

Residentially Based Services Reform in California

Presented at the MA Interagency Residential Provider Forum

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The RBS Reform Coalition
RECONNECTING CHILDREN, FAMILIES AND COMMUNITIES

What is RBS Reform

- California's Residentially-based Services Reform initiative seeks to transform the state's group homes, currently providing long-term congregate care and treatment, to programs combining short-term residential stabilization and treatment with follow-along community-based services to quickly reconnect youth to their families, schools and communities.
- In 2007, with the passage of AB 1453 (Soto), support of the California Department of Social Services (CDSS), financial support from Casey Family Programs, and the creation of the RBS Reform Coalition, reform of the State's system for care and treatment of youth with challenging needs came to fruition.
- The legislation authorized selection of four counties or consortia of counties that, with private partners, will implement alternative program and funding models consistent with the framework document that defines and describes RBS. The lessons learned from these projects will inform planning for statewide implementation of RBS reform due to the Legislature in 2011.

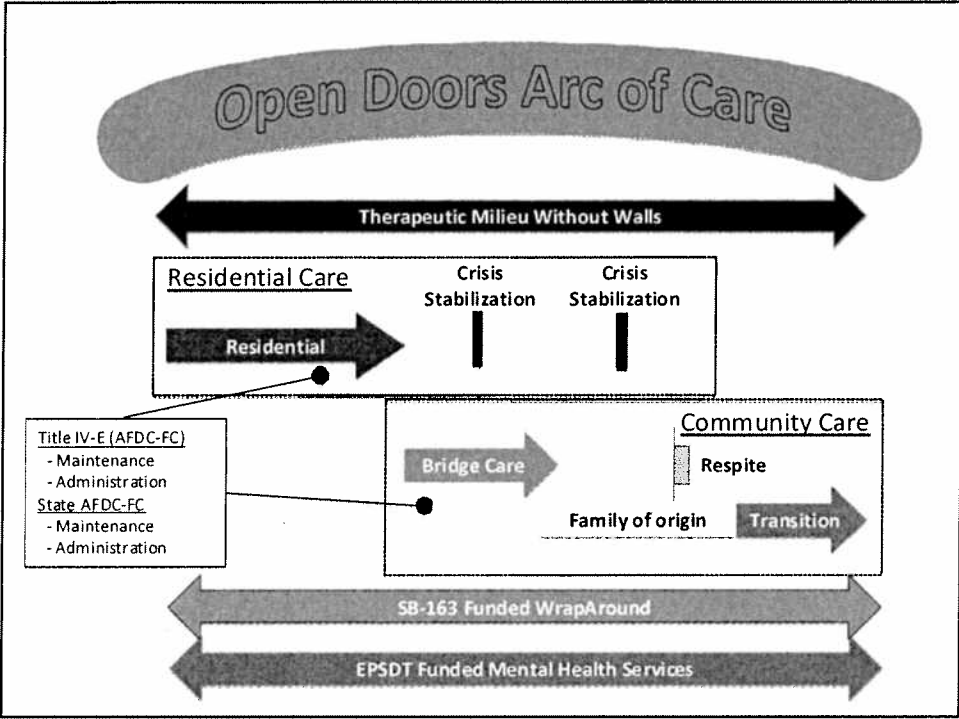
Los Angeles Model

- Los Angeles selected by State to participate in RBS
- Parallel to State reform Los Angeles also working on Group Home Reform since 2005
- The **ResWrap*** model Hathaway-Sycamores Child and Family Services developed with three other providers in Los Angeles in 2004, and presented at previous Alliance Conferences, became the basis for the development of the Los Angeles RBS reform model
- *ResWrap combines Residential and Wraparound approaches

LOS ANGELES COUNTY RESIDENTIALLY BASED SERVICES DEMONSTRATION PROJECT **OPEN DOORS**

Los Angeles County was selected, along with three other counties (San Bernardino, Sacramento and the Bay Area Consortium) to participate in an AB 1453 "Residentially Based Services" (RBS) demonstration project to shorten timeframes to durable permanency for children who face a residential stay. LA's plan is to infuse residential care with Wraparound principles (active family voice and choice, facilitated planning process, care coordination, family finding), and transform the traditional residential milieu to a therapeutic community without walls.

Note CA is a IV-E Waiver State and Los Angeles County is operating as one of two IV-E Waiver Counties in CA providing it greater flexibility in funding models than other Counties



Values

- Children belong at home in their community
- Families are experts on themselves and their children
- Family culture is acknowledged and honored
- Planning and treatment are individualized and strengths-based
- Family involvement and connections are essential
- Strong communities make strong families
- Whatever it takes

Key Components of Model

- **Target Population**
 - Children in or at risk of RCL – 12/14 placement (**high-end placements**)
 - 52 bed demonstration
 - Approximately 160 children to be served in 2 years
- **The RBS Collaborative Partners**
 - DCFS
 - DMH
 - Five Acres - (Boys only - Ages 6-14 - 18 beds - 2 open)
 - Hillside - (Co-ed - Ages 6-17 - 18 beds - 2 open)
 - Hathaway-Sycamores - (Boys only - Ages 6-17 - 16 beds - 1 open)
- **Innovations**
 - Treatment without walls
 - Family search, engagement, preparation and support from Day 1
 - Flexible funding to support innovation
 - Waiving RCL requirements

Key Components of Model continued

- **Key Features**
 - One Child and Family Team across all environments
 - One plan of care
 - Crisis stabilization without replacement
 - Respite in the community
- **Outcomes** (see resources for details)
 - Safety, Permanency and Well Being;
 - Decreased length-of-stays in residential placements;
 - Reduced re-entry
 - Increased use of informal or “natural” community supports
- **Performance Measures**
 - CAFAS School Report Card
 - CANS WFI-4
 - YSS Client Demographics
 - YSS-F Changes of Placement

Client Eligibility Criteria

- ☐ Must be a Department of Child and Family Services (DCFS) Client
- ☐ Would Otherwise Need RCL 12 or 14 Placement
 - As Determined by Resource Management Process & CANS (Child and Adolescent Needs and Strengths)
 - Must Enter Residential Treatment Program
- ☐ Will Need Significant Community Development Work to Achieve Permanency
- ☐ Will Need Significant Family Finding and Development Work to Achieve Permanency
 - Having or not having family not a criteria for admission
 - Bridge care available if family is not ready (foster home, relative home)
- ☐ Will Need Intensive Services Post-residential to Sustain Permanency*

* DCFS case must remain open throughout arc of care

Benefits to Child and Family

- One Child and Family Team Across all Environments
- Care Planning Unifies Residential and Community Treatment
- Family Search, Engagement, Preparation and Support from Day 1
- Building Life Long Connections and Natural Supports from Day 1
- Concurrent Community Work While in Residential
- 24/7 Mobile Crisis Support When in Community Phase
- Crisis Stabilization Without Replacement (14 days)
- Respite in the Community



The Building Bridges Innovative Self Assessment Tool (SAT)

LA Providers will be utilizing the SAT Tool from Building Bridges

The SAT provides residential programs, the youth and families they serve, and their community program counterparts a useful tool to assess their current activities against best practices consistent with the BBI Joint Resolution Principles.

The SAT is designed to be used with groups of residential and community staff, advocates, families and youth to facilitate discussion on how program and community efforts to implement best practices can be most effectively supported.

The SAT Glossary provides a definition of terms used throughout the SAT. It is available at the BBI website

(www.buildingbridges4youth.org)

Key Fiscal and Policy Challenges

Fiscal

- How to build a better funding model
- How to creatively overcome existing methods of payment
 - Blending funding streams to pay for model
- Determining IV-E Allowable Costs in model
- Waiving the RCL System

Policy

- How to change current attitudes toward residential care
- Using data to determine how children fare
- Leadership for Reform (CA Alliance / LA County/Providers/ Casey Family Programs – \$ support for reform)
- How long public policy changes take to implement
- How to market project to "powers that be" (County BOS/State Officials/County Social Workers etc.)

Fiscal Model for Los Angeles

- The RBS providers will be paid a new RBS case rate which will fund up to ten months in residential care, a Child and Family Team, concurrent family finding engagement, preparation and support, respite, crisis stabilization, and intensive parallel community-based interventions including the development of connections.
- After ten months of residential care (not necessarily concurrent) have been used, the rate will convert to a lower rate to **incentivize** providers to reconnect children with their families and communities and return them quickly to home based settings.
- *Waiving the RCL System* for the RBS Units only; the RCL system will no longer apply so that all Open Doors beds (formerly RCL 12 or 14) represent a single level of care. The Waiver Request reflects the transformed staffing and treatment model outlined in the Voluntary Agreement and the Funding Model.

Fiscal Model for Los Angeles

continued

Current Funding Model-

- Utilizes a Rate Classification System (RCL 1-14) for payment of residential care. High-end placements are considered RCL 12 – 14. Community Wraparound **may** be utilized after a child leaves the residential program
 - Residential (see resources for details)
 - RCL 12 – (7/1/09 - \$5891) (10/1/09 - \$5302) (11/4/09 - \$5891) (12/14/09 – \$7794)
 - RCL 13 – (7/1/09 - \$6294) (10/1/09 - \$5665) (11/4/09 - \$6294) (12/14/09 – \$8319)
 - RCL 14 – (7/1/09 - \$6694) (10/1/09 - \$6025) (11/4/09 - \$6694) (12/14/09 – \$8835)
 - Mental Health – EPSDT (unlimited)
 - Community Wraparound
 - Tier 1 - \$4184
 - Tier 2- \$1250
 - Mental Health - EPSDT – (estimated average per child is \$2246)

Fiscal Model for Los Angeles continued

RBS Model — 24 month demonstration project

- Residential
 - \$10,194 for up to 10 non-consecutive months of care (\$8319 + \$1875) (was \$3900 at \$6294)
 - \$4184 after 10 months of residential care
 - Mental Health – EPSDT (estimated at \$5000/mo)
 - Higher residential rate funds the following:
 - Residential components of board and care traditionally funded by the RCL system
 - Child and Family Team
 - Family Finding, Engagement, Preparation and Support (FFEPS)
 - Parallel community based interventions
 - Flexible Services Funding (flex funds) to cover contingencies such as crisis stabilization*
- *A crisis stabilization episode is a temporary return to the residential facility lasting no more than 14 days and does not count against the 10-month limit for the residential rate. After 14 days, the episode will be considered a return to residential treatment and will count against the 10-month limit imposed on residential care.
- Community Care – any time not in residential care
 - \$4184 - foster home costs deducted if child is in Foster Care (\$1430-\$1679)
 - \$1250 - rate if child is in Intensive Treatment Foster Care (\$4,028 – not deducted)
 - Mental Health - EPSDT – (estimated at \$2246/mo)

Fiscal Model for Los Angeles continued

- Provider is at risk for meeting cost neutrality over a 24 month period - \$147,314
 - Reconciliation process after 24 month period
- Reconciliation Process
 - Average cost per child defined as:
 - The exit cohort
 - Children in care for 24 months during the first 24 months of the Demonstration
 - If average cost is over \$147,314 provider pays difference back to County
 - If average cost is less than \$147,314 savings shared 50/50 between provider and County – dollars to be used for reasonable and allowable child welfare related services
- Actual Residential Cost Determination
 - Residential Rate is an estimate
 - Actual costs to be determined at conclusion of project
 - Provider may keep up to 10% excess over actual cost
 - Any excess beyond 10% is returned to the County
 - Rate to be renegotiated if project is extended beyond 24 months

Staffing Model (for a 16 bed facility)		
Residential Group Care		
Residential Director	0.40	
Milieu Supervisor	1.00	
Youth Specialists	14.00	
On-Call Youth Specialists	3.00	
	<u>18.00</u>	
Community Services Staff		
Program Director	1.00	
Clinical Supervisor	1.00	
Clinician	6.50	
Lead	2.00	
Family Facilitator	6.50	
Youth Specialist	6.50	
Family Finding & Engagement	2.00	
Lead Parent Partner	1.00	
Parent Partner	6.50	
Family Crisis Response Team	8.00	
Administrative Support	1.50	
	<u>40.50</u>	
Mental Health Specialty Staff		
Psychiatric Services	1.00	
Medical Services Staff	1.50	
TBS	6.00	
MHRS Staff/Youth Specialists	9.00	
	<u>17.50</u>	
Shared Program Support		
Program Oversight & Supervision		
QA/QI Clinician	0.50	
DMH Billing & Chart Staff	1.50	
	<u>2.00</u>	
Total Salaries & Wages	<u>78.00</u>	

Staffing Model for RBS including residential and community components of the model

- ### Techniques Used to Overcome Fiscal and Policy Challenges
- Partnerships of Key Visionary Individuals
 - Including parents and youth in planning
 - Re-conceptualizing the use/purpose of residential treatment
 - Significant Investment of Time
 - Neutral Coordination by 3rd parties (consultants and Casey)
 - Building off Wraparound Principles/Values
 - ResWrap Pilot Results
 - Family Decision Making/Child & Family Team
 - Fundamental shift in philosophy on how the family is viewed
 - Realization that many children being successfully served in Wraparound in the community are the same children being referred to residential treatment
 - Developing Fiscal Creativity
 - Creating cross-team Training and Evaluation Workgroups for the project
 - Social Marketing to County Social Workers

Additional Resources

Information on the California RBS Reform Coalition project and other County models can be found at: www.rbsreform.org

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Outcome Measures

Outcome Measures			
	Data Sources/ Data Collection	Frequency of data collection	Data Providers
Outcomes for Children and Families			
1. Achievement of permanency: Children at RBS exit with legal permanency (adoption, guardianship and reunification), and any type of placement episode termination	CWS/CMS	Annual	BIS
2. Average lengths of stay (in group care and entire RBS period)	CWS/CMS	Annual	BIS
3. Rates of re-entry into group care and foster care of children enrolled in the RBS program	CWS/CMS	Annual	BIS
4. Analyses of the involvement of children or youth and their families in services planning and treatment (Do children and families have a sense of "voice and choice" in their treatment experience?	CANS, YSS, YSS-F	Semi-annual	RUM/Provider
5. Client satisfaction	YSS, YSS-F	Semi-annual	Provider
6. Child safety: Substantiated maltreatment while at home or in group care during RBS period	CWS/CMS	Annual	
7. Child well-being: Positive placement changes and # of placement moves	CWS/CMS	Annual	
8. Child educational progress	Child's case file	Annual	Provider
9. Child and family voice and choice	Child's case file	Annual	Provider
10. The existence of a connection with a caring adult	Child's case file	Annual	Provider

Outcome Measures			
	Data Sources/ Data Collection	Frequency of data collection	Data Providers
Systems Operation			
11. Use of the program by the County	On-going process		County
12. The operation of the program by the private nonprofit	On-going process		Provider
Fiscal Outcomes			
13. Payments made to the private nonprofit agency by the County			Fiscal Workgroup
14. Actual costs incurred by the nonprofit agency for the operation of the program			Fiscal Workgroup
15. The impact of the program on State and County AFDC-FC program costs			Fiscal Workgroup
16. The impact of the program on State and County Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program costs			DMH
17. The impact of the program on State and County Mental Health Services Act (MHSA-Proposition 63)			DMH

Outcome Measures			
	Data Sources/ Data Collection	Frequency of data collection	Data Providers
Safety			
S1. 99.6% of the children/youth who are enrolled in RBS do not have any new substantiated allegations as specified in California Health & Safety Code, Section 1522(b) while receiving services under this contract	CWS/CMS	Quarterly	BIS
S2. 100% of Corrective Action Plans (CAPs) are submitted on time and successfully implemented, including facility and safety deficiencies	Corrective Action Plans/Auditor Controller Reports	Annual	Provider
S3. 98% of children/youth are free from child-to-child injuries while in the residential site.	Child's Case File/Facility Review Reports/ SIR/I-Track	Annual	Provider & Wrap Admin
S4. 94% of the children/youth who are enrolled in RBS do not have any new substantiated allegations within one (1) year after graduating from RBS	CWS/CMS	Annual	BIS
Permanency			
P1. 75% of youth that graduate from RBS will not have a subsequent out-of-home placement after six (6) months	CWS/CMS	Semi-annual	BIS
P2. 85% of families whose children/youth graduating from the RBS Demonstration Project continue using community based services and supports six (6) months after graduation	Follow-up Reports/ POC	Bi-annually (Dec & June)	Provider
P3. CONTRACTOR will maintain an overall average length of stay of ten (10) months or less (in Residential)	CWS/CMS Child's Case File		BIS Provider
P4. 80% of children/youth enrolled will have at least five (5) adult family members and fictive kin (non-relative) identified within ten (10) months of enrollment	POC Child's Case File		Provider
P5. CONTRACTOR will facilitate 100% contact of approved connections	POC Child's Case File		Provider

Outcome Measures			
	Data Sources/ Data Collection	Frequency of data collection	Data Providers
Well Being			
WB1. 70% rating of family and youth satisfaction with services	YSS/YSS-F WFI-4/CAFAS	Semi-annual	Provider
WB2. 70% of youth demonstrate improvement on the behavioral/well-being measures	CAFAS	Semi-annual	Provider
WB3. At least 51% of CFT is comprised of informal supports	POC Child's Case File	Semi-annual	Provider
WB4. 75% of children/youth maintain at least an 80% school attendance rate or improved attendance rate from previous quarter.	Child's Case File School Report Card	Quarterly	Provider

Residentially Based Services (RBS) Reform Project

Title IV-E Allowable Activities Determination

March 3, 2010

The California Department of Social Services (CDSS) developed a workgroup of Title IV-E subject matter experts to examine the proposed activities for the RBS Reform Project that may be claimed under the federal Title IV-E program. CDSS was provided information on these proposed activities from the California Alliance for Child and Family Services (CACFS) in conjunction with the RBS providers from Los Angeles (Hathway-Sycamores), Sacramento (Quality Group Homes and Children's Receiving Home), San Bernardino (Victor Treatment Centers) and the Bay Area Consortium (Seneca, Edgewood, St. Vincent's and Rebekah). CDSS' determination was based on the information provided in the "RBS Claiming Federal Funding under the Title IV-E Foster Care Program" document; the "Los Angeles County RBS Provider Cost Narrative" document; and the October 20, 2009 conference call with CACFS and the RBS providers.

The CDSS workgroup examined the proposed activities and determined the categories in which the activities may be claimed under the Title IV-E Maintenance Foster Care program:

- Administration of the RBS Group Home Program, including case management activity
- Daily Supervision

For each activity, the CDSS workgroup examined the Title IV-E rules and determined the appropriate category to which the activity would be claimed. Specific conditions and activities that are not federally allowable under Title IV-E for each proposed activity were also identified.

CDSS acknowledges that this is not an exhaustive list of the possible activities that may be performed for the RBS Reform Project. CDSS requests that the RBS demonstration site counties submit any additional activities to be claimed under the Title IV-E program to CDSS to be examined by the workgroup.

The determination of the Title IV-E Allowable Activities informs the development of the RBS Time Study methodology that is currently being developed by CDSS. Additional information on the RBS Time Study will follow.

If there are any questions regarding CDSS' determination, please contact the Foster Care Audits and Rate Branch at (916) 324-4873.

RBS Title IV-E Allowable Activities Determination

March 3, 2010

Page | 1

PROPOSED ACTIVITY	TITLE IV-E MAINTENANCE – ADMINISTRATION OF THE GROUP HOME PROGRAM (TIME STUDY CODE 001)	TITLE IV-E MAINTENANCE – CASE MANAGEMENT ACTIVITIES (TIME STUDY CODE 001)	TITLE IV-E MAINTENANCE – DAILY SUPERVISION (TIME STUDY CODE 002)	ACTIVITIES NOT FEDERALLY ALLOWABLE UNDER TITLE IV-E (TIME STUDY CODE 003)
1. Parents/Partners – providing general advice, consultation and (informal) training to other group home staff on how to work most effectively with the parents of children in RBS	Activity: Informing other group home staff on how to work effectively with the parents of the children in RBS	Activity: Informing the parents of the child in RBS of the referral process and possible services	Activity: Providing supervision of the RBS child	Costs associated with providing counseling and therapy are not IV-E allowable. Costs associated with performing referral activities such as scheduling services are not IV-E allowable.
2. CFT Facilitator – facilitating the development of the plan for an RBS child to return home	Activity: Developing the RBS plan - scheduling meetings, identifying appropriate participants, taking notes, writing up the RBS plan, getting signatures from participants, working with county staff to obtain their approval of the RBS plan	Activity: Monitoring the implementation of the RBS Plan - coordinating updates, carrying out some components of the RBS plan	Activity: Transporting the child to and from meetings/appointments	Activities that can be appropriately claimed to EPSDT should continue to be claimed to that fund source pursuant to DMH Letter 08-07. Cannot duplicate any activities performed by county staff
3. Group Home Staff – accompanying/supervising an RBS child who is currently in an RBS residential placement, to a supervised/official home visit (lasting anywhere from 2 hours to multiple days)			Activity: Providing supervision of the RBS child during a trial home visit when the following parameters are met: - The trial home visit does not exceed 14 days in a calendar month. - The RBS provider staff are supervising/maintaining contact with the child during the entire visit (i.e. telephone calls, in-person meetings, etc.) - The RBS provider staff have care and control of the child. - The RBS residential bed remains available for the child's return after the home visit.	Cannot duplicate any activities performed by county staff

Transformation Challenges and Benefits.2 -
Martone (CA)

RBS Title IV-E Allowable Activities Determination
March 3, 2010

Page 12

PROPOSED ACTIVITY	TITLE IV-E MAINTENANCE – ADMINISTRATION OF THE GROUP HOME PROGRAM (Title Study Code 001)	TITLE IV-E MAINTENANCE – CASE MANAGEMENT ACTIVITIES (Title Study Code 001)	TITLE IV-E MAINTENANCE – ONLY SUPERVISION (Title Study Code 002)	ACTIVITIES NOT FEDERALLY ALLOWABLE UNDER TITLE IV-E (Title Study Code 003)
4. Group Home Staff – collaborating with the county staff to identify potential family, assisting in search of family.	Activity: To the extent this activity is not performed by county staff, the following activities are allowable for RBS: performing searches through case files and the internet; conducting interviews with county social workers, prior foster care providers, family members, friends and other significant adults in the child's life; initial telephone and in-person contacts with prospective caregivers to determine their interest in making a commitment to the child.			Cannot duplicate any activities performed by county staff.
5. Group Home Staff – follow up activities once a prospective caregiver has been identified – activities to determine the viability of a potential placement.	Activity: To the extent this activity is not performed by county staff, the following activities are allowable for RBS: follow up telephone and in person meetings with prospective permanent caregivers (after being identified through the Family Finding Process) to determine the viability of the connection and level of commitment to the child.			Cannot duplicate any activities performed by county staff.
6. Group Home Staff – accompanying/supervising the child to visit the prospective caregiver at their home or in the community.			Activity: Providing supervision of the RBS child.	Cannot duplicate any activities performed by county staff.

Prepared by: California Alliance of Child and Family Services

Implementation of the Judgment of the United States District Court for the Northern District of California - February 23, 2010

The revised State Budget for 2009-10 reduces AFDC-Foster Care rates for group homes and foster family agencies (FFAs) by 10%, effective October 1, 2009. However, the federal district court issued a Temporary Restraining Order on November 4, 2009, and Preliminary Injunctions on November 18 and December 18, 2009, enjoining the State from reducing the rates for both federally eligible and non-federally eligible children placed in group homes.

On December 14, 2009, the United States Court of Appeals for the Ninth Circuit ruled that the State of California was not in compliance with the federal Child Welfare Act because the rates paid to foster care group homes under its current RCL rate setting system did not cover the costs of care in full. The case was remanded back to the federal district court for action. On February 23, 2010, the federal district court issued a Judgment ordering the California Department of Social Services to adjust its group home rates under its RCL system to reflect the 76.25% increase in the California Necessities Index (CNI) since that system was established in 1990. The adjusted rates are effective as of the date of the Court of Appeals decision: December 14, 2009. The Judgment also required the group home rates to be adjusted by the increase in the CNI at the beginning of each subsequent fiscal year.

Standardized Schedule of Rates for Foster Care Group Homes

RCL (Rate Classification Level)	Point Ranges	1990-91	2009-10				2010-11	
		ORIGINAL STANDARDIZED SCHEDULE OF RATES	State Budget		Injunctions	Judgment	Judgment	
			July 1, 2009	October 1, 2009	November 4, 2009	December 14, 2009	July 1, 2010	
			Rates remained frozen at levels established on January 1, 2008	10% Rate Reduction	After the 10% Rate Reduction was required by Federal Court	Adjusted to reflect the 76.25% increase in the CNI since 1990	Adjusted to reflect the 1.57% increase in the CNI for 2010-11	Amount of rate increase per child per month
1	Under 60	\$1,193	\$ 1,488	\$ 1,337	\$ 1,488	\$ 2,086	\$ 2,118	\$ 33
2	60 - 89	\$1,478	\$ 1,889	\$ 1,700	\$ 1,889	\$ 2,605	\$ 2,646	\$ 41
3	90 - 119	\$1,773	\$ 2,287	\$ 2,058	\$ 2,287	\$ 3,125	\$ 3,174	\$ 49
4	120 - 149	\$2,067	\$ 2,689	\$ 2,420	\$ 2,689	\$ 3,643	\$ 3,700	\$ 57
5	150 - 179	\$2,360	\$ 3,088	\$ 2,779	\$ 3,088	\$ 4,159	\$ 4,224	\$ 65
6	180 - 209	\$2,656	\$ 3,489	\$ 3,140	\$ 3,489	\$ 4,681	\$ 4,754	\$ 73
7	210 - 239	\$2,950	\$ 3,889	\$ 3,500	\$ 3,889	\$ 5,199	\$ 5,281	\$ 82
8	240 - 269	\$3,245	\$ 4,291	\$ 3,862	\$ 4,291	\$ 5,719	\$ 5,809	\$ 90
9	270 - 299	\$3,539	\$ 4,690	\$ 4,221	\$ 4,690	\$ 6,237	\$ 6,335	\$ 98
10	300 - 329	\$3,834	\$ 5,092	\$ 4,583	\$ 5,092	\$ 6,757	\$ 6,863	\$ 106
11	330 - 359	\$4,127	\$ 5,490	\$ 4,941	\$ 5,490	\$ 7,274	\$ 7,398	\$ 114
12	360 - 389	\$4,423	\$ 5,891	\$ 5,302	\$ 5,891	\$ 7,795	\$ 7,917	\$ 122
13	390 - 419	\$4,720	\$ 6,294	\$ 5,665	\$ 6,294	\$ 8,319	\$ 8,450	\$ 131
14	420 & up	\$5,013	\$ 6,694	\$ 6,026	\$ 6,694	\$ 8,835	\$ 8,974	\$ 139

Transformation Challenges and Benefits.2 - Martone (CA)

FOSTER FAMILY AGENCIES (FFA)

Pursuant to AB 4, the FFA treatment rates have been reduced by ten percent effective October 1, 2009. The Manual of Policies and Procedures (MPP), division 11-403 delineates the FFA treatment program rates by age and requires that the certified foster family home be paid a minimum of the total of the base rate and the child increment. The base rate and child increment to be paid to the certified parent(s) is reflected in the schedule on the following page; nothing precludes the FFA from providing a payment to the certified parents in excess of the basic rate and the child increment reflected in the chart. The schedule on the following page provides the basic rates and components for FFAs providing treatment programs.

Schedule of FFA Treatment Rates Effective October 1, 2009					
AGE	0-4	5-8	9-11	12-14	15-19
Basic Rate	\$373	\$405	\$431	\$480	\$522
Child Increment	\$189	\$189	\$189	\$189	\$189
Social Work	\$296	\$296	\$296	\$296	\$296
Administration	\$572	\$593	\$611	\$643	\$672
Total Rate	\$1,430	\$1,483	\$1,527	\$1,608	\$1,679

INTENSIVE TREATMENT FOSTER CARE PROGRAMS

Provisions of AB 4 decrease the Intensive Treatment Foster Care Program rates by ten percent effective October 1, 2009; the following chart reflects the new rates for Intensive Treatment Foster Care Programs. Pursuant to W&IC section 18358.30, the FFA is required to pay an amount not less than \$1,200 per child per month to the certified foster parent(s).

Schedule of Service and Rate Levels for FFA Intensive Treatment Foster Care Programs					
Service Level	A	B	C	D	E
Rate	\$4,028	\$3,695	\$3,349	\$3,023	\$2,687