FOR YOUR INFORMATION

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Issue 22-16

Date: 08/29/22

COMPLEX CARE FUNDING PLACEMENTS FOR CHILDREN, YOUTH AND NON-MINOR DEPENDENTS WITH UNMET COMPLEX CARE NEEDS

Complex Care Funding (CCF) opportunities are available through Assembly Bill (AB) 153, CCF allocation for exceptional needs and AB 2944, Innovative Model of Care (IMC) rate for intensive care and supervision. For more detailed information see the CCF table beginning on page 2 of this For Your Information and the <u>CDSS Complex Care Webpage</u>.

To access the CCF opportunities, a Child and Family Team Meeting (CFTM) should occur first in accordance with <u>DCFS</u> <u>Policy #0070-548.01 Child and Family Teams.</u>

As outlined in <u>DCFS For Your Information 21-17 REV (2)</u>, the Families First Prevention and Services Act requires, except in instances of an emergency placement, that an assessment by a Qualified Individual (QI) be completed prior to placement into a congregate care facility. The QI Assessment shall incorporate or account for all CFT recommendations. Ideally, a CFTM shall occur prior to the QI Assessment and then another CFTM shall occur to discuss the results of the QI Assessment.

If it is determined by the CFT and/or the QI, that additional supports and services are recommended in any type of placement setting, such should be documented in the CFTM notes (pre and post QI assessment for congregate care placement referrals). Examples of additional supports and services are included in the CCF table.

Upon completion of the CFTM and securing a placement resource, the respective Regional/Area Office representative shall determine and initiate the appropriate CCF process, in accordance to the guidelines and processes listed in the CCF table. It is recommended that during the placement search and appropriate matching process, the respective DCFS representative(s) share with the potential placement resources, DCFS' efforts to establish the additional supports and services through CCF. This will assist the placement resources to assess if they are able to establish the necessary supports and services for the specific child, youth or Non-Minor Dependent (NMD) with the additional CCF.

The Out-of-Home Care Management Division (OHCMD) established a Placement Planning and Intervention Meeting (PPIM) to assist the Regional/Area Offices to collaboratively explore appropriate placement options and to identify needed additional supports and services. The PPIM is an optional standing meeting held every Tuesday and Thursday, from 8:30 a.m. to 9:30 a.m., and includes representation from DCFS, Probation Child Welfare and the Department of Mental Health. The Regional/Area Office representative may contact OHCMD at <u>DevO@dcfs.lacounty.gov</u> to reserve a PPIM. The CFTM notes and as applicable, the QI referral or QI Assessment should be attached to the PPIM e-mail request. Other acceptable documents supporting the need for additional supports and services through CCF are recent Special Incident Reports and/or placement denial forms (IPC Acknowledgment Forms). The OHCMD can also provide support and guidance on the CCF processes and forms, this is outside or in addition to the PPIM.

In accordance to <u>ACL 20-63</u>, a Children and Youth System of Care State Technical Assistance (TA) Team is available to identify and secure appropriate level of services, once the local resolution process has been exhausted, by submitting a request via the provided electronic forms found at: <u>https://www.surveymonkey.com/r/ZJNKLKY</u>. Therefore, it is necessary to delay any contact with the State TA Team until the internal PPIM process and placement efforts have occurred.



If you have any questions regarding this release please e-mail your question to:

Policy@dcfs.lacounty.gov (right click to open footer section and access link)

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CCF Table

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CCF Table							
CCF Type, ACL, and Contact Information	Descript	ion	Examples of Supports and Services	Required Documents			
CCF Allocation for Child, Youth or NMD with Exceptional Needs ACL 21-119 CDSS Request form and documents submission or questions: RatesPolicy@dss.ca.gov DCFS Guidance and Sample Documents/ Templates: OHCMD DevO@dcfs.lacounty.gov DCFS Urgent Invoice Processing Request: BFA Administrative Staff DemirS@dcfs.lacounty.gov DCFS Invoice Processing Request (Post CDSS Approval): Special Payment Section SpecialPaymentRequests @dcfs.lacounty.gov State TA Call Request Guidance: CWDA Inguyen@cwda.org	Funds to implem recommendation specific assessm evaluations, enh care planning or technical assista identify exception to support individ children in foster within California least restrictive s This funding sha used to supplant funds or fund cu supervision or se Complex Care fu should only be u additional suppo services beyond constituted as, "Care and Super and that is not fu through other so including an exis established Aid t with Dependent Foster Care (AF rate, AFDC-FC I Medi-Cal.	ns of child- nents, anced ongoing ince that nal needs dual care in the setting. Il not be t existing rrent care, ervices. unding sed for rt and what is rvision" unded ources, sting to Families Children- DC-FC) MC rate or	Supports and Services Outside of Care and Supervision/AFDC-FC Maintenance • 24/7 1:1 supervision provided by other than the caregiver/ placement resource • Secluded space (e.g. single-occupancy room, separate cottage/facility)* • Services to stabilize health • Specialized services/behavioral therapy in a specific diagnosis or cognitive ability (e.g. anger management, sexually reactive) • External nutritional services/weight management • Assistance with Activities of Daily Living • Private inpatient/ residential substance use treatment services • Alternative therapy (art, music, equine, animal support, etc.) • Private/external intensive independent living skills, including vocational program (i.e. barber license, EMT certification) • Pre-placement engagement services	Child-Specific Funding Template Assessments/Evaluations (e.g. mental health assessment, Qualified Individual Report, Child and Adolescent Needs and Strengths tool, Regional Center assessment) Examples of Other Supporting Documentation • Individualized Plans (e.g. Individualized Plans (e.g. Individualized Education Plan, Individualized Health Care Plan, Regional Center Individual Program Plan, Needs and Services Plan) • System of Care Technical Assistance Notes • Child and Family Team Meeting Notes • Medical Records noting special orders • Invoices for urgent/special service delivery For DCFS required documents and process, see attached <u>CCF Process</u> <u>Narrative</u> and <u>CCF</u> <u>Flowchart.</u>			
Child-Specific IMC Rate for intensive care and supervision to support children, youth and NMDs with complex needs unable to be met in existing AFDC-FC programs or from using alternative funding sources	The IMC rates are intended to supplement the existing AFDC-FC rates to cover costs for care and supervision beyond the existing traditional AFDC-FC programs. The IMC rates are not to be used to cover		Intensive/Increased Care and Supervision Personnel (salary, benefits, and payroll taxes) • Increased staff-to-child ratios • Specialty, mental health or other staff salary	A Letter of Intent addressed to CDSS ROU outlining the intent of the IMC Rate Request IMC Rate Request Form			
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ACL 22-21 CDSS Request form and documents submission or questions: Fosterca@dss.ca.gov DCFS Guidance and Sample Documents/ Templates: OHCMD DevO@dcfs.lacounty.gov	costs for mental health, behavioral health, or other social services which do not constitute care and supervision costs. An approved child-specific IMC rate is tied to the individual child, youth or NMD and approval is automatically revoked when the child, youth or NMD is transitioned to another placement. The County pays the entire non-federal share of the IMC Rate portion that exceeds the existing rate for the respective AFDC- FC program. Therefore, it's not beneficial for an IMC rate to be used for children, youth or NMDs who are not federally eligible. In this situation, the CCF allocation request process should be used instead, including for costs that fall under care and supervision.	percentage towards activities that are not Medi-Cal billable or billable towards other sources Operational Costs • Secluded space (e.g. single-occupancy room, separate cottage/ facility)* • Special diet • Extensive transportation to family visits or other extensive transportation costs • Additional insurance coverage • Specialized training	Program Description (description of additional services and supports) Budget Template Assessments/Evaluations (e.g. Mental Health assessment, Qualified Individual Report, Child and Adolescent Needs and Strengths tool, Regional Center assessment)



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