

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

(916) 323-1263



March 1, 1983

ALL COUNTY INFORMATION NOTICE I-31-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC SPECIALIZED FOSTER CARE (SFC) SURVEY

Provisions of AB 2695 require this Department, with the advice and assistance of the counties, to develop and implement a statewide rate-setting system for Specialized Foster Care (SFC) by July 1, 1984. We have been and will continue to work with members of CWDA in the development of this system. As a first step, the attached questionnaire has been devised to gather information regarding: (1) current county SFC rate-setting procedures, and (2) county recommendations for developing a statewide SFC system. Descriptions of four existing/proposed SFC systems and their components are also attached for your review and comment.

For purposes of this questionnaire, the following definition shall apply:

Specialized Foster Care (SFC) Rate means the total rate paid on behalf of an AFDC-FC child requiring specialized care in a licensed or approved family home with a capacity of six or less, or in an approved home of a relative or non-related legal guardian. Such rate includes both the foster family home (FFH) basic rate and the additional specialized care increment.

If your county has more than one SFC system, please complete separate questionnaires for each. If your county's SFC rate-setting procedures make a distinction between welfare and probation supervised children, please coordinate with your Probation Department in completing the questionnaire. As a second step of this developmental process, we request that you begin to identify all SFC cases to facilitate a planned case review by DSS staff in mid-March.

We appreciate your taking the time to complete this questionnaire. The information you provide will help us in the development of a statewide SFC-rate setting system. Please submit your responses by Friday, March 25, 1983, in as much detail as possible, to:

Department of Social Services, Foster Care Rates Bureau
744 P Street, M/S 7-172, Sacramento, CA 95814
Attn: Cindy Wong Lan

If you have any questions, please contact Cindy Wong Lan at (916) 323-1263.

Sincerely,

Handwritten signature of Kyle S. McKinsey in cursive.
KYLE S. MCKINSEY
Deputy Director

cc: CWDA

SPECIALIZED FOSTER CARE QUESTIONNAIRE

COUNTY _____

NAME AND TITLE OF PERSON COMPLETING THIS QUESTIONNAIRE _____

TELEPHONE NUMBER _____

I. GENERAL INFORMATION:

A. Program and Rate Information:

1. Does the county have an established Specialized Foster Care (SFC) system?

Yes _____ No _____

If yes: a. When and why did the county begin their SFC program?

b. If available, submit a copy of the SFC system and rate schedule.

c. What organizational unit within the County Welfare Department County Agency has responsibility for SFC rate setting?

d. How is the SFC rate determined? Describe all elements of the rate structure, including whether the SFC rate is based on the child's level of care needs or the foster parent's qualifications.

e. After a child is determined to be a SFC child, who makes the rate determination and authorizes the SFC rate paid?

f. Are you satisfied with the SFC rate structure in your county?

Yes _____ No _____ Please explain:

If no: a. What options or alternatives are available?

b. Number/percent of children who are placed in:

Foster Family Homes (FFH): Number _____ Percent _____

Group Homes (GH): Number _____ Percent _____

If your county does not have a SFC system, please skip to F.

B. Payment/Cost

- 1. As of June 30, 1982, what is the county's total AFDC-FC funded foster family home population?

What portion of this FFH population receives a SFC rate?

Number _____ Percent _____

- 2. What is the total cost for the SFC increment in your county? If you are unable to break out the SFC increment separately, subtract the July 1, 1982 scheduled basic rate from the specialized care rate. The remainder shall be the specialized care increment.

a. Total yearly SFC increment cost: FY 1981/82 \$ _____
 Estimated: FY 1982/83 \$ _____

b. Total average SFC increment cost per child per month:
 FY 1981/82 \$ _____
 Estimated: FY 1982/83 \$ _____

- 3. Is there a limit on the number of children who receive SFC rates (i.e., a cap on the size of the SFC funded population or the total amount of funds for SFC rates)? Yes _____ No _____ If no, skip to C

if yes: a. What is the limit based upon?

b. What is the maximum number of SFC funded children?

c. If based on population size, maximum amount?
 FY 82/83: \$ _____

d. If based on dollars, maximum amount?
 FY 82/83: \$ _____

C. Determination of Need

- 1. What are the county's criteria for identifying the type of problem and level of severity which determines whether a child will receive a SFC rate?

- 2. Prior to placement, how are the child's specialized care needs evaluated?

3. Are there any children who automatically receive a SFC rate because they are part of a specific class of children (e.g., developmentally disabled)? Please specify.

4. Are there any children who are automatically excluded from placement in a specialized Foster Family Home because they are part of a specific class of children (e.g., severe emotional disturbance)? Please explain:

5. What classes of children may receive a SFC rate? (check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Mental Retardation-
Mild (EMR) | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Extreme Bizarre
Behavior |
| <input type="checkbox"/> Mental Retardation-
Moderate (TMR) | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> School Problems |
| <input type="checkbox"/> Mental Retardation-
Severe | <input type="checkbox"/> Autism | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Physical Handicaps-
But Ambulatory | <input type="checkbox"/> Actively Psychotic | <input type="checkbox"/> Drug Abuse |
| <input type="checkbox"/> Non-Ambulatory | <input type="checkbox"/> Severe Depression | <input type="checkbox"/> Chronic Runaway |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Self-Destruction | <input type="checkbox"/> Chronic Placement
Failure |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Actively Suicidal | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Sexually or
Physically Abused | <input type="checkbox"/> Family Interference |
| <input type="checkbox"/> Non-Verbal
Communication | <input type="checkbox"/> Sexual Acting Out | <input type="checkbox"/> Other (specify)
_____ |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Active Homosexual
Behavior | _____ |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Behavior/Conduct
Disorder | _____ |
| | <input type="checkbox"/> Fire-setting | |
| | <input type="checkbox"/> Possible Violence | |

6. The principal population type of the SFC program is: (rank in order.)

- | | |
|---|---|
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Developmentally Disabled |
| <input type="checkbox"/> Delinquent
Behavior, non-delinquent | <input type="checkbox"/> Physically Disabled |
| | <input type="checkbox"/> Other (specify) _____ |

D. Selection of Homes

1. What criteria are used to select family homes to provide SFC?

 2. Do you have an adequate number of licensed or approved family homes in your county that take SFC funded children?
Yes _____ No _____

 3. Are a child's specialized care needs matched with the appropriate SFC home?
Yes _____ No _____ If yes, please explain how:

 4. Is special training a condition for foster parents to provide SFC?
Yes _____ No _____ If no, skip to #6.
- If yes: a. Specify type, duration, how often, and if foster parent(s) are reimbursed for the training.

b. Does your department provide training (i.e., conduct the classes)?

Yes _____ No _____

c. Please attach a training outline.

d. How much does this training cost?

\$_____per FY 1982/83

\$_____average per SFC home per FY 1982/83

e. Funding Source:

5. Services provided to the SFC funded child by the foster parent.

Check all that apply:

___ Daily Medications

___ Special Diets

___ Transportation Services to Therapy/Medical Appointments

___ Daily Logs/Charts

___ Care for Physically Disabled

Specify: _____

___ Intense Supervision

___ Other, specify: _____

E. Length/Reassessment

1. What is the process for determining how long a SFC rate is to continue?

2. What is the average length of time a child receives a SFC rate?

3. Describe how the child's specialized foster care needs are reevaluated.

4. a. At what point are psychiatric evaluations or medical reports utilized for SFC children?

___ Prior to receiving SFC rate.

___ Periodically, after receiving SFC rate.

___ Other (specify) _____

___ Not used. (Please skip to F.)

b. Who completes these evaluations/reports? (e.g., doctor, psychiatrist).

c. How are these funded?

d. Who at the county reviews these evaluations/reports?

e. For what purpose(s) are the evaluations made?

F. Clothing Allowance

1. Do you provide a separate clothing allowance for an AFDC-Foster Care child in addition to the basic family home rate?

Yes _____ No _____ Total Cost: FY 81/82 \$ _____

Estimated: FY 82/83 \$ _____

2. Do you provide a separate clothing allowance for a SFC child beyond that provided to a basic rate child?

Yes _____ No _____ Total Cost: FY 81/82 \$ _____

Estimated: FY 82/83 \$ _____

If no to #1 and #2 skip to Part II.

3. If yes to #1 and/or #2, please specify for the FFH child (basic rate only) and SFC child:

- a. Breakout clothing allowance payment.

	<u>FFH</u>	<u>SFC</u>
1) Initial:	\$ _____	\$ _____
2) Annual:	\$ _____	\$ _____
3) Other:	\$ _____	_____

- b. What does the clothing allowance cover? (Please specify for each.)

1) Initial:

2) Annual:

3) Other:

- c. What is the process in which the clothing allowance check is approved, (e.g., who determines need, amount, and approves payment)? (Please specify for each.)

1) Initial:

2) Annual:

3) Other:

d. How is the date of payment determined? (Please specify for each.)

1) Initial:

2) Annual:

3) Other:

4. Is the clothing allowance payment based on a flat rate schedule or individual case method? Are there any limits? (Please specify for each.)

a. Initial:

b. Annual:

c. Other:

5. Do you require sales receipts or any other verification to substantiate how the allowance was spent?

Yes _____ No _____

6. If your county has access to donated clothing, how does this affect the use of the clothing allowance?

II. COUNTY RECOMMENDATION FOR A STATEWIDE SPECIALIZED FOSTER CARE SYSTEM

In this section of the questionnaire, we are soliciting your comments and ideas to help us develop a statewide SFC rate-setting system. Attached are descriptions of four existing/proposed SFC systems and their components. The one page summaries will give you a general overview of these SFC systems. When completing this portion of the questionnaire, please keep in mind the following: If you were to develop a statewide SFC system, what components do you feel would be essential to operate a good SFC system? After you have read the attachments, please complete the component checklist on page 8 and the following questions:

A. What is your county's philosophy regarding SFC?

B. What is your county's perspective regarding a uniform statewide SFC system?

C. Was your county in the process of developing any new or expanded SFC components or systems within the past year?

Yes _____ No _____

If yes, please explain:

D. Please check the following components you feel are, (1) a MUST, and (2) a WANT, to be included into any statewide SFC system that might be developed. Please include any components you have identified that have not been suggested. On the following page, please provide us with explanations and reasons for each selection.

COMPONENTS	MUST	WANT	NOT NEEDED
A. <u>Determination of need for SFC.</u>			
1. Placement worker evaluates the child before placement.			
2. Placement worker evaluates the child after child has been in placement.			
3. Standardized specific evaluation questionnaire.			
4. Input solicited from the foster parent prior to setting rate.			
B. <u>Process for determining SFC rate.</u>			
5. Different levels of children's special needs, (minimum, moderate, intensive).			
6. Hierarchy of supervisory approval for higher rates.			
7. Services provided by foster parents incorporated into contract.			
8. Periodic review of the rates and subsequent adjustment.			
9. Standardized contract between county and foster parents.			
C. <u>What makes up the rate?</u>			
10. Experience and training of foster parents affect rate.			
11. Specific payment for a specific service (prescriptive) element of the rate dependent upon the services rendered.			
12. Analysis of the total time it takes to meet the special needs of all the children in a home.			
13. Hours performing a specific task (units of service).			
D. <u>Requirements of specialized foster parents.</u>			
14. Certification of foster parents to provide special services.			
15. Mandatory training for foster parents.			
16. Accountability through use of daily logs, behavior or progress charts.			
17. Daily and monthly respite care provisions.			
18. Mandatory consultation of foster parents with professionals.			

E. Other components (please specify and list as many components you feel are necessary):

SYSTEM I

- A. The placement worker determines the child's special needs by use of a checklist questionnaire.
- B. The placement worker in conference with his/her supervisor and the county licensing supervisor, select a foster home for the child. The selection is made by matching the treatment needs of the child to the training and experience of the foster parents. Specialized care foster parents are certified at one of four expertise levels dependent upon their years of experience and participation in county sponsored training workshops.
- C. The placement worker and foster parent draw up a treatment plan which lists each of the child's needs considered in determining the SFC increment and the specific services the foster parent will provide. The treatment plan also outlines the content of daily behavior modification, health progress charts, daily logs on the child's special needs, etc. Consultation with a professional or support group for the foster parent is scheduled by the placement worker. Provision for daily and monthly respite care is also written into the treatment plan.
- D. The Specialized Foster Care increment is dependent upon three factors:
 1. Severity of treatment needs of the child
 - a. Mild
 - b. Moderate
 - c. Severe
 2. Training and experience of the foster parent
 - a. Specialized
 - b. Advanced
 - c. Journeylevel
 - d. Professional
 3. Intensity of care and supervision given
 - a. Basic
 - b. Special
 - c. Exceptional
 - d. Extensive
 - e. Intensive

SYSTEM 2

- A. The placement worker fills out an evaluation form describing the child's problems that warrant a special payment above the basic rate and submits the form for approval to the placement worker's supervisor.
- B. The supervisor compares the child's evaluation to descriptive passages in the county's specialized foster care handbook to determine the level of care needed. The five levels of service, dollar amounts, and hierarchy of necessary supervisory approval are as follows:

Minimal	\$ 30	First line supervisor
Limited	60	First line supervisor
Extensive	110	Section Chief of Services
Intensive	150	Section Chief of Services
Exceptional	175-300	Chief of Children's Services

Following is an example of the county's handbook description of Intensive Care:

"Intensive Care - Children in this category require intensive supervision because of severely impaired judgment, psychosis or physical helplessness. A child would need and receive at least one of the following services:

1. Always requires assistance and supervision in eating, dressing, and personal hygiene when such assistance is related to impaired or physical development.
 2. Personal assistance in ambulation. Child is not able to walk without help, even with the use of prosthetic devices.
 3. Intensive supervision and guidance (must have ongoing adult supervision and may not be left unattended) to deter or control anti-social and/or self-destructive behavior or insure that the severely delayed child achieves and maintains adequate developmental milestones (includes failure-to-thrive child)."
- C. The services supervisor is required to review the special rate every six months. If the child improves, and a new level is used, the rate goes down.
- D. In addition to the above special rates, the county has an Adolescent Incentive Home payment of \$200 above the basic rate. These children typically have very poor impulse control and have suffered multiple failures in other placements. Foster parents are chosen from among those who have been successful in dealing with disturbed/difficult to supervise teenagers. The county provides special training to these foster parents.

SYSTEM 3

- A. The placement worker evaluates the child's problems using a checklist instrument. This fourteen page checklist evaluates the child's abilities in the following areas: motor control; independent living; social; emotional; cognitive; communication and vocational. The child's score determines the needed level of care - Basic, Minimum, Moderate or Intensive. A basic flat rate is set for each level of care.
- B. First level of certification: The family home is certified by the placement worker to determine the appropriate level of care. This certification is based upon the foster parents' qualifications, the physical layout of the home.
- C. Second level of certification: Some foster family homes are certified further to provide "Special Services Programs" if a child is determined to need one or more of the following services: behavior modification; educational training; and work activity training. Certification criteria to provide these services include: (1) description of the child who needs the service; (2) foster parents' qualifications; (3) analysis of the total time it takes to meet the specific needs of all the children in the home; (4) specific payment for a specific service (prescriptive) guidelines that limit the number of hours per week the service can be prescribed.

SYSTEM 4

- A. The placement worker, with input from the foster parent, completes a form as illustrated below: This request may be initiated by the foster parents or the placement worker.

REQUEST FOR DIFFICULTY OF CARE RATES		
Child's Problems	Frequency	What the foster parent must do.

- B. From this worksheet, the Program Specialist completes a detailed evaluation questionnaire consisting of three sections: emotional care, physical care, and special care; with five levels of care in each section - minimal, moderate, intensive, pre-institutional, and institutional.

Example:

EVALUATION QUESTIONNAIRE

1. Emotional Care

Level C (Intensive)

- extreme attention-seeking behavior
- encopresis
- withdrawal
- stealing

The levels of care are assigned points which are translated into dollars (ranging from \$5-\$175). Only the child's highest level of care in each section is considered to determine his/her total points. The total points are then translated into a dollar figure to determine the specialized care increment.

- C. The amount of increment depends entirely on the condition of the child as determined by the questionnaire. The experience or training of the provider is not taken into consideration when setting the SFC increment.
- D. After the specialized care increment is determined, a copy of the completed "Request for Difficulty of Care Rates" is given to the foster parent as part of the contract and treatment plan.