DEPARTMENT OF SOCIAL SERVICES 744 P Street, Secremento, CA 95814 916/445-7046



November 13, 1980

ALL COUNTY INFORMATION NOTICE NO. 122-80

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: REPORTING INSTRUCTIONS FOR AFDC-BHI RATES

REFERENCE: MPP 11-225.4

The Department of Social Services Operational Standards Section 11-225.4 requires counties to submit annual data on county foster care rates. The attached forms provide for reporting the required information for Fiscal Year 1980/81. Form Temp 1384 will again be used to accumulate data on incounty foster family rates paid by your county. Form Temp 1385 will again be used to accumulate data on group homes/institutions used by your county. When reporting rates paid to out of county providers, the county number for the host county must be shown (see Manual Section 23-251). Monthly rate reimbursable from state funds must be determined in accordance with MPP Section 11-302.1 as follows:

- 1. The first step is to determine the payment levels effective June 30, 1979 for which state participation was authorized (for guidelines see Section 11-302.12).
- 2. For Fiscal Year 1979/80, the monthly rate reimbursable from state fund is: (1) the amount determined in Item 1 above plus (2) the percentage increase to the 1978/79 payment rate (up to the AFDC COL celling of 15.16%).
- 3. For Fiscal Year 1980/81, the monthly rate reimbursable from state fund is: (1) the amount determined in Item 2 above plus (2) the percentage increase to the 1979/80 payment rate (up to the AFDC COL cailing of 15.48%).

NDTE: Please follow the same procedure when determining the amount reimbursable from state funds for clothing allowances.

Refer to the chart on page 2 for examples of computing the rate reimbursable from state funds.

Example	1977/78 Base Year Rate	1978/79 Appr. Rate-Reflects Rate Increase Approved by State	1979/80 Rate	Percent Increase	Rate Reimbursable from State Funds	1980/81 Rate	Percent Increase	Rate Reimbursable from State Funds
1	700	700	806	15.16	806	931	15.48	931
2	700	750	864	15.16	864	998	15.48	998
3	\$ 00	750	900	20.00	864	900	0,00	864
L ₊	700	750	900	20.00	864	950	5.56	912
5	700	750	750	0.00	750	900	20.00	866
6	700	700	771	10.16	771	929	20.48	890

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In the above examples the state will participate in 95% of the nonfederal share of the rate reimbursable from state funds. These amounts were determined as follows:

E×ample	Reimbursable Rate*	Computation	Reimbursable Rate*	Computation
1	806	(700 x 1.1516)	931	(806 x 1.1548)
2	864	(750 x 1.1516)	998	(864 x 1.1548)
3	864	(750 x 1.1516)	864	(864 x -0-)
4	864	(750 X 1.1516)	912	(864 x 1.0556)
5	750	$(750 \times -0-)$	866	(750 x 1.1548)
6	771	(700 X 1.1016)	890	(771 x 1.1548)

*NOTE: Rounded to the nearest dollar.

Counties which reported Fiscal Year 1980/81 rate information in advance of this notice need not duplicate information already submitted but should complete the forms to provide any data not included in the initial report. If a specific item is not applicable to your county, please note N/A in the space provided. The column headed "Monthly Rate Reimbursable from State Funds" is to be completed only if different from the monthly rate shown for the 1980/81 Fiscal Year.

Include the facility director and indicate Profit/Nonprofit Status only if different from the information reported for Fiscal Year 1979/80 or when reporting a facility not included in your report for 1979/80.

If the facility has come into existence as a new provider for the period subsequent to July 1, 1979 per MPP Section 11-301.2, identify the new facility with an asterisk.

Please submit Forms Temp 1384 and Temp 1385 to:

State Department of Social Services 744 P Street, M.S. 13-77 Sacramento, California 95814

If we can be of further assistance to you in this matter, please do not hesitate to call Cheryl Adamo at 916/323-0276.

Sincerely,

CLAUDE E. FINN
Deputy Director
Administration

cc: CWDA

FOSTER FAMILY HOMES (IN-COUN AFDC-BHI RATES FY 80/81

Send completed form to:

County Fiscal Administration Bureau

744 P Street, M.S. 13-77 Sacramento, California 95814

Pursuant to Department of Social Services MPP Section 11-225.4

COUNTY		DATE	COUNTY CONTACT:	NAME	TELEP	HONE NUMBER
	Age	Monthly Rate	Monthly Rate Reimbursable from		CLOTHING ALLOWANCE	
	Group	Monthly Rate 80/81 FY	State Funds*	initial	Semiannual	Annual
Monthly Basic	06					
Foster— Care Rate	7-12					
нате	13-20					
B) Special	06					
Monthly Rate— Moderate	7-12					
Problems	13-20					
Special	06					
Monthly Rate—	7~12					
Severe Problems	13-20					
Special	0-6					
Monthly Rate— Extreme	7-12					
Problems	13-20					

⁽E) Additional Applicable Information

^{*} Per MPP 11-302.12. Complete only if different from monthly rate 80/81 FY.

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County Fiscal Administration Bureau 744 P Street, M.S. 13-77 Sacramento, California 95814

Pursuant to	Department	of	Social	Services	MPP	Section	1	1 - 225.4
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Facility Name	Facility Director	Host County Number	P-Profit N-Nonprofit	Monthly Ra BC/81 FY	Monthly Rate Reimbursable from State Funds*	
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