

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, 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 in-county 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 ceiling 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 ceiling of 15.48%).

NOTE: 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	800	750	900	20.00	864	900	0.00	864
4	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

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:

Example	Reimbursable Rate*		Reimbursable Rate*	
	1979/80	Computation	1980/81	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 X -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.

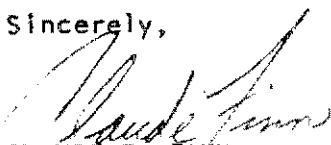
If the facility has come into existence as a new provider for the period subsequent to July 1, 1979 per MPP Section 11-301.2, identify the new facility with an asterisk.

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-COUNTY)
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			TELEPHONE NUMBER
	Age Group	Monthly Rate 80/81 FY	Monthly Rate Reimbursable from State Funds*	CLOTHING ALLOWANCE		
				Initial	Semiannual	Annual
A Monthly Basic Foster-Care Rate	0-6					
	7-12					
	13-20					
B Special Monthly Rate-Moderate Problems	0-6					
	7-12					
	13-20					
C Special Monthly Rate-Severe Problems	0-6					
	7-12					
	13-20					
D Special Monthly Rate-Extreme Problems	0-6					
	7-12					
	13-20					
E Additional Applicable Information						

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

Pursuant to Department of Social Services MPP Section 11-225.4

COUNTY		DATE	COUNTY CONTACT: NAME			TELEPHONE NUMBER
Facility Name	Facility Director	Host County Number	P-Profit N-Nonprofit	Monthly Rate 80/81 FY	Monthly Rate Reimbursable from State Funds*	

TEMP 1985 (11/80)

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