

Amend Section 11-400 to read:

11-400 AFDC-FOSTER CARE RATES – DEFINITIONS (Continued) 11-400

- a. (1) "Accredited" schools, colleges or universities, including correspondence courses offered by the same, means those educational institutions or programs granted public recognition as meeting established standards and requirements of an accrediting agency authorized by the U.S. Secretary of Education.

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Authorized accrediting agencies include the Accrediting Commission, National Home Study, the Accrediting Bureau of Health Education Schools, the Association of Independent Colleges and Schools, the National Association of Trade and Technical Schools, and the Western Association of Schools and Colleges.

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- (2) "Approved" schools, colleges or universities, including correspondence courses offered by the same, means those approved/authorized by the U.S. Department of Education, Office of Postsecondary Education or by the California Department of Consumer Affairs, Bureau for Private Postsecondary and Vocational Education, pursuant to Education Code Sections 94900 or 94915.
- (~~13~~) Assessed/Qualified Child – (Continued)
- (~~24~~) Audit Period – (Continued)
- (~~35~~) Audit Report – (Continued)
- c. (3) Child Care and Supervision (CCS) - One of the three program components of the standardized rate setting system consisting of the performance of duties identified as child care duties in the employee's duty statement and provided for in Title 22, California Code of Regulations, Division 6, Section 80001(c)(3) and 84065.2(b) unless restricted by the August 30th Report, "FUNDING FROM OTHER SOURCES," page 6.

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Title 22, Section 80001(c)(3) states:

- (c)(3) "Care and Supervision" means any one or more of the following activities provided by a person or facility to meet the needs of the clients:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene.

- (B) Assistance with taking medication, as specified in Section 80075.
- (C) Central storing and/or distribution of medications, as specified in Section 80075.
- (D) Arrangement of and assistance with medical and dental care.
- (E) Maintenance of house rules for the protection of clients.
- (F) Supervision of client schedules and activities.
- (G) Maintenance and/or supervision of client cash resources or property.
- (H) Monitoring food intake or special diets.
- (I) Providing basic services as defined in Section 80001b.(2).

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- (4) Child Care Duties - The duties required of the child care staff as provided for in Title 22, California Code of Regulations, Division 6, Section 84065.42(b) unless restricted by the August 30th Report, "FUNDING FROM OTHER SOURCES," page 6.

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Title 22, Section 84065.42(b) states:

"(b) Child care staff shall perform the following duties: (Continued)

- (5) Until they complete the 8 hours of training as required in Section 84065(i)(1), new child care staff hired on or after July 1, 1999 shall perform the duties as defined in Subsections (1) through (4) above while under visual supervision. (Continued)

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- (5) Child Care Worker - A group home employee, identified as a child care worker in the employee's duty statement, engaged in providing child care and supervision duties and who meets CCL licensing requirements as specified in Title 22, California Code of Regulations, Division 6. A child care worker in a Community Treatment Facility who meets CCL personnel requirements as specified in Title 22, Division 6, Chapter 4 5, Section 84165(d) and (e), California Code of Regulations, or who is otherwise deemed to be a child care worker by CCLD. (Continued)

- d. (1) ~~Daily Supervision — all functions of the day-to-day care of the child, including assistance as needed with activities of daily living, personal care, planned activities, food services, incidental medical and dental as specified in California Code of Regulations, Title 22, Section 80409(a), and the assumption of responsibility for the safety and well-being of the child.~~
- (2 1) Date of Issuance - (Continued)
- (3 2) Date of Mailing - (Continued)
- (4 3) Date of Receipt - (Continued)
- (5 4) Department - (Continued)
- (6 5) Direct Contact Contract - (Continued)
- (7 6) Director - (Continued)
- (8 7) Due Date - (Continued)
- (9 8) Duplicate - (Continued)
- e. (2) Emergency Placement - The placement of a child placed prior to determination that the child qualifies as an assessed/qualified child where placement is in a certified group home program classified at RCL 13 or RCL 14. The child must be evaluated by a mental health professional as described in Section 11-400m.(3).
- f. (8) Fiscal Year – Any consecutive 12-month period adopted as the annual accounting period.
- (A) ~~†~~The state fiscal year ~~which~~ begins July 1 and ends June 30 of the following year, unless otherwise specified.
- (B) A provider may adopt any consecutive 12-month period as its annual accounting period. This period is the same for all accounting and reporting periods. (Continued)
- (15) Full-time Equivalent (FTE) Position - A total of 40 hours for one week or a total of 173 hours for one month filled by one or more employees.

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Example: The ABC group home has five child care workers who work from 15 to 54 hours per week and one full-time first-line supervisor. The combined number of hours they are expected to work in the next 12-month period is 12,636. Divide the

hours worked by 2080 (annualized full-time equivalent based on a 40-hour work week) = 6.075 FTE.

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- g. (1) (Continued)
- (3) ~~Group Home Administrator Certificate - A certificate of completion of a group home administrator certification program to be developed by Community Care Licensing (CCL) pursuant to~~ issued by Community Care Licensing (CCL) indicating completion of that program as required in Health and Safety Code Section 1522.41(b)(1). (Continued)
- h. (2) Houseparent - means the consistent, nurturing adult who resides with the family group, provides daily care for no more than three children, and is involved in the long-range planning for those children during the group home placement, and who meets the personnel requirements stated in Title 22, Division 6, Section 84265(d), ~~(e), (f), (g), (h)(1), (2), and (3)(A)~~ (i) and who meets the Community Care Licensing requirements for a child care worker pursuant to Section 11-400c.(5).
- (3) Houseparent Duties - means: (1) teaching social skills, (2) teaching motor skills, (3) teaching self-care skills, and (4) other child care ~~worker duties~~ services as defined in Section 11-400(c)(4 ~~3~~). (Continued)
- l. (5) Licensed Marriage, Family Therapist - An individual who has been licensed by the California Board of Behavioral Science Examiners to provide marriage and family therapy which may be defined as social work activities or mental health treatment services. (Continued)
- n. (4) New Provider - A sole proprietor, partnership, or corporate entity who has not operated a group home which receives funding from AFDC-FC or severely emotionally disturbed (SED) in the preceding ~~fiscal year~~ rate period. (Continued)
- o. (2) On-going Rate Request or Rate Application – A foster family agency rate request or a group home program rate application that is submitted by the agency or the provider, according to a schedule determined by the Department, in order to continue receiving an AFDC-FC rate.
- (~~2~~ 3) (Continued)
- (A) For group home programs serving children under six, on-going training provided by group homes to houseparents must include the on-going training described in Title 22, Division 6, Section 84265(~~h i~~)(3)(A).
- (~~3~~ 4) (Continued)

- r. (3) Rate Period – The period for which the AFDC-FC rate is set as specified in Welfare and Institutions Code Section 11462(a)(3)(A) for Group Homes and Welfare and Institutions Code Section 11463(i)(1) for Foster Family Agencies.
- (3 4) RCL Reduction - (Continued)
- (4 5) Real Property - (Continued)
- (5 6) Reasonableness Adjustment - (Continued)
- (6 7) Repayment Agreement - (Continued)
- (8) Reporting Period – For on-going programs, a provider's preceding two fiscal years. For all other programs, the reporting period shall be a projection of the next rate period.
- (7 9) Residential Child Care Experience - (Continued)
- s. (5) Social Worker - An individual qualified to perform social work activities who has at least a Master's Degree, from an accredited or state approved graduate school, in social work or social welfare; marriage, family, and child counseling; marriage, family therapy; child psychology; child development; counseling psychology; clinical psychology; social psychology; Master's Degree with another title, the purpose of which was to train persons to provide social work activities; or a Baccalaureate Degree in social work or social welfare and at least two years of experience in providing social work activities which may include social work activities performed in mental health settings. (Continued)
- t. (2) Training Plan - A prospective fiscal year summary of on-going training to be provided for child care workers, first-line supervisors, and houseparents which shall include at a minimum, a projection of the total staff hours of training, the general subject matter of the anticipated training and any information within the categories listed under "training log" that are known to the provider at the time of application. A group home program's training plan must be submitted to the Department as part of the rate application process. Staff meetings that do not meet the definition of Section 11-400o.(2 3) shall not be considered training. (Continued)

Authority cited: Sections 10553, 10554, 11460(b), 11462(a)(3)(B), 11462(i) and (j), 11462.06, 11463(i)(2), 11466.1, 11466.21, 11466.22, 11466.5, and 14680, Welfare and Institutions Code; Section 1559.110, Health and Safety Code; and Chapter 1294, Statutes of 1989, Section 23.

Reference:

Sections 1200, 1250, 1502(a)(1) and (a)(8), 1502.4, 1502.4(a)(1), (a)(2)(A), and (b), 1530.8, and 1559.110, Health and Safety Code; Section 3353, California Labor Code; Sections 4096, 4096(e)(2), 4096.5, 5600.3(a)(2), 5777, 5778, 10852, 11226, 11228, 11230, 11231, 11232, 11233, 11234, 11235, 11236, 11400(h), 11402.5(a), 11460, 11461.1, 11462, 11462(a)(1), 11462(a)(3), 11462.01(a)(2)(A)(i) and (ii), 11462.01(a)(2)(B)(i), 11462.03, 11463(i)(1), 11466.1, 11466.2, 11466.21, 11466.22, 11466.3, 11466.31, 11466.33, 11466.34, 11467.1 (Assembly Bill 1197, Chapter 1088, Statutes of 1993), 11468, 11468.6, 14680, 16522(a), (b), and (c), and 18350, Welfare and Institutions Code; Section 4980.08, Business and Professions Code; Public Laws 98-502 and 104-156; Assembly Bill 1575, Chapter 728, Statutes of 1997; The Classification of Group Home Program Under the Standardized Schedule of Rate System Report, August 30, 1989, and Title 8, California Code of Regulations, Section 11050; and federal Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations; *Government Auditing Standards* of the Comptroller General of the United States (Yellow Book) 1994 Revision, including Amendment No. 1 (May 1999) and Amendment No. 2 (July 1999) Section 4.25 and 4.26; and Department of Health and Human Services, Administration for Children and Families letters dated April 19, 2001, February 22, 2002 and May 7, 2002; American Institute of Certified Public Accountants Statement on Auditing Standards Number 82, Description and Characteristics of Fraud.

Amend Section 11-402 to read:

11-402 GROUP HOME RATE SETTING

11-402

.1 Group Home Rate Determination Process – General Overview (Continued)

.15 The standardized schedule of rates for fiscal years ~~1999/00 (effective July 1, 1999)~~ 2002-03, 2003-04, and 2004-05 is specified in Welfare and Institutions Code Sections 11462(f)(1) and ~~11462(g)(1)(A)~~.

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~~.151~~ Welfare and Institutions Code Sections 11462(f)(1) and ~~11462(g)(1)(A)~~ provides:

Rate Classification Level	Point Ranges	Standard Rate beginning FY 1999-00	<u>FY 2002-03, 2003-04, and 2004-05</u>
1	under 60	\$1,284	<u>1,454</u>
2	60- 89	1,604	<u>1,835</u>
3	90-119	1,923	<u>2,210</u>
4	120-149	2,243	<u>2,589</u>
5	150-179	2,561	<u>2,966</u>
6	180-209	2,881	<u>3,344</u>
7	210-239	3,201	<u>3,723</u>
8	240-269	3,521	<u>4,102</u>
9	270-299	3,840	<u>4,479</u>
10	300-329	4,160	<u>4,858</u>
11	330-359	4,478	<u>5,234</u>
12	360-389	4,799	<u>5,613</u>
13	390-419	5,121	<u>5,994</u>
14	420 & up	5,439	<u>6,371</u>

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.16 (Continued)

.2 Program Classification

.21 Eligible Hours for Program Components

.211 Child Care and Supervision (CCS)

(a) Eligible hours of CCS shall be compensated in accordance with the Department of Industrial Relations ~~rules and regulations (see Industrial~~

~~Welfare Commission Order No. 5-89, Title 8, California Code of Regulations, Section 11050), Order Regulating Wages, Hours, and Working Conditions in the Public Housekeeping Industry~~ and shall be determined by counting paid-awake hours of child care workers (including nurses) and first-line supervisors while performing child care duties. Eligible hours of CCS shall also include the paid-awake hours provided by houseparents (as defined in Section 11-400h.(2)) serving children under six while performing houseparent duties in a group home, and Community Treatment Facility licensed nursing staff performing CCS duties in a Community Treatment Facility. (Continued)

- (3) No more than 54 hours per week per individual child care worker, Community Treatment Facility licensed nursing staff, houseparent and individual first-line supervisor for any program(s) shall be projected on any Program Classification Report(s), SR 2 (~~Rev. 12/94~~) Column 2, line 16.
- (4) More than 54 hours per week per individual child care worker, Community Treatment Facility licensed nursing staff, houseparent and individual first-line supervisor for any program(s) may be reported on any SR 2(s) (~~Rev. 12/94~~) Column 2, lines 1 through 12 when: (Continued)

.212 Social Work Activities

- (a) Eligible hours of social work activities shall be compensated in accordance with the Department of Industrial Relations ~~rules and regulations (see Industrial Welfare Commission Order No. 5-89, Title 8, California Code of Regulations, Section 11050), Order Regulating Wages, Hours, and Working Conditions in the Public Housekeeping Industry~~ and shall be determined by counting the paid-awake hours of social work activities performed by social workers. For group home programs serving children under six, eligible hours of Social Work activities must be provided by a Social Worker with a minimum educational level of a Masters Degree in a behavioral science and no more than twelve cases in a caseload. (Continued)
- (2) No more than 54 hours a week per individual social worker for any program(s) shall be projected on any SR 2(s) (~~Rev. 12/94~~) Column 2, line 16. (Continued)
- (3) More than 54 hours a week per individual social worker for any program(s) may be reported on any SR 2(s) (~~Rev. 12/94~~) Column 5, lines 1 through 12 when: (Continued)

.22 Weightings for Program Component Hours

.221 Child Care Supervision (CCS) Weightings (Continued)

(c) Residential Child Care Experience

- (1) Each child care worker, houseparent and first-line supervisor shall receive additional weighting for previous paid-awake experience in residential child care specified in Section 11-400r.(6 7) as follows.
(Continued)

(d) Formal Education (Continued)

- (1) (Continued)
- (A) An Associate of Arts or Science Degree that requires less than 60 units for completion; ; or
- (B) A certificate in a subject directly related to child care that requires less than 60 semester hours but more than 20 semester hours in courses that deal with child related subjects: ; or (Continued)

(e) On-Going Training

- (1) Each eligible hour of CCS shall receive an additional weighting of 0.10 when an average of 40 or more hours of on-going training per ~~person~~ (full-time equivalent (~~{FTE}~~) position per year is provided. See definition of on-going training at Section 11-400o.(2 3).
- (2) (Continued)
- (B) (Continued)

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- (C) Example: The ABC group home has five child care workers who work from 15 to 54 hours per week and one full-time first-line supervisor. The combined number of hours they are expected to work in the next 12-month period is 12,636. Divide the hours worked by 2080 (annualized full-time equivalent based on a 40-hour work week) = 6.075 FTE. Multiply the 6.075 FTE by 40 hours ~~per employee~~ = 243 hours of training the provider must provide for all eligible CCS hours to be weighted by the additional 0.10.

- (D) (Continued)

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(3) (Continued)

- (A) All training required by Community Care Licensing (CCL) for child care workers as specified in Title 22, Division 6, Sections 84065(h)(1) (i) and (j) and 80065(e)(2).

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(i) Sections 84065(h)(1) (i) and (j) states in part: "...child care staff (shall be required) to receive...a minimum of 20 clock hours of continuing education during the first 18 months of employment and during each three years thereafter."

(ii) (Continued)

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(B) (Continued)

- (C) For houseparents in group home programs serving children under six all of the training required in Section 11-400o.(2)(A). (Continued)

.222 Social Work Activities Weightings

(a) (Continued)

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The August 30th Report states in part:

"(1) Licensed Clinical Social Worker (LCSW)	2.5
(2) Licensed Marriage, Family and Child Counselor (LMFCC)	2.5
(3) Master's of Social Work (MSW) (60 units)	2.0
(4) Master's of Science in Counseling (MSC) (60 units)	2.0
(5) Master's (30 units) in a discipline which would enable the individual to sit for the LMFCC or LCSW exam.	1.75

- (6) Bachelor of Social Work (BSW) with at least two years of full-time equivalent experience. 1.5"

Pursuant to changes in the Business and Professions Code added by Statutes of 1998, Chapter 108, Section 1, subsection 4980.08, "(a) The title 'licensed marriage, family and child counselor' or 'marriage, family and child counselor' is hereby renamed 'licensed marriage and family therapist' or 'marriage and family therapist' respectively. Any reference in any statute or regulation to a 'licensed marriage, family and child counselor' or 'marriage, family and child counselor' shall be deemed a reference to a 'licensed marriage and family therapist' or 'marriage and family therapist'".

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- (b) (Continued)

.223 Mental Health Treatment Services Weightings

- (a) (Continued)

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The August 30th Report, states in part:

- | | |
|---|------|
| "(1) Psychiatrist | 5.0 |
| (2) Psychologist | 5.0 |
| (3) Licensed Clinical Social Worker (LCSW) | 2.5 |
| (4) Licensed Marriage, Family and Child Counselor (LMFCC) | 2.5" |

Pursuant to changes in the Business and Professions Code added by Statutes of 1998, Chapter 108, Section 1, subsection 4980.08, "(a) The title 'licensed marriage, family and child counselor' or 'marriage, family and child counselor' is hereby renamed 'licensed marriage and family therapist' or 'marriage and family therapist' respectively. Any reference in any statute or regulation to a 'licensed marriage, family and child counselor' or 'marriage, family and child counselor' shall be deemed a reference to a 'licensed marriage and family therapist' or 'marriage and family therapist'".

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(b) (continued)

.23 Point Computation (Continued)

- .234 Providers shall report the actual number of mental health treatment services points per ~~child~~ program, per month, for each program on an SR 2 (Rev. 12/94). (Continued)
- .236 The RCL shall be determined by comparing the program's points to the table of standardized schedule of rates in Section 11-402.151.
- .237 The projected points shall be the average for the level of care and services to be provided over the ~~12-month~~ reporting period.
- .238 The reported points shall be the actual number of points in each month which represent the level of care and services provided over the ~~12-month~~ reporting period.

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- ~~.239~~ An example of a group home program point computation: (Continued)

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.3 On-Going Group Home Annual Program Rate Application Process

- .31 Each provider shall submit to the Department a completed rate application as specified in Sections 11-402.35 through 11-402.3598, as appropriate, for each program ~~each fiscal year~~ as scheduled by the Department in order to receive a rate for that program. The rate application shall contain a statement that the signatory understands that the information contained in the document is correct to the best of their knowledge and that submission of false or misleading information may be prosecuted as a crime. Additionally, each provider shall submit to the Department any changes to the documentation listed in 11-402.35 that may have occurred during the biennial rate period. These changes must be submitted no later than 30 days of the date of change. Failure to do so may result in rate termination in accordance with 11-402.393.
- .32 The due date for ~~annual~~ on-going rate applications shall be ~~May 1~~ according to a schedule determined by the Department. The Department shall provide prior written notice of the scheduled due date. (Continued)
- .34 The effective date of the rate for ~~timely and complete rate applications~~ shall be ~~July 1~~ the first day of the second month following the rate application due date.

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Example: Due date is January 1

- January is not counted
- First day of second full month following January is March

Effective date is March 1

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.35 ~~An annual~~ complete rate application with no program changes shall include:
(Continued)

.352 A complete Program Classification Report, (SR 2); and a complete Group Home Program Days of Care Schedule, (SR 5) for the provider's preceding two fiscal years (reporting period).

.353 A copy of:

- (a) The ~~provisional~~ current license issued by CCL in accordance with Title 22, California Code of Regulations, Division 6, for each facility; and If the license is provisional, submit a copy of the permanent license when received, if not submitted with a previous rate application; and
- (b) ~~Effective with the implementation of the group home administrator certification program, the group home administrator certificate issued by CCL indicating completion of that program as required in Health and Safety Code Section 1522.41 as defined in Section 11-402; or if not available, proof of submittal of processing fee and training certificate to CCL.~~

~~.354 The following if not submitted with a previous rate application:~~

- (~~a~~ c) ~~A copy of the~~ The organization's tax exempt status letter from either the Internal Revenue Service (IRS) or the California Franchise Tax Board designating the provider as tax exempt; if any changes have occurred since submission of the last tax exempt status letter; and, if applicable,
- (~~b~~ d) An endorsed copy of the group home organization's Articles of Incorporation, filed with the California Secretary of State, if any changes have occurred since submission of the last Articles of Incorporation, demonstrating the organization: (Continued)
- (e) A copy of any initial or amended Statement of Information filed with the California Secretary of State.

(f) A complete listing of the corporation's Board of Directors to include full names, titles, mailing addresses and phone numbers.

.3554 A declaration signed by the group home's board of directors that the organization will operate during the ~~fiscal-year~~ rate period in the public interest for scientific, education, service or charitable purposes; is not organized for profit making purposes; and uses its net proceeds to maintain, improve or expand its operations.

(a) The group home provider shall immediately notify the Department if the group home ceases to operate on a nonprofit basis, becomes inactive, suspended, or otherwise is not in good standing with the California Secretary of State.

.3565 The group home training plan projected for a ~~fiscal-year~~ the providers rate period or for providers with programs classified at RCL 13 or 14 who opt for the management of assaultive behavior training, the information required in Section 11-402.221(e)(7);

3576 (a) A certification by the provider that all information contained in the program statement previously submitted remains current with no changes; and

(b) If the previously submitted program statement no longer reflects the provider's current program, the provider shall submit an updated version of the program statement or addendum to the Department.

.3587 In addition to the items in Sections 11-402.351 through .3576, a group home program classified at RCL 13 or RCL 14 shall submit: (Continued)

.358 A copy of the current lease(s) or rental agreement(s) if not previously submitted.

.359 ~~An approval letter from the State Attorney General's Charitable Trust Section. Beginning Fiscal Year 1998/99, this letter shall be required as verification of review and approval of shelter costs which include self-dealing transactions, as defined in Nonprofit Corporation Law, Title 1, Division 2, Section 5233, California Corporations Code. A declaration signed by the group home's board of directors that during the rate period the organization will not incur shelter costs resulting from a self-dealing transaction as defined in Nonprofit Corporation Law, Title 1, Division 2, Section 5233, California Corporations Code.~~

(a) ~~To request a review by the Attorney General's Charitable Trust Section, a provider shall submit a written request by certified mail, return receipt~~

~~requested, to the Attorney General's Charitable Trust Section for review and approval of the transaction as specified by Title 11, Division 1, Chapter 15, Section 999.1(a), California Code of Regulations.~~

- (b) ~~Include the approval letter received from the Attorney General's Charitable Trust Section as a component of the rate application package submitted to the Department. If more than sixty (60) days has passed since the submission of the request for approval, and no approval letter has been issued by the Attorney General, then a rate, not to exceed 120 days, shall be set pending receipt of the approval.~~

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- (e) ~~Section 999.1(a), California Code of Regulations states in part:~~

~~"Giving Notice to and Submitting Requests to Attorney General: When Notice or Request is Deemed 'Filed with Attorney General.' For purposes of giving notice to the Attorney General or submitting requests for approval or other action to the Attorney General pursuant to any of the subsections contained in sections 999.2 through 999.4 of these Regulations, all notices and requests shall be submitted in writing at the office listed below...~~

~~"Attorney General, Charitable Trusts Section
-50 Fremont Street, Suite 300
-San Francisco, CA 94105-2239~~

~~"...Said written notices or requests shall be deemed to be filed with the Attorney General when the notices or requests are received at the office of the Attorney General with the information required by sections 999.2(e), 999.3(e) and 999.4 of these regulation."~~

- (d) ~~All applicants needing this review by the Attorney General are urged to submit no later than January 1, 1998 and then by January 1 of the year in which they renew their lease.~~

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- .36 ~~(Reserved)~~ If all the required documents necessary to the actual setting of rates have been received, but additional documentation is needed, the rate request shall be considered complete if the remaining documentation is postmarked within 30 days after notification by the Department.
- .37 The Department's good cause procedures shall be as follows:

- .371 Providers unable to submit a ~~timely or~~ complete rate application by the due date shall be allowed to submit in writing, a request for a determination of good cause as defined in Section 11-400g.(1) which shall be postmarked ~~within~~ no later than five (5) calendar days of following the application due date. (Continued)
- .372 Within ~~40~~ 15 calendar days of the postmarked date of the request for a determination of good cause, the Department shall make a determination of good cause and shall notify the provider in writing of the determination.
- (a) When the Department ~~determines there has been~~ approves a request for good cause for a late or incomplete filing of an application, ~~the Department shall notify the provider that~~ a complete application is due within 30 days of the postmark of the Department's approval notification or 30 days after the original application due date, whichever is later.
- (1) For complete applications submitted in accordance with Subsection (a), the effective date of the rate shall be ~~July 1~~ in accordance with Section 11-402.34.
- (2) Applications which are incomplete or are not submitted ~~within the 30-day period in~~ accordance with Subsection (a) shall be subject to the penalties in Section 11-402.38. (Continued)
- .38 The Department's penalty procedures for late or incomplete applications shall be as follows:
- .381 ~~For a late application:~~
- (a) ~~Submitted after the due date and before June 1, the rate shall be effective August 1 unless:~~ Applications not submitted on or before the due date and applications that are incomplete are considered late applications.
- (1) ~~The new rate is less than the old rate, the effective date shall be retroactive to July 1.~~
- (b) ~~Submitted on or after June 1 but before July 1, the rate shall be effective September 1 unless:~~ The rates for late applications are subject to a monetary penalty equal to three (3) percent of the rate.
- (1) ~~The new rate is less than the old rate, the effective date shall be effective, retroactive to July 1.~~
- (c) ~~Not submitted by July 1, the group home program shall be subject to the rate termination process as specified in Section .393. The rate is subject to the penalty for the number of months the application was late~~

beginning on either the rate effective date or the date the rate is reinstated if terminated.

- (d) The rate is subject to termination if the complete application is not received on or before the rate effective date.

~~.382 For an incomplete application which is later completed:~~

- (a) ~~After the due date but before June 1, the effective date of the rate shall be the same as for a late application in Sections .381(a) and (a)(1).~~
- (b) ~~On or after June 1 but before July 1, the effective date of the rate shall be the same as for a late application in Sections .381(b) and (b)(1).~~

~~.383 For an incomplete application that remains incomplete after July 1:~~

- (a) ~~The rate shall be set based on the limited information available.~~
- (1) ~~The effective date of the rate shall be August 1 unless the rate as determined is lower than the current rate, in which case, the date of the rate shall be retroactive to July 1.~~
- (b) ~~If the rate cannot be set based on the limited information, the Department shall proceed with the rate termination process as specified in .393.~~
- (c) ~~Notwithstanding Section 11-402.383(a) and (b), any program that refuses to comply with the requirement to submit a complete rate application in accordance with Sections 11-402.35 and 11-402.36 shall have its rate terminated as specified in Section 11-402.393.~~

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Example: Application is due January 1 and rate is effective March 1; if the application is late but completed in January, the rate is penalized for one month in the month of March.

Application is due January 1 and rate is effective March 1; if the application is late but completed in February, the rate is penalized for two months in the months of March and April.

Application is due January 1 and rate is effective March 1; if the application is not completed by March 1, the group home program shall be subject to the rate termination process as specified in Section 11-402.393 for failure to submit a complete rate application prior to the rate effective date. Once reinstated, the rate is penalized for the number of months late beginning in the month reinstated.

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.39 (Continued)

.4 Deviations from ~~Annual~~ On-going Group Home Program Rate Setting

.41 New Program

.411 An initial rate application from an existing provider for a new program shall include all required forms and information listed in Sections 11-402.351 through 11-402.3598, the FCR 16, Group Home Shelter Costs, Self-Dealing Transactions Declaration and Survey, and the Group Home Program Cost Report (SR 3) with projected cost data with the following additional requirements: (Continued)

.413 The Department shall establish the provisional rate based on the projected RCL for a group home program using data submitted by the provider in the initial rate application specified in Sections 11-402.351-~~36~~ through 11-402.358.

.414 The Department may request additional information to complete the initial rate application process in accordance with Sections 11-402.524(b)(1) ~~through (3)~~ 437(a) through 11-402.437(c). (Continued)

.42 New Provider

.421 A new provider shall be as defined in Section 11-400n₂(4).

(a) For foster care group home rate setting purposes, a new provider shall not be any of the following: (Continued)

(4) A provider who fails to submit an ~~annual~~ rate application for an on-going program. (Continued)

.422 An initial rate application from a new provider shall include all required forms and information listed in Sections 11-402.351 through 11-402.3598, and FCR 16, Group Home Shelter Costs, Self-Dealing Transactions Declaration and Survey, as appropriate, with the following additional requirements: (Continued)

(b) The Group Home Program Cost Report (SR 3) and ~~Group Home Program Days of Care Schedule (SR 5) (Rev. 10/94)~~ shall be completed identifying projected data for the rate period. (Continued)

(d) ~~A copy of the provisional license issued by CCL in accordance with Title 22, California Code of Regulations, (CCR) Division 6, and the permanent license when received.~~

(e) ~~Effective with the implementation of the group home administrator certification program, the group home administrator certificate indicating completion of that program as required in Health and Safety Code Section 1522.41.~~ (Continued)

.426 The Department shall establish the provisional rate based on the projected RCL for a group home program using data submitted by the provider in the initial rate application specified in Sections 11-402. 351 through 11-402.3598.

.427 The Department may request additional information to complete the initial rate application process in accordance with Sections 11-402.524(b)(1) ~~through (3)~~ 437(a) through (c).

.43 Program Changes

.431 A program change shall be as defined in Section 11-400p.(7). (Continued)

(c) The Department shall: (Continued)

(2) For purposes of (c)(1) the Department may request additional information to complete the program change application process in accordance with Sections 11-402.524(b)(1) ~~through (3)~~ 437(a) through (c). (Continued)

.432 An application for an RCL change or a program change shall include:

(a) A complete Group Home Program Rate Application, (SR 1, ~~Rev. 12/94~~).

(b) A complete Program Classification Report, (SR 2, ~~Rev. 12/94~~). (Continued)

(e) ~~A copy of the provisional~~ The current license issued by CCL in accordance with Title 22, ~~Division 6, Chapter 5,~~ California Code of Regulations, Division 6, and ~~the permanent license when received for~~ each facility.

(f) A copy of the current lease or rental agreement if not previously submitted, and an FCR 16, Group Home Shelter Costs, Self-Dealing Transactions Declaration and Survey. (Continued)

.435 For a complete rate application, ~~The~~ effective date of the rate for program changes, by the type of change, shall be: (Continued)

(b) For the RCL which is changing: (Continued)

- (2) For an increase in RCL, the effective date of the provisional rate shall be the later of the provider's proposed effective date on the Group Home Program Rate Application, SR 1 (~~Rev. 12/98~~) submitted for the program change or 30 days after the postmark on the program change application. For an increase in RCL, the effective date of the rate, whether it will maintain or decrease the provisional rate, shall be the first of the month following the date of the issuance of the Department's program audit report.
- (c) For changes affecting more than one program operated by one or different providers, the effective date of the provisional rate shall be the later of the provider's proposed effective date on the SR 1 (~~Rev. 12/98~~) form(s) or 30 days after the postmark on the program change application(s). The effective date of the rate, whether it will maintain or decrease the provisional rate, shall be the first of the month following the date of the issuance of the Department's program audit report.
(Continued)

.437 For an incomplete rate application the date of the rate shall be:

- (a) If the Department determines that a rate application is incomplete, the group home provider shall be allowed to submit additional information to complete the rate application. The due date for the additional information shall be 30 days from the postmark date of the Department's request for additional information.
- (b) The effective date of the rate for a group home provider who initially submits an incomplete rate application shall be the postmark date or the date the additional information is hand-delivered to the Department but not earlier than the effective date specified in Sections 11-402.412 and 11-402.424.
- (c) A group home provider who does not submit the additional information requested by the Department shall not be eligible to have a rate established for the group home program for which the rate application was submitted.

.44 Programs Classified at RCL 12 or Below Which Fail to Maintain the RCL

.441 A group home provider who self-reports information in any rate application as ~~defined in Section 11-400r.(1)~~ that results in a failure to maintain its RCL shall be subject to the provisions of Section 11-402.443. For programs classified at RCL 13 or RCL 14 refer to Section 11-402.46. (Continued)

.45 Program Reinstatement/Recission

.451 A program reinstatement is a process to re-establish a program that has been terminated as specified in Sections 11-402.38, 11-402.39, 11-402.524, 11-402.525, 11-402.526, 11-402.527, ~~11-402.667~~, 11-402.668, 11-402.669, and 11-405.217 through .219. A program shall be reinstated when the Department determines that all appropriate requirements specified in Sections 11-402.3, 11-402.667, and 11-405.2 have been met. For programs classified at RCL 13 and RCL 14, all requirements as specified in Section 11-402.181 must be met. (Continued)

.453 The rate shall be set, based on the current rate of the RCL for the fiscal year, at the lesser of: in which the program is reinstated per Section 11-402.34.

(a) ~~The existing rate prior to termination, or~~

(b) ~~The standard rate of the RCL in which the program is reinstated.~~

.454 The Department may rescind a program termination up to the date of termination as stated in the termination letter to the provider.

(a) All penalties as specified in Section 11-402.38 shall apply.

(b) No rescission will be granted if the program is subject to Section 11-402.664. (Continued)

.5 Program Audits

Any non provisional audit conducted on programs that have not been established on a biennial basis shall be conducted in accordance with the regulations in effect on January 1, 2005.

.51 (Continued)

.512 The purpose of program audits shall be to determine if the program's projected RCL was or was not maintained

(a) ~~Program audits for FY 1990-91 shall be performed in accordance with Section 11-402.93.~~

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~~.513~~ Beginning January 1, 1994, unless otherwise specified in law, a program audit will follow the field work standards contained in the "Field Work Standards for Performance Audits" section of "Government Auditing Standards" (Rev. 1988) by the Comptroller General of the United States, United States General Accounting Office.

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.5143 Noncompliance by the Department with the "Field Work Standards for Performance Audits" section of the "Government Auditing Standards" (Rev. 1988) by the Comptroller General of the United States, United States General Accounting Office, shall not preclude or bar the Department from sustaining or collecting actual overpayments, or otherwise invalidate an audit report.

.52 Providers shall maintain program records for a minimum of five years and make them easily accessible to any Departmental staff conducting program audits. Program records to be maintained include, but are not limited to the following:
(Continued)

~~.524 A group home provider shall provide or allow the Department access to group home program records needed to establish a rate pursuant to a rate application, conduct a fiscal or program audit, evaluate cost data reported by group home providers, or enable the Department to collect an overpayment.~~

~~(a) A group home provider, submitting an annual rate application, requesting a rate that will be effective for the next fiscal year, shall be subject to the requirements of Sections 11-402.31 through .39.~~

~~(b) An existing group home provider submitting a rate application for a new program or program change or new group home provider submitting a rate application for a new program shall submit a completed rate application in accordance with Section 11-402.4.~~

~~(1) If the Department determines that a rate application is incomplete, the group home provider shall be allowed to submit additional information to complete the rate application. The due date for the additional information shall be 30 days from the postmark date of the Department's additional request for information.~~

~~(2) The effective date of the rate for a group home provider who initially submits an incomplete rate application shall be the postmark date or the date the additional information is hand-delivered to the Department but not earlier than the effective date specified in Section 11-402.4.~~

~~(3) A group home provider who does not submit the additional information requested by the Department shall not be eligible to have a rate established for the group home program for which the rate application was submitted.~~

.5254 A group home provider shall provide or allow the Department access to group home program records needed to establish a rate pursuant to a rate application in accordance with Sections 11-402.3 and 11-402.4, conduct either a fiscal

~~audit in accordance with Sections 11-405.1 and 11-402.8 or a program audit in accordance with Section 11-402.5, enable the Department to collect an overpayment in accordance with Section 11-402.6, or evaluate reported cost data from reported by group home providers in accordance with Section 11-402.8, or conduct a fiscal audit in accordance with Section 11-405.1.~~
(Continued)

.5265 (Continued)

- (a) A group home provider who does not provide immediate access to the Department under Section 11-402.5265 shall have its rate terminated.
(Continued)

.5276 (Continued)

- (c) A completed Group Home Program Days of Care Schedule - SR 5 (~~Rev. 10/94~~) shall be submitted on a monthly basis.
- (d) A group home provider who does not provide the Department with the requested information shall have its rate terminated. In such cases, the following requirements shall ~~21~~ be met prior to the termination of a group home program rate: (Continued)

.53 Conducting Program Audits

.531 Program audits of on-going program with no program changes during the audit period shall be conducted by reviewing the provider's report of the actual RCL and program information for the audit period.

(b) The Department shall:

- (1) For group home programs classified at RCL 12 or below, or for programs classified at RCL 13 or 14 when an audit was conducted prior to September 14, 1992, select and review for accuracy no fewer than two months plus the most current completed month of operation, of reported data for each provider-fiscal year of the audit period.
- (2) ~~Except as provided in Section 11-402.531(b)(3), r~~Recompute the actual eligible hours, weightings, and program points as specified in Sections 11-402.211 through .2398 to determine reporting accuracy.
- (3) ~~Prior to July 1, 2002, recompute the actual eligible hours, weightings, and program points for a CTF as specified in Section 11-402.211 through .239 to determine reporting accuracy using the~~

~~actual occupancy but not less than 80 percent or greater than 90 percent of licensed capacity.~~

~~(43) (Continued)~~

~~(54) (Continued)~~

~~(65) (Continued)~~

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Welfare and Institutions Code Sections 11462.01(d), ~~and (d)(1), and (d)(2)~~ state the following: (Continued)

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~~(76) (Continued)~~

(c) The Department shall determine whether or not children in placement in a group home program, classified at RCL 13 or 14, are assessed/qualified children, as defined in Section 11-400a.(1). (Continued)

~~(2) If, during a group home program audit, it is discovered that a child was not certified during the 1991/92 Fiscal Year, the Department shall assess a penalty against the group home provider, as follows:~~

~~(A) The amount of the penalty shall be the difference between the rate paid and the standard rate for RCL 3 for the 1991/92 Fiscal Year for each month of placement for each child who was not certified during the 1991/92 Fiscal Year.~~

~~(B) The group home program shall not be reclassified to a lower RCL for failure to have the child certified.~~

~~(A) If the recomputed RCL is the same as the reported RCL, the reported data shall be considered accurate. See Section 11-402.534.~~

~~(B) If the recomputed RCL is less than the reported RCL, the reported data for additional months of the audit period shall be reviewed for accuracy as specified in (2) and (3).~~

~~(i) If after data from all months of the audit period has been reviewed and the recomputed RCL continues to be less than the reported RCL, the recomputed RCL shall be considered accurate and the program shall be~~

~~assessed an overpayment. See Section 11-402.6.~~
(Continued)

.55 Corrective Action (Continued)

.552 (Continued)

- (c) Program Classification Report - SR 2 (~~Rev. 12/94~~);
- (d) Child Care and Supervision Component Program Worksheet - SR 2A (~~Rev. 4/92~~);
- (e) Social Work Component Program Worksheet - SR 2B (~~Rev. 3/92~~); and
- (f) Mental Health Component Program Worksheet - SR 2C (~~Rev. 3/92~~).

.56 Audit Adjustment Process

.561 (Continued)

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Welfare and Institutions Code Section 11466.2(b)(2) states the following:

"(2) ~~Beginning in fiscal year 1990-1991,~~ ~~†~~The department shall modify the amount of the overpayment pursuant to paragraph (1) in cases where the level of care and services provided per child in placement equals or exceeds the level associated with the program's RCL. In making this modification, the department shall determine whether services other than child care supervision were provided to children in placement in an amount that is at least proportionate on a per child basis to the amount projected in the group home's rate application. In cases where these services are provided in less than a proportionate amount, staffing for child care supervision in excess of its proportionate share shall not be substituted for non-child care supervision staff hours."

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.562 ~~Beginning with fiscal year 1990-91,~~ ~~†~~The Department shall adjust its audit report of a group home program audit conducted pursuant to Sections 11-402.5 and 11-402.6 and adjusted in accordance with Section 11-402.561 if all of the following requirements are met: (Continued)

- (b) The group home program hours for social work activities and mental health treatment services provided to children in placement shall be provided on a proportional per child basis to the amount originally

projected in a group home program's ~~annual~~ on-going rate application request, new program application request, program change application request, corrective action application request, or a program reinstatement application request; (Continued)

- (d) In order to qualify for an audit adjustment, a group home provider shall provide, at a minimum, the level of care and services projected on line 16 of the Program Classification Report (SR 2, ~~Rev. 12/94~~), per child per month, for children actually in placement, in each of the service components of child care and supervision, social work activities, and mental health treatment services. (Continued)

.6 Overpayments (Continued)

.62 (Continued)

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~~.623~~ Example: A provider submits an application indicating an RCL of five. The Department verifies the projected RCL five. A clerical error is made in the notification letter to the provider indicating the projected RCL is seven. In this situation, the provider is aware or should reasonably be aware that his/her program is only an RCL five. If the provider fails to notify the Department of the discrepancy, an overpayment shall be generated.

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~~.6243~~ The provider's ~~annual~~ on-going group home program rate application is submitted late and/or incomplete. (Continued)

~~.6254~~ (Continued)

~~.6265~~ (Continued)

~~.6276~~ (Continued)

~~.6287~~ (Continued)

~~.6298~~ (Continued)

.63 Overpayments shall be determined by:

.631 The provider reporting information to the Department related to the ~~annual~~ on-going group home program rate application, new program and RCL changes. (Continued)

.633 The Department verifying through a fiscal audit that a group home provider expended AFDC-FC program funds on items not listed in Section 11460(b) of the Welfare and Institutions Code (see handbook example at Section 11-402.824) or Section 11-402.8276 or on items listed in Section 11-402.8265. (Continued)

.64 Overpayment Processing: (Continued)

.642 The beginning date of an overpayment shall be the earlier of:

(a) ~~July 1 of the affected~~ The first day of the provider's fiscal year within the audit period for an on-going program, or (Continued)

.643 (Continued)

(g) (Continued)

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.644 Example: The actual average RCL is one RCL below the projected average RCL. A provider has a six-bed facility with an average of five actual occupancy. Projected RCL for FY(s) 90-91 and 91-92 is RCL 6, point range 180-209. The following are the actual monthly points generated by the provider: (Continued)

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.66 Overpayment Collection (Continued)

.663 The Department shall allow a group home provider who owes either a self-reported or sustained overpayment to repay the overpayment amount through a repayment agreement, as defined in Section 11-400r.(57). The repayment agreement shall be entered into within 30 days from the date of a sustained overpayment or 30 days from the postmark date of a letter notifying a group home provider of a self-reported overpayment and shall contain all of the following terms:

(a) The overpayment amount plus interest in accordance with Section 11-400r.(57) shall be repaid within 9 years from the date the repayment agreement is effective:

(1) The overpayment amount shall become due and payable in accordance with Section 11-400o.(34).

(2) (Continued)

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Welfare and Institutions Code Section 11466.25 states the following:

"~~(a)~~ Interest begins to accrue on a group home provider overpayment on the date of the issuance of the final audit report."

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(b) (Continued)

(c) The minimum monthly repayment amount to be used for a repayment period not to exceed 9 years for the overpayment amount including interest shall be 3 percent of the program's monthly income. The interest shall be based on the following: (Continued)

(3) The interest rate is fixed using the Surplus Money Investment Fund rate in effect on the date interest begins to accrue in accordance with Welfare and Institutions Code 11466.25. (Continued)

(f) (Continued)

(2) A group home provider may choose one of the following options to ensure that the requirement in Section 11-402.662~~3~~(f)(1) is met. (Continued)

.664 (Continued)

(a) (Continued)

(1) The overpayment amount shall become due and payable in accordance with Section 11-400o.~~(34)~~. (Continued)

.667 (Continued)

(a) ~~Annual~~ On-going rate applications shall not be approved for any group home provider under either of the following circumstances: (Continued)

.669 A group home provider that has a rate terminated under Section 11-402.668 shall have the rate terminated in accordance with Sections 11-402.393~~(a), (b), and (d)~~ and 11-402.394. (Continued)

.8 Cost Reporting (Continued)

.82 Allowable Costs

Reported costs shall be actual allowable and reasonable as defined in federal statutes and regulations including 45 CFR, Part 74 and 45 CFR, Part 1356 in addition to other costs listed in Sections 11-402.8221 and .8232.

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~~.821~~ Actual allowable and reasonable costs as defined in 45 CFR, parts 74 and 1356 state in part: (Continued)

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~~.822~~1 (Continued)

~~.823~~2 (Continued)

~~.824~~3 The reasonable, lease or rental costs for real property.

- ~~(a) Beginning Fiscal Year 1998/99, an approval letter from the State Attorney General's Charitable Trust Section shall be required as verification of review and approval of shelter costs which include self-dealing transactions, as defined in Nonprofit Corporation Law, Title 1, Division 2, Section 5233, California Corporations Code.~~
- ~~(1) To request a review by the Attorney General's Charitable Trust Section, a provider shall submit a written request by certified mail, return receipt requested, to the Attorney General's Charitable Trust Section for review and approval of the transaction as specified by Title 11, Division 1, Chapter 15, Section 999.1(a), California Code of Regulations.~~
- ~~(2) The approval letter received from the Attorney General's Charitable Trust Section shall be included as a component of the rate application package submitted to the Department. If more than sixty (60) days has passed since the submission of the request for approval, and no approval letter has been issued by the Attorney General, then a provisional rate, not to exceed 120 days, shall be set pending receipt of the approval.~~
- ~~(3) These records shall be maintained for a period of not less than five (5) years.~~

~~.825~~4 The reasonable cost incurred for vehicle and equipment leases as if owned by the provider as described in Section 11-402.8287(b). (Continued)

.8265 Costs that are not allowable shall include, but not be limited to, the following:
(Continued)

- (i) The cost of more than one appraisal per year per facility; the cost of an appraisal performed by an appraiser deemed by the Department not to be a qualified, professional appraiser meeting the standard specified in Section 11-402.8287(a)(1)(A)(ii); and the cost of appraisals performed under a less-than-arms-length agreement or by a person or persons employed by, under contract with for purposes other than performing appraisals, or having a material interest in any group home which receives AFDC-FC funds. (Continued)

- (l) Except as provided in Welfare and Institutions Code 11462.06(d)(1), commencing July 1, 2003, self-dealing lease transactions for shelter costs are not eligible for an AFDC-FC rate.

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Welfare and Institutions Code 11462.06(d)(1) states:

"Commencing July 1, 2003, any group home provider with a self-dealing lease transaction for shelter costs, as defined in Section 5233 of the Corporations Code, shall not be eligible for an AFDC-FC rate."

Welfare and Institutions Code 11462.06(d)(2) states:

"Notwithstanding paragraph (1), providers that received an approval letter for a self-dealing lease transaction for shelter costs during the 2002-03 fiscal year from the Charitable Trust Section of the Department of Justice shall be eligible to continue to receive an AFDC-FC rate until the date that the lease expires, or is modified, extended, or terminated, whichever occurs first. These providers shall be ineligible to receive an AFDC-FC rate after that date if they have entered into any self-dealing lease transactions for group home shelter costs."

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.8276 Cost Components. The nine cost group definitions are as follows:

- (a) CCS. All costs related to the hours of CCS reported in the Program Classification Report ~~{(SR 2) (Rev. 12/94)}~~ are to be reported. These include functions of day-to-day care of the child that would be considered ordinary parental duties and supervision of the caregiver. Do not include social work activities. Include payroll, payroll taxes and employee benefits. Include contract costs if a child care worker is under contract.

- (b) Social Work Activity. All costs related to the direct social work services described in Sections 11-400s₂(34) and 11-402.212, including but not limited to, payroll, payroll taxes, employee benefits, and contract costs, if a social worker is under contract. (Continued)
- (i) Administration. The costs necessary for the on-going administration and support functions of the organization include, but are not limited to, administration payroll; contracts; telephone and telegraph; postage and freight; office supplies; administrative travel; conferences; meetings; in-service training; memberships; subscriptions; dues, printing and publications; bonding; general insurance; organizational costs; advertising; recruiting; and miscellaneous.

.8287(Continued)

- (a) (Continued)

- (1) (Continued)

- (B) Shelter costs for the purpose of the limit specified in Section 11-402.8287(a) shall include, but not be limited to, the following: (Continued)

- (b) (Continued)

- (2) Except as provided in Section 11-402.8287(b)(1), the total annual costs for vehicles may include the reasonable costs of purchasing or leasing and operating group home vehicles, including such costs as: depreciation, insurance, fuel, maintenance and repairs, license fees, taxes, and reimbursements to employees for business use of their personal vehicles. (Continued)

Authority cited: Sections 10553, 10553(e), 10554, 11460(b), 11462, 11462(a)(3), 11462(j), 11462.06, 11466.1, 11466.2, and 11466.21, Welfare and Institutions Code and Chapter 1294, Statutes of 1989, Section 23.

Reference: Sections 1502(a)(1), 1502.4(b), and 1530.8, Health and Safety Code; Section 3353, California Labor Code; Sections 366, 4096.5, 4096.5(a), (c), (c)(1), and (2), and (d), 10852, 11226, 11228, 11230, 11231, 11232, 11233, 11235, 11236, 11400(h), 11402.5(a), 11460, 11460(b)(1), 11462, 11462(a)(1), (a)(2) and (a)(3), 11462(d), 11462(e)(3), 11462(g)(14), 11462(i)(1)(B), 11462.01(a),

(a)(1), (2), and (3), 11462.01(b), 11462.01(d), (d)(1) and (2), 11462.01(e), 11462.01(f)(1), (2), and (3), 11462.01(g)(1), (2), (3), and (4), 11462.01(h), 11462.01(i)(1), (2), and (3), 11462.01(j), 11462.03, 11462.06(d)(1) and (d)(2) (Senate Bill 1104, Chapter 229, Statutes of 2004), 11466.1, 11466.2, 11466.2(b)(2), 11466.3, 11466.4, 11466.22, 11466.25, 11466.31, 11466.32, 11466.33, 11466.34, 11466.35, 11466.36, 11467, 11467.1 (Assembly Bill 1197, Chapter 1088, Statutes of 1993), 11468 through 11468.6, 16522(a) and (b), 16501.1(d), and 18350, Welfare and Institutions Code; Sections 1502(a)(1) and (a)(8), Health and Safety Code; Section 4980.08, Business and Professions Code; Assembly Bill 1575, Chapter 728, Statutes of 1997; Public Laws 98-502 and 104-156; The Classification of Group Home Programs Under the Standardized Schedule of Rate System Report, August 30, 1989; Title 8, California Code of Regulations, Section 11050, ~~Title 11, California Code of Regulations, Section 999.1(a)~~; and Title 1, Division 2, Section 5233, California Corporations Code; and federal Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations; Government Auditing Standards of the Comptroller General of the United States (Yellow Book); Department of Health and Human Services, Administration for Children and Families letters dated April 19, 2001, February 22, 2002 and May 7, 2002; and the Internal Revenue Code Section 4958.

Amend Section 11-403 to read:

11-403 FOSTER FAMILY AGENCY RATES

11-403

(a) Rate Determination Process

(1) (Continued)

(B) The rate for a foster family agency program which does not provide treatment services shall be the foster family agency basic rates as specified in Section 11-403(d)(1)(A B)(i). (Continued)

(b) Rate Ceilings – Rate ceilings are pursuant to Welfare and Institutions Code 11461(a)(2) and 11463.

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~~(1) Welfare and Institutions Code Section 11463 provides that no county shall be reimbursed for any percentage increases in payments, made on behalf of AFDC-FC funded children who are placed with foster family agencies, which exceed the percentage cost of living increase provided in any fiscal year beginning on or after January 1, 1990, as specified in subdivision (e) of Section 11461.~~

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(c) (Continued)

(d) Rate Calculation

(1) The rate shall consist of the sum of the following amounts per month per child:

(A) The foster family agency basic rate as specified in Section 11-403(d)(1)(A B)~~±~~, plus an additional increment for the child of \$~~190~~ 210;

(B) ~~±~~. The following FFA Basic Rates are effective July 1, ~~1999~~ 2001.

Age	0-4	5-8	9-11	12-14	15-19
FFA Basic Rate	375 <u>414</u>	407 <u>450</u>	434 <u>479</u>	482 <u>533</u>	525 <u>580</u>

(B) ~~C~~ The lesser of the actual allowable amount of \$329 for social work services, or the actual allowable amount for the immediately preceding calendar year of \$271 most recent program fiscal year reported by the provider, whichever is less;

(E) An amount equal to two-thirds of the sum of (A), ~~and~~ (B) and (C) above for recruitment, training, and administration. Effective January 1, 2000, two-thirds shall equal .667.

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(D) EXAMPLE: The total rate for a 12-year-old child for FY ~~99-00~~ 01-02 would be computed as follows:

Basic rate	\$482	<u>533</u>
Increment for child	<u>190</u>	<u>210</u>
Social work services	<u>271</u>	<u>329</u>
	\$943	<u>1,072</u>

Take two-thirds (.6667) times the subtotal:

$$.6667 \times 943 \text{ } \underline{1,072} = 628 \text{ } \underline{715}$$

The recruitment, training, and administration amount would be \$628 715; the total rate would be \$~~1,571~~ 1,787 (\$943 1,072 + \$628 715).

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(e) (Continued)

(f) On-going Foster Family Agency Rate Request Process (Continued)

(1) Rate Request Submission (Continued)

(B) A rate request shall be considered complete when all required forms, program statement, and other supporting documentation have been completed and submitted to the Department.

1. If all the required forms necessary to the actual setting of rates have been submitted, but additional documentation is needed, the rate request shall be considered complete if the foster family agency submits the remaining documentation within 30 days after notification by the Department.

A complete rate request shall include:

- a. A complete Foster Family Agency –Data and Certification Sheet (FCR 1FFA);
- b. A complete Program Description Checklist (FCR 2FFA);

- c. A complete Days of Care Schedule (FCR 3FFA) for the rate period;
- d. A copy of the license issued by CCL in accordance with Title 22, Divison 6, of the California Code of Regulations, for each foster family agency, when received;
- e. The organization's tax exempt status letter from either the Internal Revenue Service (IRS) or the California Franchise Tax Board designating the provider as tax exempt; if any changes have occurred since submission of the last tax exempt status letter;
- f. An endorsed copy of the agency's Articles of Incorporation, filed with the California Secretary of State, if any changes have occurred since submission of the last Articles of Incorporation, demonstrating the organization:
 - (i) Operates in the public interest for scientific, education, service or charitable purposes;
 - (ii) Is not organized for profit making purposes; and
 - (iii) Uses its net proceeds to maintain, improve or expand its operations.
- g. A declaration signed by the non profit corporations' Board of Directors that the non profit corporation will operate during the rate period in the public interest for scientific, education, service or charitable purposes; is not organized for profit making purposes; and uses its net proceeds to maintain, improve or expand its operations;
 - (i) The provider shall immediately notify the Department if the non profit corporation ceases to operate on a non profit basis.
 - (ii) The provider shall immediately notify the Department whenever the non profit corporation becomes inactive, suspended, or otherwise is not in good standing.
- h. A copy of the credentials demonstrating that each social worker providing services for the program meets the requirement specified in the Health and Safety Code Section 1506, if not submitted with a previous rate request.

(C) ~~For Fiscal Year 1985/86, a A complete rate request shall be due August 1, 1985 according to a schedule determined by the Department. The Department shall provide reasonable written notice of the scheduled due date.~~

1. ~~A late rate request shall not be accepted from an existing foster family agency after November 1, 1985. A foster family agency that does not submit a complete rate request by the rate effective date shall not have a rate set for the new rate period, and shall not be eligible to receive AFDC-FC funds 60 days after the rate effective date.~~

2. ~~Foster family agencies which do not submit a rate request by November 1, 1985 shall not have a rate set for the new fiscal year and shall not receive AFDC-FC funds after February 1, 1986.~~

(D) ~~A complete rate request is due April 1.~~

1. ~~Foster family agencies which do not submit a complete rate request by July 1 shall not have a rate set for the new fiscal year and shall not receive AFDC-FC funds after September 1, except as provided for in Section 11-403(f)(3).~~

HANDBOOK BEGINS HERE

(E) ~~Penalties for submission of late rate requests are specified in Section 11-403(f)(2)(B).~~

HANDBOOK ENDS HERE

(FD) ~~Exceptions to these due dates shall be as specified in Section 11-403(g).~~

(2) Effective Date of Rates

(A) ~~July 1 shall be t~~The effective date for of the rates when the rate request is submitted on time or late with good cause shall be the first day of the second month following the rate request due date.

HANDBOOK BEGINS HERE

Example: Due date is January 1

- January is not counted
- First day of second full month following January is March

Effective date is March 1

HANDBOOK ENDS HERE

~~(B) Effective dates of rates for foster family agencies which submit a late rate request without good cause shall be established as follows:~~

- ~~1. If the rate request is submitted from one day to one month late, the effective date will be August 1.~~
- ~~2. If the rate request is submitted from one month and one day to two months late, the effective date will be September 1.~~
- ~~3. If the rate request is submitted two months and one day late or later, but before July 1, the effective date will be October 1.~~
- ~~4. Where the new rate is lower than the old rate, the lower rate shall be set retroactively to July 1 and adjusted pursuant to Section 11-403 on overpayments.~~

~~(CB) Exceptions to the effective dates of rates shall be as specified in Section 11-403(g).~~

(3) Penalty Procedures

The Department's penalty procedures for late or incomplete rate requests shall be as follows:

- (A) Rate requests not submitted on or before the due date and rate requests that are incomplete are considered late rate requests.
- (B) The rates for late requests are subject to a monetary penalty equal to three (3) percent applied to the agency's administrative rate component of the rate per child.
- (C) The rates are subject to the penalty for the number of months the rate request was late beginning on either the rate effective date or the date the rate is reinstated if the rate expired or is terminated.
- (D) The foster family agency program shall be subject to expiration of the rate in accordance with Section 11-403(f)(1)(C)1. for failure to submit a complete rate request prior to the rate effective date.

HANDBOOK BEGINS HERE

Example: Rate request is due January 1 and rate is effective March 1; if the rate request is late but completed in January, the administrative component of the rate per child is penalized for one month in the month of March.

Rate request is due January 1 and rate is effective March 1; if the rate request is late but completed in February, the administrative component of the rate per child is penalized for two months in the months of March and April.

Rate request is due January 1 and rate is effective March 1; if the rate request is not completed by March 1, the foster family agency program shall be subject to the rate termination process as specified in Section 11-402.393 for failure to submit a complete rate application prior to the rate effective date. Once reinstated, the administrative component of the rate is penalized per child for the number of months late beginning in the month reinstated.

The total rate for a 12-year old child would be computed as follows:

<u>Basic rate</u>	<u>\$ 533</u>
<u>Increment for child</u>	<u>210</u>
<u>Social Work services</u>	<u>329</u>
<u>Total</u>	<u>\$1,072</u>

Take two-thirds (.667) times the subtotal: $.667 \times \$1,072 = \715
 $\$1,072 + \$715 = \$1,787$

PENALTY APPLIED:

Take three (3) percent of \$715 ($\$715 \times .03 = \21.45)
 $\$715 - \$21.45 = \$693.55$

The amount for the administrative component is reduced \$21.45 per child per month. The total rate is \$1,765.55 ($\$1,072 + \693.55). This reduced amount will be paid for the number of months late. For the remaining ongoing rate period, the full rate will be paid for each child.

HANDBOOK ENDS HERE

(3 4) Rate Reestablishment

- (A) A rate reestablishment is a process to reestablish a foster family agency program rate for the remainder of the ~~fiscal year~~ scheduled rate period that could not be established in accordance with Section 11-403(f)(1)(C)1, or was terminated for failure to submit a financial audit report as specified in Section 11-405.219. A program rate shall be reestablished when the Department determines that all applicable rate request requirements have been met.

1. The effective date of the rate for a complete rate request ~~submitted after July 1~~ shall be no earlier than ~~September 1 or the date of the Department's written notification of reestablishment of the rate to the foster family agency, whichever is later~~ the first day of the second month following the rate request due date.
2. The rate shall be set, based on the lesser of:
 - (i) the provider's rate for the prior fiscal year, most recent rate minus three (3) percent of the administrative rate component per child per month for the number of months a rate request is incomplete or late; or
 - (ii) the current Foster Family Agency Schedule of Rates for the current fiscal year minus three (3) percent of the administrative rate component per child per month for the number of months a rate request is incomplete or late. (Continued)

(g) Deviations from the Ongoing Foster Family Agency Rate Setting Request Process

(1) New Foster Family Agency Providers (Continued)

(B) The rate for new foster family agency providers shall be determined in accordance with Section 11-403(a)(1).

1. The rate effective date for a new provider or a new program shall be the later of the:
 - a. date the Department received a complete rate request as specified in Section 11-403(f)(1)(B); or
 - b. date the license was issued; or
 - c. date of first placement (Continued)

(l) Good Cause for Late Foster Family Agency Rate Request

- (1) A provider who is unable to submit a complete rate request by the due date shall be allowed to submit ~~a written~~ in writing a request for a ~~30-day extension based on determination of~~ good cause as defined in Section 11-400g.(1). The good cause request shall be postmarked ~~within~~ not later than five (5) calendar days ~~of~~ following the rate request due date and shall contain the following: (Continued)

- (2) Within ~~ten~~ 15 calendar days of the postmarked date of a provider's request for a 30-day good cause extension, the Department shall either approve or deny the request and shall notify the provider in writing of the determination.
- (A) ~~An approved~~ When the Department approves a request shall allow the provider to submit a complete for good cause for a late or incomplete filing of a rate request, within 30 days of the postmarked date of the Department's notification letter. A a complete rate request submitted is due within the 30- days time period shall have a rate effective date of July 1 of the postmark of the Department's approval notification or 30 days after the original rate request due date, whichever is later.
- (B) ~~A complete r~~Rate requests that is which are not submitted within the 30-day time period in accordance with Subsection (A) shall have a rate effective date established in accordance with be subject to the appropriate penalty contained in Section 11-403(f)(~~2~~ 3)(~~B~~).
- (C) ~~A denied~~ When the Department denies a good cause request, the provider shall require the provider to submit a complete rate request prior to the first of the next calendar month to avoid imposition of additional late penalties and shall be subject to the applicable penalty provisions as specified in Section 11-403(f)(3). The effective date of the rate shall be set in accordance with ~~the appropriate penalty contained in~~ Section 11-403(f)(~~2~~ 1)(~~B~~).

Authority cited: Sections 10553, 10554, 11460(b), 11462(a)(3), 11463, and 11466.21, Welfare and Institutions Code.

Reference: Sections ~~11468~~, 11462(a)(3), 11463, 11463(i), 11466.21, 11466.22, 11466.24, 11468, and 11468.2, Welfare and Institutions Code; Public Laws 98-502 and 104-156; Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations; *Government Auditing Standards* of the Comptroller General of the United States (Yellow Book); Department of Health and Human Services, Administration for Children and Families letters dated April 19, 2001, February 22, 2002 and May 7, 2002; and Internal Revenue Code Section 4958.

Amend Section 11-406 to read:

11-406 DEFINITIONS – FORMS

11-406

The following forms are incorporated by reference: (Continued)

- (f) (3) Foster Family Agency Data and Certification Sheet (FCR 1FFA, 12/04) – This form is used by a non profit corporation to provide general identifying information and licensing information.
- (4) Foster Family Agency Days of Care Schedule (FCR 3FFA, 7/03) – This form is used by a non profit corporation to report the number of clients who were served by a foster family agency on a month-by-month basis.
- (5) Foster Family Agency Program Description Checklist (FCR 2FFA, Rev 2/05) – This form is used by a non profit corporation to report the type of program offered by the foster family agency.
- (⊕) (46) Foster Family Agency Total Program Cost Display (FCR 12FFA, Rev. 42/025) – This form is used by a non-profit Foster Family Agency corporations to collect cost information for a specific program.
- (g) (1) Group Home Program – Cost Report (SR 3, Rev. 12/024) – This form is used by a non-profit corporation to report cost information of a specific group home program.
- (2) Group Home Program – Days of Care Schedule (SR 5, Rev. 10/99 12/04) – This form is used by a non-profit corporation to report historical or projected monthly data on the occupancy and licensed capacity of a specific group home program.
- (3) Group Home Program – Payroll and Fringe Benefit Report (SR 4, Rev. 12/024) – This form is used by a non-profit corporation to capture historical or projected monthly data on payroll and fringe benefit costs for a specific group home program.
- (⊕) (44) Group Home Program – Program Classification Report (SR 2, Rev. 6/99 12/04) – This form is used by a non-profit corporation to capture historical and projected monthly data, which is used to establish a rate classification level (RCL) for a specific group home program.
- (45) Group Home Program – Rate Application (SR 1, Rev. 4/00 12/04) – This is the form used by a non-profit corporation to apply for a group home program rate.
- (6) Group Home Shelter Costs, Self-Dealing Transactions Declaration and Survey (FCR 16, Rev. 2/05) – This form is used by a non profit corporation to assess whether a corporation is engaged in a self-dealing transaction for shelter costs.
(Continued)

(p) (1) Renumbered to Section 11-406(g)(4) (Reserved) (Continued)

(t) (1) Renumbered to Section 11-406(f)(6) (Reserved) (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11462(a)(3), 11463(i), 11466.21 and 15658, Welfare and Institutions Code.

Biennial Rate Regulations Application Requirement
ORD # 0305-04

FORM FCR 1FFA: Foster Family Agency Data and Certification Sheet
[Current form newly published in regulation with amendments]

Description of changes to form:

FCR 1FFA (12/04)

Added Section(s) 11 through 12a for submission of information on agent for services of process, mailing address, city, state, zip; add name of Board of Directors (BOD) president and phone number.

This form is currently used to collect information on general identifying information and licensing information. This form requests information that is required in regulations in the MPP. This form is being newly added to the list of forms submitted by foster family agency providers with the biennial rate application. This amendment also identified an update in the revision date and is necessary to refer providers to the correct version of the form so that the data reported is consistent with current requirements.

This form was modified to identify information on the Agency's Agent for Service of Process and the Board President. This form was revised to reflect essential elements to comply with a biennial rate request process in accordance with Welfare and Institutions Code Section 11463(i). Specifically, the addition of the Agent for Service of Process is necessary to assure a consistent contact since changes to Board Members are more likely to occur during the two-year, biennial, period; and the Secretary of State requires that the nonprofit maintain an Agent for Service of Process and will accept service on behalf of the Provider in the absence of an Agent.

Instructions for the form were modified to include any changes, modifications, deletions.

FOSTER FAMILY AGENCY - DATA AND CERTIFICATION SHEET (FCR 1FFA)

SUBMIT ONE FOR EACH PROGRAM FOR WHICH A RATE IS REQUESTED

A. DATA SECTION AGENCY FISCAL YEAR MO YR - MO YR

1. LICENSEE NAME

2. AGENCY NAME

3. MAILING ADDRESS - NUMBER, STREET, P.O. BOX

4. CITY, STATE, ZIP CODE

5. BUSINESS ADDRESS - NUMBER, STREET

6. CITY, STATE, ZIP CODE

7a. ADMINISTRATOR'S NAME (LAST NAME, FIRST NAME) 7b. TELEPHONE NUMBER () 7c. FAX () 7d. E-MAIL

8a. CONTACT PERSON (LAST, FIRST) (IF DIFFERENT THAN ADMINISTRATOR) 8b. TELEPHONE NUMBER () 8c. E-MAIL

9. NAME OF PROGRAM

10. IDENTIFY OTHER CCL LICENSES HELD BY LICENSEE

10a. PROGRAM NAME

TYPE OF LICENSE LICENSED CAPACITY

10b. PROGRAM NAME

TYPE OF LICENSE LICENSED CAPACITY

10c. PROGRAM NAME

TYPE OF LICENSE LICENSED CAPACITY

CDSS USE ONLY

PROGRAM NUMBER POSTMARK DATE DATE RECEIVED DATE ASSIGNED COUNTY CCL DIST. ANALYST

B. CERTIFICATION SECTION

- 1. YES NO The program of services is the same as submitted to the Department in the previous rate period. (If no, attach new amended program statement.)
2. YES NO The FFA rate contains no administrative or other costs duplicated in a group home rate set by the Department. (If no, attach explanation.)

I hereby certify that I have examined the rate request package and to the best of my knowledge and belief, it is a true and correct statement of the information required.

SIGNATURE OF PERSON PREPARING RATE REQUEST TITLE DATE
SIGNATURE OF ADMINISTRATOR TITLE DATE
COUNTY AND STATE WHERE SIGNED

FCR 1FFA, FOSTER FAMILY AGENCY DATA AND CERTIFICATION SHEET

PURPOSE:

The Foster Family Agency Data and Certification Sheet serves two purposes: 1) to gather general identifying information about the provider; and 2) to obtain certification as to the accuracy of the rate request.

INSTRUCTIONS FOR COMPLETION:

Each provider should complete one form for each program for which a rate is requested.

Agency Fiscal Year: Enter the beginning and ending month and year for the agency's fiscal year (e.g., 07/2002 – 06/2003).

PART A, DATA SECTION:

- Line 1. **Licensee Name:** Enter the licensee name listed on the FFA license.
- Line 2. **Agency Name:** Enter the name by which the FFA is commonly known, if different from licensee name.
- Lines 3 & 4. **Mailing Address:** Enter the number and street (or post office box), city, state and zip code where mail is received.
- Lines 5 & 6. **Business Address:** Enter the street address of the program's office.
- Line 7a. **Administrator's Name:** Enter the name of the chief administrator or executive director of the organization.
- Line 7b. **Telephone Number:** Enter the telephone number of the person identified on Line 7a.
- Line 8a. **Contact Person:** Enter the name of the person who prepared the rate request and to whom questions may be addressed.
- Line 8b. **Telephone Number:** Enter the telephone number of the person listed on Line 8a.
- Line 9. **Name of Program:** Enter the identifying name of the program for which a rate is being requested.
- Line 10 a - c. **Other CCL Licenses:** Enter the name and type of license for other types of programs operated by the provider and the licensed capacity.

Examples would include: Children's Group Home, Day Care, Adult Residential, etc.

PART B, CERTIFICATION SECTION:

1. If there has been no change in this FFA program, and all program material is on file with the Department, check **YES**. If there has been a change, check **NO** and submit any explanatory material.
2. Check **YES** if none of the AFDC-FC funds received for children placed with the FFA are used for operation of an AFDC-FC funded group home. Check **NO** if AFDC-FC funds are used and attach an explanation.

After the rate request package has been prepared and examined, the person preparing the report and the administrator must sign on the lines provided. Enter their titles, date signed, county and state where the certification took place. Forward the **original** of this form to the Department with the completed rate request package.

NEW FORM

FOSTER FAMILY AGENCY – DATA AND CERTIFICATION SHEET (FCR 1FFA)

SUBMIT ONE FOR EACH PROGRAM FOR WHICH A RATE IS REQUESTED

A. DATA SECTION		AGENCY FISCAL YEAR	
		MO	YR
		-	MO YR
1. LICENSEE NAME		11. AGENT FOR SERVICE OF PROCESS	
2. AGENCY NAME		11a. MAILING ADDRESS	
3. MAILING ADDRESS – NUMBER, STREET, P.O. BOX		11b. CITY, STATE, ZIP CODE	
4. CITY, STATE, ZIP CODE		12. BOARD PRESIDENT	
5. BUSINESS ADDRESS – NUMBER, STREET		12a. PHONE NUMBER	
6. CITY, STATE, ZIP CODE			
7a. ADMINISTRATOR'S NAME (LAST NAME, FIRST NAME)	7b. TELEPHONE NUMBER ()	7c. FAX ()	7d. E-MAIL
8a. CONTACT PERSON (LAST, FIRST) (IF DIFFERENT THAN ADMINISTRATOR)	8b. TELEPHONE NUMBER ()	8c. E-MAIL	
9. NAME OF PROGRAM			
10. IDENTIFY OTHER CCL LICENSES HELD BY LICENSEE			
10a. PROGRAM NAME			
TYPE OF LICENSE			LICENSED CAPACITY
10b. PROGRAM NAME			
TYPE OF LICENSE			LICENSED CAPACITY
10c. PROGRAM NAME			
TYPE OF LICENSE			LICENSED CAPACITY

CDSS USE ONLY

PROGRAM NUMBER	POSTMARK DATE	DATE RECEIVED	DATE ASSIGNED	COUNTY	CCL DIST.	ANALYST

B. CERTIFICATION SECTION

1. YES NO The program of services is the same as submitted to the Department in the previous rate period. *(If no, attach new amended program statement.)*
2. The FFA rate contains no administrative or other costs duplicated in a group home rate set by the Department. *(If no, attach explanation.)*

I hereby certify that I have examined the rate request package and to the best of my knowledge and belief, it is a true and correct statement of the information required.

SIGNATURE OF PERSON PREPARING RATE REQUEST	TITLE	DATE
SIGNATURE OF ADMINISTRATOR	TITLE	DATE
COUNTY AND STATE WHERE SIGNED		

FCR 1FFA, FOSTER FAMILY AGENCY DATA AND CERTIFICATION SHEET

PURPOSE:

The Foster Family Agency Data and Certification Sheet serves two purposes: 1) to gather general identifying information about the provider; and 2) to obtain certification as to the accuracy of the rate request.

INSTRUCTIONS FOR COMPLETION:

Each provider should complete one form for each program for which a rate is requested.

Agency Fiscal Year: Enter the beginning and ending month and year for the agency's fiscal year (e.g., 07/2002 – 06/2003).

PART A, DATA SECTION:

- Line 1. **Licensee Name:** Enter the licensee name listed on the FFA license.
- Line 2. **Agency Name:** Enter the name by which the FFA is commonly known, if different from licensee name.
- Lines 3 & 4. **Mailing Address:** Enter the number and street (or post office box), city, state and zip code where mail is received.
- Lines 5 & 6. **Business Address:** Enter the street address of the program's office.
- Line 7a. **Administrator's Name:** Enter the name of the chief administrator or executive director of the organization.
- Line 7b. **Telephone Number:** Enter the telephone number of the person identified on Line 7a.
- Line 8a. **Contact Person:** Enter the name of the person who prepared the rate request and to whom questions may be addressed.
- Line 8b. **Telephone Number:** Enter the telephone number of the person listed on Line 8a.
- Line 9. **Name of Program:** Enter the identifying name of the program for which a rate is being requested.
- Line 10 a - c. **Other CCL Licenses:** Enter the name and type of license for other types of programs operated by the provider and the licensed capacity.
Examples would include: Children's Group Home, Day Care, Adult Residential, etc.
- Line 11. **Agent for Service of Process:** Enter the name of the person designated as Agent for Service as submitted to the Secretary of State.
- Line 11a. **Mailing Address:** Enter the mailing address for the Agent of Service.
- Line 11b. **City, State, Zip:** Enter the City, State, Zip for the Agency of Service.
- Line 12. **Board President:** Enter the name of the corporation's Board President.
- Line 12a. **Phone Number:** Enter the telephone number for the corporation's Board President.

PART B, CERTIFICATION SECTION:

1. If there has been no change in this FFA program, and all program material is on file with the Department, check **YES**. If there has been a change, check **NO** and submit any explanatory material.
2. Check **YES** if none of the AFDC-FC funds received for children placed with the FFA are used for operation of an AFDC-FC funded group home. Check **NO** if AFDC-FC funds are used and attach an explanation.

After the rate request package has been prepared and examined, the person preparing the report and the administrator must sign on the lines provided. Enter their titles, date signed, county and state where the certification took place. Forward the **original** of this form to the Department with the completed rate request package.

Biennial Rate Regulations Application Requirement
ORD # 0305-04

FORM FCR 2FFA: Program Description Checklist
[Current form newly published in regulation with amendments]

Description of changes to form:

FCR 2FFA (2/05)

Added: Part B Section 1: Added a section requesting information on the average number of certified homes in the reporting period.

Change Part B Section 2. This section was updated to adequately collect information on the type of program offered by the foster family agency and client characteristics, numbering and terminology were corrected.

Deleted: Part C, Section 3: Under number 3 of the Social Work Section, deleted the description of the documents to attach qualifying social work staff performing social work activities.

This form is currently used to collect information on the type of program offered by the foster family agency, client characteristics and client behaviors. This form requests information that is required in regulations in the MPP. This form is being newly added to the list of forms submitted by foster family agency providers with the biennial rate application. The request for information about certified homes and client information is necessary to assure that the Department has current information since changes are more likely to occur during the two-year, biennial, period. The information is specific to the new reporting period which is now biennial. This amendment also identified an update in the revision date and is necessary to refer providers to the correct version of the form so that the data reported is consistent with current requirements.

This form was modified to delete obsolete terminology to the characteristics checklist and updates the form to provide clarity and consistence in complying with a biennial rate request process in accordance with Welfare and Institutions Code section 11463(i).

Instructions for the form were modified to include any changes, modifications, deletions.

PROGRAM DESCRIPTION CHECKLIST (FCR 2FFA)

SUBMIT ONE FOR EACH PROGRAM FOR WHICH A RATE IS REQUESTED

Reporting Period				Number of Months
MO	YR	--	MO	

PART A. PROGRAM IDENTIFICATION

1. AGENCY NAME	
2. PROGRAM NAME	Program Number

PART B. PROGRAM DESCRIPTION

1. TYPE OF PROGRAM (CHECK ONE)

TREATMENT NONTREATMENT

If Program is Nontreatment, Complete Section B. 3, 4 and 5 only. Do Not Complete Part c.

2. POPULATION TYPE(S) OF THIS PROGRAM IS:

NOTE: (ENTER "1" FOR DESIGNED TO TREAT: "2" FOR MAY ACCEPT: "3" FOR WILL NOT ACCEPT)

CLIENT CHARACTERISTICS

- 01 MENTAL RETARDATION - MILD (EMR)
- 02 MENTAL RETARDATION - MODERATE (TMR)
- 03 MENTAL RETARDATION - SEVERE
- 04 PHYSICAL HANDICAPS BUT AMBULATORY
- 05 NON-AMBULATORY
- 06 LEARNING DISABILITY
- 07 DEAFNESS
- 08 BLINDNESS
- 09 NON-VERBAL COMMUNICATION
- 10 EPILEPSY
- 11 CEREBRAL PALSY
- 12 DIABETES
- 13 SEXUAL OR PHYSICAL ABUSE
- 14 PREGNANCY

CLIENT BEHAVIORS

- 16 HYPERACTIVITY
- 17 AUTISM
- 18 ACTIVELY PSYCHOTIC
- 19 SEVERE DEPRESSION
- 20 SELF-DESTRUCTIVE
- 21 ACTIVELY SUICIDAL
- 22 OTHER EMOTIONAL DISTURBANCE (SPECIFY) _____
- 23 SEXUAL ACTING OUT
- 24 ACTIVE HOMOSEXUAL BEHAVIOR
- 25 BEHAVIOR/CONDUCT DISORDER
- 26 FIRESETTING
- 27 ASSAULTIVE
- 28 POSSIBLE VIOLENCE
- 29 EXTREMELY BIZARRE BEHAVIOR
- 30 SCHOOL PROBLEMS
- 31 ALCOHOL ABUSE
- 32 DRUG ABUSE
- 33 CHRONIC RUNAWAY
- 34 CHRONIC PLACEMENT FAILURE
- 35 OTHER (SPECIFY) _____

3. TYPE OF PROGRAM EMPHASIS (CHECK ONE)

EMERGENCY SHELTER CARE SHORT-TERM DIAGNOSTIC EMANCIPATION REUNIFICATION OTHER _____

4. ANTICIPATED DURATION OF CARE (CHECK ONE)

30 DAYS OR LESS 31-90 DAYS 91-180 DAYS 181 DAYS OR MORE

PROGRAM NAME	Program Number
--------------	----------------

5. SOURCE OF PLACEMENT

a. NUMBER OF CHILDREN PLACED (BY PLACEMENT AGENCY)

01 COUNTY WELFARE _____ 03 REGIONAL CENTER _____ 05 OTHER _____ (Specify)

Department

02 COUNTY _____ 04 PRIVATE _____ 06 OTHER _____ (Specify)

PROBATION PLACEMENT

b. LIST AGENCIES USING PROGRAM. LIST PRIMARY USER FIRST AND OTHERS IN DESCENDING ORDER OF USAGE.

PART C. PROGRAM CHARACTERISTICS (*Treatment Programs only complete this section*)

1. PSYCHIATRIC SERVICES OFFERED:

a. DIRECT PSYCHIATRIC SERVICES TO CHILDREN ALL SOME LITTLE OR NONE

b. ONGOING PSYCHIATRIC CONSULTATION ON PROGRAM DESIGN AND STAFF TRAINING: YES NO

2. PSYCHOLOGICAL SERVICES OFFERED:

a. DIRECT PSYCHOLOGICAL SERVICES TO CHILDREN ALL SOME LITTLE OR NONE

b. ONGOING PSYCHOLOGICAL CONSULTATION ON PROGRAM DESIGN AND STAFF TRAINING: YES NO

3. SOCIAL WORK ACTIVITIES:

a. WHAT ARE THE MINIMUM QUALIFICATIONS REQUIRED OF PERSONS PERFORMING SOCIAL WORK ACTIVITIES?

b. ENTER THE NUMBER OF HOURS SPENT ANNUALLY BY PERSONS, ON PAYROLL OR CONTRACT, PERFORMING SOCIAL WORK ACTIVITIES: _____

c. ATTACH TO THE RATE APPLICATION DOCUMENTATION OF THE QUALIFICATIONS FOR PERSONS CURRENTLY PERFORMING SOCIAL WORK ACTIVITIES. (e.g., COPY OF DIPLOMA, COLLEGE TRANSCRIPT, LCSW OR MFCC LICENSE).

FCR 2FFA, PROGRAM DESCRIPTION CHECKLIST

PURPOSE:

The Program Description Checklist captures specific information about each program for which an FFA rate is being requested. This information will be entered into a computerized information system and will be used to classify FFA programs into categories relative to services offered.

INSTRUCTIONS FOR COMPLETION:

Submit one FCR 2FFA for each program for which a rate is being requested.

Reporting Period: Enter the beginning and ending month and year for the period being reported (e.g., 01/90 – 12/90).

Number of Months: Enter the total number of months, (e.g., 12 months) for which costs are reported.

PART A, PROGRAM IDENTIFICATION:

Line 1. Enter the name of the Agency (same as on FCR 1FFA, Line 2).

Line 2. Enter the name from the FCR 1FFA line 9.
Enter the program number, if known.

PART B, PROGRAM DESCRIPTION:

Line 1. Check the type of program. Check only one box.
If Program is Nontreatment, Complete Section B. 3, 4 and 5 only. Do not Complete Part C.

Lines 2. Check all items which describe the population type(s) which this program is designed to treat. Use the box to mark either 1,2, or 3 for each item. Use "1" to designate problems that this program is designed to treat. Use "2" to designate problems that this program may accept, but are not the primary focus of the treatment program. Use "3" to designate problems that would prevent a child from being accepted in this program.

Lines 3. Check the type of program emphasized by the FFA. Check only one box.

Line 4. Check the anticipated duration of care. Check only one box.

Line 5a. Enter the number of children placed during the cost period by type of placement agency. Disregard funding source (e.g., a child funded by AFDC-FC through the Welfare Department but placed by Probation, would be marked under Probation; a child whose placement is reimbursed by Champus, but was placed by his/her parents, would be a private placement).

Line 5b. Identify the county agencies placing children with the FFA. Identify by county welfare, county probation departments or other placing agency, in descending order of usage.

PART C, PROGRAM CHARACTERISTICS:

Enter the program name and number as shown on the first page of the FCR 2FFA.

Lines 1–2. **Check** the answer which most closely describes your FFA program. A single answer may not **exactly** fit your FFA program; however, select the answer that is predominant for your program.

Line 3a. Describe the minimum qualifications required of persons performing social work activities.

Line 3b. Enter the total number of hours of all hours spent annually by all persons performing social work activities.

Line 3c. Attach to this state application the documentation which shows the qualifications of persons currently performing social work activities. This documentation may include college diploma or transcripts or copy of licensed Clinical Social Worker or Marriage, Family and Child Counseling licenses.

NEW FORM

PROGRAM DESCRIPTION CHECKLIST (FCR 2FFA)

SUBMIT ONE FOR EACH PROGRAM FOR WHICH A RATE IS REQUESTED

Agency Fiscal Year				Number of Months
MO	YR	-	MO	YR

PART A. PROGRAM IDENTIFICATION

1. AGENCY NAME	
2. PROGRAM NAME	Program Number _____ . _____ . _____

PART B. PROGRAM DESCRIPTION

1. TYPE OF PROGRAM (CHECK ONE) <input type="checkbox"/> TREATMENT <input type="checkbox"/> NONTREATMENT If Program is Nontreatment, Complete Section B, 3, 4 and 5 only. Do Not Complete Part C	Average number of Certified Homes in Reporting Period _____
---	---

2. POPULATION TYPE(S) OF THIS PROGRAM IS:
 NOTE: (ENTER "1" FOR DESIGNED TO TREAT; "2" FOR MAY ACCEPT; "3" FOR WILL NOT ACCEPT)

CLIENT CHARACTERISTICS

- | | | |
|---|---|---|
| <input type="checkbox"/> 01 MENTAL RETARDATION - MILD (EMR) | <input type="checkbox"/> 15 HYPERACTIVITY | <input type="checkbox"/> 27 SCHOOL PROBLEMS |
| <input type="checkbox"/> 02 MENTAL RETARDATION - MODERATE (TMR) | <input type="checkbox"/> 16 AUTISM | <input type="checkbox"/> 28 ALCOHOL ABUSE |
| <input type="checkbox"/> 03 MENTAL RETARDATION - SEVERE | <input type="checkbox"/> 17 ACTIVELY PSYCHOTIC | <input type="checkbox"/> 29 DRUG ABUSE |
| <input type="checkbox"/> 04 PHYSICAL HANDICAPS BUT AMBULATORY | <input type="checkbox"/> 18 SEVERE DEPRESSION | <input type="checkbox"/> 30 CHRONIC RUNAWAY |
| <input type="checkbox"/> 05 NON-AMBULATORY | <input type="checkbox"/> 19 SELF-DESTRUCTIVE | <input type="checkbox"/> 31 CHRONIC PLACEMENT FAILURE |
| <input type="checkbox"/> 06 LEARNING DISABILITY | <input type="checkbox"/> 20 ACTIVELY SUICIDAL | <input type="checkbox"/> 32 OTHER (SPECIFY) _____ |
| <input type="checkbox"/> 07 DEAFNESS | <input type="checkbox"/> 21 OTHER EMOTIONAL | _____ |
| <input type="checkbox"/> 08 BLINDNESS | DISTURBANCE (SPECIFY) | _____ |
| <input type="checkbox"/> 09 NON-VERBAL COMMUNICATION | _____ | |
| <input type="checkbox"/> 10 EPILEPSY | <input type="checkbox"/> 22 SEXUAL ACTING OUT | |
| <input type="checkbox"/> 11 CEREBRAL PALSY | <input type="checkbox"/> 23 BEHAVIOR/CONDUCT DISORDER | |
| <input type="checkbox"/> 12 DIABETES | <input type="checkbox"/> 24 FIRESETTING | |
| <input type="checkbox"/> 13 SEXUAL OR PHYSICAL ABUSE | <input type="checkbox"/> 25 ASSAULTIVE | |
| <input type="checkbox"/> 14 PREGNANCY | <input type="checkbox"/> 26 POSSIBLE VIOLENCE | |

3. TYPE OF PROGRAM EMPHASIS (CHECK ONE) <input type="checkbox"/> EMERGENCY SHELTER CARE <input type="checkbox"/> SHORT-TERM DIAGNOSTIC <input type="checkbox"/> EMANCIPATION <input type="checkbox"/> REUNIFICATION <input type="checkbox"/> OTHER _____	
4. ANTICIPATED DURATION OF CARE (CHECK ONE) <input type="checkbox"/> 30 DAYS OR LESS <input type="checkbox"/> 31-90 DAYS <input type="checkbox"/> 91-180 DAYS <input type="checkbox"/> 181 DAYS OR MORE	

PROGRAM NAME	PROGRAM NUMBER
--------------	----------------

5. SOURCE OF PLACEMENT

- a. NUMBER OF CHILDREN PLACED (BY PLACEMENT AGENCY) (Specify)
- | | | |
|--|--------------------------------------|----------------|
| 01 COUNTY WELFARE _____
<i>Department</i> | 03 REGIONAL CENTER _____ | 05 OTHER _____ |
| 02 COUNTY _____
<i>PROBATION</i> | 04 PRIVATE _____
<i>PLACEMENT</i> | 06 OTHER _____ |
- (Specify)
- b. LIST AGENCIES USING PROGRAM. LIST PRIMARY USER FIRST AND OTHERS IN DESCENDING ORDER OF USAGE.

PART C. PROGRAM CHARACTERISTICS (*Treatment Programs only complete this section*)

1. PSYCHIATRIC SERVICES OFFERED:

- a. DIRECT PSYCHIATRIC SERVICES TO CHILDREN ALL SOME LITTLE OR NONE
- b. ONGOING PSYCHIATRIC CONSULTATION ON PROGRAM DESIGN AND STAFF TRAINING: YES NO

2. PSYCHOLOGICAL SERVICES OFFERED:

- a. DIRECT PSYCHOLOGICAL SERVICES TO CHILDREN ALL SOME LITTLE OR NONE
- b. ONGOING PSYCHOLOGICAL CONSULTATION ON PROGRAM DESIGN AND STAFF TRAINING YES NO

3. SOCIAL WORK ACTIVITIES:

- a. WHAT ARE THE MINIMUM QUALIFICATIONS REQUIRED OF PERSONS PERFORMING SOCIAL WORK ACTIVITIES?
- _____
- _____
- _____
- b. ENTER THE NUMBER OF HOURS SPENT ANNUALLY BY PERSONS, ON PAYROLL OR CONTRACT, PERFORMING SOCIAL WORK ACTIVITIES: _____
- c. ATTACH TO THE RATE APPLICATION DOCUMENTATION OF THE QUALIFICATIONS FOR PERSONS CURRENTLY PERFORMING SOCIAL WORK ACTIVITIES OR LICENSE.

FCR 2FFA, PROGRAM DESCRIPTION CHECKLIST

PURPOSE:

The Program Description Checklist captures specific information about each program for which an FFA rate is being requested. This information will be entered into a computerized information system and will be used to classify FFA programs into categories relative to services offered.

INSTRUCTIONS FOR COMPLETION:

Submit one FCR 2FFA for each program for which a rate is being requested.

Agency Fiscal Year: Enter the beginning and ending month and year for the agency's fiscal year (e.g., 01/90 - 12/90).

Number of Months: Enter the total number of months, (e.g., 12 months) for which costs are reported.

PART A, PROGRAM IDENTIFICATION:

Line 1: Enter the name of the Agency (same as on FCR 1FFA, Line 2).

Line 2: Enter the name from the FCR 1FFA, Line 9.
Enter the program number, if known.

PART B, PROGRAM DESCRIPTION:

Line 1: Check the type of program. Check only one box.
If Program is Nontreatment, Complete Part B. 3, 4 and 5 only. Do not Complete Part C. Enter the average number of certified homes during the reporting period.

Line 2: Check all items which describe the client characteristics which this program is designed to treat. Use the box to mark either 1, 2, or 3 for each item. Use "1" to designate problems that this program is designed to treat. Use "2" to designate problems that this program may accept, but are not the primary focus of the treatment program. Use "3" to designate problems that would prevent a child from being accepted in this program.

Line 3: Check the type of program emphasized by the FFA. Check only one box.

Line 4: Check the anticipated duration of care. Check only one box.

Line 5a. Enter the number of children placed during the cost period by type of placement agency. Disregard funding source (e.g., a child funded by AFDC-FC through the Welfare Department but placed by Probation, would be marked under Probation; a child whose placement is reimbursed by Champus, but was placed by his/her parents, would be a private placement).

Line 5b. Identify the county agencies placing children with the FFA. Identify by county welfare, county probation departments or other placing agency, in descending order of usage.

PART C, PROGRAM CHARACTERISTICS:

Enter the program name and number as shown on the first page of the FCR 2FFA.

Lines 1-2. **Check** the answer which most closely describes your FFA program. A single answer may not **exactly** fit your FFA program; however, select the answer that is predominant for your program.

Line 3a. Describe the minimum qualifications required of persons performing social work activities.

Line 3b. Enter the total number of hours of all hours spent annually by all persons performing social work activities.

Line 3c. Attach to this state application the documentation which shown the qualifications of persons currently performing social work activities. This documentation may include college diploma or transcripts or copy of licensed Clinical Social Worker or Marriage, Family and Child Counseling licenses.

Biennial Rate Regulations Application Requirement
ORD # 0305-04

FORM FCR 3FFA: Days of Care Schedule

[Current form newly published in regulation with amendments]

Description of changes to form:

FCR 3FFA (7/03)

This form is currently used to collect information on the number of clients the foster family has served each month for the rate application period. This form requests information that is required in regulations in the MPP. This form is currently used to collect information on the agency's days of care to assist in calculation of the occupancy rate and development of the allocation ratios. This form is being newly added to the list of forms submitted by foster family agency providers with the biennial rate application.

The entire form is being added by reference to the Manual of Policies and Procedures (MPP) Section 11-406.

There were no changes, updates or modifications to this form.

DAYS OF CARE SCHEDULE (FCR 3FFA)

SUBMIT ONE FOR EACH PROGRAM FOR WHICH A RATE IS REQUESTED

AGENCY NAME **2**

PROGRAM NAME

PROGRAM NUMBER

AGENCY FISCAL YEAR Mo Yr - Mo Yr

	(2)												(3)	(4)	
	JANUARY (31)	FEBRUARY (29)	MARCH (31)	APRIL (30)	MAY (31)	JUNE (30)	JULY (31)	AUGUST (31)	SEPTEMBER (30)	OCTOBER (31)	NOVEMBER (30)	DECEMBER (31)			Total
1. Clients at Beginning of Month															
2. Admissions															
3. Discharges															
4. Actual Number of Client Days															

COMMENTS:

FCR 3FFA, DAYS OF CARE SCHEDULE

PURPOSE:

This form records the number of clients, by program, on a month-by month basis. It is used to calculate the occupancy rate and develop allocation ratios.

Include all residents in the program regardless of funding source. The rate for AFDC-FC is set based on the per client cost of care.

INSTRUCTIONS FOR COMPLETION:

Submit one schedule per program.

Agency Name: Enter the name shown on the FCR 1FFA, Data and Certification Sheet.

Agency Fiscal Year: Data reported is the actual number of clients in each program during the most recent fiscal year. (First time providers will project this information). Enter the beginning and ending month and year for the period being reported, (e.g., 01/90 - 12/90).

Program: Enter the program name and number as shown on the FCR 1FFA, Data and Certification Sheet, for each program.

Column 2 – Line 1 – Clients at Beginning of Month: Enter the number of clients at the beginning of each month for the cost period. All clients in a given program are to be included, regardless of funding source.

Lines 2 and 3 – Admissions/Discharges: Enter the total number of clients admitted and discharged for each month.

Line 4 – Actual Number of Client Days: Enter the actual number of days of care provided. To calculate the actual number of days of care, multiply the number of clients who were in the program for the entire month by the number of days in the month. Add the number of days for other clients admitted or discharged during the month. The first day of care is counted; the last is not.

Example: Bryan and Tim were residents for the full month of July. Robert was admitted on July 10. James was discharged on July 21.

Calculation:			
Bryan and Tim	62		(2 residents x 31 days)
Robert	22		(Count the first day)
James	20		(Do not count the last day)
		104	Actual number of client days for July.

Column 3 – Total – Enter the sum for client days.

Column 4 – Actual occupancy – Divide the total of client days in column 3 by the total number of days in the cost period.

Biennial Rate Regulations Application Requirement
ORD # 0305-04

FORM FCR 12FFA: Total Program Cost Display
[Current form in regulation with amendments]

Description of changes to form:

FCR 12FFA (2/05)

Change: The form was updated to adequately collect information on line item costs for each program. Obsolete terminology has been deleted. "Program Fiscal Year" was amended to read "Agency Fiscal Year" to adequately reflect collection of information during the fiscal year for the biennial rate period.

This form is currently used to collect information on the agency's program costs during the fiscal year. This form requests information that is required in regulations in the MPP. This amendment also identified an update in the revision date and is necessary to refer providers to the correct version of the form so that the data reported is consistent with current requirements.

Instructions for the form were modified to include any changes, modifications, deletions.

OLD FORM

TOTAL PROGRAM COST DISPLAY (FCR 12FFA)
SUBMIT ONE FOR EACH PROGRAM

Number of months in cost reporting period _____

LINE	LINE ITEMS OF COST	(2) TOTAL (SUM OF COLS. 3 THRU 6)	PROGRAM NUMBER				(7) EXPLANATION
			(3) ADMINISTRATION	(4) RECRUITMENT	(5) TRAINING	(6) SOCIAL WORK (MO/YR - MO/YR)	
100a	Executive Director Salary	0					
100b	Assistant Director Salary	0					
100c	Administrator Salary	0					
100d	All Other Administrative Salaries	0					
101	Recruitment Payroll	0					
102	Training Payroll	0					
110	Administrative Contracts	0					
121	Telephone and Telegraph	0					
122	Postage and Freight	0					
123	Office Supplies	0					
132	Conferences, Meetings, In-Service Training	0					
133	Memberships, Subscriptions, Dues	0					
134	Printing, Publications	0					
135	Bonding, General Insurance	0					
137	Advertising	0					
138	Miscellaneous	0	0	0	0	0	
200	Building and Equipment Payroll	0					
211	Building Rents and Leases	0					
214	Acquisition Mortgage Principal & Interest	0					
215	Property Appraisal Fees	0					
216	Property Taxes	0					

**TOTAL PROGRAM COST DISPLAY (FCR 12FFA)
SUBMIT ONE FOR EACH PROGRAM - CONTINUED**

Number of months in cost reporting period _____

LINE	LINE ITEMS OF COST	(1)	(2)	PROGRAM NUMBER			(6)	(7)
				ADMINISTRATION	RECRUITMENT	TRAINING		
217	Building and Equipment Insurance		0					
221	Utilities		0					
222	Building Maintenance		0					
223	Building and Equipment Contracts		0					
224	Building and Equipment Supplies		0					
225	Equipment Leases		0					
226	Equipment Depreciation Expense		0					
227	Expendable Equipment		0					
228	Building and Equipment Miscellaneous		0					
241	Vehicle Leases		0					
242	Vehicle Depreciation		0					
243	Vehicle Operating Costs		0					
350	Total Paid to Certified Family Homes		0	0	0	0	0	
352	Other Child-Related Costs, Not Provided by Certified Family Homes		0					
410	Social Worker Payroll and/or Social Worker Contract		0					
440	Direct Care Contracts		0					0
500	TOTAL EXPENSES		0	0	0	0	0	0

TOTAL PROGRAM COST DISPLAY (FCR 12FFA)

PURPOSE:

This form displays the annual expenditures of the specific FFA program. The costs displayed should represent actual allowable and reasonable costs incurred for the program during the corporation's most recent fiscal year.

If the corporation operates more than one program (separate level of care) a separate FCR 12FFA must be completed for each program. The sum of Lines 500, Column 2 on all FCR 12FFA forms should equal the corporation's total FFA budget for the fiscal year.

INSTRUCTIONS:

Corporate/Licensee Name: Enter the name shown on line 1 of the FCR 1FFA which was submitted for the latest rate request.

Program Name: Enter the Program Name if different from the Corporate/Licensee Name.

Corporate Number: Enter the number issued by the California Secretary of State.

Program Number: Enter the program number from the FCR 2FFA (e.g., 1234.01.01).

Reporting Period: Costs reported are the actual costs incurred for the reporting period which is the provider's most recent fiscal year. Enter the beginning and ending month and year for the agency's fiscal year (e.g., 07/2001 - 06/2002).

- Column 1: Line items of costs that might be incurred by an FFA. Enter the amount that was incurred during the program's fiscal year.
- Line 100a: Executive Director Salary - Report the annual salary for person designated as the Executive Director. Include payroll, payroll taxes, and benefits (if applicable).
 - Line 100b: Assistant Director Salary - Report annual salary for person designated as the Assistant Director. Include payroll, payroll taxes, and benefits (if applicable).
 - Line 100c: Administrator Salary - Report annual salary for person designated as the Administrator. Include payroll, payroll taxes, and benefits (if applicable).
 - Line 100d: All other Administrative Salaries - Report annual salaries for all other staff primarily responsible for the ongoing administration and support functions of the organization, including salaries and wages, overtime, payroll taxes and employee benefits which include vacation, sick leave, contributions to an employee pension plan, and dental and health insurance.
 - Line 101: Recruitment Payroll - Report the cost of recruiting certified family home foster parents. Include payroll, payroll taxes, and benefits (if applicable).
 - Line 102: Training Payroll - Report the cost of training certified family home foster parents. Include payroll, payroll taxes, and benefits (if applicable).
 - Line 110: Administrative Contracts - Report legal, consulting or other contract fees related to the program.
 - Line 121: Telephone and Telegraph - Report all telephone, telegraph, facsimile (fax), cellular, and pager costs related to the program.
 - Line 122: Postage and Freight - Report all postage and freight costs related to the program.
 - Line 123: Office Supplies - Report office supply costs related to the program.
 - Line 132: Conferences, Meetings, In-Service Training - Report the cost of attending conferences, meetings, and in-service training related to foster care.
 - Line 133: Memberships, Subscriptions, Dues - Report the cost of memberships, subscriptions, and dues related to foster care.
 - Line 134: Printing, Publications - Report all printing and publication costs related to the program.
 - Line 135: Bonding, General Insurance - Report all bonding and general insurance costs related to the program.
 - Line 137: Advertising - Report all costs related to advertising for the program.
 - Line 138: Miscellaneous - Report all costs related to the program not already identified in any other line item on this form.
 - Line 200: Building and Equipment Payroll - Report all program building and equipment payroll costs. Include payroll, payroll taxes, and benefits (if applicable).
 - Line 211: Building Rents and Leases - Report all building rent and lease costs related to the program.
 - Line 214: Acquisition Mortgage Principal & Interest - Report any principal and interest on original acquisition mortgages related to the program.
 - Line 215: Property Appraisal Fees - Report independent appraisals, for both owned and leased property related to the program.
 - Line 216: Property Taxes - Report any taxes for both owned and leased or rented property related to the program.
 - Line 217: Building and Equipment Insurance - Report insurance costs for both owned and leased or rented buildings and equipment related to the program.
 - Line 221: Utilities - Report the cost of electricity, natural gas, water, garbage, and sewer as they apply to the program.
 - Line 222: Building Maintenance - Report all building maintenance costs related to the program.

TOTAL PROGRAM COST DISPLAY (FCR 12FFA) (CONTINUED)

- Line 223: Building and Equipment Contracts - Report building equipment payroll, payroll taxes, and employee benefits and any other cost of building and equipment contracts.
- Line 224: Building and Equipment Supplies - Report all building and equipment supply costs.
- Line 225: Equipment Leases - Report all equipment lease costs.
- Line 226: Equipment Depreciation Expense - Report equipment depreciation expense. Identify the depreciation methodology in the notes to the financial statements. The total depreciation charges throughout the useful life of the equipment shall not exceed the original cost of the acquisition.
- Line 227: Expendable Equipment - Report expendable equipment as identified in the financial statements.
- Line 228: Building and Equipment Miscellaneous - Report miscellaneous building and equipment costs not previously identified.
- Line 241: Vehicle Leases - Report vehicle lease costs related to the program.
- Line 242: Vehicle Depreciation - Report vehicle depreciation costs related to the program.
- Line 243: Vehicle Operating Costs - Report vehicle operating costs such as insurance, fuel, maintenance and repairs, license fees, taxes, and reimbursements to employees for business use of their personal automobiles as it applies to the program.
- Line 350: Total Paid to Certified Family Homes - The amount reported includes payments to the foster parents for the cost of, and the cost of providing, but not limited to the following items items: food, clothing, shelter, daily supervision, school supplies, personal incidentals, reasonable travel to the child's home for visitation, liability insurance which covers the child.
- Line 352: Other Child-Related Costs, Not Provided by Certified Family Homes - Report all other child-related costs not provided by certified family homes.
- Line 410: Social Worker Payroll and/or Social Worker Contract - Report all social worker payroll or contract costs. Include payroll, payroll taxes, and benefits (if applicable).
- Line 440: Direct Care Contracts - Report any direct care contract costs not identified elsewhere.
- Line 500: Total Expenses - Enter the total amount of each column.

Column 2: Total: Enter total program expenditures for each line item of cost that was incurred during the fiscal year. If a cost item is shared among two or more programs, enter only that portion spent for the specific program.

EXAMPLE: The agency office is used for two programs. Program A serves 20 children, Program B serves 10 children. If the rental cost for the office (line item 211) is \$9,000 for the year, the cost could appropriately be allocated by entering \$6,000 on the FCR 12FFA for Program A and \$3,000 on the FCR 12FFA for Program B. Explain in column 7 the allocation method used to arrive at this program's share of costs.

Columns 3-6: Activity: Based on percentage of use, or other appropriate allocation explained in column 7, enter the proportion of the cost in column 2 that is spent for each of these activities.

EXAMPLE: The agency car operating expenses (gas, oil, maintenance, repair) are \$4,000 for the year. It is used 50% of the time by the social worker, 20% for administrative duties, 20% by training personnel, and 10% for recruitment of new foster homes. This cost will be shown as follows:

	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>
Line 243	Total	Admin.	Recruit.	Training	Social Wk
	\$4,000	\$800	\$400	\$800	\$2,000

Column 7: Explain how the figures in Columns 3-6 were determined, including the allocation bases. If more space is necessary, attach an additional sheet.

TOTAL PROGRAM COST DISPLAY (FCR 12FFA)
SUBMIT ONE FOR EACH PROGRAM

NEW FORM

Number of months in cost reporting period _____

LINE	LINE ITEMS OF COST	(2) TOTAL (SUM OF COLS. 3 THRU 6)	PROGRAM NUMBER			(6) AGENCY FISCAL YEAR (MO/YR - MO/YR)	(7) EXPLANATION
			(1)	(3) ADMINISTRATION	(4) RECRUITMENT		
100a	Executive Director Salary						
100b	Assistant Director Salary						
100c	Administrator Salary						
100d	All Other Administrative Salaries						
101	Recruitment Payroll						
102	Training Payroll						
110	Administrative Contracts						
121	Telephone, Postage and Freight						
122	Office Supplies						
123	Conferences, Meetings, In-Service Training						
132	Memberships, Subscriptions, Dues						
133	Printing, Publications						
134	Bonding, General Insurance						
135	Advertising						
137	Miscellaneous						
138							
	Building and Equipment Payroll						
200	Building Rents and Leases						
211	Acquisition Mortgage Principal & Interest						
214	Property Appraisal Fees						
215	Property Taxes						
216							

**TOTAL PROGRAM COST DISPLAY (FCR 12FFA)
SUBMIT ONE FOR EACH PROGRAM - CONTINUED**

Number of months in cost reporting period _____

LINE	LINE ITEMS OF COST	TOTAL (SUM OF COLS. 3 THRU 6)	PROGRAM NUMBER			AGENCY FISCAL YEAR (MO/YR - MO/YR)		EXPLANATION
			(1)	(2)	(3)	(4)	(5)	
217	Building and Equipment Insurance							
221	Utilities							
222	Building Maintenance							
223	Building and Equipment Contracts							
224	Building and Equipment Supplies							
225	Equipment Leases							
226	Equipment Depreciation Expense							
227	Expendable Equipment							
228	Building and Equipment Miscellaneous							
241	Vehicle Leases							
242	Vehicle Depreciation							
243	Vehicle Operating Costs							
350	Total Paid to Certified Family Homes							
352	Other Child-Related Costs, Not Provided by Certified Family Homes							
410	Social Worker Payroll and/or Social Worker Contract							
440	Direct Care Contracts							
500	TOTAL EXPENSES							

TOTAL PROGRAM COST DISPLAY (FCR 12FFA)

PURPOSE:

This form displays the annual expenditures of the specific FFA program. The costs displayed should represent actual allowable and reasonable costs incurred for the program during the corporation's most recent fiscal year.

If the corporation operates more than one program (separate level of care) a separate FCR 12FFA must be completed for each program. The sum of Lines 500, Column 2 on all FCR 12FFA forms should equal the corporation's total FFA budget for the fiscal year.

INSTRUCTIONS:

Corporate/Licensee Name: Enter the name shown on line 1 of the FCR 1FFA which was submitted for the latest rate request.

Program Name: Enter the Program Name if different from the Corporate/Licensee Name.

Corporate Number: Enter the number issued by the California Secretary of State.

Program Number: Enter the program number from the FCR 2FFA (e.g., 1234.01.01).

Agency Fiscal Year: Costs reported are the actual costs incurred for the reporting period which is the agency's most recent fiscal year. Enter the beginning and ending month and year for the agency's fiscal year (e.g., 07/2001 - 06/2002).

Column 1: Line items of costs that might be incurred by an FFA. Enter the amount that was incurred during the program's fiscal year.

- Line 100a: Executive Director Salary - Report the annual salary for person designated as the Executive Director. Include payroll, payroll taxes, and benefits (if applicable).
- Line 100b: Assistant Director Salary - Report annual salary for person designated as the Assistant Director. Include payroll, payroll taxes, and benefits (if applicable).
- Line 100c: Administrator Salary - Report annual salary for person designated as the Administrator. Include payroll, payroll taxes, and benefits (if applicable).
- Line 100d: All other Administrative Salaries - Report annual salaries for all other staff primarily responsible for the ongoing administration and support functions of the organization, including salaries and wages, overtime, payroll taxes and employee benefits which include vacation, sick leave, contributions to an employee pension plan, and dental and health insurance.
- Line 101: Recruitment Payroll - Report the cost of recruiting certified family home foster parents. Include payroll, payroll taxes, and benefits (if applicable).
- Line 102: Training Payroll - Report the cost of training certified family home foster parents. Include payroll, payroll taxes, and benefits (if applicable).
- Line 110: Administrative Contracts - Report legal, consulting or other contract fees related to the program.
- Line 121: Telephone - Report all telephone, facsimile (fax), cellular, and pager costs related to the program.
- Line 122: Postage and Freight - Report all postage and freight costs related to the program.
- Line 123: Office Supplies - Report office supply costs related to the program.
- Line 132: Conferences, Meetings, In-Service Training - Report the cost of attending conferences, meetings, and in-service training related to foster care.
- Line 133: Memberships, Subscriptions, Dues - Report the cost of memberships, subscriptions, and dues related to foster care.
- Line 134: Printing, Publications - Report all printing and publication costs related to the program.
- Line 135: Bonding, General Insurance - Report all bonding and general insurance costs related to the program.
- Line 137: Advertising - Report all costs related to advertising for the program.
- Line 138: Miscellaneous - Report all costs related to the program not already identified in any other line item on this form.
- Line 200: Building and Equipment Payroll - Report all program building and equipment payroll costs. Include payroll, payroll taxes, and benefits (if applicable).
- Line 211: Building Rents and Leases - Report all building rent and lease costs related to the program.
- Line 214: Acquisition Mortgage Principal & Interest - Report any principal and interest on original acquisition mortgages related to the program.
- Line 215: Property Appraisal Fees - Report independent appraisals, for both owned and leased property related to the program.
- Line 216: Property Taxes - Report any taxes for both owned and leased or rented property related to the program.
- Line 217: Building and Equipment Insurance - Report insurance costs for both owned and leased or rented buildings and equipment related to the program.
- Line 221: Utilities - Report the cost of electricity, natural gas, water, garbage, and sewer as they apply to the program.
- Line 222: Building Maintenance - Report all building maintenance costs related to the program.

TOTAL PROGRAM COST DISPLAY (FCR 12FFA) (CONTINUED)

- Line 223: Building and Equipment Contracts -Include building equipment, payroll, payroll taxes and employee benefits, building maintenance, contracts, supplies, equipment leases, equipment depreciation expenses, expendable equipment, and miscellaneous building and equipment expenses.
- Line 224: Building and Equipment Supplies - Report all building and equipment supply costs.
- Line 225: Equipment Leases - Report all equipment lease costs.
- Line 226: Equipment Depreciation Expense - Report equipment depreciation expense. Identify the depreciation methodology in the notes to the financial statements. The total depreciation charges throughout the useful life of the equipment shall not exceed the original cost of the acquisition.
- Line 227: Expendable Equipment - Report expendable equipment as identified in the financial statements.
- Line 228: Building and Equipment Miscellaneous - Report miscellaneous building and equipment costs not previously identified.
- Line 241: Vehicle Leases - Report vehicle lease costs related to the program.
- Line 242: Vehicle Depreciation - Report vehicle depreciation costs related to the program.
- Line 243: Vehicle Operating Costs - Report vehicle operating costs such as insurance, fuel, maintenance and repairs, license fees, taxes, and reimbursements to employees for business use of their personal automobiles as it applies to the program.
- Line 350: Total Paid to Certified Family Homes - The amount reported includes payments to the foster parents for the cost of, and the cost of providing, but is not limited to the following items: food, clothing, shelter, daily supervision, school supplies, personal incidentals, reasonable travel to the child's home for visitation, and liability insurance which covers the child.
- Line 352: Other Child-Related Costs, Not Provided by Certified Family Homes - Report all other child-related costs not provided by certified family homes.
- Line 410: Social Worker Payroll and/or Social Worker Contract - Report all social worker payroll or contract costs. Include payroll, payroll taxes, and benefits (if applicable).
- Line 440: Direct Care Contracts - Report any direct care contract costs not identified elsewhere.
- Line 500: Total Expenses - Enter the total amount of each column.

Column 2: Total: Enter total program expenditures for each line item of cost that was incurred during the agency's fiscal year. If a cost item is shared among two or more programs, enter only that portion spent for the specific program.

EXAMPLE: The agency office is used for two programs. Program A serves 20 children, Program B serves 10 children. If the rental cost for the office (line item 211) is \$9,000 for the year, the cost could appropriately be allocated by entering \$6,000 on the FCR 12FFA for Program A and \$3,000 on the FCR 12FFA for Program B. Explain in column 7 the allocation method used to arrive at this program's share of costs.

Columns 3-6: Activity: Based on percentage of use, or other appropriate allocation explained in column 7, enter the proportion of the cost in column 2 that is spent for each of these activities.

EXAMPLE: The agency car operating expenses (gas, oil, maintenance, repair) are \$4,000 for the year. It is used 50% of the time by the social worker, 20% for administrative duties, 20% by training personnel, and 10% for recruitment of new certified foster parents. This cost will be shown as follows:

	Column 2	Column 3	Column 4	Column 5	Column 6
Line 243	Total	Administration	Recruitment	Training	Social Work
	\$4,000	\$800	\$400	\$800	\$2,000

Column 7: Explain how the figures in columns 3-6 were determined, including the allocation bases. If more space is necessary, attach an additional sheet.

Biennial Rate Regulations Application Requirement
ORD # 0305-04

FORM FCR 16: Group Home Shelter Costs, Self-Dealing Transactions Declaration and Survey

[Current form newly published in regulation with amendments]

Description of changes to form:

FCR 16 (2/05)

Added: A section on first page for providers to identify the email address for the program (if applicable).

Added: Under Section 3a. updated language for providers to identify the number of facilities for which there is no self-dealing transaction. Deleted language referring to affiliated lease, and added instructions for providers to identify by facility license number and street address, each facility identified in Section 3a.

Changed: Under Section 3b. deleted language referring to affiliated lease and changed to “self-dealing transaction for shelter costs”.

Changed: Under Section 4 deleted “less-than-arms’ length” and amended to read “self-dealing transactions for shelter costs”.

Deleted: Page 3, the “NOTE” has been deleted because approval letters for shelter costs resulting from self-dealing transactions are no longer required. Welfare and Institutions Code Sections 11462.06(a) and (b) state that group home providers with self-dealing transactions for shelter costs will not be eligible for an Aid to Families with Dependent Children – Foster Care (AFDC-FC) rate.

Changed: Page 4 has been changed to identify it as an instruction page with updated information on the current statutes prohibiting continued use of affiliated leases and self-dealing transactions.

This form is currently used to collect information on the number of facilities in the group home organization and the types of leases of those facilities. This form requests information that is required in regulations in the MPP. This form has been adopted to add the form to the list of forms used by foster care providers and is submitted to group home providers with the biennial rate application. This amendment also specifies that the FCR 16 is a regulatory form used by a non profit corporation to report shelter costs resulting from a self-dealing transaction, and updated the form to comply with implementing a biennial rate request process in accordance with Welfare and Institutions Code Section 11463(i). This amendment also identified an update in the revision date and is necessary to refer providers to the correct version of the form so that the data reported is consistent with current requirements.

**GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY**

Licensee/Corporate Name: _____

Program Number: _____
(new providers leave blank)

Mailing Address: _____

Contact Person: _____ Telephone Number: () _____

PLEASE USE CURRENT DATA TO RESPOND TO THIS SURVEY

1. ____ Enter the number of facilities currently licensed and pending licensure under your corporate name for this group home program.

2. ____ Enter the number of facilities owned by the corporation for which the corporation has clear title or has a mortgage/deed of trust.

3. ____ Enter the number of facilities for this program for which the corporation has a contractual (rental or lease) agreement:

3a. ____ Enter the number of facilities for this program for which there is no affiliated lease (no member of the Board of Directors and/or their spouses or family members have a material financial interest).

3b. ____ Enter the number of facilities for this program for which the corporation has an affiliated lease, rental or lease agreement (a member of the Board of Directors and/or their spouses or family members have a material financial interest). On the attached Facility Information Sheet, please list the facility license number and street address for each facility you identified on Line 3b, as having an affiliated lease, self-dealing transaction.

**Lines 3a. and 3b. should equal the total of Lines 2 and 3.
Lines 2. and 3. should equal the number on Line 1.**

4. Yes ____ No ____ Do you have any other shelter costs that are the result of less-than-arms' length, self-dealing transactions, (a member of the Board of Directors and/or their spouses or family members have a material financial interest). If yes, identify and describe the type(s) of transactions.

GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY

FACILITY INFORMATION SHEET

Licensee/Corporate Name: _____

Group Home Program Number: _____
(new providers leave blank)

Please list below the community care license number and street address for each facility that you have identified on **line 3a**:

- | | |
|----------------------|----------------------|
| 1. License No. _____ | 3. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |
| 2. License No. _____ | 4. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |

Please list below the community care license number and street address for each facility that you have identified on **line 3b**:

- | | |
|----------------------|----------------------|
| 1. License No. _____ | 3. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |
| 2. License No. _____ | 4. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |

If additional space is needed, you may duplicate this survey sheet.

GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS DECLARATION AND SURVEY

NOTE: For each facility identified as having an affiliated lease, self-dealing transaction on Line 3b and for any other shelter costs resulting from self-dealing transactions identified on Line 4a, it will be necessary that you submit documentation to the Attorney General's (AG) Office Charitable Trust Section (CTS) in order to obtain an approval letter for shelter costs resulting from each self-dealing transaction. For every program that has shelter costs resulting from self-dealing transactions, including a facility that has an affiliated lease, you must submit an approval letter from the AG CTS to the FCRB to obtain a rate.

CERTIFICATION:

I hereby certify under penalty of perjury that the information contained in this Declaration and Survey is true and correct.

SIGNATURE OF PRESIDENT OF THE BOARD OR AUTHORIZED BOARD OFFICER

TITLE

DATE

FAILURE TO RESPOND TO THIS SHELTER COSTS, SELF-DEALING TRANSACTIONS DECLARATION AND SURVEY WILL RESULT IN A RATE NOT BEING SET FOR YOUR GROUP HOME PROGRAM.

**DECLARATION AND SURVEY FOR SHELTER COSTS,
SELF-DEALING TRANSACTIONS, INCLUDING AFFILIATED LEASES**

The Manual of Policies and Procedures (MPP) Section 11-402.359 requires that group home providers obtain a letter of approval from the Department of Justice (DOJ), Attorney General's Charitable Trust Section, for shelter costs that result from self-dealing transactions, including any affiliated leases. A self-dealing transaction for shelter costs applies to all transactions, including affiliated leases with a rental or lease agreement, in which the corporation's Board of Directors and/or their spouses or family members have a material financial interest. An approval letter from the DOJ Attorney General's Charitable Trust Section will be required for all group home shelter costs resulting from self-dealing transactions as defined in the Nonprofit Corporation Law, Title 1, Division 2, Section 5233, California Corporations Code.

Please enter the requested information on the **Declaration and Survey, including the Facility Information Sheet** for each facility address. If you enter zero (0) on Line 3, do not complete Lines 3a and 3b. The Declaration and Survey must be signed by the President of the Board or a member of the Board of Directors.

Please return your completed Declaration and Survey via mail to:

California Department of Social Services
Foster Care Rates Bureau
744 P Street, M.S., 19-74
Sacramento, California 95814

Failure to respond to this Declaration and Survey will result in a rate not set for your group home program and or your newly licensed group home facility.

If you have any questions or if you need assistance completing the form, you may contact the Attorney General's (AG) Office, Charitable Trust Section, at (415) 703-5584.

NEW FORM

GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS DECLARATION AND SURVEY

Licensee/Corporate Name: _____
Program Number: _____
(new providers leave blank)
Mailing Address: _____
E-Mail Address: _____
Contact Person: _____ Telephone Number: () _____

PLEASE USE CURRENT DATA TO RESPOND TO THIS SURVEY

1. ____ Enter the number of facilities currently licensed and pending licensure under your corporate name for this group home program.

2. ____ Enter the number of facilities owned by the corporation for which the corporation has clear title or has a mortgage/deed of trust.

3. ____ Enter the number of facilities for this program for which the corporation has a contractual (rental or lease) agreement:
 - 3a. ____ Enter the number of facilities for this program for which there is no self-dealing transaction for shelter costs (no member of the Board of Directors and/or their spouses or family members have a financial interest in the property being leased or rented). On the attached Facility Information Sheet, please list the facility license number and street address for each facility you identified on Line 3a, for which there is no self-dealing transaction for shelter costs.

 - 3b. ____ Enter the number of facilities for this program for which the corporation has a self-dealing transaction for shelter costs, rental or lease agreement (a member of the Board of Directors and/or their spouses or family members have a financial interest). On the attached Facility Information Sheet, please list the facility license number and street address for each facility you identified on Line 3b, as having a self-dealing transaction for shelter costs.

Lines 3a. and 3b. should equal the total of Line 3.
Lines 2 and 3 should equal the number on Line 1.

4. Yes ____ No ____ Do you have any other shelter cost that is the result of self-dealing transactions for shelter costs, (a member of the Board of Directors and/or their spouses or family members have a material financial interest). If yes, identify and describe the transaction(s).

**GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY**

FACILITY INFORMATION SHEET

Licensee/Corporate Name: _____

Group Home Program Number: _____
(new providers leave blank)

Please list below the community care license number and street address for each facility that you have identified on **line 3a**:

- | | |
|----------------------|----------------------|
| 1. License No. _____ | 3. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |
| 2. License No. _____ | 4. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |

Please list below the community care license number and street address for each facility that you have identified on **line 3b**:

- | | |
|----------------------|----------------------|
| 1. License No. _____ | 3. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |
| 2. License No. _____ | 4. License No. _____ |
| Address _____ | Address _____ |
| City _____ | City _____ |
| Zip Code _____ | Zip Code _____ |

If additional space is needed, you may duplicate this survey sheet.

**GROUP HOME SHELTER COSTS, SELF-DEALING TRANSACTIONS
DECLARATION AND SURVEY**

CERTIFICATION:

**I hereby certify under penalty of perjury that the information contained in this
Declaration and Survey is true and correct.**

SIGNATURE OF PRESIDENT OF THE BOARD OR AUTHORIZED BOARD OFFICER

TITLE

DATE

**FAILURE TO RESPOND TO THIS SHELTER COSTS, SELF-DEALING
TRANSACTIONS DECLARATION AND SURVEY WILL RESULT IN A RATE NOT BEING
SET FOR YOUR GROUP HOME PROGRAM.**

**INSTRUCTIONS
DECLARATION AND SURVEY FOR SHELTER COSTS, AND SELF-DEALING
TRANSACTIONS**

Welfare and Institutions Code Sections 11462.06(d)(1) and (d)(2) states that "(1) Commencing July 2, 2003, any group home provider with an affiliated lease shall not be eligible for an AFDC-FC rate.

(2) Notwithstanding paragraph (1), providers that received an approval letter for a self-dealing lease transaction for shelter costs during the 2002-03 fiscal year from the Charitable Trust Section of the Department of Justice shall be eligible to continue to receive an AFDC-FC rate until the date that the lease expires, or is modified, extended, or terminated, whichever occurs first. These providers shall be ineligible to receive an AFDC-FC rate after that date if they have entered into any self-dealing lease transactions for group home shelter costs".

Please enter the requested information on the **Declaration and Survey, including the Facility Information Sheet** for each facility address. If you enter zero (0) on Line 3, do not complete Lines 3a and 3b. The Declaration and Survey must be signed by the President of the Board or a member of the Board of Directors.

If you have identified a self-dealing transaction for shelter costs on Line 3b, please contact the Foster Care Rates Bureau to discuss your options.

Please return your completed Declaration and Survey via mail to:

California Department of Social Services
Foster Care Rates Bureau
744 P Street, M.S., 9-74
Sacramento, California 95814

Failure to respond to this Declaration and Survey will result in a rate not set for your group home program.

If you have any questions or if you need assistance completing the form, you may contact your Foster Care Rates Consultant at (916) 651-9158.

Biennial Rate Regulations Application Requirement
ORD # 0305-04

FORM SR 1: Group Home Rate Application
[Current form in regulation with amendments]

Description of changes to form:

SR 1 (12/04)

Change: Page 1, Sections 5 through 23 were renumbered to provide clarity and sections to identify the Agent for Service and Board President were added.

This form is currently used to collect information on the group home program. This form requests information that is required in regulations in the MPP. This form was modified to identify information on the Agency's Agent for Service of Process and the Board President. This form was revised and updated to reflect essential elements to comply with a biennial rate request process in accordance with Welfare and Institutions Code Section 11463(i).

Instructions for the form were modified to include any changes, modifications, deletions.

GROUP HOME PROGRAM RATE APPLICATION (SR 1)

SUBMIT ONE FOR EACH PROGRAM (PRINT OR TYPE)

TYPE OF APPLICATION (Check one only)		<input type="checkbox"/> NEW PROGRAM
<input checked="" type="checkbox"/> ONGOING	<input type="checkbox"/> NEW PROVIDER	<input type="checkbox"/> PROGRAM CHANGE
PROPOSED EFFECTIVE DATE		<input type="checkbox"/> LIC. CAP. CHANGE
YEAR	YEAR	<input type="checkbox"/> RELOCATION
MONTH	YEAR	<input type="checkbox"/> REINSTATE

(1) PROVIDER/LICENSEE NAME			
(2) PROGRAM NAME, IF ANY			(3) PROGRAM NUMBER
(4) MAILING ADDRESS - NUMBER, STREET			
(5) CITY	(6) STATE	(7) ZIP CODE	
(8) EXECUTIVE DIRECTOR NAME	(9) PHONE () ()	(9a) FAX () ()	(9b) E-MAIL
(10) CCL APPROVED ADMINISTRATOR NAME	(11) PHONE () ()		
(12) CONTACT PERSON FOR THIS RATE APPLICATION, IF OTHER THAN ABOVE	(13) PHONE () ()	(13a) E-MAIL	

(14) THE AGENCY IS A NON-PROFIT ORGANIZATION NO YES

(15) DOES THIS AGENCY OPERATE ANY OTHER BUSINESS? NO YES

(16) IF YES, SPECIFY TYPE OF BUSINESS: _____

(17) Does this agency operate more than one group home program? NO YES

(18) If Yes, number of other programs: _____

NOTE: A separate application must be completed for each program.

(19) Total licensed capacity of facility(ies) used by this program: _____ (List facility(ies) on Page 2 of SR 1.)

CERTIFICATIONS:

I certify that all information contained in the program statement previously submitted remains the same. YES NO

If no, attach a new program statement. (LIC 9106)

I understand that the information contained in this document is correct to the best of my knowledge and that submission of false or misleading information may be prosecuted as a crime.

(20) SIGNATURE OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER	(21) TITLE
(22) COUNTY AND STATE WHERE SIGNED	(23) DATE

CDSS USE ONLY						
PROGRAM IDENTIFIER	POSTMARK DATE	DATE RECEIVED	DATE ASSIGNED	COUNTY	CCL DIST.	ANALYST
RATE TYPE DISPOSITION: <input type="checkbox"/>	NO. OF GH PROGRAMS <input type="checkbox"/>					
Present RCL <input type="checkbox"/>	Rate per month \$ <input type="checkbox"/>	Effective Date <input type="checkbox"/>	Notification Date <input type="checkbox"/>			
Projected RCL <input type="checkbox"/>	Rate per month \$ <input type="checkbox"/>	Effective Date <input type="checkbox"/>	Notification Date <input type="checkbox"/>			
CLAIMING RATIOS:	FED Eligible <input type="checkbox"/>	NON-FED Eligible <input type="checkbox"/>				

ANALYST	SUPERVISOR	KDE DATE

PROGRAM NUMBER: [][][][][][][][][] • [][][][][][][][][] • [][][][][][][][][][]

PROPOSED EFFECTIVE DATE: MONTH [][][] YEAR [][][]

24. Data for each facility location for this group home program. Attach additional pages if needed.

LICENSE NUMBER	NUMBER, STREET	CITY	ZIP CODE	LICENSED CAPACITY

LIST PLACEMENT AGENCIES USING THIS PROGRAM. LIST PRIMARY USER FIRST AND OTHERS IN DESCENDING ORDER OF USAGE:

CDSS USE ONLY

GROUP HOME PROGRAM RATE APPLICATION (SR 1)

Purpose:

The Group Home Program Rate Application (SR 1) serves two purposes: 1) to gather general identifying information about the provider; and 2) to obtain certification as to the accuracy of the rate application request.

Instructions for Completion:

Each provider shall complete a separate application for each program when submitting a rate application.

Data Section:

TYPE OF APPLICATION: Check appropriate box identifying type of application. If ongoing box is checked, enter provider fiscal year that corresponds to the attached Program Classification form.

PROPOSED EFFECTIVE DATE: Using two digits each for month and year, enter the first month the rate should be in effect, e.g., 10/03 for October 2003 for a "New Provider" or "program" change that anticipates beginning operation (e.g., new placement) in October.

Line 1 Licensee/Corporate Name: Enter the licensee/corporate name shown on the group home license. If the provider has licenses with different names, use the organization or corporate name.

Line 2 Program Name: Enter program name, if any.

Line 3 Program Number: Enter 8 digit number previously assigned by DSS. For a new provider application: leave blank.

Line 4 Mailing Address: Enter the number and street (or post office box).

Line 5 City: Enter name of the City.

Line 6 State: Enter the two digit abbreviation for the State.

Line 7 Zip Code: Enter the zip code.

Line 8 Executive Director Name: Enter the name of the Executive Director or authorized Board Officer of the organization.

Line 9 Contact Information: Enter the telephone number, fax number, and email address of the Executive Director or authorized Board Officer of the organization.

Line 10 CCL Approved Administrator Name: Enter name of current administrator who has been approved by CCL.

Line 11 Telephone Number: Enter the telephone number of the administrator.

Line 12 Contact Person: Enter the name of the person who prepared the rate application and to whom questions concerning the application should be addressed.

Line 13 Contact Information: Enter the telephone number and email address of the contact person.

Line 14 Section 11400(h) of Welfare and Institutions Code defines "Group Home" as a nondetention privately operated residential home organized on a nonprofit basis only.

Line 15 Agency Activities: Check the appropriate box in response to the question, "Does this agency operate any other businesses?" Examples of other businesses are: daycare, on-site school, adult care, Foster Family Agency, Thrift Shop.

Line 16 If yes, specify type of activities.

Line 17 Check the appropriate box in response to the question, "Does this agency operate more than one group home program?"

Line 18 If yes, enter number of other programs.

Line 19 Enter total licensed capacity of facilities used by this program.

CERTIFICATION SECTION:

After the Group Home Program Rate Application (SR 1) is prepared, the executive director or authorized officer must sign the application.

Line 20 Signature: Enter signature of Executive Director or authorized officer.

Line 21 Title: Enter title of person who signed #20.

Line 22 County and State: Enter County and State where application signed.

Line 23 Date: Enter date application signed.

FACILITY LOCATION SECTION:

PROGRAM NUMBER: Enter program number from line 3 of page 1.

PROPOSED EFFECTIVE DATE: Enter proposed effective date from page 1.

Line 24 Facility Location Data: Enter data for each facility location for this group home program. Include the following: 1) the license number assigned by Community Care Licensing; 2) number and street or post office box; 3) City name; 4) zip code; and 5) licensed capacity.

List all county placement agencies using this program. List primary user first and others in descending order of usage.

GROUP HOME PROGRAM RATE APPLICATION (SR 1)

SUBMIT ONE FOR EACH PROGRAM (PRINT OR TYPE)

TYPE OF APPLICATION (Check one only)		<input type="checkbox"/> NEW PROGRAM
<input type="checkbox"/> ONGOING	<input type="checkbox"/> NEW PROVIDER	<input type="checkbox"/> PROGRAM CHANGE
PROPOSED EFFECTIVE DATE		<input type="checkbox"/> LIC. CAP. CHANGE
YEAR	YEAR	<input type="checkbox"/> RELOCATION
MONTH	YEAR	<input type="checkbox"/> REINSTATE

(1) PROVIDER/LICENSEE NAME		
(2) PROGRAM NAME, IF ANY		(3) PROGRAM NUMBER
(4) MAILING ADDRESS - NUMBER, STREET		
(5) CITY	(5a) STATE	(5b) ZIP CODE
(6) EXECUTIVE DIRECTOR NAME	(6a) PHONE ()	(6b) FAX ()
(7) CCL APPROVED-ADMINISTRATOR NAME	(7a) PHONE ()	(6c) E-MAIL
(8) CONTACT PERSON FOR THIS RATE APPLICATION, IF OTHER THAN ABOVE	(8a) PHONE ()	(8b) E-MAIL
(9) AGENT FOR SERVICE	(9a) PHONE	
(10) BOARD PRESIDENT	(10a) PHONE	

(11) THE AGENCY IS A NON-PROFIT ORGANIZATION NO YES

(12) DOES THIS AGENCY OPERATE ANY OTHER BUSINESS? NO YES

(13) IF YES, SPECIFY TYPE OF BUSINESS: _____

(14) Does this agency operate more than one group home program? NO YES

(15) If Yes, number of other programs: _____

NOTE: A separate application must be completed for each program.

(16) Total licensed capacity of facility(ies) used by this program: _____ (List facility(ies) on Page 2 of SR 1.)

CERTIFICATIONS:

I certify that all information contained in the program statement previously submitted remains the same. YES NO

If no, attach a new program statement. (LIC 9106)

I understand that the information contained in this document is correct to the best of my knowledge and that submission of false or misleading information may be prosecuted as a crime.

(17) SIGNATURE OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER	(18) TITLE
(19) COUNTY AND STATE WHERE SIGNED	(20) DATE

CDSS USE ONLY

PROGRAM IDENTIFIER	POSTMARK DATE	DATE RECEIVED	DATE ASSIGNED	COUNTY	CCL DIST.	ANALYST

RATE TYPE NO. OF GH PROGRAMS

DISPOSITION:

Present RCL Rate per month \$ Effective Date -- Notification Date --

Projected RCL Rate per month \$ Effective Date -- Notification Date --

CLAIMING RATIOS: FED Eligible .% NON-FED Eligible .%

ANALYST	SUPERVISOR	KDE DATE
		<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>

PROGRAM NUMBER []			PROPOSED EFFECTIVE DATE		
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

24. Data for each facility location for this group home program. Attach additional pages if needed.

LICENSE NUMBER	NUMBER, STREET	CITY	ZIP CODE	LICENSED CAPACITY

LIST PLACEMENT AGENCIES USING THIS PROGRAM. LIST PRIMARY USER FIRST AND OTHERS IN DESCENDING ORDER OF USAGE.

CDSS USE ONLY				

GROUP HOME FORMS SR 1

- Line 1 Licensee/Corporate Name: Enter the licensee/corporate name shown on the group home license. If the provider has licenses with different names, use the organization or corporate name.
- Line 2 Program Name: Enter program name, if any.
- Line 3 Program Number: Enter 8 digit number previously assigned by the Department. For a new provider application: leave blank.
- Line 4 Mailing Address: Enter the number and street (or post office box).
- Line 5 City: Enter name of the City.
- Line 5a State: Enter the two digit abbreviation for the State.
- Line 5b Zip Code: Enter the zip code.
- Line 6 Executive Director Name: Enter the name of the Executive Director or authorized Board Officer of the organization.
- Line 6a Phone: Enter the telephone number.
- Line 6b Fax: Enter the fax number.
- Line 6c E-mail: Enter the email address of the person identified in Line 6.
- Line 7 CCL Approved Administrator Name: Enter name of current administrator who has been approved by CCL.
- Line 7a Phone: Enter the telephone number of the administrator.
- Line 8 Contact Person For This Rate Application, If Other Than Above: Enter the name of the person who prepared the rate application and to whom questions concerning the application should be addressed.
- Line 8a Phone: Enter the telephone number of the contact person.
- Line 8b E-mail: Enter the email address of the contact person.
- Line 9 Agent for Service: Enter the name of the Agent for Service as identified for the Secretary of State.
- Line 9a Phone: Enter the telephone number of the Agency for Service.
- Line 10 Board President: Enter the name of the corporation's Board President.
- Line 10a Phone: Enter the telephone number of the Board President.
- Line 11 Section 11400(h) of the Welfare and Institutions Code defines "Group Home" as a non-detention privately operated residential home organized on a nonprofit basis only. As such, check the appropriate box to indicate status.
- Line 12 Agency Activities: Check the appropriate box in response to the question "Does this agency operate any other businesses?" Examples of other businesses are: daycare, on-site school, adult care, Foster Family Agency, Thrift Shop.
- Line 13 If yes, specify type of activities. (Remove the second line)
- Line 14 Check the appropriate box in response to the question "Does this agency operate more than one group home program?"
- Line 15 If yes, enter number of other programs.
- Line 16 Enter total licensed capacity of facilities used by this program.

CERTIFICATION SECTION:

- After the Group Home Program Rate Application (SR 1) is prepared, the executive director or authorized officer must sign the application.
- Line 17 Signature: Enter signature of Executive Director or authorized officer.
- Line 18 Title: Enter title of person who signed #17.
- Line 19 County and State: Enter County and State where application signed.
- Line 20 Date: Enter date application signed.

FACILITY LOCATION SECTION:

PROGRAM NUMBER: Enter program number from line 3 of page 1.

PROPOSED EFFECTIVE DATE: Enter proposed effective date from page 1.

Line 24 Facility Location Data: Enter data for each facility location for this group home program. Include the following: 1) the license number assigned by Community Care Licensing; 2) number and street or post office box; 3) City name; 4) zip code; and 5) licensed capacity.

List all county placement agencies using this program. List primary user first and others in descending order of usage.

Biennial Rate Regulations Application Requirement
ORD # 0305-04

FORM SR 2: Program Classification Report
[Current form in regulation with amendments]

Description of changes to form:

SR 2 (12/04)

Change: Column (1) was changed to read “licensed program capacity” identifying the difference from licensed capacity.

Change: The instructions at the bottom of the page were changed to direct the provider to refer to the MPP Section 11-402.562 regarding projected numbers on Line 16.

This form is currently used to collect historical or projected monthly data regarding paid-awake hours (weighted and un-weighted) of service to children in three program components and is used to calculate points based on weighted hours of service for the reporting period. This form requests information that is required in regulations in the MPP. The form was revised to reflect a biennial rate request process in accordance with Welfare and Institutions Code Section 11463(i). This amendment also identified an update in the revision date and is necessary to refer providers to the correct version of the form so that the data reported is consistent with current requirements.

Instructions for the form were modified to include any changes, modifications, deletions

OLD FORM

PROGRAM CLASSIFICATION REPORT (SR 2)

CORPORATE NAME: _____ PROGRAM NAME: _____ PROGRAM NUMBER: _____ PERIODIC FISCAL YEAR: _____ MO: _____ YR: _____ MO: _____ YR: _____

MONTH/YEAR	(1) 90% OF LICENSED CAPACITY (Minimum is 5.4)	CHILD CARE & SUPERVISION			SOCIAL WORK ACTIVITIES			MENTAL HEALTH ACTIVITIES			(11) POINTS PER PROGRAM PER MONTH (COL. 4) + (COL. 7) + (COL. 10)	(12) RCL
		(2) HOURS	(3) WEIGHTED HOURS	(4) POINTS (COL. 3) ÷ (COL. 1)	(5) HOURS	(6) WEIGHTED HOURS	(7) POINTS (COL. 6) ÷ (COL. 1)	(8) HOURS	(9) WEIGHTED HOURS	(10) POINTS (COL. 8) ÷ (COL. 1) MAXIMUM = 30		
1. JANUARY												
2. FEBRUARY												
3. MARCH												
4. APRIL												
5. MAY												
6. JUNE												
7. JULY												
8. AUGUST												
9. SEPTEMBER												
10. OCTOBER												
11. NOVEMBER												
12. DECEMBER												
13. TOTAL												
14. AVERAGE												
15. DSS USE ONLY												

Complete projected points and minimum RCL for the program's next fiscal year for which the group home program will provide care and supervision. If the projection on Line 16 is different from Line 14, a Program Change application must be submitted. Refer to Section 11-402.562 (d) of Manual of Policies and Procedures regarding numbers projected on Line 16 and how they will apply in the event of an audit adjustment.

16. PROJECTED

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PROGRAM CLASSIFICATION REPORT (SR 2)

PURPOSE:

The Program Classification Report (SR 2) establishes the rate classification level (RCL) for a group home program. The SR 2 captures historical or projected monthly data regarding paid-awake hours (weighted and unweighted) of service to children in three program components: child care and supervision, social work activities and mental health treatment services. The SR 2 is used to calculate points based on weighted hours of service for the reporting period and aids the group home provider and the Department in determining the current and projected RCL for the group home program.

INSTRUCTIONS FOR COMPLETION:

Corporate Name: Enter the licensee/corporate name shown on the Group Home Program Rate Application (SR 1).

Program Name: Enter the program name, if any, shown on the SR 1.

Program Number: For an ongoing or "program change" application: enter number previously assigned by the Department. For an initial application: leave blank.

Reporting Period: Based on the provider's fiscal year, enter the first month and its year and the last month and its year. Ongoing applications are based on the provider's previous fiscal year. The reporting period must be the same as that on the Group Home Program Days of Care Schedule (SR 5). Programs with less than twelve months of operation should not enter data for a month prior to the effective date of the program. For an initial application, enter the proposed first month and twelfth month of operation.

Month/Year: Lines 1 through 12 capture information for the reporting period.

EXAMPLES:

Partial reporting period is July 1 through December 31: complete columns on lines 7 through 12, indicating the provider's previous fiscal year.

Full year reporting period is January 1 through December 31: complete lines 1 through 12, indicating the provider's previous fiscal year.

Column 1 – 90% of Licensed Capacity, Minimum is 5.4

Calculate 90 percent of licensed capacity for the program. [Should correlate with Line 6 of the SR 5 for each month of the reporting period.] Enter result of calculation on month-by-month lines for reporting period. For programs with no changes to licensed capacity, this number will stay the same throughout reporting period. Prorate licensed capacity in months in which changes occur.

Enter 5.4 if ninety percent of licensed capacity is equal to or less than 5.4.

NOTE: In order to complete this form, preliminary work is necessary, i.e., the hours for each individual providing child care and supervision (CCS) must be gathered and weighted for education and experience on a month-by-month basis. CCS staff may also receive weighting for all CCS hours if the group home program meets the requirements of providing "on-going training". Hours for each individual providing social work activities and mental health activities must also be gathered and weighted according to the professional level of the individual providing the service. Worksheets have been developed by the Department for this purpose. Substitute forms may also be used.

An explanation of how to weight hours is found in Manual of Policies and Procedures (MPP) Section 11-402.22.

Child Care and Supervision:

Column 2 – Hours: Enter the number of paid-awake hours for all individuals providing care and supervision, including hours of paid vacation or sick leave. Do not count more than 54 regularly scheduled hours per week for an individual working in any program(s).

Column 3 – Weighted Hours: Enter the number of paid-awake hours for all individuals providing care and supervision which has been multiplied by the weighting for experience, education and on-going training for those individuals.

Column 4 – Column 3 Divided by Column 1: Enter the result of dividing the weighted hours in column 3 by the 90 percent of licensed capacity in column 1. This result is the points per child per month for the Child Care and Supervision component.

Social Work Activities:

Column 5 – Hours: Enter the number of hours for all social work professionals providing social work activities, including hours of paid vacation or sick leave. Do not count more than 54 hours per week for an individual working in any program(s).

Column 6 – Weighted Hours: Enter the number of hours for all social work professionals providing social work activities which has been multiplied by the weighting for professional level for those individuals.

Column 7 – Column 6 Divided by Column 1: Enter the result of dividing the weighted hours in column 6 by the 90 percent of licensed capacity in column 1. This result is the points per child per month for the Social Work Activities component.

Mental Health Activities:

Column 8 – Hours: Enter the number of hours that all licensed mental health professionals provide direct service mental health activities to group home residents, either individually or in groups.

Column 9 – Weighted Hours: Enter the number of hours that all licensed mental health professionals provide direct service mental health activities for group home residents which has been multiplied by the weighting for professional level for those individuals. **(NOTE: A program must report all mental health hours provided each month under column 8. However a program may only multiply a maximum of 60 hrs by the appropriate weightings for any individual month under column 9. [See MPP Section 11-402.234(c)]**

Column 10 – Column 9 Divided by Column 1: Enter the result of dividing the weighted hours in column 9 by the 90 percent of licensed capacity in column 1. This result is the points per child per month for the mental health activities component.

TOTALS:

Column 11 – Points Per Program Per Month: Enter the result of adding columns 4, 7, and 10.

Column 12 – RCL: Enter the two digit RCL indicated for the average and/or projected points per program per month.

Total, Average and Projected Lines:

Line 13. Total: Enter the result of adding hours and weighted hours in each unshaded space. Decimals should be entered using two decimal places (hundredths). Example: Calculation results in 220.32445: enter 220.32 on Line 13.

Line 14. Average: Enter the result of adding each column and dividing by the number of months reported. Decimals should be entered using two decimal places (hundredths). Example: Calculation results in 220.32445: enter 220.32 on Line 14.

If Mental Health Activities points (Col. 10) are equal to or exceed 30, enter 30. Enter the two-digit rate classification level (1-14) based on the average points per program per month during the reporting period.

Point Ranges	RCL
Under 60	1
60-89	2
90-119	3
120-149	4
150-179	5
180-209	6
210-239	7
240-269	8
270-299	9
300-329	10
330-359	11
360-389	12
390-419	13
420 and up	14

**** Line 16. Projected:** Enter the projected numbers in unshaded spaces for the provider's next fiscal year.

**** A program must project the level of care and services provided in child care and supervision, social work activities and mental health treatment services for the provider's next fiscal year. Failure to provide projected numbers for the upcoming fiscal year will lead to a programs' rate application being classified as incomplete and subject to MPP Section 11-402.38.**

NEW FORM

PROGRAM CLASSIFICATION REPORT (SR 2)

CORPORATE NAME: _____ PROGRAM NAME: _____ PROGRAM NUMBER: _____ PROVIDER FISCAL YEAR: _____

MONTH/YEAR	(1) 90% OF LICENSED PROGRAM CAPACITY (Minimum is 5.4)	CHILD CARE & SUPERVISION			SOCIAL WORK ACTIVITIES			MENTAL HEALTH ACTIVITIES			(11) POINTS PER PROGRAM PER MONTH (COL. 4 + (COL. 7) + (COL. 10)	(12) RCL
		(2) HOURS	(3) WEIGHTED HOURS	(4) POINTS (COL. 3) ÷ (COL. 1)	(5) HOURS	(6) WEIGHTED HOURS	(7) POINTS (COL. 6) ÷ (COL. 1)	(8) HOURS	(9) WEIGHTED HOURS	(10) POINTS (COL. 8) ÷ (COL. 1) (MAXIMUM IS 30)		
1. JANUARY												
2. FEBRUARY												
3. MARCH												
4. APRIL												
5. MAY												
6. JUNE												
7. JULY												
8. AUGUST												
9. SEPTEMBER												
10. OCTOBER												
11. NOVEMBER												
12. DECEMBER												
13. TOTAL												
14. AVERAGE												
15. DSS USE ONLY												
16. PROJECTED												

Complete projected points and minimum RCL for the provider rate period for which the group home program will provide care and supervision. Refer to Section 11-402.562 (d) of Manual of Policies and Procedures regarding numbers projected on Line 16 and how they will apply in the event of an audit adjustment.

PROGRAM CLASSIFICATION REPORT (SR 2)

PURPOSE:

The Program Classification Report (SR 2) establishes the rate classification level (RCL) for a group home program. The SR 2 captures historical or projected monthly data regarding paid-awake hours (weighted and unweighted) of service to children in three program components: child care and supervision, social work activities and mental health treatment services. The SR 2 is used to calculate points based on weighted hours of service for the reporting period and aids the group home provider and the Department in determining the current and projected RCL for the group home program.

INSTRUCTIONS FOR COMPLETION:

Corporate Name: Enter the licensee/corporate name shown on the Group Home Program Rate Application (SR 1).

Program Name: Enter the program name, if any, shown on the SR 1.

Program Number: For an ongoing or "program change" application: enter number previously assigned by the Department. For an initial application: leave blank.

Reporting Period: Based on the provider's fiscal year, enter the first month and its year through the last month and its year. Ongoing applications are based on the provider's previous fiscal year. The reporting period must be the same as that on the Group Home Program Days of Care Schedule (SR 5). Programs with less than twelve months of operation should not enter data for a month prior to the effective date of the program. For an initial application, enter the proposed first month through twelfth month of operation.

Month/Year: Lines 1 through 12 capture information for the reporting period.

EXAMPLES:

Partial reporting period is July 1 through December 31: complete columns on lines 7 through 12, indicating the provider's previous fiscal year.
Full year reporting period is January 1 through December 31: complete lines 1 through 12, indicating the provider's previous fiscal year.

Column 1 – 90% of Program Capacity, Minimum is 5.4

Calculate 90 percent of licensed capacity for the program. [Should correlate with Line 6 of the SR 5 for each month of the reporting period.] Enter result of calculation on month-by-month lines for reporting period. For programs with no changes to licensed capacity, this number will stay the same throughout reporting period. Prorate licensed capacity in months in which changes occur.

Enter 5.4 if ninety percent of licensed capacity is equal to or less than 5.4.

NOTE: In order to complete this form, preliminary work is necessary, i.e., the hours for each individual providing child care and supervision (CCS) must be gathered and weighted for education and experience on a month-by-month basis. CCS staff may also receive weighting for all CCS hours if the group home program meets the requirements of providing "on-going training". Hours for each individual providing social work activities and mental health activities must also be gathered and weighted according to the professional level of the individual providing the service. Worksheets have been developed by the Department for this purpose. Substitute forms may also be used.

An explanation of how to weight hours is found in Manual of Policies and Procedures (MPP) Section 11-402.22.

Child Care and Supervision:

Column 2 – Hours: Enter the number of paid-awake hours for all individuals providing care and supervision, including hours of paid vacation or sick leave. Do not count more than 54 regularly scheduled hours per week for an individual working in any program(s).

Column 3 – Weighted Hours: Enter the number of paid-awake hours for all individuals providing care and supervision which has been multiplied by the weighting for experience, education and on-going training for those individuals.

Column 4 – Column 3 Divided by Column 1: Enter the result of dividing the weighted hours in column 3 by the 90 percent of licensed capacity in column 1. This result is the points per child per month for the Child Care and Supervision component.

Social Work Activities:

Column 5 – Hours: Enter the number of hours for all social work professionals providing social work activities, including hours of paid vacation or sick leave. Do not count more than 54 hours per week for an individual working in any program(s).

Column 6 – Weighted Hours: Enter the number of hours for all social work professionals providing social work activities which has been multiplied by the weighting for professional level for those individuals.

Column 7 – Column 6 Divided by Column 1: Enter the result of dividing the weighted hours in column 6 by the 90 percent of licensed capacity in column 1. This result is the points per child per month for the Social Work Activities component.

Mental Health Activities:

Column 8 – Hours: Enter the number of hours that all licensed mental health professionals provide direct service mental health activities to group home residents, either individually or in groups.

Column 9 – Weighted Hours: Enter the number of hours that all licensed mental health professionals provide direct service mental health activities for group home residents which has been multiplied by the weighting for professional level for those individuals. (NOTE: A program must report all mental health hours provided each month under column 8. However a program may only multiply a maximum of 60 hrs by the appropriate weightings for any individual month under column 9. [See MPP Section 11-402.234(c)]

Column 10 – Column 9 Divided by Column 1: Enter the result of dividing the weighted hours in column 9 by the 90 percent of licensed capacity in column 1. This result is the points per child per month for the mental health activities component.

TOTALS:

Column 11 – Points Per Program Per Month: Enter the result of adding columns 4, 7, and 10.

Column 12 – RCL: Enter the two digit RCL indicated for the average and/or projected points per program per month.

Total, Average and Projected Lines:

Lines 13. Total: Enter the result of adding hours and weighted hours in each unshaded space. Decimals should be entered using two decimal places (hundredths). Example: Calculation results in 220.32445: enter 220.32 on Line 13.

Line 14. Average: Enter the result of adding each column and dividing by the number of months reported. Decimals should be entered using two decimal places (hundredths). Example: Calculation results in 220.32445: enter 220.32 on Line 14.

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270-299	9
300-329	10
330-359	11
360-389	12
390-419	13
420 and up	14

** Line 16. Projected: Enter the projected numbers in unshaded spaces for the provider's next fiscal year.

** A program must project the level of care and services provided in child care and supervision, social work activities and mental health treatment services for the provider's next fiscal year. Failure to provide projected numbers for the upcoming fiscal year will lead to a program's rate application being classified as incomplete and subject to MPP Section 11-402.38.

Biennial Rate Regulations Application Requirement
ORD # 0305-04

FORM SR 3: Group Home Program Cost Report
[Current form in regulation with amendments]

Description of changes to form:

SR 3 (12/04)

Change: “Provider Fiscal Year” was changed from “Program Fiscal Year” to reflect that this information is required for each provider.

This form is currently used to collect allowable and reasonable cost information for the group home program. This form requests information that is required in regulations in the MPP. This form was revised to update terminology that is consistent with the Group Home Program payroll and Fringe Benefit Report (SR 4).

This amendment also identified an update in the revision date and is necessary to refer providers to the correct version of the form so that the data reported is consistent with current requirements.

Instructions for the form were modified to include any changes, modifications, deletions

OLD FORM

GROUP HOME PROGRAM COST REPORT (SR 3)

This form is to collect cost information for the group home program. Report actual allowable and reasonable costs. If the corporation operates more than one group home program and/or the program provides other activities, (example: day care, on-site education, adult services, foster family agency, etc.) costs **must be allocated** to the appropriate activity and only the allowable group home program costs for the program are to be reported. Describe the methodology used to allocate costs if other than the standard allocation methodology indicated in current regulations (MFP Section 11-402.8 et seq.). NOTE: A separate cost report form must be completed for each group home program operated by the corporation.

Number of months in cost reporting period _____

CORPORATE NAME: _____

PROGRAM NAME (IF DIFFERENT)

CORPORATE NUMBER

PROGRAM NUMBER

PROGRAM FISCAL YEAR (MO/YR - MO/YR)

COST GROUPS	A	B	C	D	E	F
	TOTAL PROGRAM COSTS	OFFSETS	REASONABLENESS ADJUSTMENTS	FINAL COSTS (COL. A MINUS COLS. B & C)	PERCENTAGE OF TOTAL COSTS	CDSS USE ONLY
1 Child Care & Supervision				\$0	0.0%	
2 Social Work Activity				\$0	0.0%	
3 Food				\$0	0.0%	
4a Shelter Costs - Building Rent & Leases				\$0	0.0%	
4b Shelter Costs - Approved by Attorney General Self-Dealing Transactions Affiliated Leases				\$0	0.0%	
4c Shelter Costs - Acquisition Mortgage: Principal & Interest				\$0	0.0%	
5 Building & Equipment				\$0	0.0%	
6 Utilities				\$0	0.0%	
7 Vehicles & Travel				\$0	0.0%	
8 Child-Related				\$0	0.0%	
9a Executive Director Salary				\$0	0.0%	
9b Assistant Director Salary				\$0	0.0%	
9c Administrator Salary				\$0	0.0%	
9d All Other Admin. Salaries				\$0	0.0%	
9e Financial Audit Costs				\$0	0.0%	
9f Administration (Minus Admin. Salaries and Financial Audit Costs)				\$0	0.0%	
TOTAL	\$0	\$0	\$0	\$0	0.0%	
CDSS USE ONLY						KDE DATE

COST REPORT (SR 3)

PURPOSE:

The Group Home Program Cost Report (SR 3) captures monthly data on the actual, allowable and reasonable costs of the group home program.

INSTRUCTIONS FOR COMPLETION:

Submit one report per group home program. If the non-profit corporation provides services other than those of the group home program, (e.g., day care, on-site education, adult services, foster family agency) costs must be allocated to the appropriate activity and only the allowable group home program costs for one program is to be reported. Describe the methodology used to allocate costs if other than the standard allocation methodology indicated in the current Foster Care Group Home Regulations (MPP Section 11-402.8 et seq.). Please report all amounts to the nearest whole dollar amounts.

Corporate/Licensee Name: Enter the Corporate/Licensee name shown on the most recent Group Home Program Rate Application (SR 1).

Program Name: Enter the Program Name if different from the Corporate/Licensee name.

Corporate Number: Enter the corporate number issued by the California Secretary of State.

Program Number: Enter number previously assigned by the Department (e.g., 1234.00.01) or specify "No number assigned yet."

Reporting Period: For an existing provider, each cost report shall be based on actual fiscal data consistent with the provider's most recent fiscal year. For the reporting period enter the first month and year and the last month and year for the fiscal year. For a new provider, enter data from the first month of operation through the last month of the provider's fiscal year and enter the months for the time period covered in the space provided.

Number of months in cost report period: Enter the number of months for the cost period. For a full fiscal year, enter "12" and enter the months for the time period covered in the space provided.

COSTS GROUPS: THE NINE COST GROUP DEFINITIONS ARE AS FOLLOWS:

1. **Child Care and Supervision (CCS):** All costs related to the hours of CCS reported in the Program Classification Report (SR 2) are to be reported. These include functions of day-to-day care of the child that would be considered ordinary parental duties and supervision by the caregiver. Do not include social work activities. Include payroll taxes and employee benefits.
2. **Social Work Activity:** All costs related to direct social work services which include development of needs, services and discharge plans, group and individual counseling and worker-child interaction. Include payroll, payroll taxes and employee benefits, and contract costs (if social worker is on contract).
3. **Food:** All costs related to food planning, preparation and service kitchen supplies and foodstuffs. Include food worker payroll, payroll tax and employee benefits, food expense and kitchen supplies.
- 4a. **Shelter Costs - Building Rent and Leases:** All costs related to actual lease or rental costs, use allowance for capital improvements, taxes, building insurance, and appraisals for leased or rented property.
- 4b. **Shelter Costs - Affiliated Leases, Self-Dealing Transactions:** Costs related to affiliated leases, self-dealing transactions.
- 4c. **Shelter Costs - Acquisition Mortgage Principal & Interest:** All costs related to property owned by the corporation for which the corporation has clear title or a mortgage or deed of trust. Acquisition mortgage and principle must be reported. Include mortgage loans associated with the original financing arrangement. Include use allowance for capital improvements, taxes, building insurance, and appraisals for owned property.
5. **Building and Equipment:** Include building equipment, payroll, payroll taxes and employee benefits, building maintenance, contracts, supplies, equipment leases, equipment depreciation expenses, expendable equipment, and miscellaneous building and equipment expenses.
6. **Utilities:** Utilities include the cost of electricity, natural gas, water, garbage, and sewer.
7. **Vehicles & Travel:** Include vehicle leases, depreciation, operating costs and transportation of the child. Reasonable annual depreciation or lease costs for automobiles are subject to Internal Revenue Service guidelines for business use that are in effect at the time vehicle costs are incurred. Vehicle costs incurred from leaseback transactions are **unallowable**.
8. **Child Related:** Include clothing, personal and incidental expenses for the child, school supplies, planned activities and other child-related costs. County clothing allowances will offset these costs.
- 9a. **Executive Director Salary:** Report annual salary for person designated as the Executive Director. Include payroll, payroll taxes, and benefits (if applicable).
- 9b. **Assistant Director Salary:** Report annual salary for person(s) designated as the Assistant Executive Director. Include payroll, payroll taxes, and benefits (if applicable).

COST REPORT (SR 3) (Continued)

9c. Administrator Salary: Report annual salary for person(s) approved by Community Care Licensing as the Administrator. Include payroll, payroll taxes, and benefits (if applicable).

9d. All Other Administrative Salaries: Report annual payroll-related expenses for staff primarily responsible for the ongoing administration and support functions of the organization, including salaries and wages, overtime, payroll taxes and employee benefits which include vacation, sick leave, contributions to an employee pension plan, and dental and health insurance.

9e. Financial Audit Costs: Report any costs incurred in obtaining an independent audit of the organization's financial statements on line 9e, Column A. If the organization has received reimbursement of financial audit costs pursuant to Welfare and Institutions Code Section 11466.21(c), report the amount of the reimbursement as an offset of total costs on Line 9e, Column B of the SR 3. Pursuant to Welfare and Institutions Code Section 11455.21(c), group home providers with a total licensed capacity of 12 or fewer persons may apply for and receive financial assistance for the cost of the financial audit. Financial assistance is provided on a sliding scale basis to offset the cost of the audit. Eligible providers may offset up to two thousand five hundred dollars (\$2,500), or one-half of the actual costs of the financial audit, whichever is less.

9f. Administration: (Minus Administrative Salaries and Financial Audit Costs). All costs necessary for the ongoing administration and support functions of the Program. This includes contracts, telephone, postage, freight, office supplies, administrative travel, conferences, meetings, in-service training, memberships, subscriptions, dues, printing and publications, bonding, general insurance, advertising, recruiting and other miscellaneous administrative costs.

TOTAL: For Total Program Costs add lines 1 through 9f under column A and enter the amount. For Total Offsets add lines 1 through 9f under column B and enter the amount. For total Reasonable Adjustments add lines 1 through 9f under column C and enter the amount. For Total Final Allowable and Reasonable costs add lines 1 through 9f under column D and enter the amount.

NEW FORM

GROUP HOME PROGRAM COSTS REPORT (SR 3)

This form is to collect cost information for the group home program. Report actual allowable and reasonable costs. If the corporation operates more than one group home program and/or the program provides other services (example: day care, on-site education, adult services, foster family agency, etc.) costs **must be allocated** to the appropriate activity and only the allowable group home program costs for the program are to be reported. Describe the methodology used to allocate costs if other than the standard allocation methodology indicated in current regulations (MPP Section 11-402.8 et seq.) **NOTE:** A separate cost report form must be completed for each group home program operated by the corporation.

Number of months in cost reporting period _____

CORPORATE NAME:		PROGRAM NAME (IF DIFFERENT)		CORPORATE NUMBER	PROGRAM NUMBER	PROVIDER FISCAL YEAR (MO/YR - MO/YR)		
COST GROUPS		A	B	C	D	E	F	
		TOTAL PROGRAM COSTS	OFFSETS	REASONABLENESS ADJUSTMENTS	FINAL COSTS (COL. A MINUS COLS. B & C)	PERCENTAGE OF TOTAL COSTS	CDSS USE ONLY	
1	Child Care & Supervision							
2	Social Work Activities							
3	Food							
4a	Shelter Costs - Building Rent & Leases							
4b	Shelter Costs - Approved by Attorney General Self-Dealing Transactions Affiliated Leases							
4c	Shelter Costs - Acquisition Mortgage: Principal & Interest							
5	Building & Equipment							
6	Utilities							
7	Vehicles & Travel							
8	Child-Related							
9a	Executive Director Salary							
9b	Assistance Director Salary							
9c	Administrator Salary							
9d	All Other Admin. Salaries							
9e	Financial Audit Costs							
9f	Administration (Minus Admin. Salaries and Financial Audit Costs)							
TOTAL								
CDSS USE ONLY								KDE DATE

COST REPORT (SR 3)

PURPOSE:

The Group Home Program Cost Report (SR 3) captures monthly data on the actual, allowable and reasonable costs of the group home program.

INSTRUCTIONS FOR COMPLETION:

Submit one report per group home program. If the non-profit corporation provides services other than those of the group home program, (e.g., day care, on-site education, adult services, foster family agency) costs must be allocated to the appropriate activity and only the allowable group home program costs for one program is to be reported. Describe the methodology used to allocate costs if other than the standard allocation methodology indicated in the current Foster Care Group Home Regulations (MPP Section 11-402.8 et seq.). Please report all amounts to the nearest whole dollar amounts.

Corporate/Licensee Name: Enter the Corporate/Licensee name shown on the most recent Group Home Program Rate Application (SR 1).

Program Name: Enter the Program Name if different from the Corporate/Licensee name.

Corporate Number: Enter the corporate number issued by the California Secretary of State.

Program Number: Enter number previously assigned by the Department (e.g., 1234.00.01) or specify "No number assigned yet."

Reporting Period: For an existing provider, each cost report shall be based on actual fiscal data consistent with the provider's most recent fiscal year. For the reporting period enter the first month and year and the last month and year for the fiscal year. For a new provider, enter data from the first month of operation through the last month of the provider's fiscal year and enter the months for the time period covered in the space provided.

Number of months in cost report period: Enter the number of months for the cost period. For a full fiscal year, enter "12" and enter the months for the time period covered in the space provided.

COSTS GROUPS: THE NINE COST GROUP DEFINITIONS ARE AS FOLLOWS:

1. **Child Care and Supervision (CCS):** All costs related to the hours of CCS reported in the Program Classification Report (SR 2) are to be reported. These include functions of day-to-day care of the child that would be considered ordinary parental duties and supervision by the caregiver. Do not include social work activities. Include payroll taxes and employee benefits.
2. **Social Work Activities:** All costs related to direct social work services which include development of needs, services and discharge plans, group and individual counseling and worker-child interaction. Include payroll, payroll taxes and employee benefits, and contract costs (if social worker is on contract).
3. **Food:** All costs related to food planning, preparation and service kitchen supplies and foodstuffs. Include food worker payroll, payroll tax and employee benefits, food expense and kitchen supplies.
- 4a. **Shelter Costs - Building Rent and Leases:** All costs related to actual lease or rental costs, use allowance for capital improvements, taxes, building insurance, and appraisals for leased or rented property.
- 4b. **Shelter Costs - Affiliated Leases, Self-Dealing Transactions:** Costs related to affiliated leases, self-dealing transactions.
- 4c. **Shelter Costs - Acquisition Mortgage Principal & Interest:** All costs related to property owned by the corporation for which the corporation has clear title or a mortgage or deed of trust. Acquisition mortgage and principle must be reported. Include mortgage loans associated with the original financing arrangement. Include use allowance for capital improvements, taxes, building insurance, and appraisals for owned property.
5. **Building and Equipment:** Include building equipment, payroll, payroll taxes and employee benefits, building maintenance, contracts, supplies, equipment leases, equipment depreciation expenses, expendable equipment, and miscellaneous building and equipment expenses.
6. **Utilities:** Utilities include the cost of electricity, natural gas, water, garbage, and sewer.
7. **Vehicles & Travel:** Include vehicle leases, depreciation, operating costs and transportation of the child. Reasonable annual depreciation or lease costs for automobiles are subject to Internal Revenue Service guidelines for business use that are in effect at the time vehicle costs are incurred. Vehicle costs incurred from leaseback transactions are **unallowable**.
8. **Child Related:** Include clothing, personal and incidental expenses for the child, school supplies, planned activities and other child-related costs. County clothing allowances will offset these costs.
- 9a. **Executive Director Salary:** Report annual salary for person designated as the Executive Director. Include payroll, payroll taxes, and benefits (if applicable).
- 9b. **Assistant Director Salary:** Report annual salary for person(s) designated as the Assistant Executive Director. Include payroll, payroll taxes, and benefits (if applicable).

COST REPORT (SR 3) (Continued)

9c. **Administrator Salary:** Report annual salary for person(s) approved by Community Care Licensing as the Administrator. Include payroll, payroll taxes, and benefits (if applicable).

9d. **All Other Administrative Salaries:** Report annual payroll-related expenses for staff primarily responsible for the ongoing administration and support functions of the organization, including salaries and wages, overtime, payroll taxes and employee benefits which include vacation, sick leave, contributions to an employee pension plan, and dental and health insurance.

9e. **Financial Audit Costs:** Report any costs incurred in obtaining an independent audit of the organization's financial statements on line 9e, Column A. If the organization has received reimbursement of financial audit costs as previously allowed by Welfare and Institutions Code Section 11466.21(c) prior to this statute being eliminated, report the amount of the reimbursement as an offset of total costs on Line 9e, Column B of the SR 3.

9f. **Administration:** (Minus Administrative Salaries and Financial Audit Costs). All costs necessary for the ongoing administration and support functions of the Program. This includes contracts, telephone, postage, freight, office supplies, administrative travel, conferences, meetings, in-service training, memberships, subscriptions, dues, printing and publications, bonding, general insurance, advertising, recruiting and other miscellaneous administrative costs.

TOTAL: For Total Program Costs add lines 1 through 9f under column A and enter the amount. For total Offsets add lines 1 through 9f under column B and enter the amount. For total Reasonable Adjustments add lines 1 through 9f under column C and enter the amount. For total Final Costs add lines 1 through 9f under column D and enter the amount.

Biennial Rate Regulations Application Requirement
ORD # 0305-04

FORM SR 4: Group Home Program Payroll & Fringe Benefit Report
[Current form in regulation with amendments]

Description of changes to form:

SR 4 (12/04)

This amendment identified an update in the revision date and is necessary to refer providers to the correct version of the form so that the data reported is consistent with current requirements. This form requests information that is required in regulations in the MPP.

OLD FORM

GROUP HOME PROGRAM PAYROLL & FRINGE BENEFIT REPORT (SR 4)

Number of months in cost reporting period: _____

CORPORATE/LICENSEE NAME:	CORPORATE NUMBER:	PROGRAM NUMBER	PROVIDER FISCAL YR (MO/YR - MO/YR)
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	(1) Child Care & Supervision	(2) Social Work Activities	(3) CDSS USE ONLY
I. PAYROLL (DO NOT INCLUDE BENEFITS)			
II. FRINGE BENEFIT EXPENSE			
1. FICA Employer Tax (include MEDICARE)			
2. Unemployment Coverage (State & Federal)			
3. Workers' Compensation Insurance			
4. Medical Insurance Expense			
5. Retirement			
6. Other (Specify on back of form)			
TOTAL FRINGE BENEFITS (Add Lines 1 through 6)	\$0	\$0	
III. TOTAL PAYROLL & FRINGE BENEFITS	\$0	\$0	
IV. CONTRACTOR COSTS			
V. TOTAL (Add Line III and Line IV) Transfer to Column A, Lines 1 and 2, Cost Report (SR 3)	\$0	\$0	

CDSS USE ONLY

PAYROLL & FRINGE BENEFIT REPORT (SR 4)

PURPOSE:

The Payroll and Fringe Benefit Report (SR 4) captures actual allowable and reasonable costs on payroll and fringe benefits of the Group Home Program.

INSTRUCTIONS FOR COMPLETION:

Submit one report per group home program. Report all amounts to the nearest whole dollar amount.

Corporate/Licensee Name: Enter the Licensee name shown on the most recent Group Home Program Rate Application (SR 1).

Corporate Number: Enter the corporate number issued by the California Secretary of State.

Program Number: Enter number previously assigned by the Department or specify "No number assigned yet."

Reporting Period: For an existing provider, each Payroll & Fringe Benefit Report shall be based on actual fiscal data consistent with the provider's most recent fiscal year. For the reporting period enter the first month and year and the last month and year for the fiscal year. For a new provider, enter data from the first month of operation through the last month of the provider's fiscal year and enter the months for the time period covered in the space provided.

Number of months in cost report period: Enter the number of months for the cost period. For a full fiscal year, enter "12".

I. PAYROLL (DO NOT INCLUDE BENEFITS): Enter the total payroll for child care and supervision under column 1. Enter the total payroll for social work activities under column 2.

II. FRINGE BENEFIT EXPENSE:

Line 1. **FICA Employer Tax:** Enter the total FICA Employer Tax (including MEDICARE) for child care and supervision under column 1. Enter the total FICA Employer Tax (including MEDICARE) for social work activities under column 2.

Line 2. **Unemployment Coverage:** Enter the total unemployment coverage for child care and supervision under column 1. Enter the total unemployment coverage for social work activities under column 2. (For example: State Unemployment Insurance, State Employment Training Tax and Federal Unemployment Insurance.)

Line 3. **Workers' Compensation Insurance:** Enter workers' compensation insurance for child care and supervision under column 1. Enter workers' compensation insurance for social work activities under column 2.

Line 4. **Medical Insurance Expense:** Enter the medical insurance expense for child care and supervision under column 1. Enter the medical insurance expense for social work activities under column 2. (Include medical, dental and optical plans paid for the employee by the program.)

Line 5. **Retirement:** Enter the employer's contributions to a retirement plan for employees for child care and supervision under column 1. Enter the employers contributions to a retirement plan for employees for social work activities under column 2.

Line 6. **Other:** Include such items as employer-paid disability insurance, life insurance, housing allowance and the like. Enter the benefits for child care and supervision under column 1. Enter the benefits for social work activities under column 2.

TOTAL FRINGE BENEFITS: Add lines 1 through 6 for child care and supervision and enter under column 1. Add lines 1 through 6 for social work activities and enter under column 2.

III. TOTAL PAYROLL & FRINGE BENEFITS: Add the payroll and total fringe benefits for child care and supervision and enter under column 1. Add the payroll and total fringe benefits for social work activities and enter under column 2.

IV. CONTRACTOR COSTS: Enter contractor costs for social work activities under column 2.

V. TOTAL: "Total" must be carried over to Column A, Lines 1 and 2 of the Group Home Program Cost Report (SR 3).

NEW FORM

**GROUP HOME PROGRAM
PAYROLL & FRINGE BENEFIT REPORT (SR 4)**

Number of months in cost reporting period: _____

CORPORATE/LICENSEE NAME:	CORPORATE NUMBER:	PROGRAM NUMBER	PROVIDER FISCAL YR (MO/YR - MO/YR)
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	(1) Child Care & Supervision	(2) Social Work Activities	(3) CDSS USE ONLY
I. PAYROLL (DO NOT INCLUDE BENEFITS)			
II. FRINGE BENEFIT EXPENSE			
1. FICA Employer Tax (include MEDICARE)			
2. Unemployment Coverage (State & Federal)			
3. Workers' Compensation Insurance			
4. Medical Insurance Expense			
5. Retirement			
6. Other (Specify on back of form)			
TOTAL FRINGE BENEFITS (Add Lines 1 through 6)			
III. TOTAL PAYROLL & FRINGE BENEFITS			
IV. CONTRACTOR COSTS			
V. TOTAL (Add Line III and Line IV) Transfer to Column A, Lines 1 and 2, Cost Report (SR 3)			

CDSS USE ONLY

PAYROLL & FRINGE BENEFIT REPORT (SR 4)

PURPOSE:

The Payroll and Fringe Benefit Report (SR 4) captures actual allowable and reasonable costs on payroll and fringe benefits of the Group Home Program.

INSTRUCTIONS FOR COMPLETION:

Submit one report per group home program. Report all amounts to the nearest whole dollar amount.

Corporate/Licensee Name: Enter the Licensee name shown on the most recent Group Home Program Rate Application (SR 1).

Corporate Number: Enter the corporate number issued by the California Secretary of State.

Program Number: Enter number previously assigned by the Department or specify "No number assigned yet."

Reporting Period: For an existing provider, each Payroll & Fringe Benefit Report shall be based on actual fiscal data consistent with the provider's most recent fiscal year. For the reporting period enter the first month and year and the last month and year for the fiscal year. For a new provider, enter data from the first month of operation through the last month of the provider's fiscal year and enter the months for the time period covered in the space provided.

Number of months in cost report period: Enter the number of months for the cost period. For a full fiscal year, enter "12".

I. PAYROLL (DO NOT INCLUDE BENEFITS): Enter the total payroll for child care and supervision under column 1. Enter the total payroll for social work activities under column 2.

II. FRINGE BENEFIT EXPENSE:

Line 1. **FICA Employer Tax:** Enter the total FICA Employer Tax (including MEDICARE) for child care and supervision under column 1. Enter the total FICA Employer Tax (including MEDICARE) for social work activities under column 2.

Line 2. **Unemployment Coverage:** Enter the total unemployment coverage for child care and supervision under column 1. Enter the total unemployment coverage for social work activities under column 2. (For example: State Unemployment Insurance, State Employment Training Tax and Federal Unemployment Insurance.)

Line 3. **Workers' Compensation Insurance:** Enter workers' compensation insurance for child care and supervision under column 1. Enter workers' compensation insurance for social work activities under column 2.

Line 4. **Medical Insurance Expense:** Enter the medical insurance expense for child care and supervision under column 1. Enter the medical insurance expense for social work activities under column 2. (Include medical, dental and optical plans paid for the employee by the program.)

Line 5. **Retirement:** Enter the employer's contributions to a retirement plan for employees for child care and supervision under column 1. Enter the employers contributions to a retirement plan for employees for social work activities under column 2.

Line 6. **Other:** Include such items as employer-paid disability insurance, life insurance, housing allowance and the like. Enter the benefits for child care and supervision under column 1. Enter the benefits for social work activities under column 2.

TOTAL FRINGE BENEFITS: Add lines 1 through 6 for child care and supervision and enter under column 1. Add lines 1 through 6 for social work activities and enter under column 2.

III. TOTAL PAYROLL & FRINGE BENEFITS: Add the payroll and total fringe benefits for child care and supervision and enter under column 1. Add the payroll and total fringe benefits for social work activities and enter under column 2.

IV. CONTRACTOR COSTS: Enter contractor costs for social work activities under column 2.

V. TOTAL: "Total" must be carried over to Column A, Lines 1 and 2 of the Group Home Program Cost Report (SR 3).

Biennial Rate Regulations Application Requirement
ORD # 0305-04

FORM SR 5: Group Home Program Days of Care Schedule
[Current form in regulation with amendments]

Description of changes to form:

SR 5 (12/04)

Change: Lines 5 and 6 were changed to “licensed program capacity” to more accurately capture the historical or projected data for each program.

This form is currently used and is part of the application package for group home program rates. This form requests information that is required in regulations in the MPP. The revision date has also been updated as it is necessary to refer providers to the correct version of the form.

Instructions for the form were modified to include any changes, modifications, deletions

OLD FORM

GROUP HOME PROGRAM DAYS OF CARE SCHEDULE (SR 5)

Submit One For Each Program

CORPORATE NAME:

PROGRAM NAME:

PROGRAM NUMBER

PROVIDER FISCAL YEAR

MO YR MO YR

YEAR MONTH	(1)												(2)		(3)		(4)		(5)	
	JANUARY (31)	FEBRUARY (28)	MARCH (31)	APRIL (30)	MAY (31)	JUNE (30)	JULY (31)	AUGUST (31)	SEPTEMBER (30)	OCTOBER (31)	NOVEMBER (30)	DECEMBER (31)	TOTAL	AVERAGE	CDSS USE ONLY		KOE DATE:			
1. Clients at Beginning of Month																				
2. Admissions																				
3. Discharges																				
4. Actual Number of Client Days																				
5. Licensed Capacity																				
6. 90% of Licensed Capacity																				
CDSS USE ONLY																				

DAYS OF CARE SCHEDULE (SR 5)

PURPOSE:

The Days of Care Schedule (SR 5) captures historical or projected monthly data on the occupancy and licensed capacity of the group home program.

INSTRUCTIONS FOR COMPLETION:

Submit one schedule per group home program.

Corporate Name: Enter the Licensee/Corporate name shown on the Group Home Program Rate Application (SR 1).

Program Name: Enter the program name, if any, shown on the SR 1.

Program Number: Enter number previously assigned by the Department. For a new provider application: leave blank.

Reporting Period: Based on the provider's fiscal year, enter the first month and its year and the last month and its year. Ongoing applications are based on the provider's previous fiscal year. The reporting period must be the same as that on the Program Classification Report (SR 2). Programs with less than twelve months of operation should not enter data for a month prior to the effective date of the program. For a new provider application, enter the proposed first month and twelfth month of operation.

Column 1 -Year

Indicate the year above the appropriate months in column 2.

Line 1. Clients at Beginning of Month

Enter the number of children in placement at the beginning of each month for the reporting period. All children in a given program are to be included, regardless of funding source.

(Note: Children of minor parents in placement, funded through SB 510 funding are not considered to be in placement and would not be included in this count.)

Line 2. Admissions

Enter the total number of children admitted into the program for each month.

Line 3. Discharges

Enter the total number of children discharged from the program for each month.

Line 4. Actual Number of Client Days

Enter the actual number of days of care provided. To calculate the actual number of days of care, multiply the number of children who were in the program for the entire month by the number of days in the month. (The number of days in each month is listed under each month's name on the form. Note: February has 29 days in a leap year.) Add the number of days for other children admitted or discharged during the month.

NOTE: The first day of care is counted: the last is not.

Example: Bryan and Tim were residents for the full month of July. Robert was admitted on July 10. James was discharged on July 21.

Calculation:

Bryan and Tim	62	(2 residents x 31 days)
Robert	22	(count the first day)
James	20	(do not count the last day)
	104	Actual Number of Client Days for July

Line 5. – Licensed Capacity: Enter the capacity as stated on the license in effect for each month. If the capacity changed during the month, enter the prorated capacity for the month.

Example: The capacity of a six-bed program increased to 12 beds on June 16. The average capacity for June is nine beds.

Line 6. – 90% of Licensed Capacity: Multiply the licensed capacity in line 5 by 90 percent and enter. This item will also transfer to the SR 2, column 1. NOTE: The minimum amount that may be entered on the SR 2, column 1 is 5.4.

Column 3 – Total:

Line 4 – Total the monthly client days.

Line 5 – Total the monthly capacities.

Column 4 – Average:

Line 5 – Average licensed capacity: Divide the number in column 3 by the number of months in the reporting period.

Line 6 – Average of 90% of licensed capacity: Multiply the number in column 4, line 5 by 90 percent.

NEW FORM

**GROUP HOME PROGRAM
DAYS OF CARE SCHEDULE (SR 5)**

Submit One For Each Program

CORPORATE NAME: _____ PROGRAM NAME: _____ PROGRAM NUMBER: _____ PROVIDER FISCAL YEAR: MO: [] YR: [] - MO: [] YR: []

YEAR MONTH	(1)												(2)		(3)		(4)		(5)	
	JANUARY (31)	FEBRUARY (28)	MARCH (31)	APRIL (30)	MAY (31)	JUNE (30)	JULY (31)	AUGUST (31)	SEPTEMBER (30)	OCTOBER (31)	NOVEMBER (30)	DECEMBER (31)	TOTAL	AVERAGE	CDSS USE ONLY		KOE DATE:			
1. Clients at Beginning of Month																				
2. Admissions																				
3. Discharges																				
4. Actual Number of Client Days																				
5. Licensed Program Capacity																				
6. 90% of Licensed Program Capacity																				
CDSS USE ONLY																				

DAYS OF CARE SCHEDULE (SR 5)

PURPOSE:

The Days of Care Schedule (SR 5) captures historical or projected monthly data on the occupancy and licensed capacity of the group home program.

INSTRUCTIONS FOR COMPLETION:

Submit one schedule per group home program.

Corporate Name: Enter the Licensee/Corporate name shown on the Group Home Program Rate Application (SR 1).

Program Name: Enter the program name, if any, shown on the SR 1.

Program Number: Enter number previously assigned by the Department. For a new provider application: leave blank.

Reporting Period: Based on the provider's fiscal year, enter the first month and its year through the last month and its year. Ongoing applications are based on the provider's previous fiscal year. The reporting period must be the same as that on the Program Classification Report (SR 2). Programs with less than twelve months of operation should not enter data for a month prior to the effective date of the program. For a new provider application, enter the proposed first month through twelfth month of operation.

Column 1 -Year

Indicate the year above the appropriate months in column 2.

Line 1. Clients at Beginning of Month

Enter the number of children in placement at the beginning of each month for the reporting period. All children in a given program are to be included, regardless of funding source.

(Note: Children of minor parents in placement, funded through SB 510 funding are not considered to be in placement and would not be included in this count.)

Line 2. Admissions

Enter the total number of children admitted into the program for each month.

Line 3. Discharges

Enter the total number of children discharged from the program for each month.

Line 4. Actual Number of Client Days

Enter the actual number of days of care provided. To calculate the actual number of days of care, multiply the number of children who were in the program for the entire month by the number of days in the month. (The number of days in each month is listed under each month's name on the form. Note: February has 29 days in a leap year.) Add the number of days for other children admitted or discharged during the month.

NOTE: The first day of care is counted; the last is not.

Example: Bryan and Tim were residents for the full month of July. Robert was admitted on July 10. James was discharged on July 21.

Calculation:

Bryan and Tim	62	(2 residents x 31 days)
Robert	22	(count the first day)
James	20	(do not count the last day)
	104	Actual Number of Client Days for July

Line 5. -- Licensed Program Capacity: Enter the capacity as stated on the license in effect for each month. If the capacity changed during the month, enter the prorated capacity for the month.

Example: The capacity of a six-bed program increased to 12 beds on June 16. The average capacity for June is nine beds.

Line 6. -- 90% of Licensed Program Capacity: Multiply the licensed capacity in line 5 by 90 percent and enter. This item will also transfer to the SR 2, column 1. NOTE: The minimum amount that may be entered on the SR 2, column 1 is 5.4.

Column 3 -- Total:

Line 4 -- Total the monthly client days.

Line 5 -- Total the monthly capacities.

Column 4 -- Average:

Line 5 -- Average licensed program capacity: Divide the number in column 3 by the number of months in the reporting period.

Line 6 -- Average of 90% of licensed program capacity: Multiply the number in column 4, line 5 by 90 percent.