



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

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

September 8, 2017

ALL COUNTY LETTER NO. 17-93

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CHIEF PROBATION OFFICERS
 ALL COUNTY WELFARE DIRECTORS ASSOCIATION
 ALL FOSTER FAMILY AGENCIES
 ALL GROUP HOME PROVIDERS

SUBJECT: USE OF INFANT SUPPLEMENT PAYMENT FOR TRANSITIONAL HOUSING PLACEMENT PLUS FOSTER CARE (THP+FC) PROGRAMS

REFERENCE: [ASSEMBLY BILL \(AB\) 12](#) (CHAPTER 559, STATUTES OF 2010), [AB 212](#) (CHAPTER 459, STATUTES OF 2011) AND [AB 1712](#) (CHAPTER 324, STATUTES OF 2016); SENATE BILL (SB) [1013](#) (CHAPTER 35, STATUTES OF 2012); WELFARE AND INSTITUTIONS CODE (WIC) SECTION [11465, SUBDIVISION \(a\)](#) AND [16522.\(7\)](#); MANUAL OF POLICIES AND PROCEDURES (MPP) [11-415.1](#); [42 UNITED STATES CODE SECTIONS 672](#) AND [675](#); COUNTY FISCAL LETTER (CFL) [13/14-36](#); ALL COUNTY LETTERS (ACL) [11-53](#); [12-44](#); AND [13-09](#)

The purpose of this ACL is to provide clarification on use of the infant supplement payment for Non-Minor Dependent (NMD) parents participating in a Transitional Housing Placement Plus Foster Care (THP+FC) program. The California Department of Social Services (CDSS) has received questions from county welfare departments (CWDs), advocates and providers regarding the use of the infant supplement payment. Amendments to WIC section 11465, subdivision (c)(5), increased the infant supplement payments, effective July 1, 2016 (see [ACL 16-57](#), page 6).

Administrative Costs

Some counties may be allowing providers to retain a portion of an infant supplement amount to cover the provider's cost of staffing, case management and services. This

practice should cease immediately as the funds are not authorized to be used for administrative costs under federal law. Federal guidance states: "When a child is placed with his/her minor parent, no administrative costs may be claimed on her/his behalf because s/he is not eligible for nor a recipient of title IV-E foster care maintenance payments. The State is merely increasing the amount of the title IV-E foster care maintenance payment made on behalf of the eligible minor parent to accommodate the board and care of the child." (Child Welfare Policy Manual (CWPM) section 8.1B and Q3.) This guidance is also now applicable to increased payments made for a child of an NMD.

Background of THP+FC

As stated in [ACL 12-44](#), "The THP+FC program for NMDs is a provider-based, supervised housing and supportive services program that includes regular contact with a provider case manager." This program is more structured than the other Supervised Independent Living Setting (SILS) option available in California, a Supervised Independent Living Placement (SILP), and offers greater supervision and more comprehensive support services intended to help an NMD in a successful transition to adulthood. Due to the more intensive supports offered in a THP+FC placement, a THP+FC provider is often responsible for providing additional supports and services to a parenting NMD.

The THP+FC rate, the amount paid by a county to a provider either directly or through contracts, was established in CDSS led workgroups. However, factors considered in determining the rate included activities related to social work, staffing, case management and parent training. The THP+FC providers have reported that serving parenting NMDs often can increase expenditures necessary for meeting the unique needs of these parenting NMDs and their children.

Current Law and Regulation

Infant supplement payments are paid to assist with the care and supervision of a non-dependent infant/child who lives with the NMD parent in an eligible placement. The W&IC section 11465, subdivision (a) states "When a child is living with a parent who receives AFDC-FC or Kinship-Guardianship Assistance Payment benefits, the rate paid to the provider on behalf of the parent shall include an amount for the care and supervision of the child." Current regulations in MPP section 11-415 support statute in that it clarifies the "infant supplement paid shall be a uniform amount to cover the cost of care and supervision of a child in addition to the rate that would otherwise be paid for the minor parent's placement." The infant supplement payment is a foster care maintenance payment as defined under section 475(4) of the Social Security Act. These are payments to cover the costs of items such as food, clothing, shelter, daily

supervision, and a child's personal incidentals. The Federal CWPM specifies in section 8.1B administrative costs may not be claimed for a child of a NMD, when the child is not separately eligible and a recipient of a title IV-E foster care maintenance payment.

The infant supplement is claimed as an assistance payment ([CFL 13/14-36](#)). **No portion of the infant supplement payment shall be retained by a provider (Foster Family Agency, Group Home or other nonprofit organization) to cover their costs associated with staffing, case management, or services.** In addition, the infant supplement is not a payment that is available to placements under the Emergency Assistance (EA) Foster Care Program, since they do not qualify as Aid to Families with Dependent Children –Foster Care (AFDC-FC) placements pursuant to WIC section 11465, subdivision (a). Counties may, at their own discretion, provide an infant supplement to these placements using county funds.

County Contract Process

Counties who contract with providers shall include a process for NMDs to review and identify what maximum amount of the infant supplement payment will be retained by a provider for eligible expenses the provider is directly covering on behalf of the child of the NMD. This amount must be determined as part of a shared agreement between the provider and the NMD. Counties and providers should note the monthly amount retained and how the funds are expended for the direct benefit of the child of the NMD.

The actual amount retained by a THP+FC provider in each case should be determined and documented through a shared agreement between the NMD and the provider. The shared agreement should accurately reflect the unique support and monetary needs for each parenting NMD, which shall be determined through a team meeting model, that should include the provider, the NMD and at least one support person who can help advocate for the NMD.

Policy Clarification Regarding the Provider/NMD Shared Agreement Process

The CDSS policy for the THP+FC payment of the infant supplement is outlined below:

- 1) The provider may transfer the entire infant supplement directly to the parenting NMD as an allowance. This option is appropriate when a NMD demonstrates the understanding of budgeting and the additional financial requirements of parenting. The CDSS recommends that the provider use the shared agreement (detailed later in this letter) to reach an understanding between the provider and NMD about how the infant supplement payment will be used, in part to ensure the amount is being used for federally allowable purposes.

- 2) The NMD and provider may enter into an agreement, allowing the provider to hold an amount of the infant supplement to be used for specified needs of the infant. For example, if a NMD has difficulty managing monthly finances associated with caring for an infant, the provider can hold a portion of the infant supplement to help the NMD manage their use of this payment for specific items. This could ensure the infant's needs are being met for clothing, laundry, diapers, food, medical costs, household items (such as a crib for the infant), costs for providing childcare, or housing related costs, such as increased rent for a larger housing unit.

Shared Agreement

The shared agreement between the parenting NMD and the provider should be discussed in the context of a Child Family Team (CFT) meeting, if available, or determined through a team meeting model. Discussing the shared agreement in the context of a CFT or team meeting model allows for greater collaboration of the professionals (for example, a social worker, parenting support mentor or Court Appointed Special Advocate) the NMD and any natural supports they choose to have present. This team-oriented approach can aid in identifying the strengths of the NMD and how he or she can be supported in the areas the NMD has identified as challenges.

If a CFT is not available or scheduled in a timely manner, the NMD should have a support person present during the discussion to establish the shared agreement to help advocate for the NMD and to alleviate any perceived imbalance in equality. Available THP+FC placements often have extensive wait lists for a NMD wishing to be placed in one. An immediate need or desire for placement in an available THP+FC spot should not compromise the integrity of the shared agreement. If a NMD needs to be placed in a THP+FC prior to the shared agreement being completed, the provider shall ensure the parenting NMD directly receives a large enough allowance from the infant supplement to provide for their child's care and supervision, until the date the shared agreement is signed.

The discussion of this shared agreement should include, but not be limited to, how the infant supplement payment shall be used, how those amounts should be budgeted and how the provider can help support the NMD in their transition from foster care. Attached to this letter is a template for a "Shared Agreement" for the NMD and the provider. This template, or one like it, can be used to help guide the conversation within the context of the CFT or other meeting to create clear communication about what both the NMD and the provider may use the infant supplement for. In situations where there is a consensus that the NMD is able to manage the entire amount of the infant supplement funds and the placement provider does not hold any portion of the supplement payment, it is still recommended that a conversation take place between provider and foster youth regarding budgeting the funds.

The shared agreement should be updated as necessary to reflect the changing needs of the NMD and the infant. Examples of changes that would warrant revisiting the shared agreement could be if an infant transitions from formula to solid foods, if a child care situation changes, or if the NMD begins new employment. In order to capture the changing needs of a growing infant, it is highly suggested that, at a minimum, the shared agreement be updated annually.

Creating a shared agreement plan can help to provide transparency for both the NMD and the provider to ensure that the infant supplement payment is being used as intended and for allowable costs. This transparency can also help to educate the NMD on the various costs involved in parenting and help them prepare for how to sustain appropriate budgeting practices once they transition out of extended foster care.

Grievance Procedure

In a situation where the NMD and provider cannot come to an agreement during this process, the NMD should have the right to a grievance process. Counties should develop grievance procedures for NMDs regarding the shared agreement process, and may utilize processes developed for other similar grievance processes, such as the Parenting Support Plan.

The NMDs can also report issues or concerns to the Office of the Foster Care Ombudsperson at 1-877-846-1602, or via email at fosteryouthhelp@dss.ca.gov.

For questions about the infant supplement or THP+FC rates please contact the Foster Care Rates Bureau at (916) 651-2752. For questions relating to THP+FC program policy, please direct your questions to the Foster Care Support Services Bureau at (916) 651-7465.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachment

c: County Welfare Directors Association
Chief Probation Officers of California
Judicial Council of California

**Shared Agreement – Use of the Infant Supplement in Transitional Housing
Placement Plus Foster Care (THP+FC)
(Sample Template)**

This shared agreement is intended to help facilitate the discussion regarding the use of the Infant Supplement Payment in a THP+FC Program. This discussion should occur when placement in a THP+FC is being considered for a pregnant or parenting Non-Minor Dependent (NMD), and should occur in the context of a Child and Family Team (CFT) meeting, if available, or other collaborative team meeting. Completing the shared agreement in the context of a CFT can aid in a collaborative discussion that identifies the strengths and challenges of an NMD as it relates to their understanding of the financial implications regarding parenting. This agreement should be updated as necessary to reflect the changing needs of the NMD and the infant, and it is recommended that it is updated annually at a minimum. When an update is necessary a new agreement should be filled out and signed. Whether this template or another shared agreement template is used, the areas outlined must be in alignment with the allowable costs for the Infant Supplement as referenced in Federal Law 45 Code of Federal Regulations 1355.20 Title IV-E, Foster Care Maintenance Payments Program.

Food

This can include the costs of buying formula, milk, vitamin supplements and other age appropriate food for the infant/child.

Item	Estimated Cost	Provider	NMD

Clothing/Personal Incidentals

This can include any clothing related expenses, including diapers and wipes.

Item	Estimated Cost	Provider	NMD

Shelter/Furniture

This can include housing/shelter related expenses, including increased rent. This section should also detail the costs for age appropriate furniture, which can include cribs, toddler beds, changing tables, etc.

Item	Estimated Cost	Provider	NMD

Transportation

This can include reasonable travel expenses for a child’s visitation with family or other caretakers. This can also include other travel related expenses including transportation costs necessary for obtaining supplies for the child and ensuring the child may remain in their school of origin.

Item	Estimated Cost	Provider	NMD

Child Care

This can include the costs of various child care options which provide daily supervision while the parent is working or attending school.

Item	Estimated Cost	Provider	NMD

Medical

This can include the various costs related to an infant/child's medical and dental needs. Some allowable examples are co-pays for medical visits and over the counter and prescription medications.

Item	Estimated Cost	Provider	NMD

X

Non Minor Dependent

DATE _____

X

Provider

DATE _____

X

Social Worker/Support Person

DATE _____