable county specialized care increment, an FFA rate, a group home rate, or an Alternative Residential Model (ARM) rate established by DDS for homes vendorized by a California regional center. The ARM rate was generally greater than the FFH basic rate. For dual agency children placed in a family home, this resulted in a flexible but not standardized statewide level of financial support. This situation impacted the AAP Program when an adoption assistance agreement was negotiated. To address these situations, the dual agency rate structure was established to standardize the schedule of rates for dual agency children.

The dual agency rate structure became effective July 1, 2007, and pursuant to W&IC section 11464(c)(1), established the rate of \$2,006 per month for a dual agency child determined to have a developmental disability who is a consumer of California regional center services and is a recipient of AFDC-FC. Additionally, statute provided that a county may authorize a supplement of up to \$1,000 to the rate for a child three years of age and older determined to have a developmental disability, if the county determined the child had extraordinary care and supervision needs that could not be met within the \$2,006 rate. Pursuant to W&IC section(d)(1), the rate of \$898 per month was established for a child birth to three years of age receiving services under the CEISA. These rates have subsequently been adjusted pursuant to W&IC section 11464(e)(3). Each year the CDSS issues an All County Letter (ACL) to reflect adjustments made to the AFDC-FC rates, including dual agency rates, based on the annual percentage change in the CNI.

Welfare and Institutions Code section 11464:

- Established rates for the provision of 24-hour, out-of-home care and supervision of dual agency children.
- Established rates to ensure statewide uniformity in the monthly rate paid on behalf of dual agency children.
- Clarified the roles of CDSS and DDS in serving dual agency children.
- Preserved higher foster care rates in effect prior to July 1, 2007, for dual agency children that had not changed placement.
- Facilitated finalization of adoptions.
- Ensured continuation of service provisions by California regional centers.
- Provided statewide consistency for program administration.

OBJECTIVES

This report combines the March 2013 and October 2013 reports. The March 2013 report data reflects dual agency children in foster care for at least two days in June 2012, adoptions finalized by June 30, 2012, and dual agency children in foster care for at least two days in June 2012 who exited to Kin-GAP through September 30, 2012. The October 2013 report data reflects dual agency children in foster care for at least two days in December 2012, adoptions finalized by December 31, 2012, and dual agency children in foster care for at least two days in December 2012 who exited to Kin-GAP through March 31, 2013. Hereafter, these data periods will be referred to as June 2012 and December 2012.

METHODOLOGY

To ensure reporting accuracy, CDSS and DDS shared, matched, and analyzed the required data elements/information required by W&IC section 11464(h). The CDSS completes its file by matching records from the DDS database to Child Welfare Services/Case Management System (CWS/CMS). The CDSS then sends a file to DDS that represents dual agency children or children who are consumers of regional center services and who are receiving AFDC-FC, Kin-GAP, or AAP benefits. The DDS then compares the matched list for dual agency children to DDS' Purchase of Service (POS) expenditure data. The CDSS also matched data files to the county payment systems referred to as Consortium IV (C-IV), Los Angeles Eligibility, Automated Determination, Evaluation and Reporting (LEADER) consortium and California Work Opportunity and Responsibility to Kids Information Network (CalWIN) consortium to be able to report on payments made to dual agency children.

The CDSS gathered information from different and distinct data sources to determine the impact of the dual agency rate structure in the AFDC-FC, Kin-GAP, and AAP Programs. These sources serve different purposes in program administration: caseload information, payment information related to the caseload, and actions taken to determine the appropriate rate for the caseload. The dual agency population placed in family homes is a subset of the AFDC-FC foster family home population.

The CWS/CMS is the statewide computer system that links all 58 counties and the state to a common database for online client case management. The system assists caseworkers in recording client demographics, contacts, services delivered, and placement information, and enables case workers to record and update assessments, create and maintain case plans, and manage the placement of children in appropriate foster homes or facilities. Although the CWS/CMS is a source of information for many data elements, it is not a payment system. Therefore, CDSS obtained payment information from county payment systems.

The CA 237 and the CA 800 monthly reports, submitted by counties to CDSS, identify the various funding sources and the number of California children receiving AFDC-FC, Kin-GAP and AAP benefits. These reports allow for late reporting and may result in adjustments to caseloads for the reported time periods.

The FC-AAP 84: "Supplement to the Rate Requests for Dual Agency AFDC-FC and AAP Children Quarterly Statistical Report" captures supplement to the dual agency rate data elements. The county welfare departments and the CDSS adoption district offices record county specific information regarding the number and levels of supplements to the dual agency rate requested, the number of

supplements to the dual agency rate authorized upon request and the number of supplements to the dual agency rate denied upon request but subsequently authorized after appeal. The report represents statewide aggregate activity counts per quarter and does not represent total caseload for this population.

To calculate the percentage change from year to year in caseload numbers, the following formula was used: $(\text{current} - \text{previous}) / \text{previous} = \text{percent}$. The percentages have been rounded up and may not always equal 100 percent.

The DDS data was drawn from the Uniform Fiscal System (UFS) and the Client Diagnostic and Evaluation Report (CDER). The regional center services only population in this report consists of children residing in the home of a parent or guardian and for purposes of this report are considered comparative to those receiving AFDC-FC or AAP benefits.

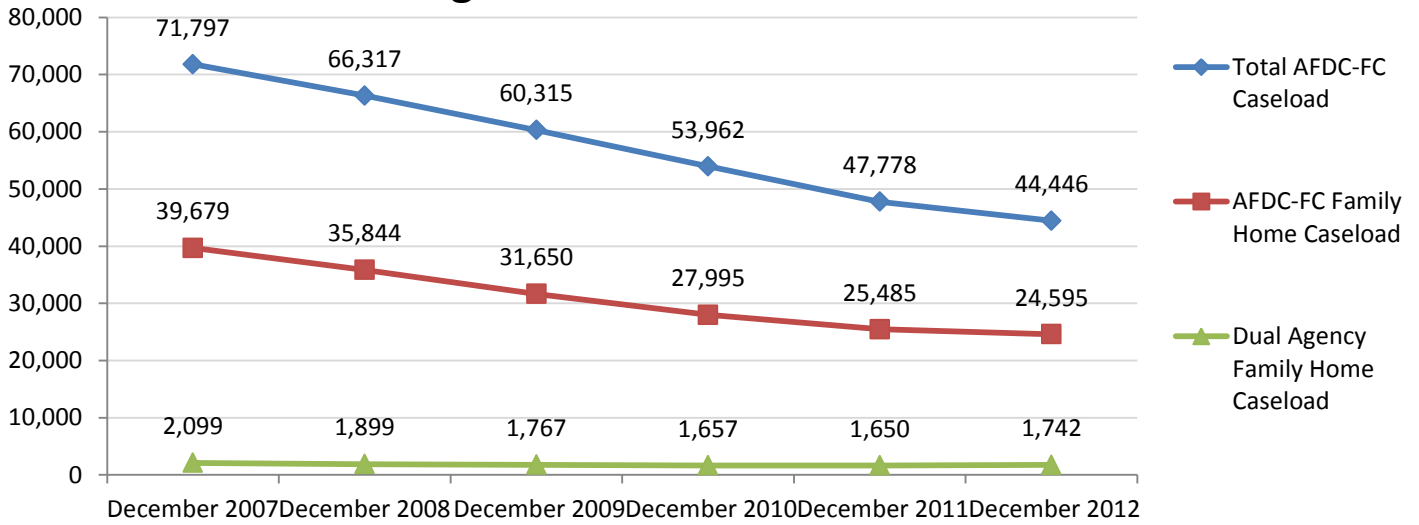
Limitations

The following limitations were identified in the collection and review of dual agency data:

- The CDSS receives and compares data from more than one source.
- Statute requires CDSS to report on the AFDC-FC and AAP caseloads receiving dual agency rates; however, the CDSS is sharing additional rate payment information for the dual agency AFDC-FC and AAP caseloads that cannot be identified as a dual agency rate or the sum of a dual agency rate and a supplement to the dual agency rate.
- The information related to requests for a supplement to the dual agency rate is statewide aggregate activity counts, per quarter, and does not represent total caseload for this population.
- The supplement to the dual agency rate information does not include the Kin-GAP population.
- The data represents a point in time and eligibility determinations may have been in progress at the time the data report was run.
- There is a lag between the date of a rate supplement request, and the date of a decision to approve or deny that request.
- Information is not available to determine whether the level of the rate supplement request, or the non-eligibility of a child, is the reason for a denial or appeal.
- It is unknown if the decision is made in the quarter the request for a supplement to the dual agency rate was received.
- It is unknown if the denial/appeal is based on an amount of the level of the supplement to the dual agency rate requested or if the request was denied because the child was not eligible for a supplement to the dual agency rate.

AFDC-FC/ AAP/KIN-GAP CASELOADS

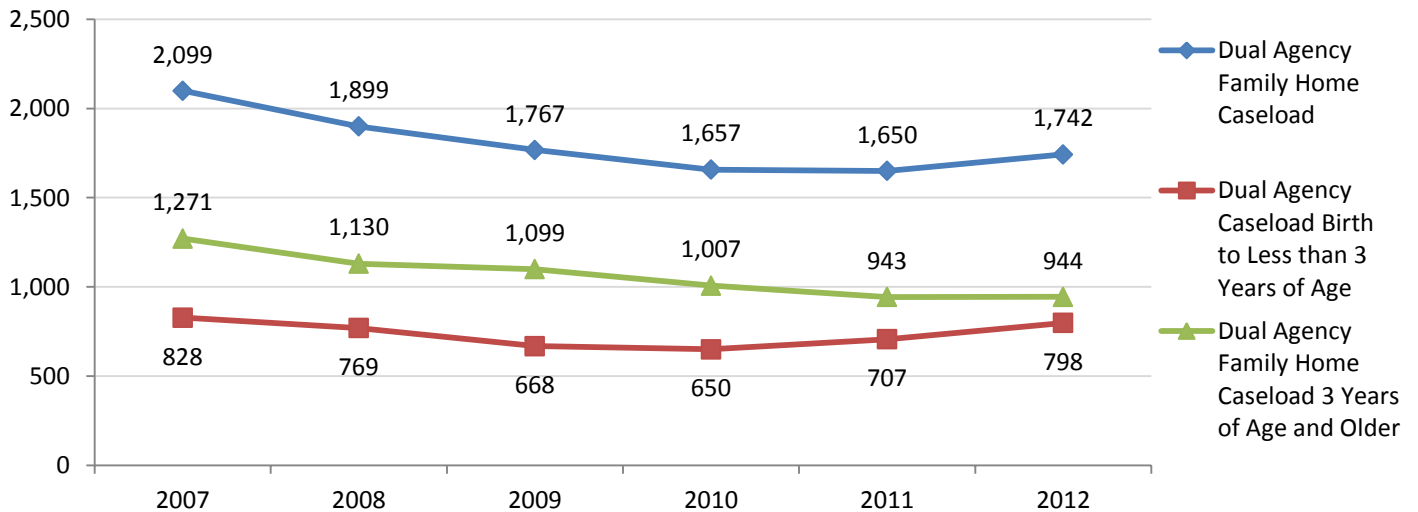
Figure 1: Foster Care Caseloads



Data Sources: CA 237 and CWS/CMS and DDS matched file.

Figure 1 indicates that the total foster care caseload receiving AFDC-FC decreased by 38 percent ($44,446 - 71,797 / 71,797 = -0.38$), the total foster family home caseload receiving AFDC-FC also decreased by 38 percent ($24,595 - 39,679 / 39,679 = -0.38$), and the dual agency child caseload percent of the foster family home population decreased by 17 percent ($1,742 - 2,099 / 2,099 = -0.17$).

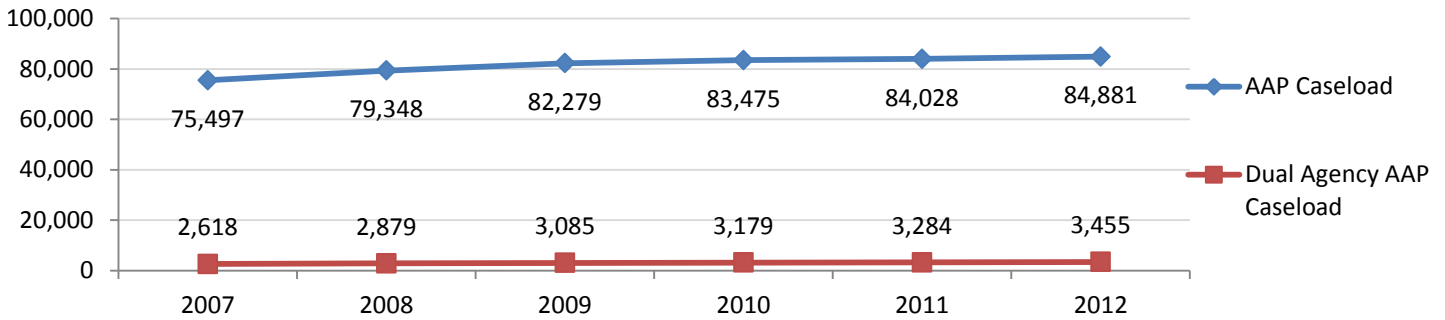
Figure 2: Dual Agency Foster Care Caseloads By Year and Age



Data Sources: CA 800 and CWS/CMS and DDS matched file.

Figure 2 indicates that the total dual agency family home caseload decreased from December 2007 to December 2011 and has shown an increase from December 2011 to December 2012.

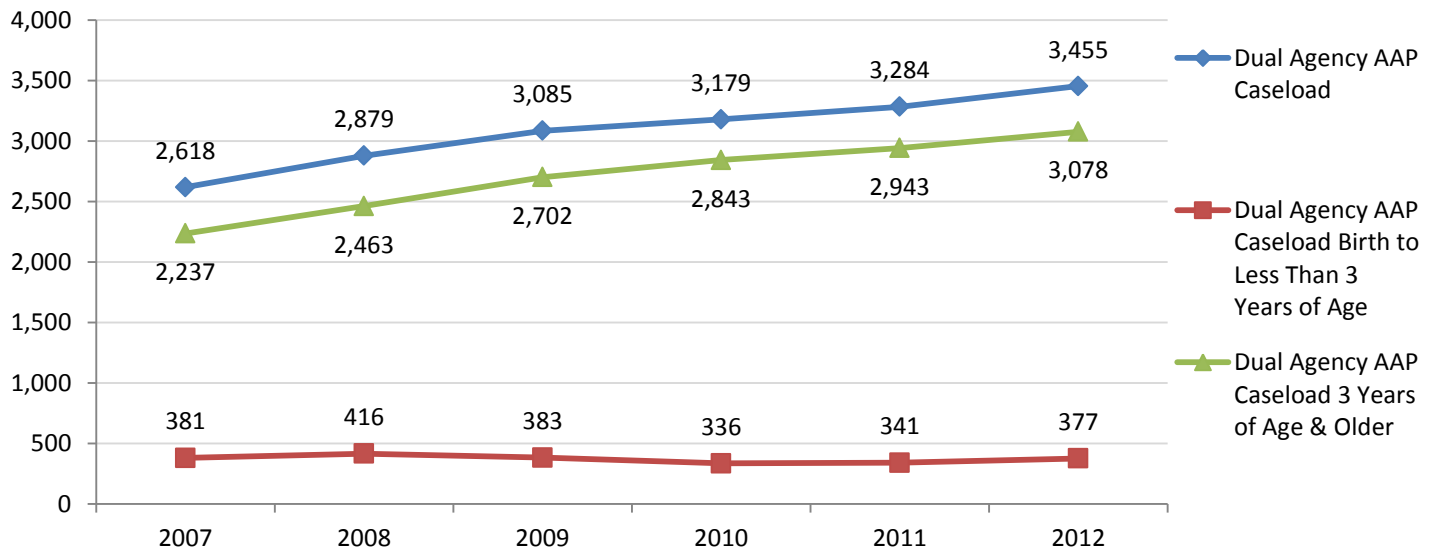
Figure 3: AAP and Dual Agency AAP Caseloads By Year



Data Sources: CA 800 and CWS/CMS and DDS matched file.

Figure 3 indicates that the percentage of dual agency children of the AAP caseload increased from 3.5 percent ($2,618/75,497 = 0.035$) in December 2007 to 4.0 percent ($3,455/84,881 = 0.40$) in December 2012.

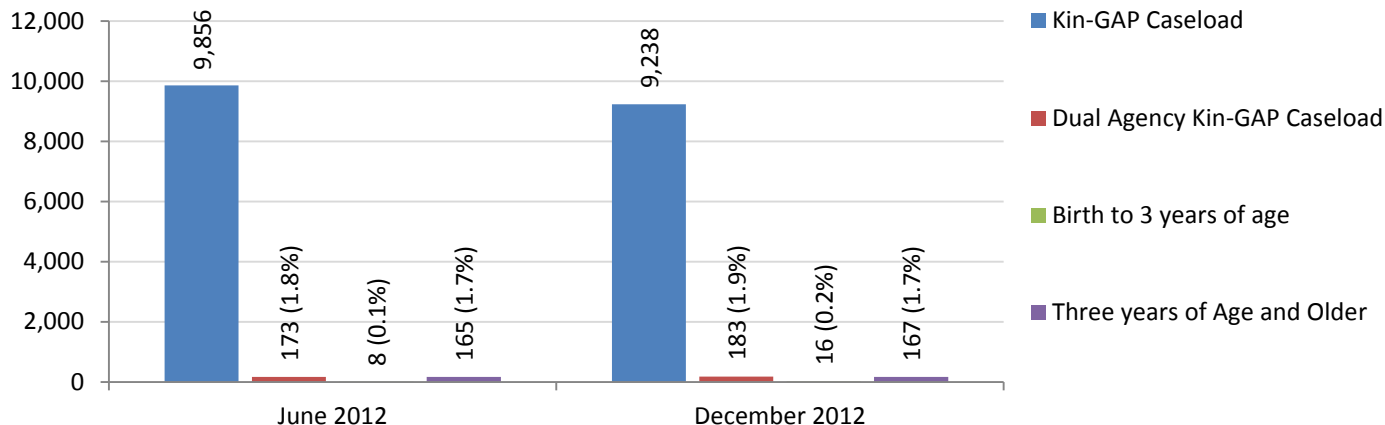
Figure 4: Dual Agency AAP Caseloads By Year and Age



Data Sources: CA 800 and CWS/CMS and DDS matched file.

Figure 4 indicates that in the dual agency AAP caseload, the birth to three years of age caseload decreased from 14.5 percent of the caseload in December 2007 ($381/2,618 = 0.1455$) to 11 percent ($377/3,455 = 0.11$) of the caseload in December 2012. Additionally, Figure 4 indicates that in the dual agency AAP caseload, the three years of age and older caseload represented 85 percent ($2,237/2,618 = 0.85$) of the caseload in December 2007 and increased to 89 percent ($3,078/3,455 = 0.89$) of the caseload in December 2012.

Figure 5: Kin-GAP Dual Agency Caseloads for June 2012 and December 2012



Data Sources: CA 237 and CWS/CMS and DDS matched file.

Figure 5 indicates that the dual agency Kin-GAP caseload represents 1.7 percent ($173/9,856 = 0.017$) of the total Kin-GAP caseload in June 2012 and 1.9 percent ($183/9,238 = 0.019$) of the total Kin-GAP caseload in December 2012. In June 2012, 4.6 percent ($8/173 = 0.046$) of the dual agency Kin-GAP caseload were birth to three years of age and 95.4 percent ($165/173 = 0.95$) were three years of age and older. In December 2012, 8.7 percent ($16/183 = 0.087$) of the dual agency Kin-GAP caseload were birth to three years of age and 91.2 percent ($167/183 = 0.912$) were three years of age and older.

Payment rate data in Figures 6 through 11 were derived from the C-IV, LEADER and CalWIN payment systems. The payment rate data in Figures 6 through 11 represent the different amounts paid on behalf of the dual agency AFDC-FC, Kin-GAP and AAP caseloads. Some of the amounts paid were equal to foster family home basic rates, ARM rates established by DDS and dual agency rates. Missing payment information means the number of cases that CDSS matched with DDS did not have a record of payment being made in the reported months (June 2012 and December 2012). The December 2012 data in Figures 6 through 11 represent the dual agency rate established in statute with the CNI increases that were effective July 1, 2012 and July 1, 2013. Foster Care caseloads in Figures 6 and 7 were based on family home placements in small family homes, foster family homes, approved relative and non-relative extended family member homes, tribe specified homes, and homes of non-related legal guardians.

AFDC-FC/ AAP/KIN-GAP PAYMENT RATES

Figure 6
Foster Care Dual Agency Caseload Payment Rates
Birth to Three Years of Age
June 2012 and December 2012

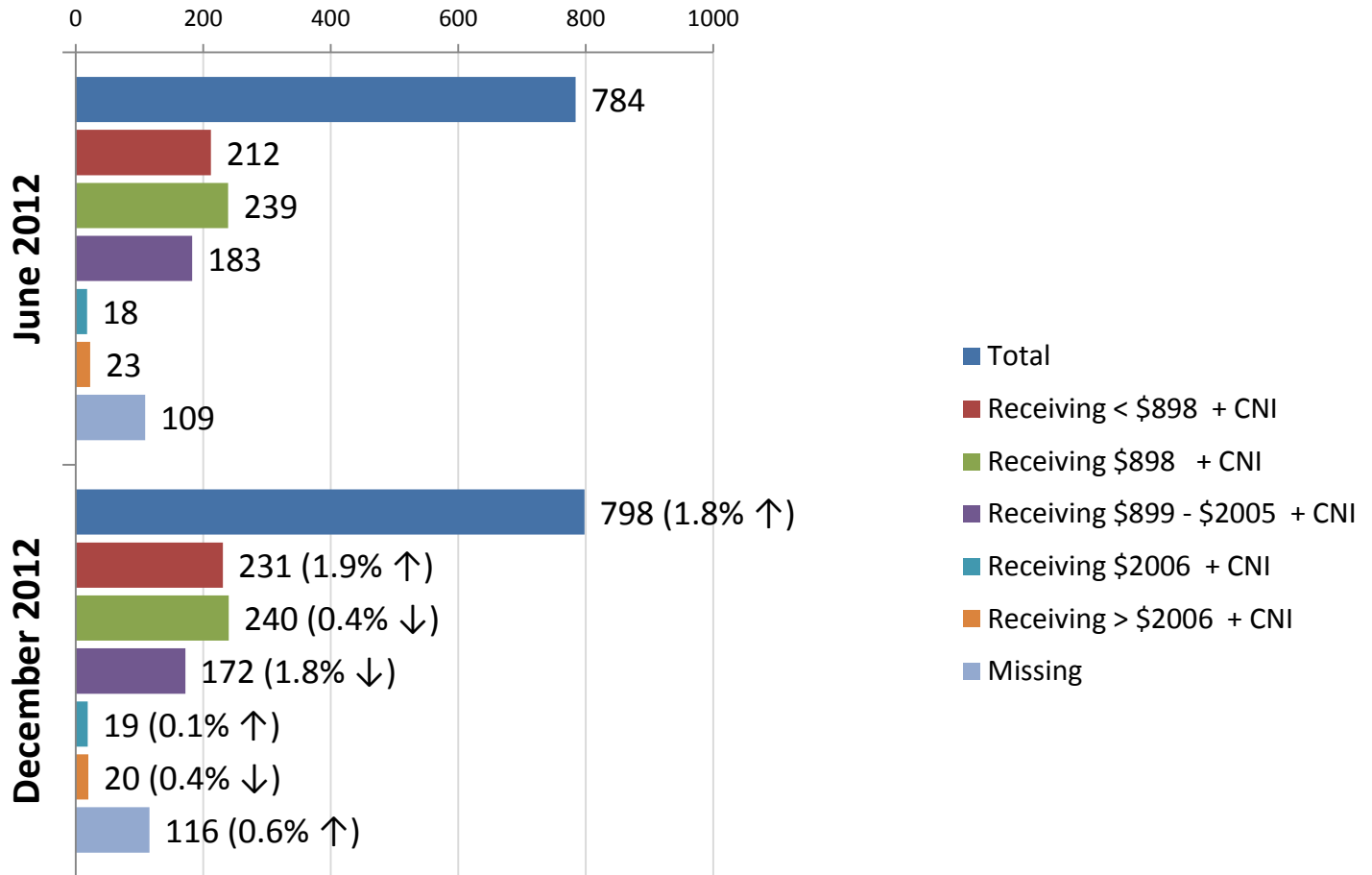


Figure 6 displays dual agency foster care caseload and rate information for children from birth to three years of age. In June 2012 there were 784 dual agency children and in December 2012 there were 798 dual agency children in a family home placement concurrently receiving services from a California regional center, including services under the CEISA.

Figure 7
Foster Care Dual Agency Caseload Payment Rates
Three Years of Age and Older
June 2012 and December 2012

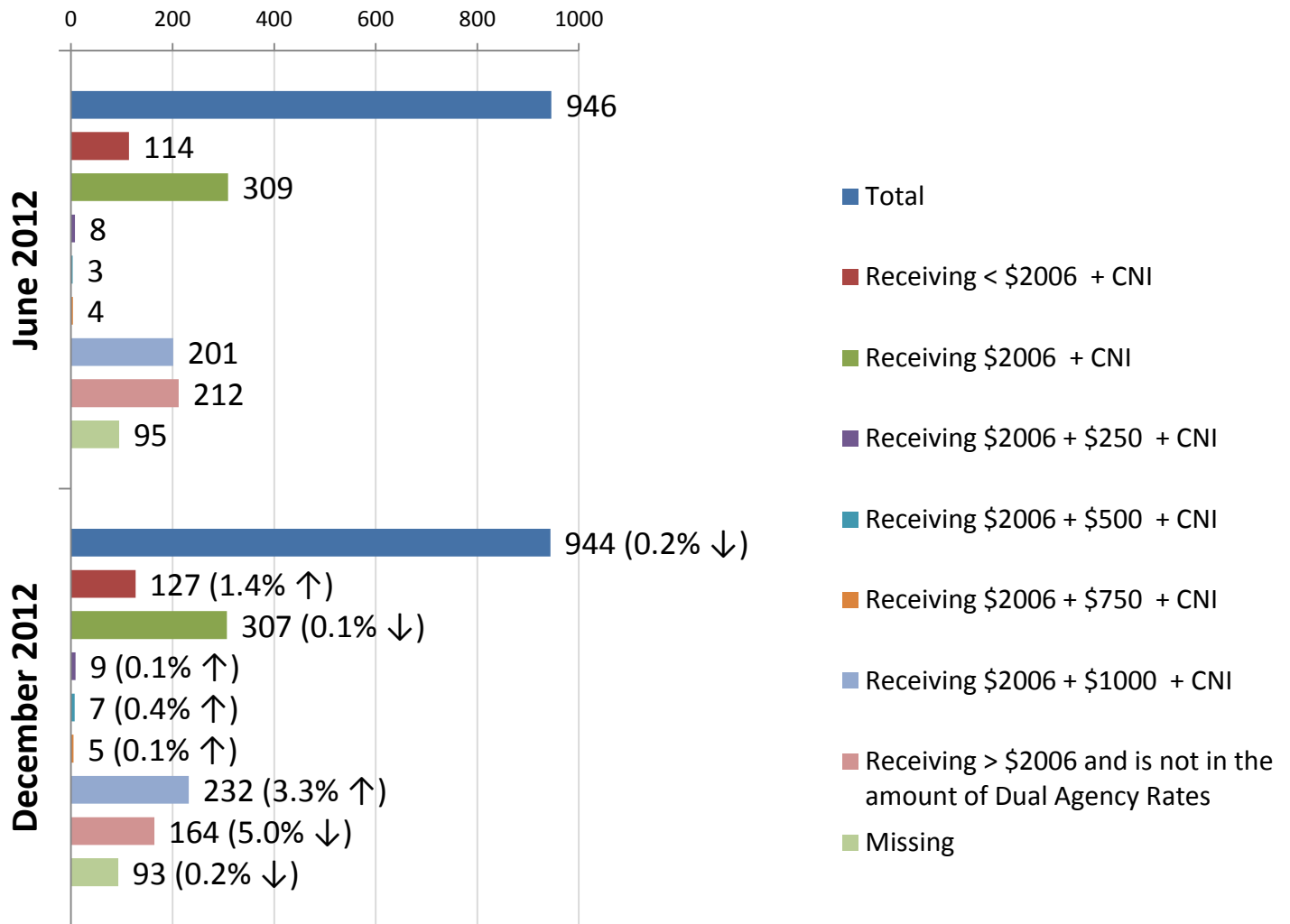


Figure 7 displays dual agency caseload and rate information for children three years of age and older. In June 2012 there were 946 dual agency children and in December 2012 there were 944 dual agency children in a family home placement concurrently receiving services from a California regional center.

Figure 8
AAP Dual Agency Caseload Payment Rates
Birth to Three Years of Age
June 2012 and December 2012

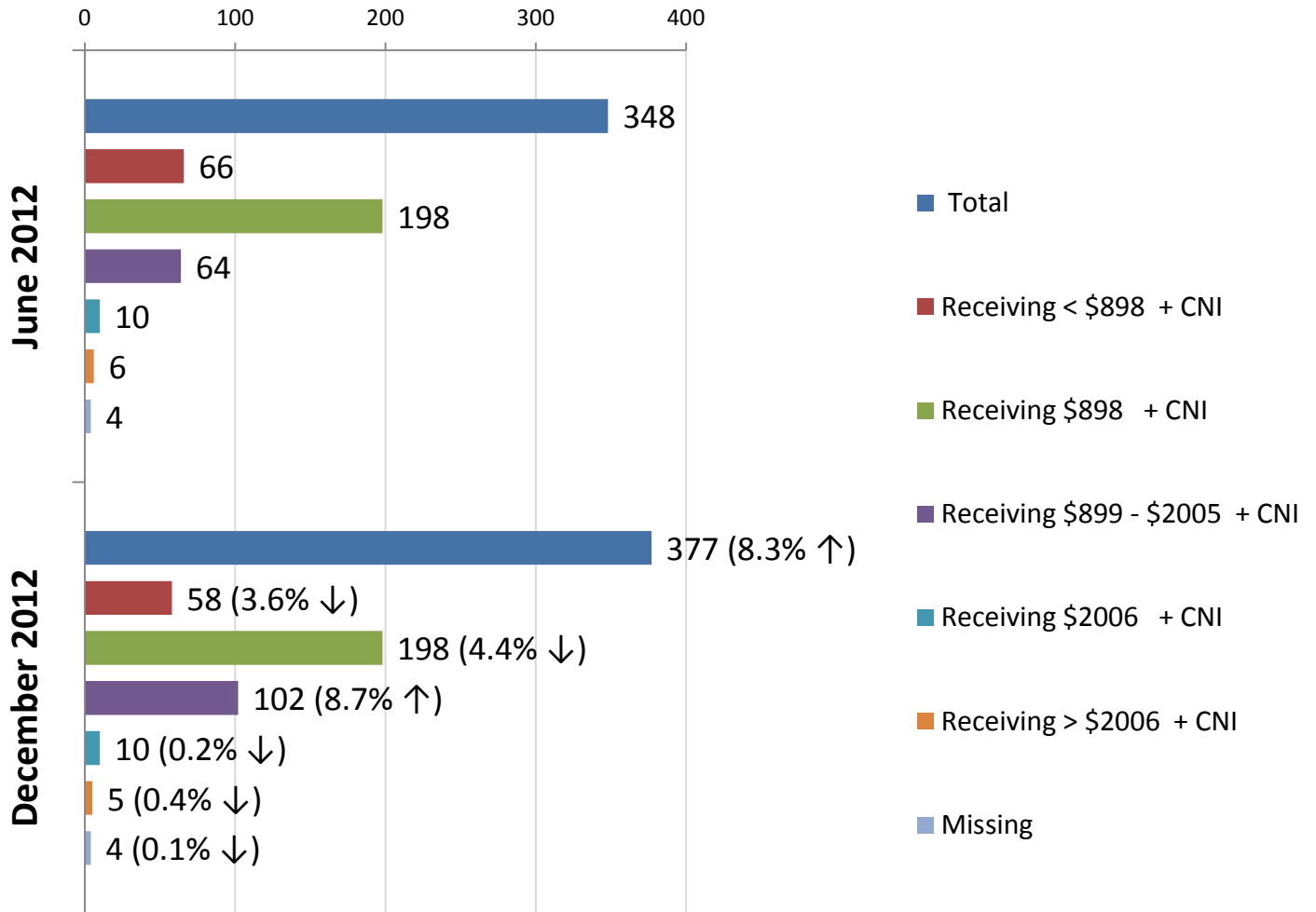


Figure 8 displays dual agency AAP caseload and rate information for children birth to three years of age. In June 2012 there were 348 dual agency children and in December 2012 there were 377 dual agency children receiving AAP and concurrently receiving services from a California regional center, including receiving services under the CEISA.

**Figure 9: AAP Dual Agency Caseload Payment Rates
Three Years of Age & Older
June 2012 and December 2012**

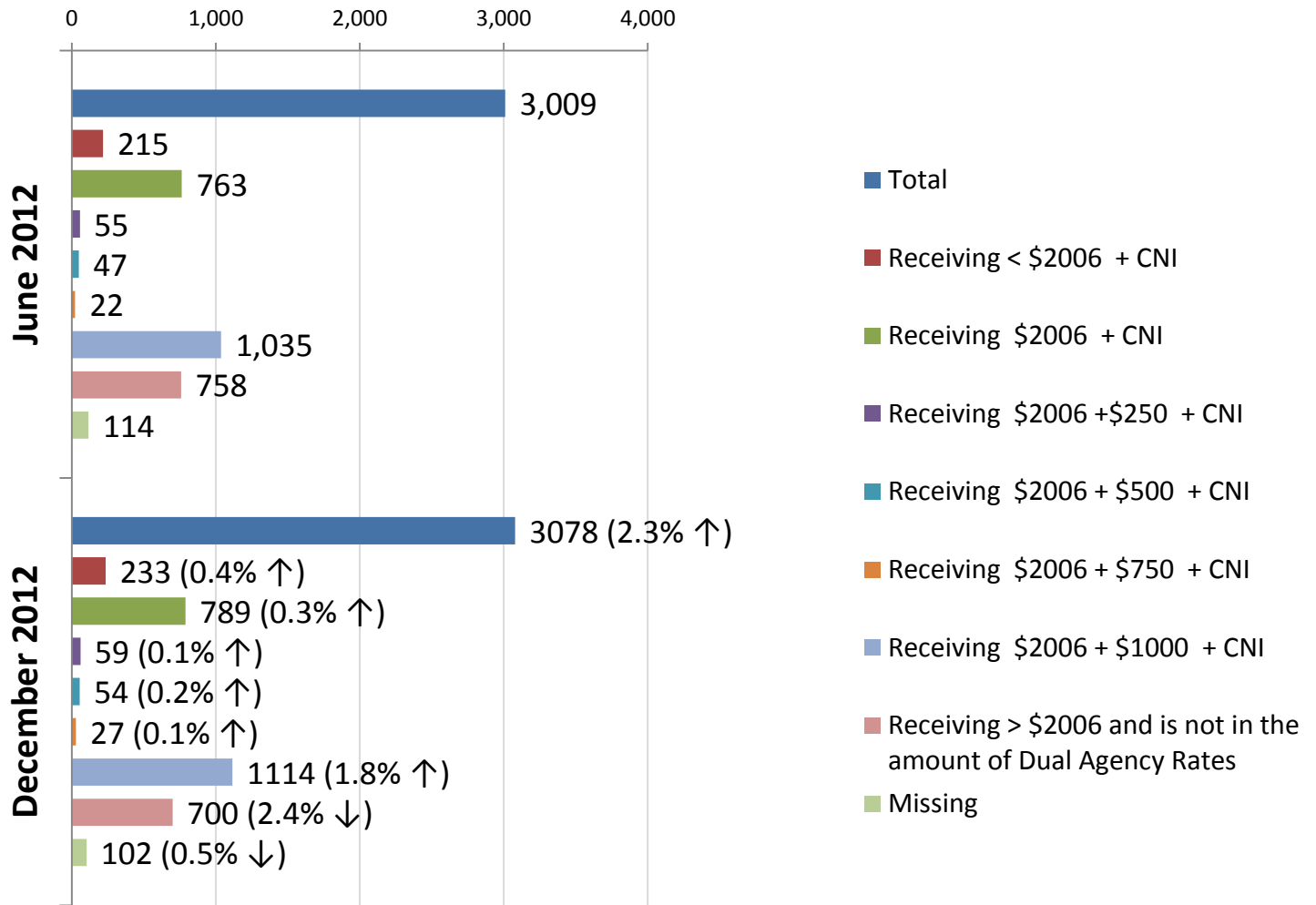


Figure 9 displays dual agency AAP caseload and rate information for children three years of age and older. In June 2012 there were 3,009 dual agency children and in December 2012 there were 3,078 dual agency children receiving AAP and concurrently receiving services from a California regional center.

**Figure 10: Kin-GAP Dual Agency Caseload Payment Rates
Birth to Three Years of Age
June 2012 and December 2012**

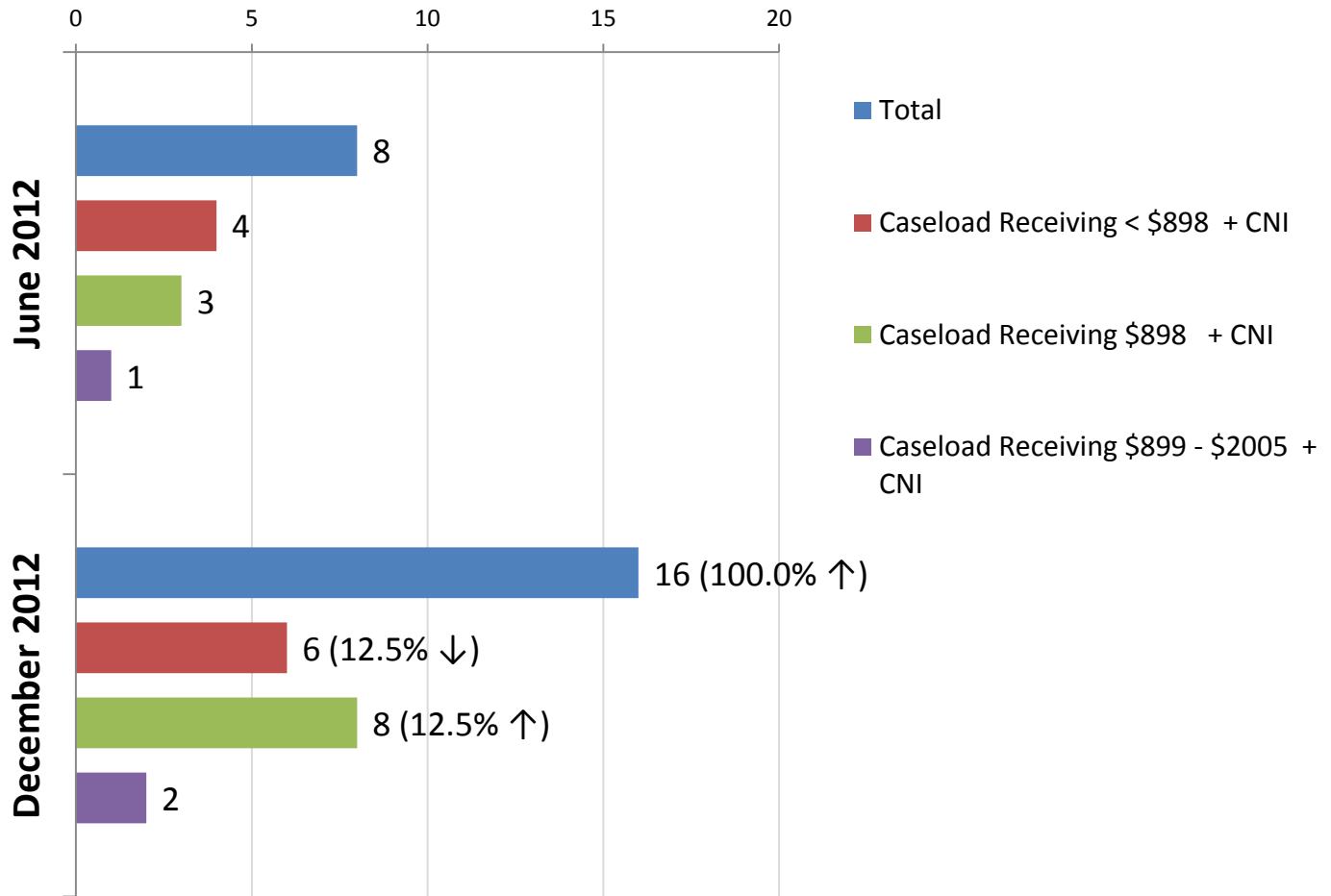


Figure 10 displays dual agency Kin-GAP caseload and rate information for children birth to three years of age. In June 2012 there were 8 dual agency children and in December 2012 there were 16 dual agency children receiving Kin-GAP and concurrently receiving services from a California regional center, including receiving services under the CEISA.

Figure 11
Kin-GAP Dual Agency Caseload Payment Rates
Three Years of Age & Older
June 2012 and December 2012

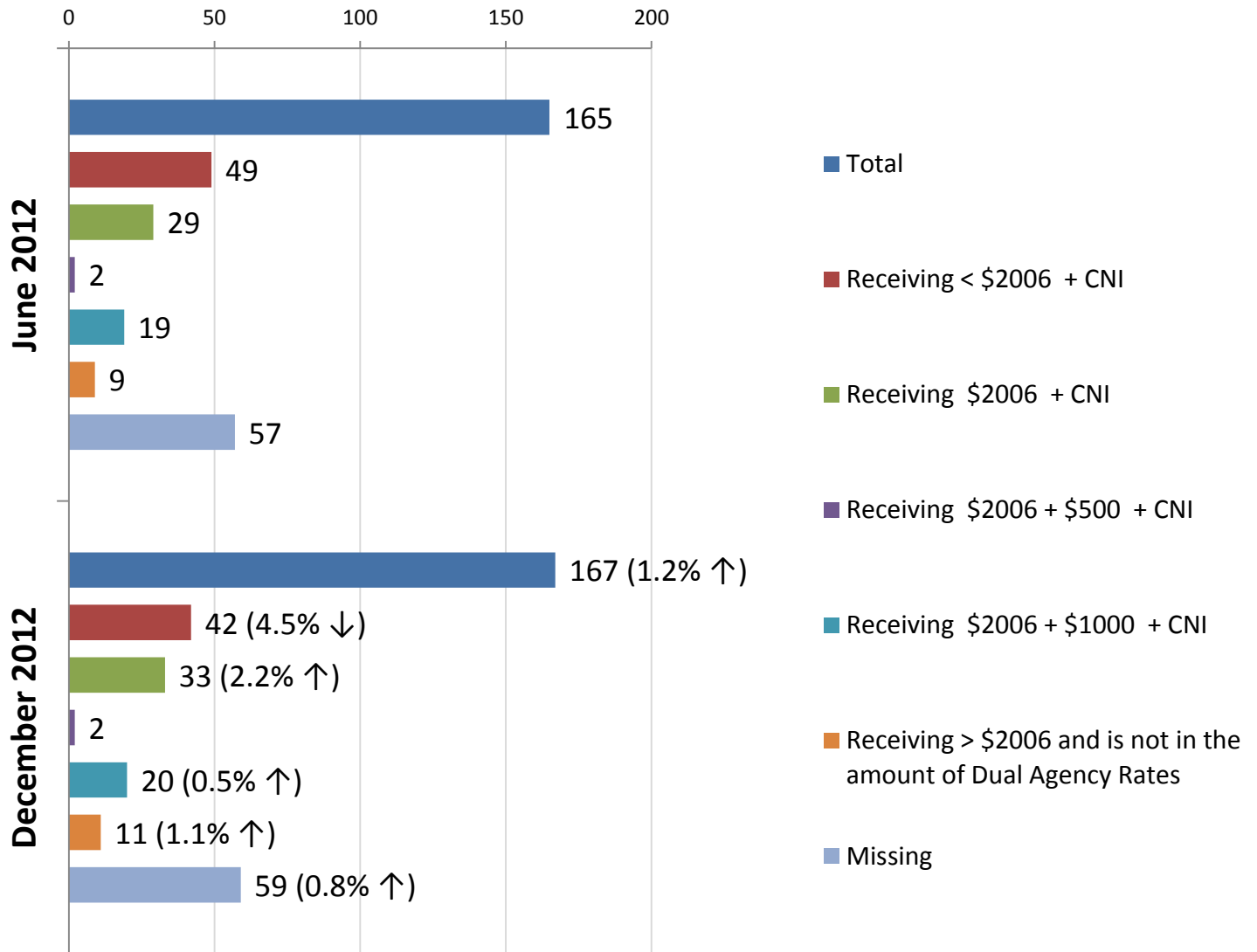


Figure 11 displays dual agency Kin-GAP caseload and rate information for children three years of age and older. In June 2012 there were 165 dual agency children and in December 2012 there were 167 dual agency children receiving Kin-GAP and concurrently receiving services from a California regional center.

Supplement to the Dual Agency Rate

The CDSS and DDS, in consultation with stakeholders, were required to develop objective criteria to be used for determining eligibility for and the appropriate level of a supplement to the dual agency rate for a child three years of age and older based on the extraordinary care and supervision needs of the child. The CDSS developed three forms, SOC 835: "Supplement to the Dual Agency Rate-Multiple Questionnaire Worksheet", SOC 836: "Supplement to the Rate Eligibility Form", and SOC 837: "Supplement to the Rate-Questionnaire", based on the objective criteria counties use to determine the level of supplement to the dual agency rate.

WIC section 11464(h)(2)(E)(F) and (G) require CDSS to report the following:

- The number and levels of the supplement to the rate pursuant to WIC section 11464(c)(2) that are requested found in Figures 12 and 13.
- The number of supplements to the rate that are authorized upon caregiver request found in Figures 14 and 15.
- The number of supplements to the rate that are denied after request but authorized upon appeal found in Figures 16, 17, and 18.

The FC/AAP 84: "Supplement to the Rate Requests for Dual Agency AFDC-FC and AAP Children Quarterly Statistical Report" was developed by CDSS to capture the data elements identified above. The FC/AAP 84 report represents statewide aggregate activity counts per quarter and does not represent total caseload for this population.

The FC-AAP 84 form did not capture Kin-GAP data for this reporting period. Supplement to the dual agency rate information for this population is projected to be available in 2015, as proposed to be collected in All County Letter 13-77 dated September 19, 2013. (See Attachment I)

SUPPLEMENT TO DUAL AGENCY RATES

Figure 12: Cumulative Number of New Requests for a Supplement to the Dual Agency Rate in AFDC-FC

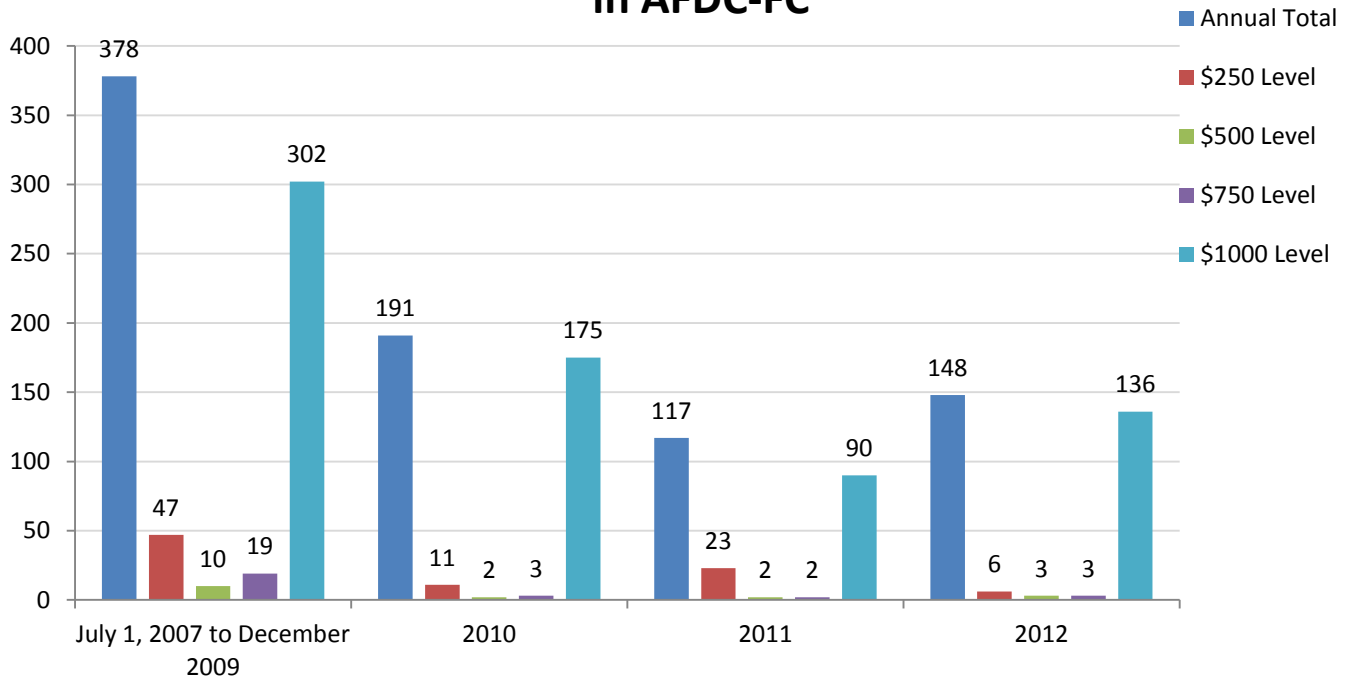


Figure 12 displays that there were 834 supplements to the dual agency rate requests in AFDC-FC from July 1, 2007 to December 31, 2012. In Figure 12, the initial reporting period is for 30 months and each of the subsequent reporting periods is for 12 months. Figure 12 indicates that the majority of dual agency requests are for the \$1000 level of supplement to the dual agency rate.

- July 2007 to December 2009: 80 percent ($302/378 = 0.80$).
- 2010: 92 percent ($175/191 = 0.92$).
- 2011: 77 percent ($90/117 = 0.77$)
- 2012: 92 percent ($136/148 = 0.92$).

From July 2007 to December 2012, the compiled foster care data indicates:

- 84 percent of the requests for a supplement to the dual agency rate were for children in foster care for the \$1,000 level of supplement ($703/834 = 0.84$).
- 10 percent of the requests for a supplement to the dual agency rate were for the \$250 level of supplement ($87/834 = 0.10$).
- Two percent of the requests for a supplement to the dual agency rate were for the \$500 level of supplement ($17/834 = 0.02$).
- Three percent of the requests for a supplement to the dual agency rate were for the \$750 level of supplement ($27/834 = 0.03$).

Figure 13
Cumulative Number of New Requests for a Supplement to the Rate in AAP

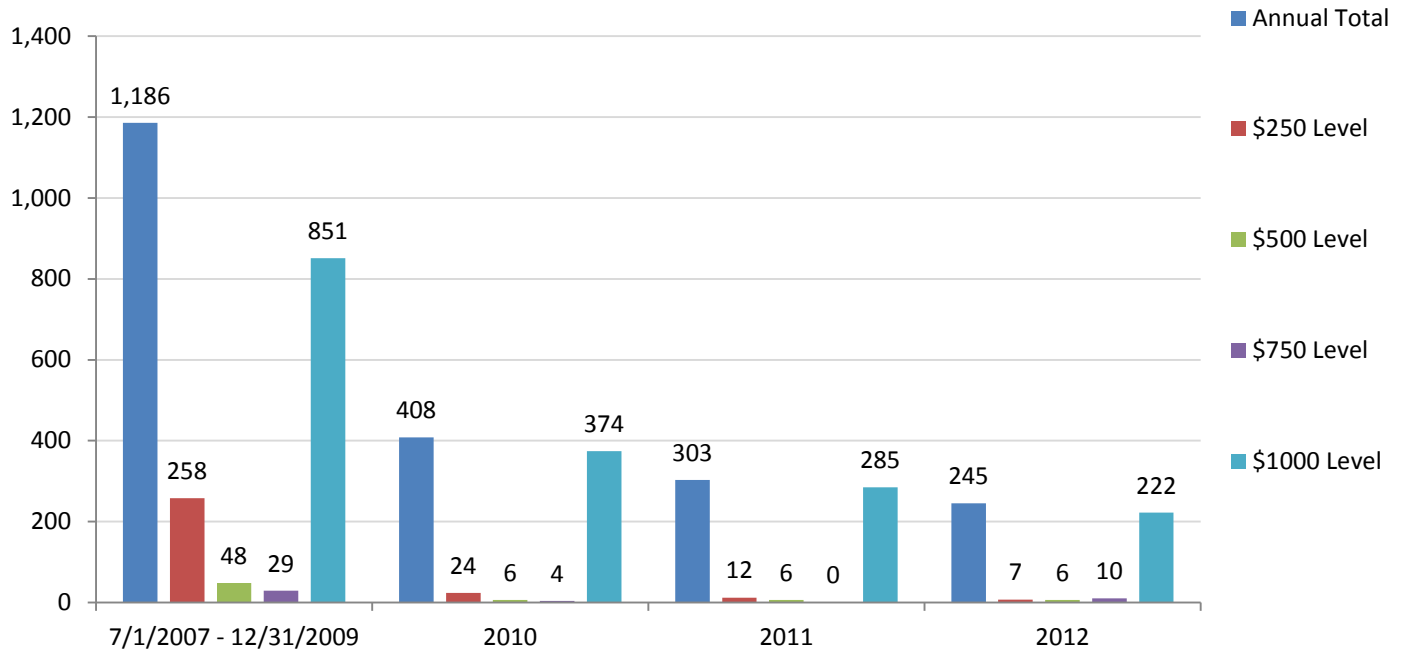


Figure 13 shows there were 2,142 supplements to the dual agency rate requests in AAP from July 1, 2007 to December 2012. In Figure 13 the initial reporting period is for 30 months and each of the subsequent reporting periods is for 12 months. Figure 13 shows that in AAP, like foster care, more requests were made for the \$1,000 level of supplement to the dual agency rate.

- July 2007 to December 2009: 72 percent ($851/1,186 = 0.72$).
- Calendar Year 2010: 92 percent ($374/408 = 0.92$).
- Calendar Year 2011: 94 percent ($285/303 = 0.94$).
- Calendar Year 2012: 91 percent ($222/245 = 0.91$).

From July 1, 2007 to December 31, 2012, the compiled AAP data indicates:

- 81 percent of the requests for a supplement to the dual agency rate were for the \$1,000 level of supplement ($1,732/2,142 = 0.808$).
- 14 percent of the requests for a supplement to the dual agency rate were for the \$250 level of supplement ($301/2,142 = 0.14$).
- Three percent of the requests for a supplement to the dual agency rate were for the \$500 level of supplement ($66/2,142 = 0.03$).
- Two percent of the requests for a supplement to the dual agency rate were for the \$750 level of supplement ($43/2,142 = 0.02$).

Figure 14: In AFDC-FC: Cumulative Number of Requests Made and Authorized for a Supplement to the Rate

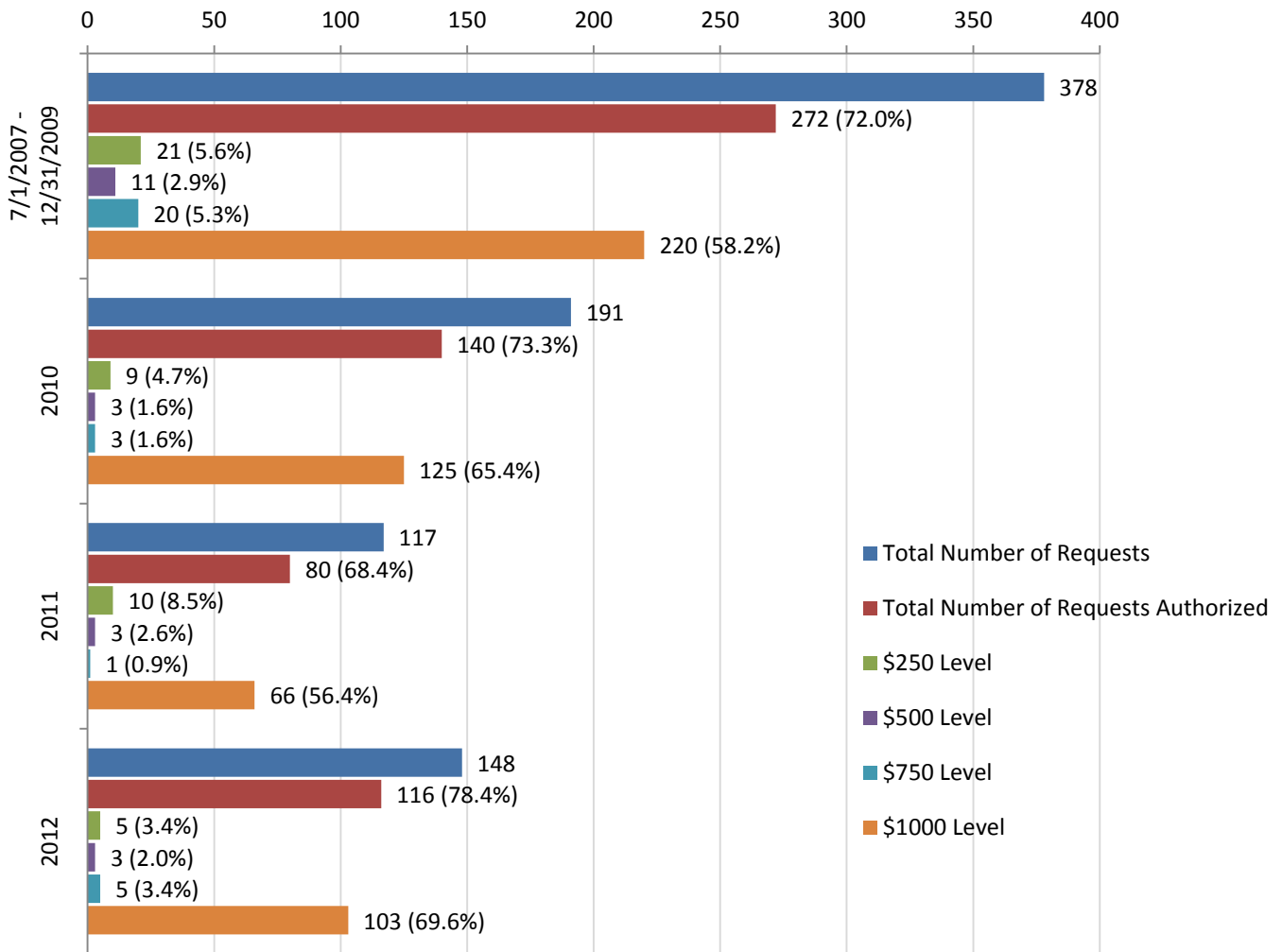


Figure 14 displays that the majority of the requests for a dual agency rate in AFDC-FC are initially authorized by the county. While Figure 12 identifies all new requests for each level of supplement to the dual agency rate, Figure 14 identifies how many of those requests were authorized. Figure 14 indicates that over 80 percent of those requests initially authorized are for the \$1,000 level of supplement.

From July 1, 2007 to December 31, 2012, 73 percent ($608/834 = 0.73$) of the requests for a supplement to the dual agency rate were authorized for the initial request. Of those requests authorized, seven percent were for a supplement level of \$250 ($45/608 = 0.07$); three percent were for a supplement level of \$500 ($20/608=0.03$); five percent were for a supplement level of \$750 ($29/608=0.047$); and 84.5 percent were for a supplement level of \$1,000 ($514/608 = 0.845$).

Figure 15: In AAP: The Cumulative Number of Requests Made and Authorized for a Supplement to the Rate

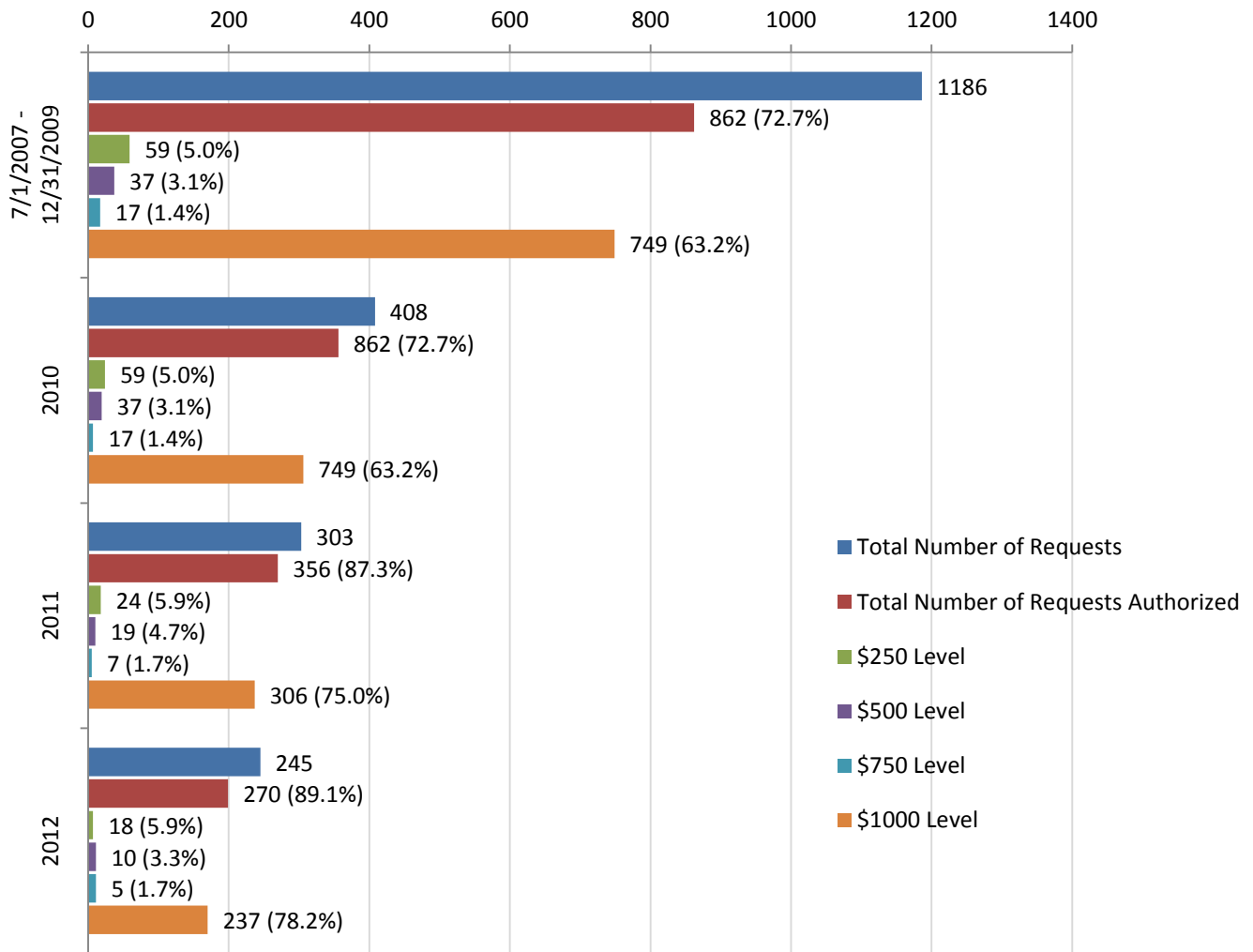


Figure 15 displays that the majority of the requests for a dual agency rate in AAP are initially authorized by the county. While Figure 13 identifies all new requests for each level of supplement to the dual agency rate in AAP, Figure 15 identifies how many of those requests were authorized. Figure 15 indicates that consistently over 85 percent of those requests initially authorized are for the \$1,000 level of supplement.

From July 1, 2007 to December 31, 2012, 79 percent ($1,687/2,142 = 0.79$) of the requests for a supplement to the dual agency rate were authorized upon initial request. Of those requests authorized, 6 percent were for a supplement level of \$250 ($109/1,687 = 0.06$); 4.5 percent ($77/1,687 = 0.045$) were for a supplement level of \$500; two percent were for a supplement level of \$750 ($40/1,687 = 0.02$); and 87 percent ($1462/1687 = 0.87$) were for a supplement level of \$1,000.

Figures 16 through 18 display cumulative aggregate quarterly activity counts and are not case specific.

Figure 16: Cumulative Number of Denials to Request for Supplement to the Dual Agency Rate and Number of Appeals to Denials in AFDC-FC

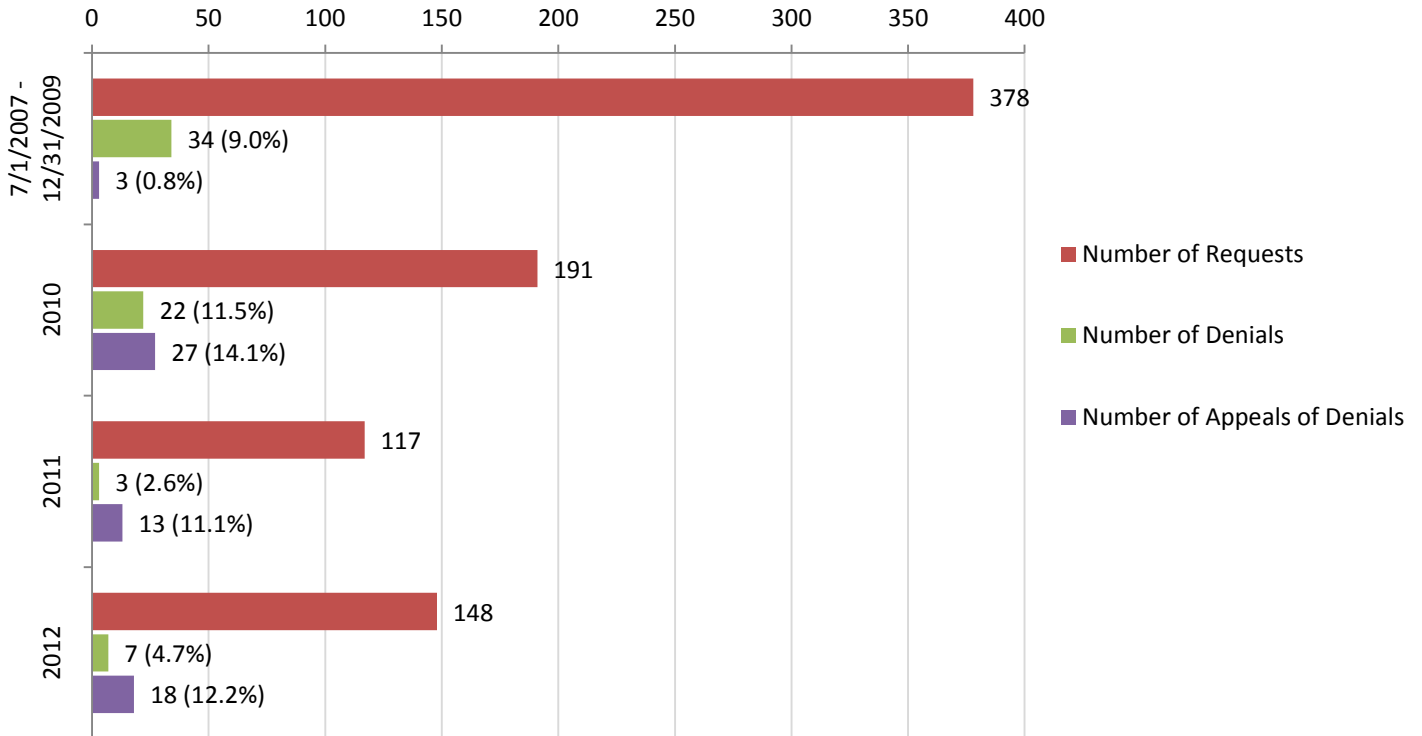


Figure 16 displays data that compares the number of requests for a supplement to the dual agency rate (834), the number of denials to requests for a supplement to the dual agency rate (66) and the number of requests for an appeal of a denial for a supplement to a dual agency rate (61) in the AFDC-FC Program from July 1, 2007 to December 31, 2012. Figure 16 indicates that while only eight percent of the requests were denied ($66/834 = 0.08$), 92 percent of caregivers that received a denial to the request for a supplement to the dual agency rate appealed ($61/66 = 0.88$).

Figure 17: In AAP: Cumulative Number of Denials to Request for a Supplement to the Dual Agency Rate and Number of Appeals to Denials

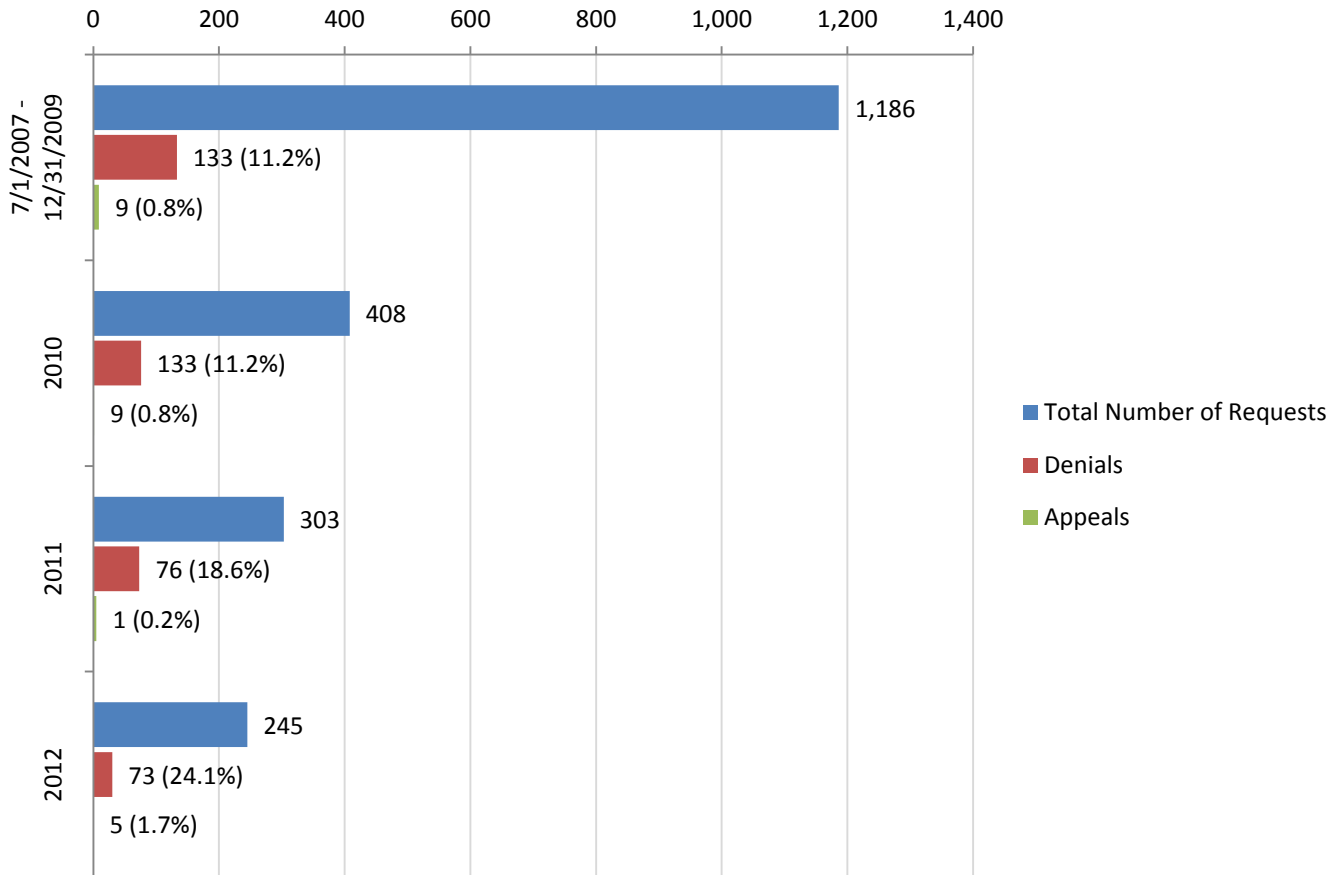


Figure 17 displays data that compares the number of requests for a supplement to a dual agency rate (2,142), the number of denials for a supplement to the dual agency rate (312) and the number of requests for an appeal of a denial for a supplement to the dual agency rate (15) in AAP from July 1, 2007 to December 31, 2012. Figure 17 indicates that 14.5 percent of the requests for a supplement to the dual agency rate were denied ($312/2,142=0.145$) and five percent of the denials were appealed ($15/312=0.048$).

Figure 18: Cumulative Number of AFDC-FC and AAP Appeals that are Authorized

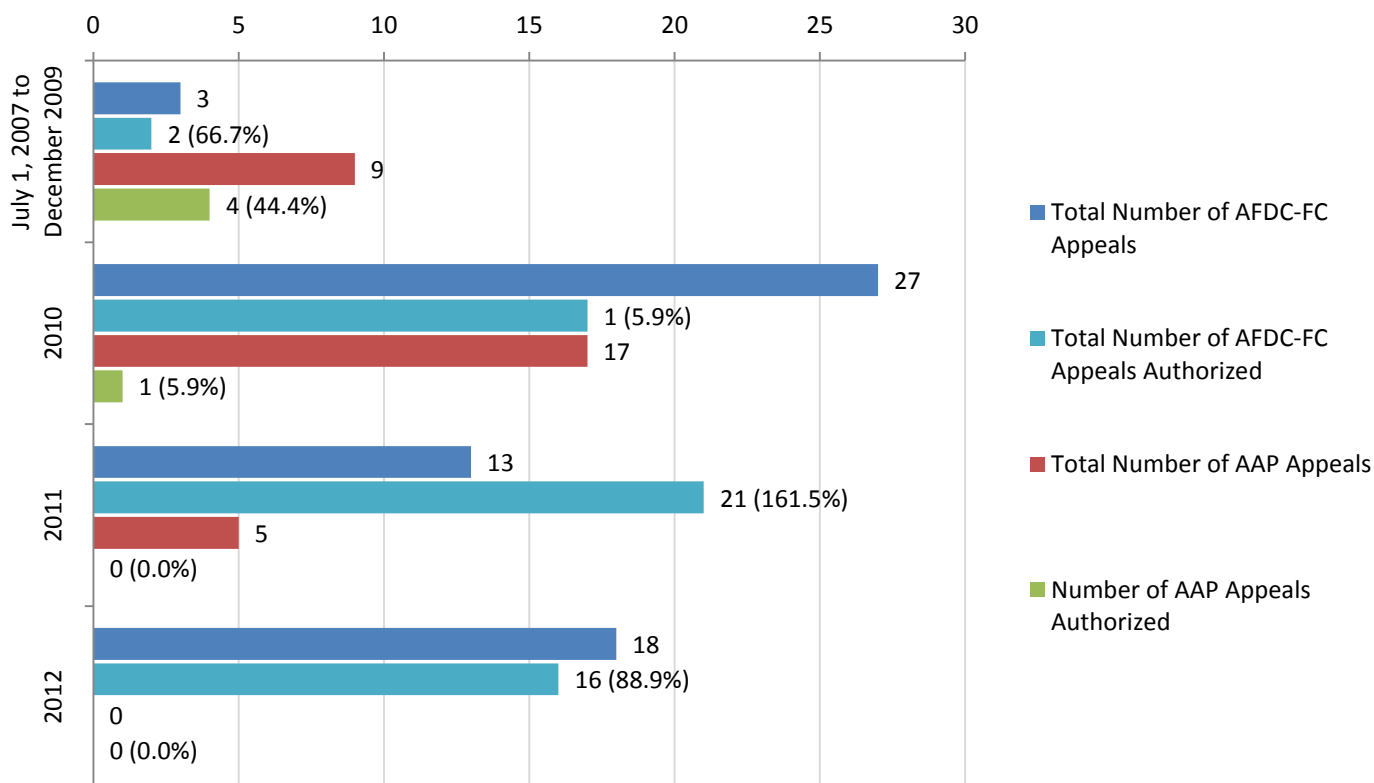


Figure 18 displays that in the majority of the cases, if a caregiver appeals the denial to a supplement to the dual agency request, it is subsequently authorized upon appeal in both the AFDC-FC and AAP Programs.

- From July 1, 2007 to December 31, 2009, 67 percent ($2/3=0.66$) of the appeals in AFDC-FC were authorized and 44 percent ($4/9=0.44$) of the appeals in AAP were authorized.
- In 2010, 63 percent ($17/27=0.629$) of the appeals in AFDC-FC were authorized and 100 percent ($1/1=1.00$) of the appeals in AAP were authorized.
- In 2011, for unknown reasons there were more appeals authorized (21) for the quarters submitted in AFDC-FC than there were requests for appeals to a denial (13). In AAP, no appeals were authorized.
- In 2012, 89 percent ($16/18 = 0.89$) of the appeals in AFDC-FC were authorized and there were no appeals to denials reported in the AAP Program.

In summary, from July 1, 2007 to December 2012, 92 percent ($56/61 = 0.92$) of the appeals in AFDC-FC were authorized and 33 percent ($5/15 = 0.33$) of the appeals in AAP were authorized.

DUAL AGENCY SERVICES

Data guidance: Consideration of data in the DDS tables should include the following:

- This report combines March 2013 and October 2013 information (January 2012 through December 2012 data).
- Total and average per consumer costs may be higher than prior reports since data reflected in this report covers a twelve month reporting period.
- Purchase of service percentages and consumer counts from 2012 showed little variance when compared with 2011 data.
- Where the target population is small, extraordinary purchase of services by one or relatively few consumers might skew the average purchase of service total which may result in a larger cost per consumer.
- Service needs differ by consumer and by family, and differences in the individual service total expenditures and average consumer expenditures may skew the cost per consumer.
- County services and benefits that AAP and foster care populations may receive are not included in table expenditures because data are unavailable.
- Some consumers received services for more than one type of service or for more than one diagnosis. Totals may not appear to reflect accurately as only unduplicated totals are used.
- The majority of children have not been diagnosed before age three; therefore, no diagnostic data was included for children age birth to three.
- Caseload information provided represents only those individuals receiving services beyond case management and who therefore have a “purchase of service” cost.

It should also be noted that a few children in AAP or in foster care received residential services, adult day program services, and supported living services purchased by the regional centers. This is due to two key factors:

- Children may be served by AAP until the age of 21 or served by AFDC-FC up to age 19 if certain eligibility criteria are met. The children may benefit from residential and/or adult day program services as part of their transition into adulthood.
- Both foster families and adoptive families are permitted to temporarily place children into residential care with the expectation that an eventual return to the family home may result in a permanent placement.

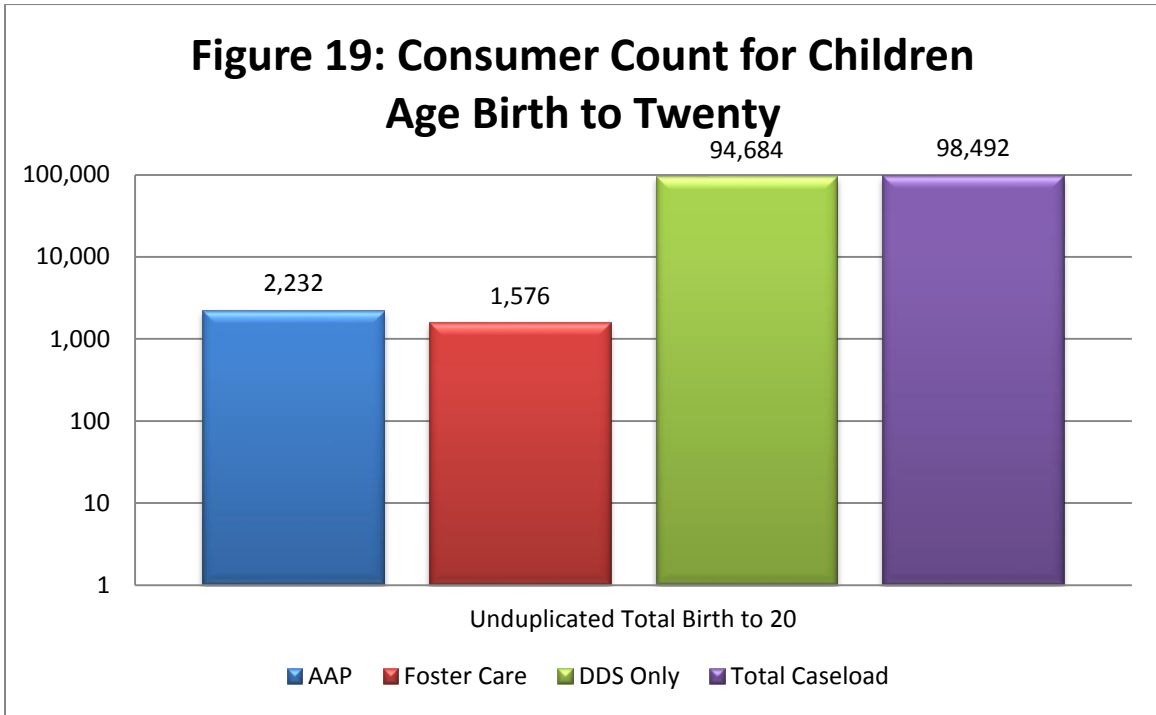
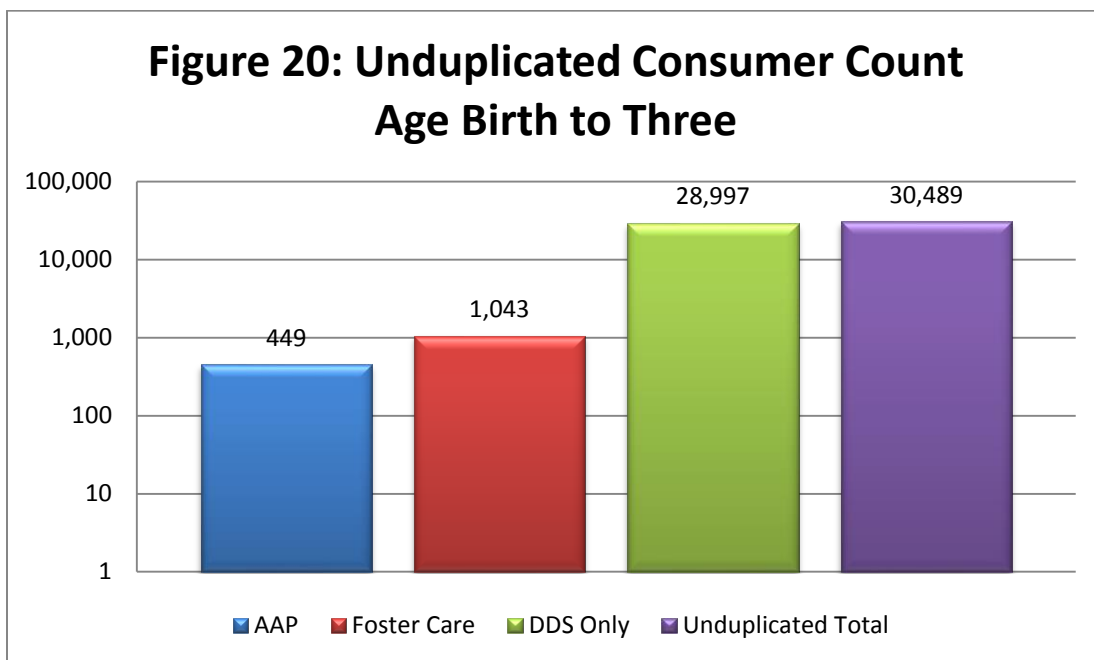


Figure 19 and the accompanying table below display the number of children receiving services beyond case management, age birth through 20, by caseload (AAP, FC, and DDS Only). The total AAP, FC and DDS Only population is 139,208. Of those children, 98,492 receive purchase of service (POS).

The dual agency AAP caseload represents 2.3 percent while the dual agency FC caseload represents 1.6 percent of children age birth to 20 receiving services purchased through DDS. As the data indicates, the DDS Only caseload (96.1 percent) is far greater than either of the dual agency caseloads.

AGE BIRTH TO THREE



Figures 20 through 23 display data related to services provided for children age birth to three.

Figure 20 displays the unduplicated count of children receiving services beyond case management, age birth to three, by caseload (AAP, FC, and DDS Only). The dual agency AAP caseload represents 1.5 percent, while the dual agency FC caseload represents 3.4 percent of the children age birth to three receiving services through DDS. The total AAP, FC and DDS Only population for children age birth to three is 32,970. Of those children, 30,489 receive POS.

Figure 21 and the accompanying table, (on page 37), displays the consumer count for services received by children age birth to three, by caseload (AAP, FC, and DDS Only). For all three caseloads, *infant program services* and *medical care and services* are received by more children than all other services combined.

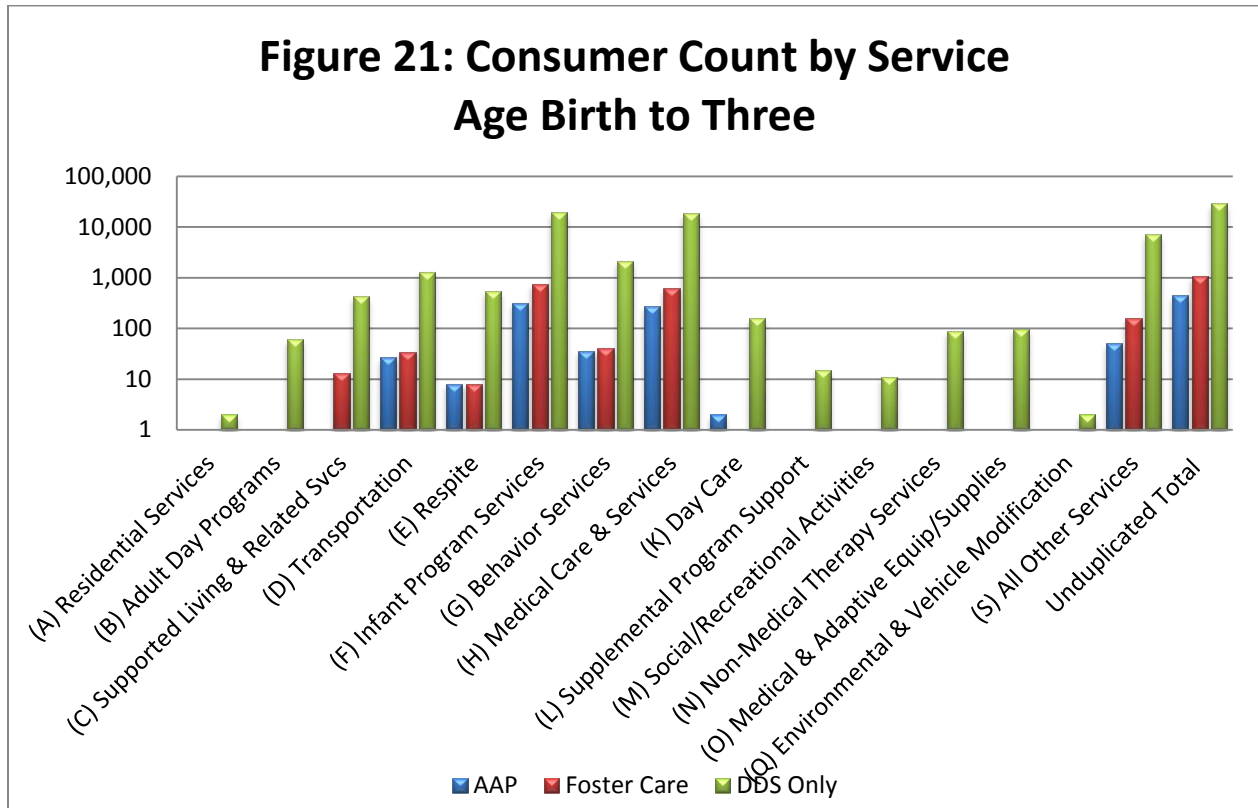
Figure 22 and the accompanying table (on page 38), displays the total expenditures for services received by children age birth to three, by caseload (AAP, FC, and DDS Only). For all three caseloads, *infant program services* and *medical care and services* have higher expenditures than all other services combined. *Infant program services* overall, represents 58.8 percent of the total expenditures. *Infant program services* represent 62.3 percent of the total dual agency AAP cost, 68.8 percent of the total dual agency foster care cost, and 58.5 percent of the DDS Only caseload cost.

Figure 23 (on page 39) displays the average expenditures by service for children age birth to three, by caseload (AAP, FC, and DDS Only). For services utilized by a significant number of consumers, *infant program services* and *behavior services* have the highest average per consumer expenditures (with POS – January 2012 through December 2012).

It should be noted that high per consumer averages for the following service/caseload combinations reflect the cost for a small number of consumers. This applies to *residential services* for the

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DDS Only caseload, *adult day programs* for the AAP caseload, and *respite* for both the AAP and FC dual agency caseloads.

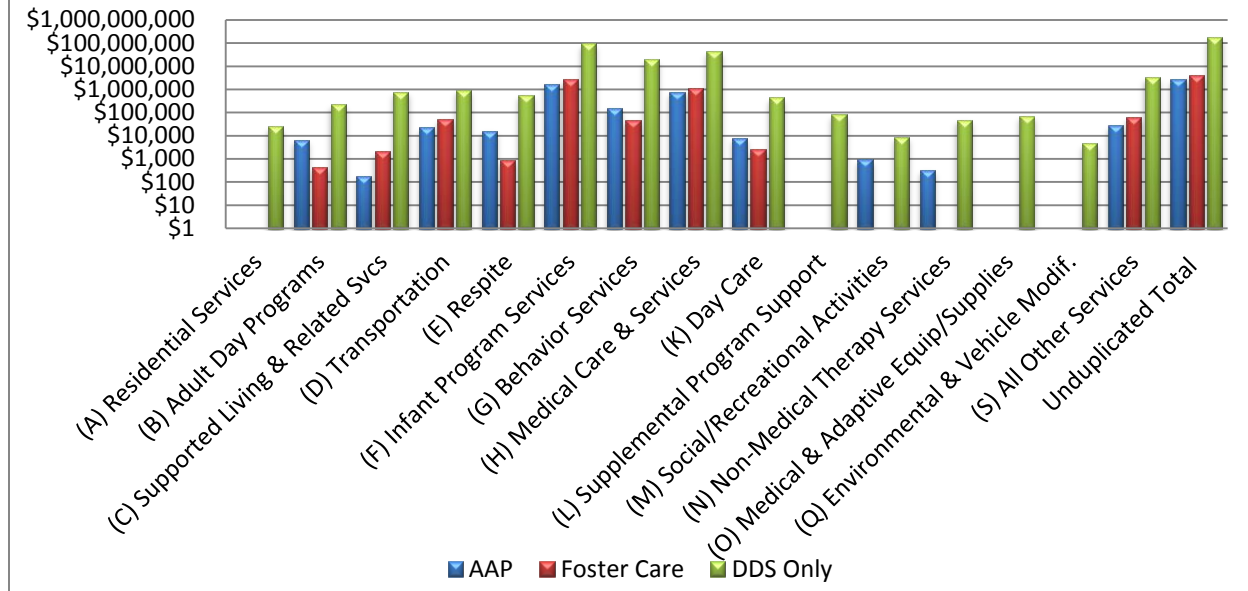


| DATA | AAP | Foster Care | DDS Only | Grand Total |
|---|-----|-------------|----------|-------------|
| (A) Residential Services | | | 2 | 2 |
| (B) Adult Day Programs | 1 | 1 | 60 | 62 |
| (C) Supported Living & Related Services | 1 | 13 | 421 | 435 |
| (D) Transportation | 27 | 34 | 1,296 | 1,357 |
| (E) Respite | 8 | 8 | 542 | 558 |
| (F) Infant Program Services | 314 | 726 | 19,131 | 20,171 |
| (G) Behavior Services | 36 | 40 | 2,139 | 2,215 |
| (H) Medical Care & Services | 270 | 612 | 18,382 | 19,264 |
| (K) Day Care | 2 | 1 | 158 | 161 |
| (L) Supplemental Program Support | | | 15 | 15 |
| (M) Social/Recreational Activities | 1 | | 11 | 12 |
| (N) Non-Medical Therapy Services | 1 | | 88 | 89 |
| (O) Medical & Adaptive Equipment/Supplies | | | 98 | 98 |
| (Q) Environmental & Vehicle Modification | | | 2 | 2 |
| (S) All Other Services | 50 | 161 | 7,013 | 7,224 |
| Unduplicated Total | 449 | 1,043 | 28,997 | 30,489 |

** (POS - January 2012 through December 2012)

*** Consumers may receive services in more than one area – Unduplicated totals reflected

**Figure 22: Expenditures by Service
Age Birth to Three**



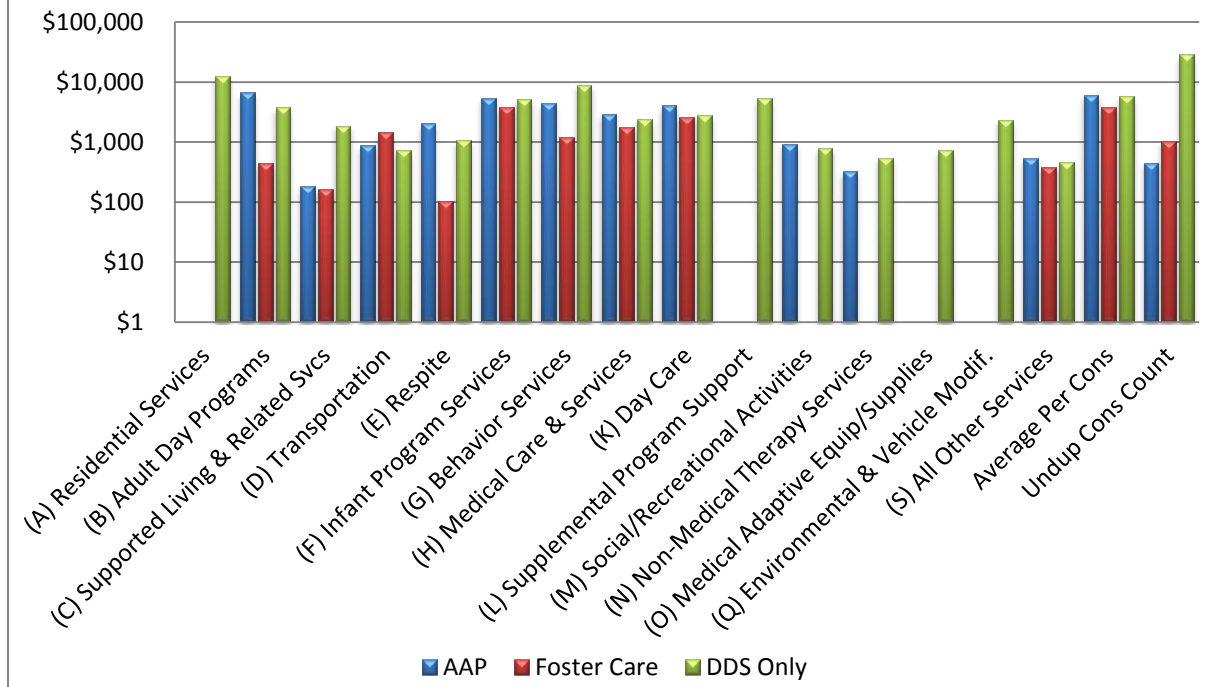
| Service Type | AAP | Foster Care | DDS Only | Total |
|---|-------------|-------------|---------------|---------------|
| (A) Residential Services | | | \$25,449 | \$25,449 |
| (B) Adult Day Programs | \$6,653 | \$442 | \$227,235 | \$234,330 |
| (C) Supported Living & Related Svcs | \$183 | \$2,125 | \$789,396 | \$791,704 |
| (D) Transportation | \$23,492 | \$50,374 | \$922,451 | \$996,317 |
| (E) Respite | \$16,367 | \$835 | \$575,967 | \$593,168 |
| (F) Infant Program Services | \$1,695,906 | \$2,751,680 | \$97,467,250 | \$101,914,836 |
| (G) Behavior Services | \$159,481 | \$47,289 | \$19,126,318 | \$19,333,088 |
| (H) Medical Care & Services | \$786,234 | \$1,081,858 | \$43,652,101 | \$45,520,193 |
| (K) Day Care | \$8,069 | \$2,620 | \$434,192 | \$444,881 |
| (L) Supplemental Program Support | | | \$80,431 | \$80,431 |
| (M) Social/Recreational Activities | \$928 | | \$8,733 | \$9,660 |
| (N) Non-Medical Therapy Services | \$326 | | \$48,125 | \$48,451 |
| (O) Medical & Adaptive Equipment/Supplies | | | \$70,914 | \$70,914 |
| (Q) Environmental & Vehicle Modif. | | | \$4,655 | \$4,655 |
| (S) All Other Services | \$26,706 | \$60,086 | \$3,241,015 | \$3,327,807 |
| Unduplicated Total | \$2,724,344 | \$3,997,309 | \$166,674,232 | \$173,395,884 |

*Numbers have been rounded

** (POS - January 2012 through December 2012)

***Consumers may receive services in more than one area – Unduplicated totals reflected

Figure 23: Average Expenditures by Service Age Birth to three



| Service Type | AAP | Foster Care | DDS Only | Total |
|-------------------------------------|-------------|-------------|---------------|---------------|
| (A) Residential Services | | | \$12,724 | |
| (B) Adult Day Programs | \$6,653 | \$442 | \$3,787 | |
| (C) Supported Living & Related Svcs | \$183 | \$163 | \$1,875 | |
| (D) Transportation | \$870 | \$1,482 | \$712 | |
| (E) Respite | \$2,046 | \$104 | \$1,063 | |
| (F) Infant Program Services | \$5,401 | \$3,790 | \$5,095 | |
| (G) Behavior Services | \$4,430 | \$1,182 | \$8,942 | |
| (H) Medical Care & Services | \$2,912 | \$1,768 | \$2,375 | |
| (K) Day Care | \$4,035 | \$2,620 | \$2,748 | |
| (L) Supplemental Program Support | | | \$5,362 | |
| (M) Social/Recreational Activities | \$928 | | \$794 | |
| (N) Non-Medical Therapy Services | \$326 | | \$547 | |
| (O) Medical Adaptive Equip/Supplies | | | \$724 | |
| (Q) Environmental & Vehicle Modif. | | | \$2,328 | |
| (S) All Other Services | \$534 | \$373 | \$462 | |
| Average Per Consumer | \$6,067.58 | \$3,832.51 | \$5,747.98 | \$5,687.16 |
| Unduplicated Consumer Count | 449 | 1,043 | 28,997 | 30,489 |
| Total Expenditures | \$2,724,344 | \$3,997,309 | \$166,674,232 | \$173,395,884 |

*Numbers have been rounded

** (POS - January 2012 through December 2012)

***Consumers may receive services in more than one area – Unduplicated totals reflected.

AGE 3-20

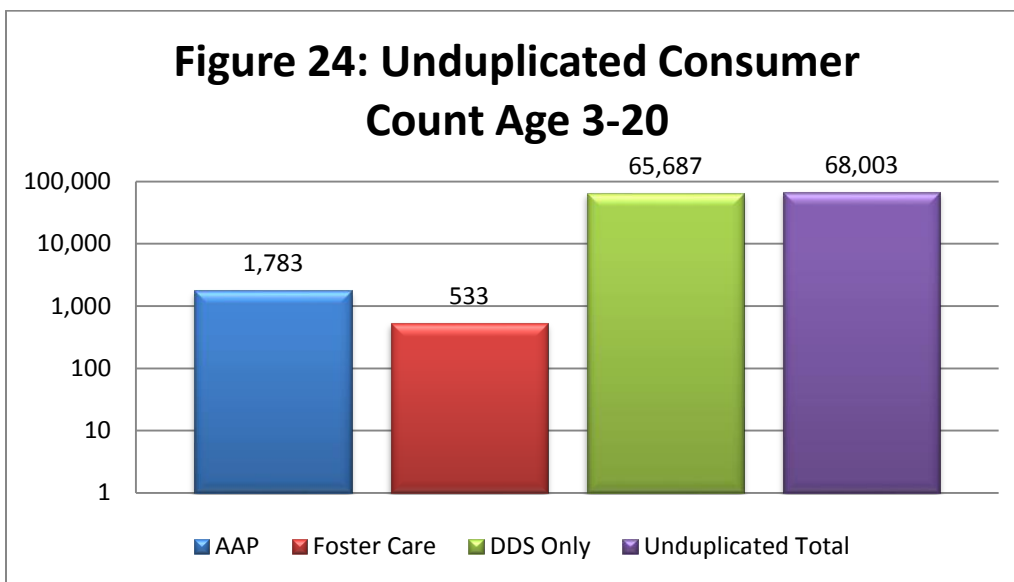


Figure 24 displays the unduplicated count of children receiving services beyond case management, age 3 – 20 by caseload (AAP, FC, and DDS Only). The dual agency AAP caseload represents 2.6 percent, while the dual agency FC caseload represents .8 percent of the children ages 3 – 20, receiving services through DDS. The total AAP, FC and DDS Only population for children age 3-20, is 106,238. Of those children, 68,003 receive POS.

Figure 25 and the accompanying table (on page 41), displays the consumer count for services received by children age 3 – 20, by caseload (AAP, FC, and DDS Only). In all three caseloads, *behavior services* and *respite services* are received by more children than all other services combined.

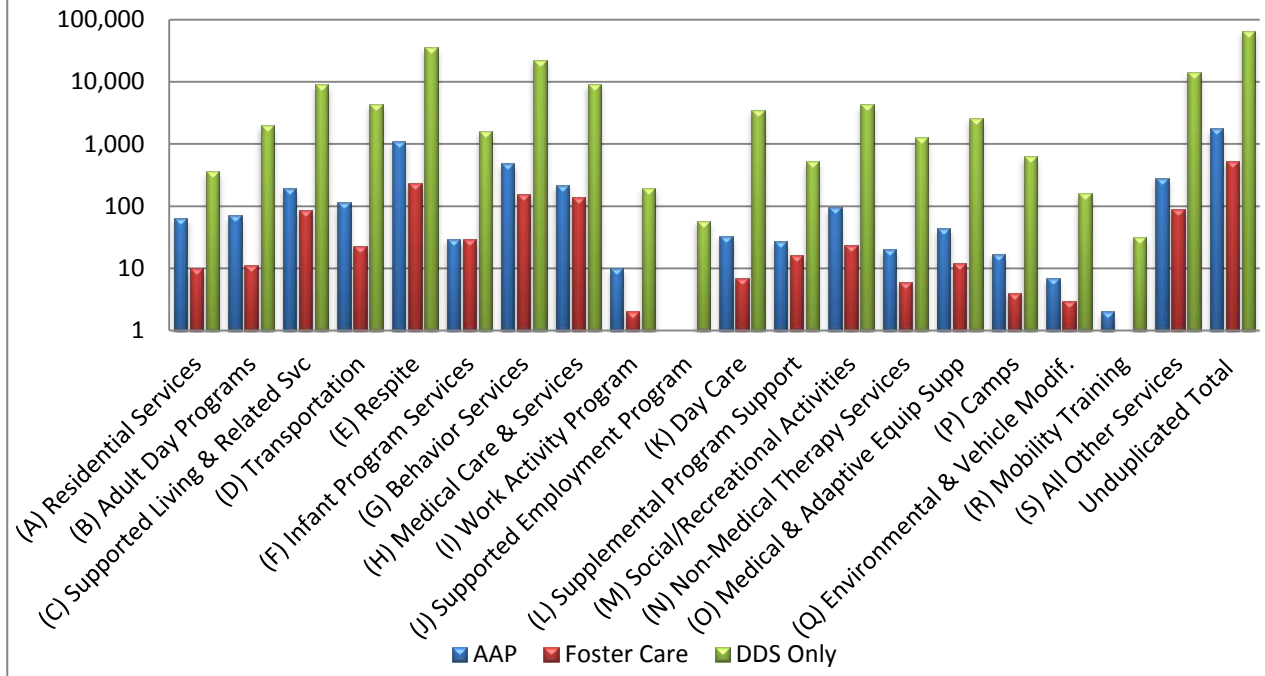
Figure 26 and the accompanying table (on page 42), displays the total expenditures for services received by children age 3 – 20, by caseload (AAP, FC, and DDS Only). In all three programs, *behavior services* and *respite services* have higher expenditures than all other services combined. *Behavior services* and *respite services* provided to children age 3 - 20 account for 65.5 percent of the total services expenditures. *Behavior services* overall, represents 44.1 percent of the total expenditures. *Behavior services* represent 23 percent of the total dual agency AAP cost, 29.9 percent of the total dual agency foster care cost, and 44.7 percent of the DDS Only caseload cost.

Figure 27 and the accompanying table (on page 43) displays the average expenditures by service for children age 3 – 20, by caseload (AAP, FC, and DDS Only). Children receiving services for *residential services*, *supplemental program support services*, and *environmental and vehicle mod* have the highest average per consumer expenditures (with POS - January 2012 through December 2012).

It should be noted that although *residential services*, *supplemental program support services*, and *environmental and vehicle modification services* have high overall per consumer average, these services each account for less than 2 percent of the total expenditures.

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**Figure 25: Consumer Count by Service
Age 3-20**



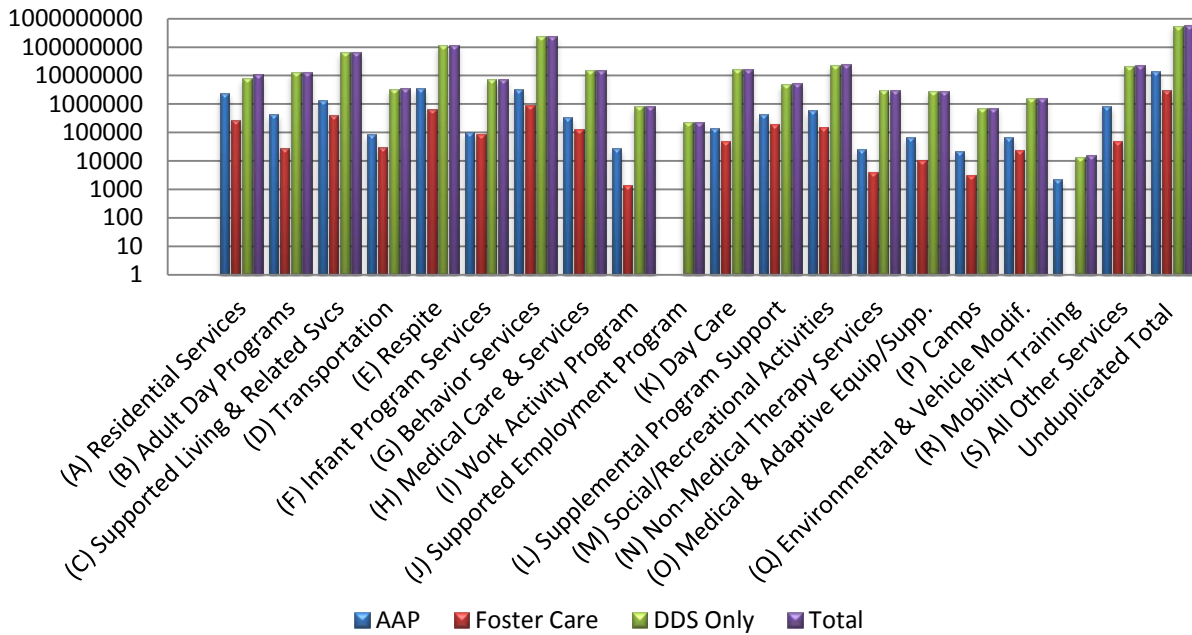
| DATA | AAP | Foster Care | DDS Only | Total |
|--|-------|-------------|----------|--------|
| (A) Residential Services | 64 | 10 | 361 | 435 |
| (B) Adult Day Programs | 70 | 11 | 2,001 | 2,082 |
| (C) Supported Living & Related Services | 197 | 87 | 9,083 | 9,367 |
| (D) Transportation | 114 | 23 | 4,390 | 4,527 |
| (E) Respite | 1,113 | 232 | 35,358 | 36,703 |
| (F) Infant Program Services | 30 | 29 | 1,618 | 1,677 |
| (G) Behavior Services | 490 | 157 | 22,560 | 23,207 |
| (H) Medical Care & Services | 220 | 138 | 9,181 | 9,539 |
| (I) Work Activity Program | 10 | 2 | 197 | 209 |
| (J) Supported Employment Program | | | 58 | 58 |
| (K) Day Care | 33 | 7 | 3,562 | 3,602 |
| (L) Supplemental Program Support | 27 | 16 | 519 | 562 |
| (M) Social/Recreational Activities | 95 | 24 | 4,307 | 4,426 |
| (N) Non-Medical Therapy Services | 20 | 6 | 1,282 | 1,308 |
| (O) Medical & Adaptive Equip Supplies | 44 | 12 | 2,538 | 2,594 |
| (P) Camps | 17 | 4 | 635 | 656 |
| (Q) Environmental & Vehicle Modification | 7 | 3 | 160 | 170 |
| (R) Mobility Training | 2 | | 32 | 34 |
| (S) All Other Services | 279 | 89 | 14,020 | 14,388 |
| Unduplicated Total | 1,783 | 533 | 65,687 | 68,003 |

** (POS - January 2012 through December 2012)

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***Consumers may receive services in more than one area – Unduplicated totals reflected.

**Figure 26 - Expenditures by Service
Age 3-20**



| Service Type | AAP | Foster Care | DDS Only | Total |
|-------------------------------------|--------------|-------------|---------------|---------------|
| (A) Residential Services | \$2,397,029 | \$265,181 | \$8,093,703 | \$10,755,913 |
| (B) Adult Day Programs | \$425,165 | \$28,464 | \$12,460,765 | \$12,914,394 |
| (C) Supported Living & Related Svcs | \$1,403,956 | \$405,897 | \$64,242,313 | \$66,052,166 |
| (D) Transportation | \$84,113 | \$29,302 | \$3,336,660 | \$3,450,074 |
| (E) Respite | \$3,608,325 | \$649,851 | \$116,558,386 | \$120,816,562 |
| (F) Infant Program Services | \$101,250 | \$87,186 | \$7,049,900 | \$7,238,336 |
| (G) Behavior Services | \$3,164,263 | \$890,381 | \$245,556,669 | \$249,611,313 |
| (H) Medical Care & Services | \$334,356 | \$130,073 | \$15,300,600 | \$15,765,030 |
| (I) Work Activity Program | \$27,734 | \$1,347 | \$799,557 | \$828,638 |
| (J) Supported Employment Program | | | \$223,621 | \$223,621 |
| (K) Day Care | \$138,988 | \$48,983 | \$17,057,474 | \$17,245,445 |
| (L) Supplemental Program Support | \$437,684 | \$194,521 | \$4,780,358 | \$5,412,562 |
| (M) Social/Recreational Activities | \$602,126 | \$158,207 | \$23,605,724 | \$24,366,057 |
| (N) Non-Medical Therapy Services | \$25,753 | \$4,012 | \$3,064,586 | \$3,094,350 |
| (O) Medical & Adaptive Equip/Supp. | \$67,418 | \$10,520 | \$2,796,884 | \$2,874,822 |
| (P) Camps | \$21,499 | \$3,180 | \$689,278 | \$713,958 |
| (Q) Environmental & Vehicle Modif. | \$65,872 | \$24,108 | \$1,541,401 | \$1,631,382 |
| (R) Mobility Training | \$2,178 | | \$13,909 | \$16,086 |
| (S) All Other Services | \$851,484 | \$47,851 | \$21,820,589 | \$22,719,924 |
| Unduplicated Total | \$13,759,192 | \$2,979,065 | \$548,992,377 | \$565,730,633 |

*Numbers have been rounded

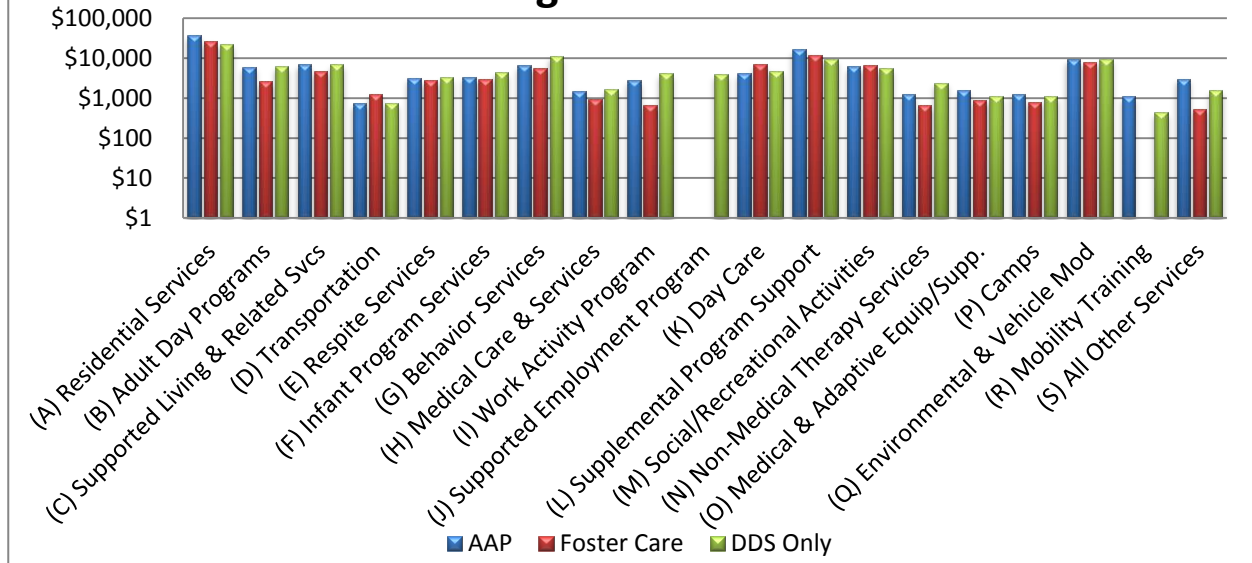
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from a California Regional Center

** (POS - January 2012 through December 2012)

*** Consumers may receive services in more than one area – Unduplicated totals reflected.

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**Figure 27: Average Expenditures by Service
Age 3-20**



| DATA | AAP | Foster Care | DDS Only | Grand Total |
|---|--------------|-------------|---------------|---------------|
| (A) Residential Services | \$37,454 | \$26,518 | \$22,420 | |
| (B) Adult Day Programs | \$6,074 | \$2,588 | \$6,227 | |
| (C) Supported Living & Related Services | \$7,127 | \$4,665 | \$7,073 | |
| (D) Transportation | \$738 | \$1,274 | \$760 | |
| (E) Respite Services | \$3,242 | \$2,801 | \$3,297 | |
| (F) Infant Program Services | \$3,375 | \$3,006 | \$4,357 | |
| (G) Behavior Services | \$6,458 | \$5,671 | \$10,885 | |
| (H) Medical Care & Services | \$1,520 | \$943 | \$1,667 | |
| (I) Work Activity Program | \$2,773 | \$673 | \$4,059 | |
| (J) Supported Employment Program | | | \$3,856 | |
| (K) Day Care | \$4,212 | \$6,998 | \$4,789 | |
| (L) Supplemental Program Support | \$16,211 | \$12,158 | \$9,211 | |
| (M) Social/Recreational Activities | \$6,338 | \$6,592 | \$5,481 | |
| (N) Non-Medical Therapy Services | \$1,288 | \$669 | \$2,390 | |
| (O) Medical & Adaptive Equip/Supp. | \$1,532 | \$877 | \$1,102 | |
| (P) Camps | \$1,265 | \$795 | \$1,085 | |
| (Q) Environmental & Vehicle Mod | \$9,410 | \$8,036 | \$9,634 | |
| (R) Mobility Training | \$1,089 | | \$435 | |
| (S) All Other Services | \$3,052 | \$538 | \$1,556 | |
| Unduplicated Cons Count | 1,783 | 533 | 65,687 | 68,003 |
| Total Expenditures | \$13,759,192 | \$2,979,065 | \$548,992,377 | \$565,730,633 |
| Average Per Cons | \$7,717 | \$5,589 | \$8,358 | \$8,319 |

*Numbers have been rounded

** (POS - January 2012 through December 2012)

***Consumers may receive services in more than one area – Unduplicated totals reflected.

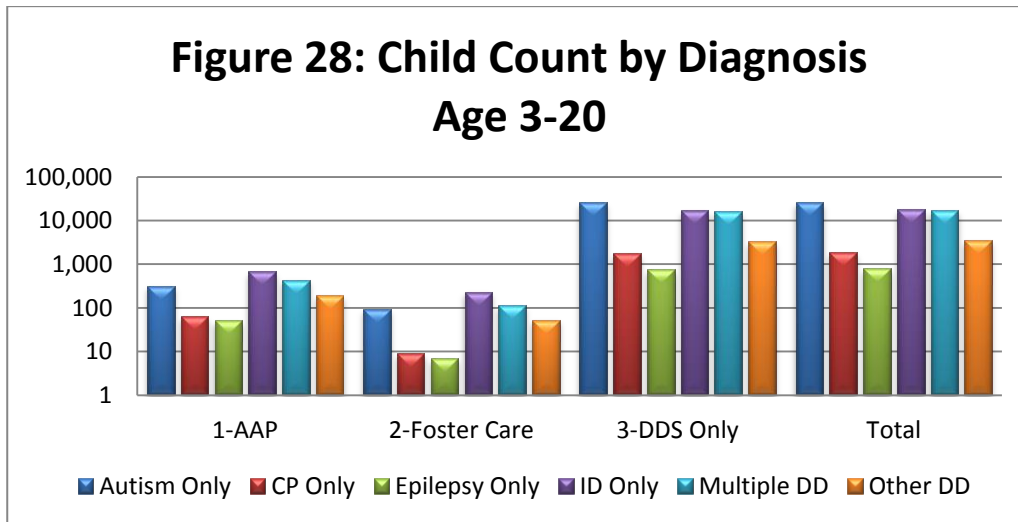


Figure 28 and the accompanying table below display the unduplicated count of children receiving services beyond case management, age 3 – 20 by caseload (AAP, FC, and DDS Only) by diagnosis.

Not all children receiving POS services have received a diagnosis. Therefore, expenditures reported by diagnosis will not equal total expenditures reported.

Overall, children diagnosed with *autism* represent 39 percent of the consumers receiving services through DDS. Children diagnosed with *autism* represent 39 percent of the DDS Only caseload, 18.4 percent of the AAP, and 18.7 percent of the FC dual agency consumers.

It should be noted that *intellectual disability* (ID) is the most frequent diagnosis in both AAP (39 percent), and FC caseloads (45.4 percent), of the consumers receiving services through DDS.

| Diagnosis | 1-AAP | 2-Foster Care | 3-DDS Only | Total |
|---------------|-------|---------------|------------|--------|
| Autism Only | 319 | 95 | 25,846 | 26,260 |
| CP Only | 64 | 9 | 1,773 | 1,846 |
| Epilepsy Only | 52 | 7 | 755 | 814 |
| ID Only | 676 | 231 | 17,184 | 18,091 |
| Multiple DD | 433 | 114 | 16,242 | 16,789 |
| Other DD | 191 | 53 | 3,306 | 3,550 |
| Total | 1,735 | 509 | 65,106 | 67,350 |

*Not all consumers had a recorded diagnosis.

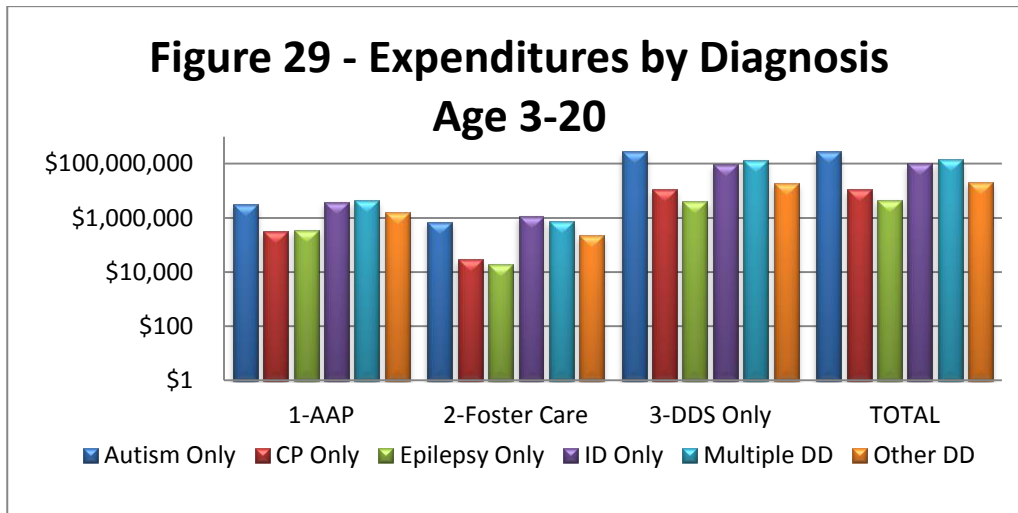


Figure 29 displays the total expenditures for children age 3 – 20, by caseload (AAP, FC, and DDS Only) and diagnosis.

Children diagnosed with *autism* have the highest overall expenditures (for the DDS Only caseload) when compared to all other diagnoses which include, *cerebral palsy*, *epilepsy*, *intellectual disability*, *multiple diagnoses*, and *other diagnoses*. Expenditures for children with *autism* represent 22.5 percent of the AAP cost, 24.3 percent of the foster care cost, and 50.8 percent of the DDS Only cost.

For the AAP dual agency caseload, services for children with *multiple diagnoses* represented the highest overall expenditures (32.5 percent) followed by services provided to children diagnosed with *ID* (28.5 percent). For the FC dual agency caseload, services for children diagnosed with *ID* represented the highest overall expenditures (40 percent) followed by services provided to children diagnosed with *multiple diagnoses* (26.1 percent). For the DDS Only caseload, services for children with *autism* represented the highest overall expenditures (50.8 percent) followed by services provided to children diagnosed with *multiple diagnoses* (25.5 percent).

| Diagnosis | 1-AAP | 2-Foster Care | 3-DDS Only | TOTAL |
|---------------|--------------|---------------|---------------|---------------|
| Autism Only | \$3,055,972 | \$713,410 | \$277,939,855 | \$281,709,236 |
| CP Only | \$310,732 | \$29,262 | \$11,056,173 | \$11,396,167 |
| Epilepsy Only | \$359,950 | \$20,136 | \$4,140,100 | \$4,520,186 |
| ID Only | \$3,880,909 | \$1,170,976 | \$94,668,785 | \$99,720,670 |
| Multiple DD | \$4,416,980 | \$765,311 | \$139,189,449 | \$144,371,739 |
| Other DD | \$1,573,286 | \$231,649 | \$19,670,805 | \$21,475,740 |
| Total | \$13,597,829 | \$2,930,743 | \$546,665,166 | \$563,193,738 |

*Numbers have been rounded

** (POS - January 2012 through December 2012)

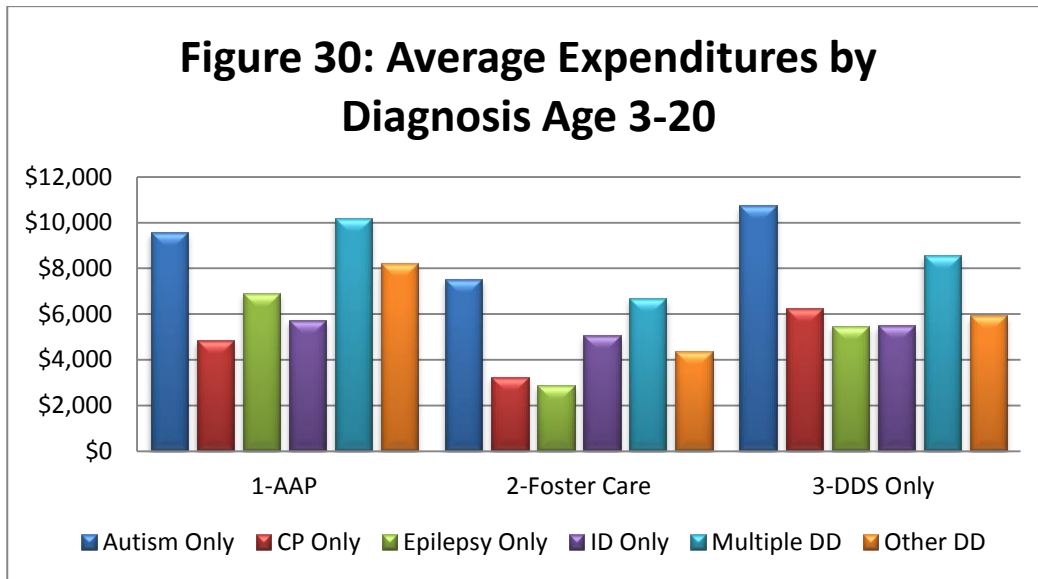


Figure 30 displays the average expenditures for children age 3 – 20, by caseload (AAP, FC, and DDS Only) and diagnosis.

Children diagnosed with *autism* have the highest average expenditures when compared to all other diagnoses for the dual agency, AAP, FC and the DDS Only caseloads.

| Diagnosis | 1-AAP | 2-Foster Care | 3-DDS Only | TOTAL |
|-----------------------------|--------------|---------------|---------------|---------------|
| Autism Only | \$9,580 | \$7,510 | \$10,754 | |
| CP Only | \$4,855 | \$3,251 | \$6,236 | |
| Epilepsy Only | \$6,922 | \$2,877 | \$5,484 | |
| ID Only | \$5,741 | \$5,069 | \$5,509 | |
| Multiple DD | \$10,201 | \$6,713 | \$8,570 | |
| Other DD | \$8,237 | \$4,371 | \$5,950 | |
| Unduplicated Consumer Count | 1,735 | 509 | 65,106 | 67,350 |
| Total Expenditures | \$13,597,829 | \$2,930,743 | \$546,665,166 | \$563,193,738 |
| Average Per Consumer | \$7,837 | \$5,758 | \$8,397 | \$8,362 |

*Numbers have been rounded

** (POS - January 2012 through December 2012)

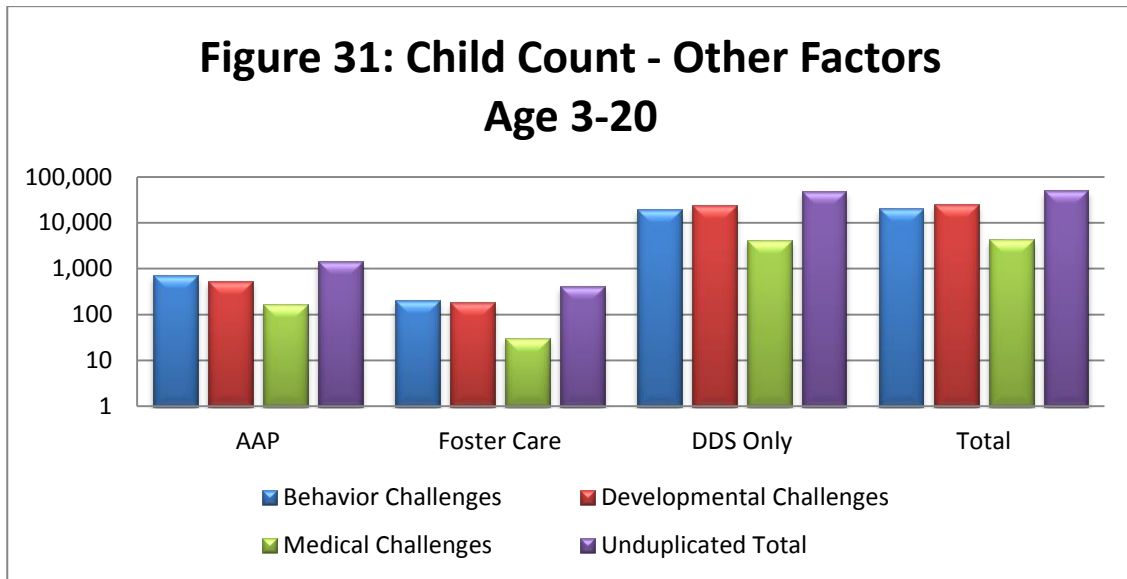


Figure 31 displays the unduplicated count for children age 3 – 20, by caseload with assessed challenges not directly related to diagnosis, referred to as “Other Factors.” Not all children receive services for *other factors*. Therefore, expenditures reported by diagnosis will not equal total expenditures reported.

Children assessed with *behavioral challenges* represent the largest number of consumers served in both AAP and FC dual agency caseloads; 50 percent of AAP dual agency caseload and 48.8 percent of the FC dual agency caseload were assessed with *behavioral challenges*.

For the DDS Only caseload, children assessed with *developmental challenges* represent the largest number receiving services (50.5 percent).

| Other Factors | AAP | Foster Care | DDS Only | Total |
|--------------------------|-------|-------------|----------|--------|
| Behavior Challenges | 707 | 204 | 19,766 | 20,677 |
| Developmental Challenges | 541 | 184 | 24,358 | 25,083 |
| Medical Challenges | 166 | 30 | 4,101 | 4,297 |
| Unduplicated Total | 1,414 | 418 | 48,225 | 50,057 |

**(January 2012 through December 2012)

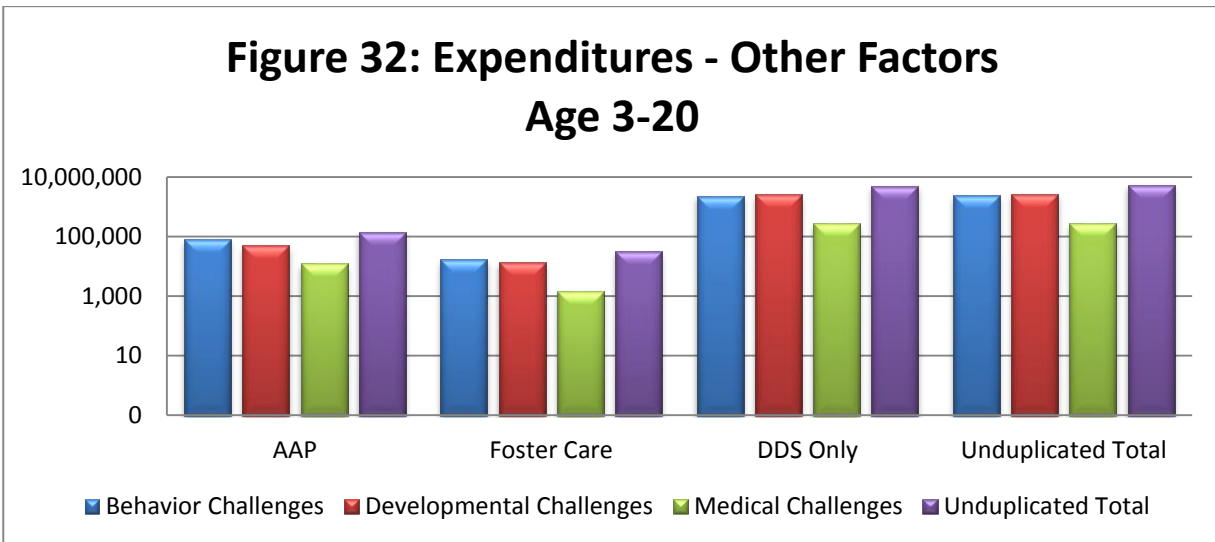


Figure 32 displays the total expenditures for children age 3 – 20, by caseload, by Other Factors.

Children assessed with *behavioral challenges* represent the largest expenditures in both AAP and FC dual agency caseloads; 55.8 percent of AAP dual agency caseload and 52.9 percent of the FC dual agency caseload were assessed with *behavioral challenges*.

For the DDS Only caseload, children assessed with *developmental challenges* represent the highest expenditures for services (49.2 percent).

| Other Factors | AAP | Foster Care | DDS Only | Unduplicated Total |
|--------------------------|--------------|-------------|---------------|--------------------|
| Behavior Challenges | \$7,841,242 | \$1,690,454 | \$230,783,912 | \$240,315,608 |
| Developmental Challenges | \$4,962,148 | \$1,353,021 | \$250,065,507 | \$256,380,676 |
| Medical Challenges | \$1,256,824 | \$151,876 | \$27,670,577 | \$29,079,277 |
| Total | \$14,060,214 | \$3,195,351 | \$508,519,996 | \$525,775,560 |

** (January 2012 through December 2012)

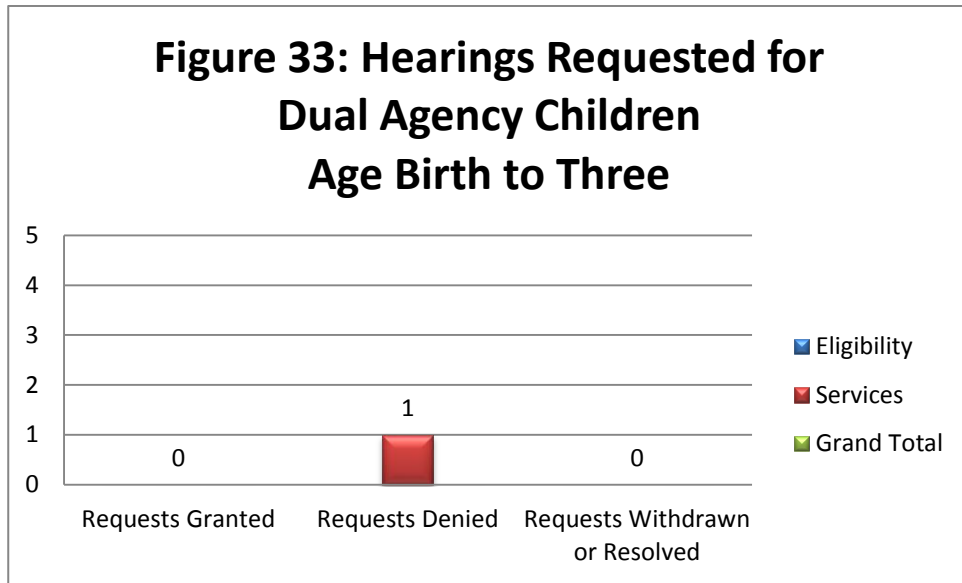


Figure 33 and the accompanying table below display the number of hearings requested on behalf of children age birth to three within the dual agency caseload.

| Outcomes | CATEGORIES | | |
|--------------------------------|-------------|----------|-------|
| | Eligibility | Services | Total |
| Requests Granted | 0 | 0 | 0 |
| Requests Denied | 0 | 1 | 1 |
| Requests Withdrawn or Resolved | 0 | 0 | 0 |
| Unduplicated Total | 0 | 1 | 1 |

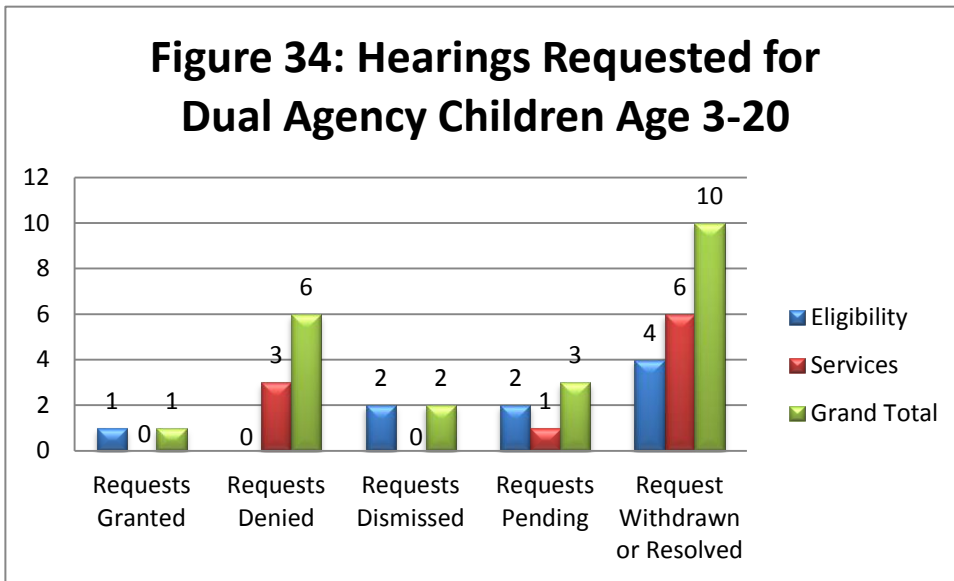


Figure 34 and the accompanying table below display the number of hearings requested on behalf of children age three to twenty within the dual agency caseload.

| Outcomes | Categories | | |
|--------------------------------|-------------|----------|-------|
| | Eligibility | Services | Total |
| Requests Granted | 1 | 0 | 1 |
| Requests Denied | 3 | 3 | 6 |
| Requests Dismissed | 2 | 0 | 2 |
| Requests Pending | 2 | 1 | 3 |
| Requests Withdrawn or Resolved | 4 | 6 | 10 |
| Unduplicated Total | 12 | 10 | 22 |

REPORT SUMMARY

From December 2007 to December 2012, the number of children receiving AFDC-FC, as well as the number of children receiving AFDC-FC and placed in family homes, has decreased. However, the percent of dual agency children - placed in family homes increased by 1.8 percent.

From December 2007 to December 2012, the number of children receiving AAP increased by 12 percent and the percent of dual agency children receiving AAP increased from 3.5 to 4.0 percent as presented in Figure 3.

This report presents more than dual agency rate payment information. The foster care dual agency rate payment levels included rate payments that were equal to foster family home basic rates or ARM rates established by DDS.

The FC-AAP 84: "Supplement to the Rate Requests for Dual Agency AFDC-FC and AAP" provided the mechanism for collecting data for actions taken by counties related to requests for a supplement to the dual agency rate. The actions taken were similar in the AFDC-FC and AAP dual agency caseloads. Since implementation, the data indicates that the majority of the requests for a supplement to a dual agency rate are authorized upon initial request, 73 percent in AFDC-FC, and 79 percent in AAP. The \$1,000 level of supplement to the dual agency rate is requested more than any other level of supplement.

This report provides the first Kin-GAP rate information. The CDSS is currently revising the FC-AAP 84 form to obtain information related to requests made for a supplement to the dual agency rate in the Kin-GAP dual agency population. The revision to the form should be available to counties in early 2014.

Report to the Legislature on Children Receiving AFDC-FC, Kin-GAP or AAP and Concurrently Receiving Services from a California Regional Center

Attachment I



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

September 19, 2013

ALL COUNTY LETTER (ACL) NO. 13-77

TO: ALL COUNTY WELFARE DIRECTORS
ALL LICENSED ADOPTION AGENCIES
ALL CDSS ADOPTIONS DISTRICT OFFICES
ALL COUNTY PROBATION OFFICERS
ALL COUNTY PLACEMENT SUPERVISORS
ALL ADOPTION FACILITATORS
ALL TITLE IV-E AGREEMENT TRIBES
CHILD WELFARE DIRECTORS ASSOCIATION

SUBJECT: REVISION TO THE "SUPPLEMENT TO THE RATE REQUESTS FOR DUAL AGENCY AID TO FAMILIES WITH DEPENDENT CHILDREN-FOSTER CARE (AFDC-FC) AND ADOPTION ASSISTANCE PROGRAM (AAP) CHILDREN QUARTERLY STATISTICAL REPORT" [FC-AAP 84 (1/09)]

REFERENCE: SENATE BILL (SB) 84, (CHAPTER 177, STATUTES OF 2007);
ASSEMBLY BILL (AB) 12, (CHAPTER 559, STATUTES OF 2010);
WELFARE AND INSTITUTIONS CODE (W&IC)
SECTIONS 11464(h)(1) – 11464(h)(2)(A) AND 11464(h)(2)(C) - (G);
ACLS 08-17, ACL 08-54, AND 09-17,

The purpose of this ACL is to notify counties and the California Department of Social Services (CDSS) Adoptions District Offices that CDSS is revising the FC-AAP 84, "Supplement to the Rate Requests for Dual Agency AFDC-FC and AAP Children Quarterly Statistical Report" to include the federal and non-federal Kinship-Guardianship Assistance Payment (Kin-GAP) populations.

The W&IC section 11464 establishes rates for children who receive AFDC-FC or AAP and also receive services from a California regional center due to a developmental disability, as defined by the Lanterman Act, or who are receiving services under the California Early Intervention Services Act (CEISA). The established rates are referred to as "dual agency rates" and the eligible population as "dual agency children".

REASON FOR THIS TRANSMITTAL

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

Report to the Legislature on Children Receiving AFDC-FC, Kin-GAP or AAP and Concurrently Receiving Services
from a California Regional Center

All County Letter No. 13-77
Page Two

Revisions to W&IC section 11464, through the enactment of AB 12 extends the receipt of these rates to children receiving Kin-GAP benefits who are also receiving services from a California Regional Center or under the CEISA.

A supplement to the dual agency rate established pursuant to W&IC section 11464(c)(2) may be provided to a child who is three years of age or older who is also receiving AFDC-FC, AAP, or Kin-GAP benefits when the child's care and supervision needs are so extraordinary that they cannot be addressed by the rate established pursuant to W&IC section 11464(c)(1) for a child with a developmental disability. Pursuant to W&IC section 11464(h), CDSS is required to collect specific data related to the supplement to the dual agency rate for the AFDC-FC, AAP, and Kin-GAP dual agency populations.

County welfare departments and CDSS Adoption District Offices use the current FC-AAP 84 report to capture the number and level of supplements to the dual agency rate requested, the number of supplements authorized upon request, and the number of supplements denied upon request but authorized after an appeal for AFDC-FC and AAP dual agency populations. The FC-AAP 84 report is being revised so counties can submit the same data for the Kin-GAP dual agency population.

The revised FC-AAP 84 will be available in January 2014. County welfare departments and CDSS Adoption District Offices will continue to submit the supplement to the dual agency rate information for the AFDC-FC and AAP populations. Counties will also begin reporting supplement to the dual agency rate information for the Kin-GAP population in the first quarter of 2014 retroactive to October 1, 2013, and for all subsequent reporting periods.

If you have any questions regarding revisions to the FC-AAP 84 report, please contact the Data Systems and Survey Design Bureau at (916) 651-8269 or the Foster Care Rates Policy Unit at (916) 651-9152.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division