

# FOR YOUR INFORMATION

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Issue 22-03

Date: 02/10/22

## EXPECTANT PARENT PAYMENT (EPP)

The purpose of this FYI is to inform DCFS staff that, effective January 1, 2022, an Expectant Parent Payment (EPP) in the amount of \$900 per month, for a total of \$2,700, will be available to (female) pregnant minors and non-minor dependents (NMDs) in placement, three months prior to the expected delivery date, in accordance with [Assembly Bill \(AB\) 153](#) and [ACL 21-123](#). This payment will be in addition to the infant supplement payments which begin the month of birth of the infant. The payment is the same regardless of placement type, and it is paid directly to the pregnant minor or NMD.

The EPP takes the place of the Early Infant Supplement (EIS) financial benefit that was previously provided to DCFS pregnant youth in placement in the 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> months of pregnancy. EPP is a State-sponsored program and is now available throughout California with State funds.

Eligible youth must be in formal placement. Expectant parent payments are available to pregnant minors/NMDs who receive AFDC-FC or ARC payments, including those placed in Short Term Residential Treatment Placements (STRTPs), Supervised Independent Living Placements (SILPs), Transitional Housing Placements (THPP) or home-based foster care. Expectant parent payments are not available for youth in the Adoption Assistance Program and the Kinship Guardianship Assistance Payment Program. The address provided on the EPP request must match the pregnant youth's placement address as reflected in CWS/CMS. A verification of pregnancy letter from a qualified medical provider, reflecting the Expected Delivery Date, must be submitted as a part of the application.

Pregnant youth residing in the home of one or both parents (HOP) are not eligible to receive EPP payments. However, they are eligible to receive financial assistance from the Department of Public Social Services (DPSS).

### Description of EPP

EPP funds are available to meet the specialized needs of the pregnant minor/NMD, as well as to prepare for the needs of the infant. Pregnant youth receiving EPP funds are not required to show how the funds are utilized. All items purchased with EPP funds are the property of the youth/NMD and go with them if/when they change facilities or age out. Examples of items that can be purchased with the funds include, but are not limited to, cribs, rocking chairs, changing tables or other infant related furniture, car seats, strollers, infant carriers, clothes for the infant or maternity clothes for the pregnant youth, diapers, formula, and other miscellaneous infant items. Funds may also be used for a birth



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preparation or parenting class. CSWs are encouraged to discuss the availability of EPP funds with the pregnant youth.

To implement the EPP benefit, CSWs are to obtain and submit a copy of an official medical record given directly to the pregnant youth from a qualified medical provider, containing both verification of pregnancy and the Expected Delivery Date. A determination of the 7<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> month of pregnancy for the purpose of implementing the EPP payment(s) will be based on the Expected Delivery Date provided in the medical record. Youth are eligible for the entire lump sum payment even if the EPP application is submitted after the 7<sup>th</sup> month of pregnancy.

If the pregnant youth does not have an official medical record from her health care provider containing the required information, the CSW may request a verification of pregnancy letter from the medical provider on formal letterhead with an Expected Delivery Date. Any verification and documentation procedure must abide by applicable confidentiality laws.

A [DCFS 6119, DCFS Expectant Parent Payment \(EPP\) Health Care Provider Request](#), including a signature line for the pregnant youth authorizing the health care provider to disclose the youth's pregnancy and Expected Delivery Date is attached.

CSWs are encouraged to request a health care provider verification of pregnancy letter, if other medical documentation is not available. The health care provider may submit the verification letter of pregnancy to the CSW by mail, email or fax.

The EPP will be issued by the Special Payment Section as a lump sum payment of \$2,700, paid directly to the minor/NMD youth. After the state implements automation of the payments, anticipated to occur in July, 2023, the payments will be made on a monthly basis.

To request EPP payments, CSWs are to complete and submit the following documents directly to the Special Payments Section In-Box at: [SpecialPaymentRequests@dcfs.lacounty.gov](mailto:SpecialPaymentRequests@dcfs.lacounty.gov)

- Completed and approved [DCFS 5540, Special Payment Authorization/Request](#) requesting EPP by selecting "Other" and writing "EPP" with the correct timeframe of the 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> month of the pregnancy, based on Expected Delivery Date reflected in the official medical record, and requesting the \$2,700 payment;
- Official medical record containing verification of pregnancy and the Expected Delivery Date;
- History of Child Placement Report from CWS/CMS to confirm the last known address.

The [DCFS 5540, Special Payment Authorization/Request](#) (see [SAMPLE DCFS 5540](#) attached) must be signed by the CSW, SCSW, ARA, and RA. CSWs are to complete all yellow highlighted mandatory fields and attach the verification of pregnancy letter including the Expected Delivery Date, as well as



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the History of Child Placement Report from CWS/CMS (see attached [SAMPLE History of Child Placement Report](#)). All forms are subsequently scanned and emailed to the DCFS Special Payments Section Inbox: [SpecialPaymentRequests@dcfs.lacounty.gov](mailto:SpecialPaymentRequests@dcfs.lacounty.gov)

As soon as the infant is born and is under the care of the now parenting youth, the CSW must initiate an Automated DCFS 280 request to start the official Infant Supplement payment of \$900 per month, or \$1,379 per month for group home/STRTP placements, and to begin Medi-Cal coverage for the infant.

The Child Welfare Health Services Section, Expectant and Parenting Youth (EPY) Conference Facilitators help promote the EPP as appropriate during EPY Conferences. The EPY Conference Facilitators are available for any questions regarding EPP. These staff can be reached at [mendeh@dcfs.lacounty.gov](mailto:mendeh@dcfs.lacounty.gov) and [melenaa@dcfs.lacounty.gov](mailto:melenaa@dcfs.lacounty.gov) .

## PROCEDURE

### CSW Responsibilities:

1. Discuss with the pregnant youth in placement the availability of EPP and the purpose of the funds, namely to assist the youth in preparing for the birth of the infant and to promote the purchase of necessary items for the arrival of the soon-to-be-born infant.
2. Obtain an official medical record from the pregnant youth, containing both verification of pregnancy and the Expected Delivery Date.
3. If such official medical record is not available, obtain the pregnant youth's signature on the [DCFS 6119, DCFS EPP Health Care Provider Request](#) authorizing the health care provider to disclose the youth's pregnancy and Expected Delivery Date.
4. Submit the [DCFS 6119, DCFS EPP Health Care Provider Request](#) signed by the youth authorizing the health care provider to disclose the youth's pregnancy and Expected Delivery Date to the health care provider via mail, email or fax.
5. Complete the [DCFS 5540, Special Payment Authorization/Request](#) with a request to implement three months of EPP payments at \$900 each, for a total of \$2,700. Complete all yellow-highlighted mandatory fields ([refer to attached SAMPLE](#)) and attach an official medical record containing verification of pregnancy and the Expected Delivery Date, or if unavailable, the completed DCFS 6119, DCFS EPP Health Care Provider Request, as well as the verification letter from the health care provider, and the History of Child Placements Report from



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CWS/CMS. Obtain approval of the DCFS 5540 from SCSW, ARA, and RA.

- Note: Submission of EPP payment requests will only be possible at the youth's 7th month of pregnancy or beyond via the DCFS 5540.

6. Scan and email the approved DCFS 5540, the official medical record containing verification of pregnancy and the Expected Delivery Date, and the History of Child Placements Report from CWS/CMS to the DCFS Special Payments Section In-box:

[SpecialPaymentRequests@dcfs.lacounty.gov](mailto:SpecialPaymentRequests@dcfs.lacounty.gov)

7. Notify the DCFS Special Payments Section in a timely manner by sending an email to the DCFS Special Payments In-box: [SpecialPaymentRequests@dcfs.lacounty.gov](mailto:SpecialPaymentRequests@dcfs.lacounty.gov) if the youth's situation changes, (i.e., if the youth is no longer pregnant, no longer a dependent, or if there is a change in the youth's address).

8. As soon as the infant is born and under the care of the now parenting youth, initiate an Automated DCFS 280 request to start the official Infant Supplement payment of \$900 per month or \$1379 per month for group home/STRTP placements, and to begin Medi-Cal coverage for the infant.

### **SCSW Responsibilities:**

1. Review the official medical record or verification letter with the Expected Delivery Date for accuracy of the DCFS 5540 payment request based on the youth's Expected Delivery Date.
2. If accurate, approve the DCFS 5540 EIS payment request and forward it to the ARA and RA for review and approval.
3. If the case is in the process of being transferred to another CSW, or in the absence of the CSW, if the youth's situation changes, (i.e., if the youth is no longer pregnant, no longer a dependent, or if there is a change in the youth's address) notify the Special Payment Section by sending a notification email to [SpecialPaymentRequests@dcfs.lacounty.gov](mailto:SpecialPaymentRequests@dcfs.lacounty.gov)



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# SAMPLE

## SPECIAL PAYMENT AUTHORIZATION/REQUEST

Date \_\_\_\_\_

Case Name		State ID Number		Placement Date	
Child/Youth Name Pregnant Youth's Name		Date of Birth		Placement Type	
Street Address		City	State	Zip Code	
Person Services Are Requested For		Caregiver Name		Telephone Number	
Type of Services Requested		Timeframe (Start/Stop Dates)	Frequency (How Often)		Amount (Cost per Session)
<input type="checkbox"/> Respite Care .....					
<input type="checkbox"/> Payment of medical and dental bills .....					
<input type="checkbox"/> Funeral Expenses .....					
<input type="checkbox"/> Counseling .....					
<input type="checkbox"/> Temporary in-home caretakers .....					
<input type="checkbox"/> Child care .....					
<input type="checkbox"/> Court ordered services (attach Minute order stating the service)					
<input type="checkbox"/> Orthodontia .....					
<input type="checkbox"/> Computers .....					
<input type="checkbox"/> Specialized educational equipment .....					
<input type="checkbox"/> Tutoring .....					
<input type="checkbox"/> Glasses .....					
<input checked="" type="checkbox"/> Other items required to stimulate the child's physical and/or emotional growth. <b>EXPECTANT PARENT PAYMENT (EPP)</b>		Insert here month/year of 7 <sup>th</sup> , 8 <sup>th</sup> , and 9 <sup>th</sup> months of pregnancy	3 X \$900		\$2,700
			<b>TOTAL AMOUNT</b>		<b>\$2,700</b>

### VENDOR/CAREGIVER INFORMATION:

TAX ID/SOCIAL SECURITY # \_\_\_\_\_

Name: Name of minor or NMD youth \_\_\_\_\_

(9 DIGIT # REQUIRED FOR \_\_\_\_\_)

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contact Name (Vendors Only): \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email (Vendors Only): \_\_\_\_\_

CSW Name		CSW Signature		CSW Telephone		CSW Office/SPA	
SCSW Signature		ARA Signature (Required under \$500)		RA Signature (Required over \$500)			

Note: Please send the DCFS 5540 along with supporting documentation to: [SpecialPaymentRequests@dcs.lacounty.gov](mailto:SpecialPaymentRequests@dcs.lacounty.gov). The subject line should state the Case Number.

# SAMPLE

07/20/2021	History of Child Placements Report			PL-HCHLDP
03:13 PM				Page :
County : Los Angeles	Agency : Department of Children and Family S	Department : Bureau of Specialized Response Serv		
Office Name :	Unit :	Staff Person :	Staff Person ID:	

History of Child Placements for [REDACTED]

Name / Address / Phone	Placement Home Type / Reason for Change or Termination	Agency Responsible	Start Date	End Date
[REDACTED]	Supervised Independent Living Placement	County Welfare Department	[REDACTED]	
[REDACTED]	Supervised Independent Living Placement NMD Moved to Unapproved Placement		[REDACTED]	[REDACTED]
[REDACTED]	Relative/NREFM Home Child in Medical Facility	Kin-GAP	[REDACTED]	[REDACTED]
[REDACTED]	Relative/NREFM Home Placement and Placement Episode ended with reason of Reunified with Parent/Guardian (Court)	County Welfare Department	[REDACTED]	[REDACTED]

07/20/2021	History of Child Placements Report			PL-HCHLDP
03:13 PM				Page :
County : Los Angeles	Agency : Department of Children and Family S	Department : Bureau of Specialized Response Serv		
Office Name :	Unit :	Staff Person :	Staff Person ID:	

History of Child Placements for [REDACTED]

Name / Address / Phone	Placement Home Type / Reason for Change or Termination	Agency Responsible	Start Date	End Date
[REDACTED]	Court Specified Home Adoptive Placement Agreement Signed	County Welfare Department	[REDACTED]	[REDACTED]
[REDACTED]	Court Specified Home Unknown at Conversion		[REDACTED]	[REDACTED]