



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

June 27, 2018

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-37-18

TO: ALL COUNTY WELFARE DIRECTORS  
ALL GROUP HOME PROVIDERS  
ALL CHIEF PROBATION OFFICERS  
COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA  
ALL TITLE IV-E TRIBES  
CHIEF PROBATION OFFICERS OF CALIFORNIA

SUBJECT: **CONTINUUM OF CARE REFORM (CCR) GROUP HOME  
EXTENSION REQUEST TO CONTINUE PLACEMENTS AND  
CURRENT RATE CLASSIFICATION LEVEL (RCL) RATE**

REFERENCE: [Assembly Bill \(AB\) 404 \(Chapter 732, Statutes of 2017\)](#), [AB 403 \(Chapter 773, Statutes of 2015\)](#); [AB 1997 \(Chapter 612, Statutes of 2016\)](#); [AB 1299 \(Statutes of 2016\)](#), [Welfare and Institutions Code \(W&IC\) section 11462.04\(d\)\(1\)](#), [W&IC section 11466.01](#), [Health and Safety Code \(HSC\) section 1502](#), [ACL 16-65](#), [ACIN I-75-17](#)

The purpose of this ACIN is to provide instructions to group home (GH) providers and county child welfare and probation departments about how to complete and submit a **third** extension request using the existing Group Home Extension Request for the Rate Classification Level (RCL) Rate Form (FC 30) which has been updated and is attached to this notice.

Effective January 1, 2017, in order to remain an AFDC-FC eligible placement setting, GHs were required to transition to a Short-Term Residential Therapeutic Program (STRTP) or be granted a case-by-case extension pursuant to W&IC section 11462.04 by the California Department of Social Services (CDSS), upon the request of a county placing agency. The second extension requests submitted by a county to CDSS had an effective start date of January 1, 2018 and expire on June 30, 2018. AB 403 provides CDSS with authority to grant extensions to GHs until December 31, 2018.<sup>1</sup>

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<sup>1</sup> Extensions for facilities serving probation foster youth may be granted on a case by case basis beyond December 31, 2018 if needed. Guidance regarding extensions beyond 2018 will be provided in a future ACIN.

**CDSS is providing automatic 30-day extensions, until July 30, 2018 for all GHs currently operating under an extension. The deadline for submitting the third extension request, via the FC 30, is Friday, July 27, 2018.** The FC 30 requires at least one county child welfare agency or probation department (host or placing) to submit an FC 30 for each GH facility where youth are placed. **However, GHs providers that have submitted a completed STRTP application may directly submit an FC 30, and the letter of support in the provider application will be accepted as evidence of county support for the extension.**

As specified in the FC 30, any facility which intends to transition to STRTP licensure must submit an application for STRTP licensure to CDSS by July 30, 2018 **or** document that the facility is actively revising the STRTP facility program statement in collaboration with a county placing agency and have submitted the draft program statement to CDSS by July 30, 2018. Acceptable documentation for the latter condition may include a letter from the county placing agency, or an email from the facility and county placing agency, which states that the facility and county are working on program statement revisions, outlines the key components still under discussion, and identifies the intended date of completion.

As specified in the FC 30, any facility which does not intend to transition to STRTP licensure must submit a closure plan **or** submit a facility transition plan to another licensure category by July 30, 2018. The above information should be emailed to [fosterca@dss.ca.gov](mailto:fosterca@dss.ca.gov).

### **Documentation of Child Specific Information**

In order to ensure readiness for full CCR implementation, under which GHs will no longer remain an eligible AFDC-FC placement setting, CDSS will require all GH facilities operating under extensions and all county placing agencies that will maintain placements in those facilities to ensure that the facility and placing agency have a shared understanding of each child's transition plan, plan implementation responsibilities, and regular and ongoing communication regarding progress made toward successful transition to a home based placement or STRTP.

In addition to a facility obtaining an approved FC 30 extension form, the following information must be present in each child's Needs and Services Plan or the placement agreement, and shall be developed in coordination with the placing agency based on the child's case plan, court report, or other county case records:

- Indicating whether or not a home-based placement for step-down has been identified for each child.
- Indicating whether an IPC has determined the child requires an STRTP level of care, and if so, documentation that the child will have access to needed specialty mental health services.

- If the GH does not plan to transition to STRTP licensure, how an STRTP placement for a child determined to require an STRTP level of care will be arranged.
- For any child determined not to require an STRTP level of care, how the facility is actively supporting a county transition plan for step-down to a home based placement.
- Acknowledging that if no home-based placement for step-down is identified, the provider is informed of and actively supporting intensive family finding and/or child specific recruitment plan.
- Acknowledging that the provider is informed of and participating in ongoing Child and Family Team meetings to address barriers to home-based placement and in support of the above activities.

When possible, placing counties should collaborate with the facility provider and with other county placing agencies to determine which local agency will submit the request in order to minimize duplication. Upon approval by the CDSS Foster Care Rates Bureau (FCRB) of an extension request, the GH facility will be approved for an extension period of up to five months with an effective date of August 1, 2018.

The county that submits the FC 30 to CDSS should share a copy of the FC 30 with the GH provider and, if applicable, to the host county. The GH provider is required to send a copy of the FC 30 to all placing counties with youth placed in the facility.

The granting of an extension request allows the GH to continue receiving placements at their existing RCL rate but does not guarantee approval of an application to become an STRTP. When a GH receives its license as an STRTP, the STRTP provisional rate will be effective as of the date of licensure and is subject to the terms and conditions set forth in W&IC section 11466.01.

If you have any questions regarding this ACIN, please contact the Foster Care Rates Bureau at (916) 651-2752 or the CCR Branch at [CCR@dss.ca.gov](mailto:CCR@dss.ca.gov).

### **Camera Ready Copies and Translations**

For camera-ready copies in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain this form from the CDSS webpage at: <http://www.cdss.ca.gov/inforesources/Forms-Brochures>.

When translations are completed per MPP Section 21-115.2, including Spanish form, they are posted on our website. Copies of the translated forms can be obtained at: <http://www.cdss.ca.gov/inforesources/Translated-Forms-and-Publications>.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the *GEN 1365-Notice of Language Services* and a local contact.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient.

In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

Sincerely,

Original Document Signed By:

CHERYL TREADWELL, Chief  
Foster Care Audits and Rates Branch  
Children and Family Services Division

SARA E. ROGERS, Chief  
Continuum of Care Reform Branch  
Children and Family Services Division

c: Child Welfare Directors Association

Attachment

## GROUP HOME EXTENSION REQUEST FOR THE RATE CLASSIFICATION LEVEL (RCL) RATE

### SECTION A

(Sections A-C Must Be Completed For Approval)

This form is to request a RCL extension (pursuant to WIC section 11462.04) on behalf of a group home provider and must be signed by a child welfare director, chief probation officer, or designee and sent to the Foster Care Rates Bureau (FCRB). A GH that has submitted a completed STRTP application to CDSS may submit an FC 30 directly as provided for in ACIN I-37-18.

A copy of the approved form must be provided by the facility to each placing agency that places children in the facility. Each placing agency and the facility must ensure that each child placed in the facility has an updated Needs and Services Plan developed in collaboration with the county placing agency, as required in ACIN I-37-18

Name of County: \_\_\_\_\_ Check One:  Host  Placing County

Non-Profit Corporation Name (group home provider): \_\_\_\_\_

Corporation's Program Number Given by FCRB: \_\_\_\_\_

Corporation's Headquarter Address: \_\_\_\_\_  
Street State Zip Code

Facility Address: \_\_\_\_\_  
Street State Zip Code

Facility License Number (for which this request is being submitted): \_\_\_\_\_

Extension to the RCL Rate is requested for:

3 months

5 months

### SECTION B

This RCL extension request is based on the following criteria. Check the appropriate response below:

1.  The group home is in the process of converting to a STRTP.

Application for STRTP licensure submitted to CDSS

Date Submitted: \_\_\_\_\_

**or**

Program Statement is in active revision with the county and has been submitted to CDSS

Reviewing County: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Date Submitted to CDSS: \_\_\_\_\_

**SECTION B**  
**(Continued)**

**Provide specific details about any identified barriers to STRTP transition, barriers to identifying alternative placements for children not requiring an STRTP level of care, and progress toward compliance with the Mental Health Program Approval requirements.**

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- 2.  The group home will **NOT** convert to STRTP licensure.
  - a. The facility has completed and is implementing one of the following:
    - Completed Transition Plan      Completion Date: \_\_\_\_\_
    - Completed Closure Plan      Completion Date: \_\_\_\_\_
  - b. Has the provider considered transitioning to THP+FC or another type of licensure category?
    - Yes                       No
  - c. Is technical assistance or further information requested?
    - Yes                       No

**Provide specific details about the facility efforts to support county recruitment of resource families for children placed in the facility. Please describe the transition or closure plan developed for the group home facility. Also, provide details about why the provider is choosing not to become an STRTP.**

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**SECTION C**

1.  Please indicate if the provider has any technical assistance needs in the following areas:
- a.  Accreditation Completion.
  - b.  Mental Health Certification.
  - c.  Mental Health Billing.
  - d.  Staffing to Meet STRTP Requirements.
  - e.  Provider Wishes to Continue to Serve Foster Youth Under a Different License (e.g., THPP).
  - f.  Presumptive Transfer Determinations.
  - g.  Trauma Informed or Other Training for Staff.
  - h.  Other: \_\_\_\_\_

Please Explain

2. Client Population Served by This Facility:

- Child Welfare
- Probation
- Both

\_\_\_\_\_  
Child Welfare Services Director or Chief Probation Officer/or Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Contact Name (Please print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

Email completed form to: [fosterca@dss.ca.gov](mailto:fosterca@dss.ca.gov)

**SECTION D**

**FOSTER CARE RATES USE ONLY:**

Approve

Effective Approval Date: \_\_\_\_\_

Extension Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Rates Consultant

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

DRAFT

GROUP HOME EXTENSION REQUEST