



# FOR YOUR INFORMATION

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**Issue 22-16(REV)**

**Date: 06/21/24**

## **COMPLEX CARE PLACEMENTS FOR CHILDREN, YOUTH AND NONMINOR DEPENDENTS WITH UNMET COMPLEX CARE NEEDS**

Complex Care opportunities are available for children, youth and Nonminor Dependents (NMDs) through [Assembly Bill \(AB\) 153](#) and [AB 2944](#). AB 153 established a Complex Care Funding (CCF) allocation for exceptional needs and AB 2944 established the Innovative Model of Care (IMC) Rate for intensive/increased care and supervision. For more detailed information, see the tables beginning on page 2 of this For Your Information (FYI) and the [CDSS Complex Care Webpage](#).

To access the Complex Care opportunities, a Child and Family Team Meeting (CFTM) should occur first in accordance with [DCFS Policy #0070-548.01 Child and Family Teams](#).

As outlined in [DCFS For Your Information 21-17 REV \(3\)](#), the Families First Prevention and Services Act (FFPSA) requires, except in instances of an emergency placement, that an assessment by a Qualified Individual (QI) be completed prior to placement into a Short-Term Residential Therapeutic Program (STRTP) or a Community Treatment Facility (CTF). 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 and/or intensive/increased care and supervision are recommended in any type of placement setting, such should be documented in the CFTM notes (pre and post QI assessment for STRTP and CTF placement referrals). Examples of additional supports and services and intensive/increased care and supervision are included in the tables below.

Upon completion of the CFTM and securing a placement resource, the respective Regional/Area Office representative shall determine and initiate the appropriate Complex Care process, in accordance to the guidelines and processes listed in the tables below. 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 and/or intensive/increased care and supervision. This will assist the placement resources with assessing if they are able to establish the necessary supports and services and/or intensive/increased care and supervision for the specific child, youth or NMD with the additional Complex Care opportunities.

The Out-of-Home Care Management Division (OHCMD) established a Placement Planning and Intervention Meeting (PPIM) to assist the Regional/Area Offices in collaboratively exploring appropriate placement options and to identify needed additional supports and services and/or intensive/increased care and supervision. 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, Department of Mental Health, and the Catalyst Center. OHCMD may also extend the meeting to DCFS specialized programs/units as appropriate. The Regional/Area Office representative may contact OHCMD at [DevO@dcsf.lacounty.gov](mailto:DevO@dcsf.lacounty.gov) 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 to reserve a PPIM are recent Special Incident Reports and/or placement denial forms (IPC Acknowledgment Forms). A PPIM is not required in order to access Complex Care opportunities and it is not restricted to STRTPs; it can also be used in family based settings.

In accordance to [ACL 20-63](#), a Children and Youth System of Care State Technical Assistance (TA) Team is available to discuss and identify child-specific barriers to placement and appropriate resources. A TA call should only be requested after placement efforts have been made and a PPIM, or a meeting similar to the PPIM, (i.e. executive staffing etc.) has occurred. For children, youth and NMDs with Intellectual and Developmental Disabilities (I/DD), an additional case consultation is available. Regional/Area Office representatives can contact their respective Service Bureau Liaison to assist in navigating these available resources.



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When applying for a Child-Specific CCF allocation and/or a Child-Specific IMC Rate, the Regional/Area Office representative should work with their respective Service Bureau Liaison to submit their request. Only as needed, OHCMD is available to provide TA as a secondary administrative support team. For specialized sections, such as the Bureau of Specialized Response Services (BSRS), please refer to the [Out-of-Home Care FFA and STRTP Information](#) page for guidance on State TA calls and for applying for a Child-Specific CCF allocation and/or a Child-Specific IMC Rate.

All Program-Specific CCF (Capacity Building) and Program-Specific IMC Rate related inquiries should be directed to the OHCMD at [DevO@dcfs.lacounty.gov](mailto:DevO@dcfs.lacounty.gov). These types of requests should only be submitted by the OHCMD or the Bureau of Clinical Resource and Services and are not part of the scope of this FYI.

### Complex Care Funding Allocation Table

Description	General Information and Resources	Examples of Supports and Services	Required Documents
<p>The CCF allocation is for children, youth or NMDs with exceptional needs. Funds are used to implement recommendations of child-specific assessments, evaluations, enhanced care planning or ongoing technical assistance that identify exceptional needs to support individual children in foster care within California in the least restrictive setting. This funding shall not be used to supplant existing funds or fund current care, supervision or services.</p> <p>CCF should only be used for additional support and services beyond what is constituted as "Care and Supervision" and that is not funded through other sources, including an existing established Aid to Families with Dependent Children-Foster Care (AFDC-FC) Rate, AFDC-FC IMC Rate or Medi-Cal. CCF can be used to fund a <u>temporary</u> rate for services that fall under "Care and Supervision" only until a higher/enhanced rate is</p>	<p><a href="#">CDSS Complex Care Webpage</a></p> <p><a href="#">ACIN I-03-23</a> <a href="#">ACL 21-119</a></p> <p>DCFS Guidance, Technical Assistance, and Sample Documents: OHCMD <a href="mailto:DevO@dcfs.lacounty.gov">DevO@dcfs.lacounty.gov</a></p> <p><a href="#">Additional Resources and Forms</a></p> <p>For questions, or to submit the Child Specific Funding Request contact your respective Service Bureau Liaison. If instructed to contact CDSS directly by your respective Service Bureau Liaison, you may reach them at: <a href="mailto:RatesPolicy@dss.ca.gov">RatesPolicy@dss.ca.gov</a></p> <p>DCFS Urgent Invoice Processing Request (Pre-CDSS approval): BFA Administrative Staff <a href="mailto:DemirS@dcfs.lacounty.gov">DemirS@dcfs.lacounty.gov</a></p> <p>When a complete packet is received, the review by the CDSS Rate Oversight Unit (ROU) should take approximately 1-2 weeks.</p>	<p><a href="#">CDSS Complex Care Spending Examples</a></p> <ul style="list-style-type: none"> <li>• 24/7 1:1 supervision provided by other than the caregiver/ placement resource</li> <li>• Secluded space (e.g. single-occupancy room, separate cottage/facility)</li> <li>• Services to stabilize health</li> <li>• Specialized services/behavioral therapy for a specific diagnosis (e.g. anger management, sexually reactive)</li> <li>• External nutritional services/weight management</li> <li>• Assistance with Activities of Daily Living</li> <li>• Private outpatient or inpatient (residential) substance use treatment services</li> <li>• Alternative therapy (art, music, equine, animal support, etc.)</li> <li>• Private/external intensive independent living skills, including vocational program (i.e. barber license, EMT certification)</li> <li>• Pre-placement engagement services</li> </ul>	<p><a href="#">Child-Specific Funding Request Form</a></p> <p>Clinical Assessments/ Evaluations (e.g. mental health assessment, Qualified Individual (QI) Report, Child and Adolescent Needs and Strengths tool (CANS), Regional Center assessment)</p> <p>Examples of Other Supporting Documentation</p> <ul style="list-style-type: none"> <li>• Individualized Plans (e.g. Individualized Education Plan (IEP), Individualized Health Care Plan (IHP), Regional Center Individual Program Plan, Needs and Services Plan [NSP])</li> <li>• IPC Authorization Form</li> <li>• System of Care Technical Assistance Notes/ Recommendation</li> <li>• Child and Family Team Meeting (CFT) Notes</li> <li>• Medical Records noting special orders</li> <li>• Invoices for urgent/special service delivery</li> </ul> <p>For DCFS required documents and process, see attached <a href="#">CCF Process</a></p>



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established, such as an Intensive Services Foster Care (ISFC) Rate or an IMC Rate.

DCFS Invoice Processing Request (Post CDSS Approval):  
Special Payment Section  
[SpecialPaymentRequests@dcfs.lacounty.gov](mailto:SpecialPaymentRequests@dcfs.lacounty.gov)

State TA Call Request Guidance:  
[Resource Materials](#)

[Narrative](#) and [CCF Flowchart](#).

### Child-Specific Innovative Model of Care Rate Table

Description	General Information and Resources	Examples of Supports and Services	Required Documents
<p>The Child-Specific IMC Rate is a new AFDC-FC Rate used to support children, youth and NMDs with unmet complex care needs which are unable to be met in existing AFDC-FC programs.</p> <p>The IMC Rates are to cover costs for intensive/ increased care and supervision and not to be used to cover costs for traditional mental health, behavioral health, or other social services which do not constitute care and supervision costs.</p> <p>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, for children, youth or NMDs who are not federally eligible, it is recommended that a CCF Allocation Request be submitted in addition to the IMC Rate Request that will establish the enhanced rate.</p> <p>An approved child-specific IMC Rate is tied to the</p>	<p><a href="#">CDSS IMC Rate Information for Counties</a></p> <p><a href="#">CDSS Complex Care Webpage</a></p> <p><a href="#">ACL 22-21</a></p> <p>For questions or to submit the CDSS Child-Specific IMC Rate Request and supporting documents, contact your respective Service Bureau Liaison. If instructed to contact CDSS directly by your respective Service Bureau Liaison, you may reach them at: <a href="mailto:Fosterca@dss.ca.gov">Fosterca@dss.ca.gov</a></p> <p>When a complete packet is received, the review by the ROU should take approximately 2-3 weeks and ROU will issue an IMC Rate.</p> <p>The IMC Rate effective date will be either the date the request was received by CDSS or the date of placement, if placement occurred within the last 30 days.</p> <p>DCFS Guidance, Technical Assistance, and Sample</p>	<p>Personnel (salary, benefits, and payroll taxes):</p> <ul style="list-style-type: none"> <li>• Increased staff-to-child ratios</li> <li>• Specialty, mental health, behavioral health, or other staff salary percentage towards activities that are not Medi-Cal billable or billable towards other sources</li> </ul> <p>Operational Costs:</p> <ul style="list-style-type: none"> <li>• Secluded space (e.g. single-occupancy room, separate cottage/ facility)</li> <li>• Special diet</li> <li>• Extensive transportation to family visits or other extensive transportation costs</li> <li>• Additional insurance coverage</li> <li>• Specialized training</li> </ul>	<p><a href="#">A Letter of Intent</a> (outline the intent of the IMC program)</p> <p><a href="#">IMC Rate Request Form</a></p> <p><a href="#">Program Description</a> (description of intensive/ increased care and supervision)</p> <p><a href="#">Budget Template</a></p> <p>For STRTP and CTF Placements, QI Report</p> <p>For Family Based Placements, Clinical Assessments/ Evaluations (e.g. Mental Health assessment, QI Report, CANS, Regional Center assessment)</p> <p>Examples of Optional Supporting Documentation</p> <ul style="list-style-type: none"> <li>• Individualized Plans (e.g. IEP, IHP, Regional Center Individual Program Plan, NSP)</li> <li>• IPC Authorization Form</li> <li>• System of Care Technical Assistance Notes/ Recommendation</li> <li>• CFT Meeting Notes</li> <li>• Medical Records noting special orders</li> </ul>



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individual child, youth or NMD and approval is automatically revoked when the child, youth or NMD is transitioned to another placement.

Documents: OHCMD  
[DevO@dcfs.lacounty.gov](mailto:DevO@dcfs.lacounty.gov)  
[Additional Resources and Forms](#)

- Invoices for urgent/special service delivery

If you have any questions regarding this release, please email your question to: [Policy@dcfs.lacounty.gov](mailto:Policy@dcfs.lacounty.gov)