



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



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 7, 2016

ALL COUNTY LETTER (ACL) NO. 16-72

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CHIEF PROBATION OFFICERS
 ALL LOCAL MENTAL HEALTH DIRECTORS
 ALL COUNTY ADOPTION OFFICES
 ALL GROUP HOME PROVIDERS
 ALL FOSTER FAMILY AGENCIES
 ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: REIMBURSEMENT PROCESS FOR ACCREDITATION FEES

REFERENCE: [ASSEMBLY BILL \(AB\) 403](#) (CHAPTER 773, STATUTES OF 2015);
 WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS [11402](#);
[11460\(c\)\(2\)](#); [11461.1](#); [11461.2](#); [11467](#); [SENATE BILL \(SB\) 1013](#)
 (CHAPTER 35, STATUTES OF 2012); ALL COUNTY LETTER
 (ACL) NO. [16-05](#)

The purpose of this ACL is to provide procedures on how to apply for a fifty-percent reimbursement of fees paid to national accreditation bodies recognized by the California Department of Social Services (CDSS) from:

- Counties that seek accreditation as a public provider agency,
- Foster Family Agencies (FFAs),
- Out-of-state providers (limited to a prorated amount based on the percentage of California children placed in their facility),
- Community Treatment Facilities (CTFs), and
- Group Homes (GHs) planning to transition to a Short-Term Residential Treatment Center, hereinafter, referred to as a Short-Term Residential Therapeutic Program (STRTP).

Providers having already completed the accreditation process will be eligible for the fifty-percent reimbursement of their accreditation renewal fee that is **paid on or after July 1, 2016**. AB 403 requires all FFAs and STRTPs to become accredited by one of three nationally recognized accreditation bodies per [ACL 16-05](#).

The CDSS is authorized, per the 2016-17 Budget Act, to reimburse providers for fifty-percent of the costs of the fees they pay to national accrediting bodies on or after July 1, 2016, and before June 30, 2017. Given that agencies may need more time to meet the accreditation requirement, CDSS will continue the reimbursement process through FY 2017-18.

Request for reimbursement can be submitted upon receipt of this notice. In order to make payments in a timely manner, the final deadline for accepting reimbursement requests will be May 12, 2017. Any exceptions will need to be discussed with the assigned Foster Care Rates Consultant reviewing the request.

Other accreditation related activities such as accreditation preparation, annual fees, costs of travel, consultant fees, hiring of temporary staff, training or any other types of expenses are not eligible for this reimbursement. Only the actual fee(s) associated with the accreditation process and paid to the national accreditation body will be reimbursable. Each provider is required to submit the following documentation in order to qualify for reimbursement:

- 1) Invoice(s) from the accrediting body showing the billed and paid amount which includes a description of the billed items(s).
- 2) Documentation showing proof of payment, for example a copy of a cancelled check(s), a credit card receipt(s) or documentation from an electronic payment(s).
- 3) A completed [FC 31](#) Reimbursement Request Form (see Enclosure).
- 4) A completed [STD 204](#) Payee Data Record Form.

All County Letter No. 16-72
Page Three

The completed Reimbursement Request Application Form and Payee Data Record Form along with the required documents should be submitted to:

California Department of Social Services
Children and Family Services Division
Foster Care Audits and Rates Branch
Foster Care Rates Bureau
744 P Street, M.S. 8-11-74
Sacramento, California 95814

Please feel free to contact your Foster Care Rates Consultant at (916) 651-2752 or fosterca@dss.ca.gov if you have any questions regarding the accreditation reimbursement process.

Sincerely,

Original Document Signed By:

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

Enclosure

c: Community Care Licensing Division

ACCREDITATION REIMBURSEMENT REQUEST
Per Welfare and Institutions Code Section 11462 and Section 11463

SECTION I – PROVIDER INFORMATION

Corporation/Licensee Name: _____ Rates Provider Number: _____

Address: _____ City: _____ Zip Code: _____

Contact Person: _____ Email Address: _____

Telephone Number: _____ Amount Requested: _____

Providers Signature: _____

SECTION II – ACCREDITATION INFORMATION

ACCREDITING BODY: _____ Accreditation Started: _____
Date

Please mark the appropriate box. Accreditation Completed: _____
Date

- The Council on Accreditation (COA)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Joint Commission (TJC)

SECTION III – FCARB USE ONLY

Federal PCA Code 22358: _____ State PCA Code 12354: _____
Amount to be applied Amount to be applied

Index Code: 2513

Invoice # _____

Rates Consultant Signature: _____ Date Approved: _____

Please attach the invoice from the accrediting agency showing the billing amount and cancelled check or credit card receipt to this form and mail with form STD 204 (Payee Data Record) to:

**State of California
Children and Family Services Division
Foster Care Audits and Rates Branch
Foster Care Rates Bureau
744 P. Street
Mail Station 8-11-74
Sacramento, CA 95814**