

EXAMPLES OF ORDERS TO ENSURE FOSTER YOUTH RECEIVE APPROPRIATE FUNDING

- 1.** Order the County to provide the amount and the source of funding for the child in every Court report
- 2.** Order the County to assess children with special needs for a specialized care rate, Regional Center services, SSI and/or other benefits and programs for children with special needs
- 3.** Order the County to provide all Notices of Action regarding any funding decisions to be sent to the caregiver as well as the minor's attorney and the court within 5 days of the date on the Notice of Action
- 4.** For minors between the ages of 16.5 and 17.5, order the County to complete the SSI checklist and provide the results to the court at the next hearing
- 5.** For youth who are screened as likely eligible for SSI benefits using the SSI checklist, include in future court reports the status of the child's SSI application and retain jurisdiction over the case until a decision on the SSI application has been made by the Social Security Administration
- 6.** At the very first detention hearing, order the parents to complete all eligibility paperwork required by the County to reach benefits eligibility determinations.



Understanding Benefits to Support Youth in Foster Care: Judicial Council of California

March 2019

Topics: *Understanding Benefits to Support Youth in Foster Care*

- **Foster Care Benefits Overview**
 - Eligibility
 - Rates: Basic Foster Care, LOC & ISFC
 - Extended Foster Care
- **Supplements to the foster care rate**
 - Specialized Care Increment
 - Infant Supplement and Whole Family Foster Home
 - Dual Agency Rate
 - Transportation Reimbursement to School of Origin
- **Other Benefits**
 - Kin-GAP & AAP
 - Survivors Benefits
 - SSI
 - Medi-Cal & EPSDT

BENEFITS OVERVIEW:

Funding Sources & Types, Eligibility, Rates



Foster Care Benefits Funding: *Types & Sources*

- Emergency Caregiver

- AFDC-FC and ARC – inclusive of:
 - Level of Care rate
 - ISFC
 - SCI
 - Infant Supplement
 - Whole Family Foster Home
 - Dual Agency Rate
 - Clothing Allowance
 - Transportation to SOO



Foster Care Benefits (state AFDC-FC or Title IV-E): *Overview of Eligibility*

Eligibility Requirements:

- Categorical requirements of the child
 - Age – under 21
 - Residency
 - Immigration status (**for Title IV-E eligibility only**)
 - Deprivation (**for Title IV-E eligibility only**)
- Conditions of removal from the home and placement into **approved/licensed** facility
- Financial eligibility (**for Title IV-E eligibility only**)

42 U.S.C. § 670 et seq.; 45 C.F.R. § 1356 et seq.; Cal. Welf. and Inst. Code § 11400 et seq.; Manual of Policy and Procedure (MPP) § 45-200 et seq.; 1996 AFDC Regulations -

<http://www.dss.cahwnet.gov/ord/PG1780.htm>



Foster Care Benefits (AFDC-FC): *Conditions of Removal*

Youth removed from home qualify for benefits under AFDC-FC if:

- declared a Dependent child of the court under Welfare & Institutions Code section 300, - or -
- declared a Ward of the court under Welfare & Institutions Code section 601 or 602, or the child or nonminor is under transition jurisdiction (WIC 450), - or -
- put into placement as a result of a Voluntary Placement Agreement between the parent and CPS, - or -
- Detained under a court order pursuant to section 319 or 636 that remains in effect
- Dependency or transition jurisdiction has been resumed pursuant to WIC section 450, 387(a) or 388(e)
- Living in the home of a non-related legal guardian or nonminor in home of former non-related legal guardian



Foster Care Benefits (AFDC-FC): *Eligible Placements*

- A housing unit certified by a licensed transitional housing placement provider
- An approved supervised independent living setting for nonminor dependents.
- A licensed foster family agency for placement into a certified or approved home used exclusively by the foster family agency.
- A short-term residential therapeutic program
- An out-of-state group home
- A community treatment facility
- A licensed community care facility vendored by a regional center
- The home of a nonrelated legal guardian or the home of a former nonrelated legal guardian when the guardianship of a child or youth who is otherwise eligible for AFDC-FC has been dismissed due to the child or youth attaining 18 years of age.
- A dorm or other designated housing of a postsecondary educational institution in which a minor dependent who is enrolled at the postsecondary educational institution is living independently



Foster Care Benefits (AFDC-FC): *Eligible Placements*

- The approved home of a relative, *provided the child or youth is otherwise eligible for federal financial participation in the AFDC-FC payment.*
- The approved home of a nonrelative extended family member, as described in Section 362.7.
- The licensed family home of a nonrelative.
- The approved home of a resource family, as defined in Section 16519.5, if either of the following is true:
 - The caregiver is a nonrelative.
 - The caregiver is a relative, and *the child or youth is otherwise eligible for federal financial participation in the AFDC-FC payment.*
- A small family home, as defined in paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code.



Foster Care Benefits (AFDC-FC): *Financial Eligibility (Title IV-E/Federal Foster Care Only)*

To receive **federal** foster care benefits, the youth must meet the 1996 AFDC criteria **in the home of removal** in the month of removal or one of the six months prior to removal

- In 1996, income limit for a family of 3 to qualify for AFDC was \$723
 - **BY CONTRAST:** *The income limit for the same family to qualify for CalWORKs is \$1,169*

What that means: a child can be removed from a parent receiving CalWORKs and STILL not qualify for federal foster care benefits

IMPORTANT: The federal test has **nothing** to do with the needs of the child or the needs of the relative where the child is placed

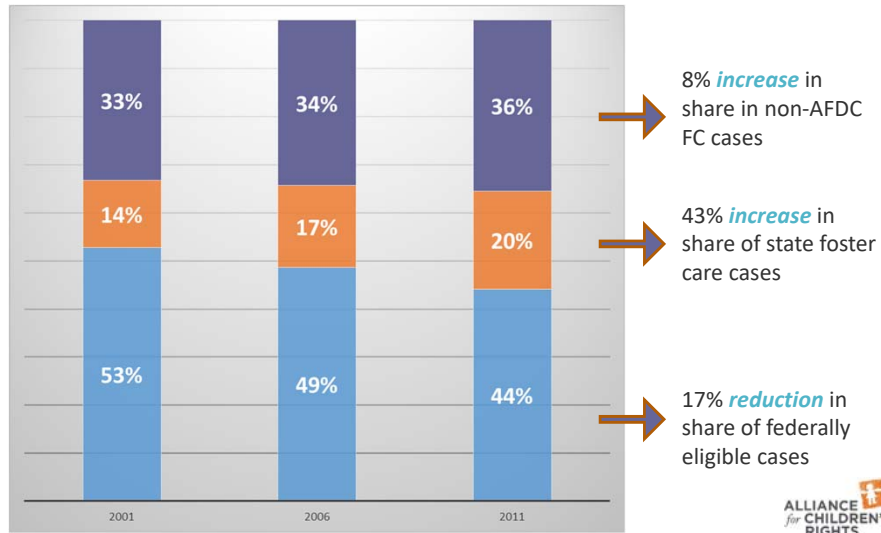


Federal Foster Care Eligibility: *Little Known Facts*

- Federal eligibility is a **one-time determination** done at the time of removal
- Federal eligibility does not depend on the type of placement
 - A youth who is not federally eligible in a relative home, is also not federally eligible in a group home
- Federal eligibility is based on 1996 AFDC Rules
 - The AFDC program no longer exists
 - The income/resource rules have **never** been adjusted for inflation

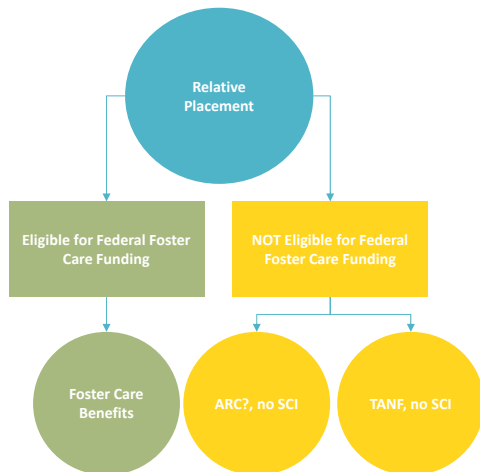


Fewer Youth are Federally Eligible Every Year



Continuum of Care Reform -- *Impact on Funding for Families*

Old Rate System



Home Based Family Care Rate System



Approved Relative Caregiver (ARC): *Eligibility*



- Home must meet **approval** standards
- Child must be placed with approved relative in CA
- Child must have been removed from the home and under CWS or Probation jurisdiction
- Child is not eligible for federal financial participation for AFDC-FC payment
- ARC includes ALL the same supplements and rates as an AFDC-FC payment!



Emergency Caregiver Funding: *Overview*

AB 1811 (Chapter 35, Statutes of 2018)

- “EC funding” is funding provided to families who are caring for a child before a family is approved as a resource family
- Funding accrues back to the date of placement
- Provides eligible families completing Resource Family Approval the Basic Foster Care Rate (currently \$960/month) **effective 7/1/18**



Cal. Welf. and Inst. Code § 11461.36



Emergency Caregiver Funding: *Eligibility*

- Caregiver is caring for a child or nonminor placed in the home **as an emergency placement or based on a compelling reason**;
- Caregiver has a **pending RFA application** filed with appropriate agency;
- Child or nonminor is **not otherwise eligible for a foster care payment** (criterion is met when caregiver has not yet been approved as a resource family), and
- Child or nonminor is **placed in California**.



Emergency Caregiver Funding: *Caseworker Responsibilities*

RFA (RFA-01A) application

Placing agency is required to work with caregiver to submit RFA application within 5 days of an emergency placement OR prior to placement for a compelling reason

Emergency Assistance (EA) application

County worker completes and submits EA application. **Child is eligible for emergency caregiver funding (state/county funding) if the child does not meet eligibility for EA**



How long will a family receive EC funding?

A family who had a pending RFA application AND is not approved after March 30, 2018 will receive EC funding for up to 180 days

If the application is not approved/denied by 180 days AND the county can **demonstrate good cause** for the delay, the federal/state share of funding can continue up to 365 days

- NOTE: even if the state/federal funding stops at 180 days, the county can continue to provide funding to the family beyond 180 days and until approval



Continued Funding: *Once Approved as a Resource Family*

Caregivers **continue** receiving foster care funding (through AFDC-FC or ARC) **once approved as a resource family** (plus any supplemental payments - LOC, SCI, infant supplement, dual agency, etc.)

Caregivers should contact county if any gap in funding occurs after RFA is completed



Home-Based Family Care Rate (AFDC-FC or ARC): *What Does a Child Receive?*

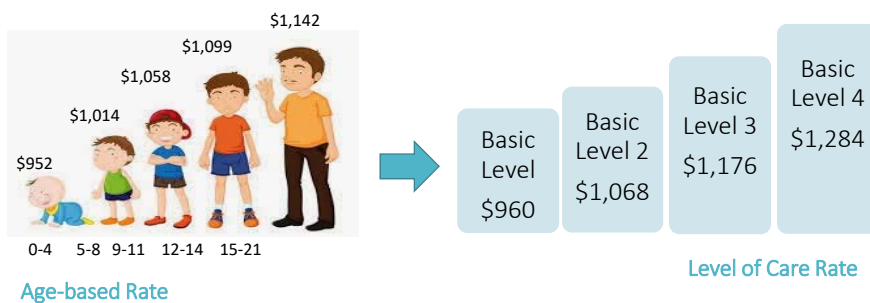
Level of Care Vision

- Establish a rate-setting system that can better support a continuum of programs and services to promote positive outcomes for children and families.
- Intended to better define the expectations of caregivers to meet child needs.
- Include the Child and Family team as part of the assessment.
- Create a statewide, standardized assessment.



Home Based Family Care Rate: *No Longer Age Based*

- *Home-based foster care rate paid to Resource Family based on amount of care and supervision needs.*
- *CDSS is developing a Level of Care (LOC) Protocol tool to guide county LOC determinations.*



Home Based Family Care Rates: *Implementation Status*

- 1/1/17 - Basic Foster Care Rate (\$960 per month)
- 12/1/17 - Intensive Services Foster Care (ISFC) implemented
- 2/1/18 - Tiered Level of Care (LOC) Protocol implemented in new FFA placements (soon to expand to all FFA placements)
- Delayed LOC Implementation for county homes



Home Based Family Care Rates: *LOC/P Overview*

Level of Care Protocol & Rate Structure

Designed to support positive outcomes for children in home-based family settings using a core practice model that engages the child/youth and families using a Child and Family Team (CFT) approach

- ✓ Rate determinations based on LOC Protocol
 - Evaluating core domains (physical; behavioral/emotional; educational; health; permanency/family services) describing care needs for child and RFs level of expected supervision and supports
 - LOC Protocol required for determining LOC rate

[LOC Rate Determination Matrix](#)

Home Based Family Care Rates: *Intensive Services Foster Care (ISFC)*

ISFC was created to provide supports to children and youth who require intensive treatment, including treatment for behavioral and specialized health care needs.

- Specifically, the ISFC program is intended to **stabilize young people in foster care with the services they need in family settings**

FFAs and county agencies can deliver ISFC services if they meet program responsibilities:

- identify strategies to **recruit and train caregivers** to receive ISFC services,
- provide **thoughtful placement matching** between ISFC-eligible youth and caregivers, and
- ensure that social workers with master's degrees coordinate care for the ISFC program.

[Welf. and Inst. Code sections 18360; 18360.06; 18360.10; All County Letter \(ACL\) No. 18-25.](#)



Supplements to the Home Based Family Care Rates: *Specialized Care Increments*

Specialized Care Increment (SCI)

Supplemental payment in addition to Home Based Family Care Rate for child/youth who has emotional, physical, health and/or behavioral needs

- Each county has SCR plan to determine SCI rate
 - Not all counties have SCR plan
- Counties may apply SCI rate in conjunction with LOC, including ISFC
 - Can apply SCI for same condition and care or supervision needs
- SCI assessment should be completed after CFT meeting, LOC/P and any other relevant assessments but may be used more immediately to stabilize placement



Supplements to the Home Based Family Care Rates: *Specialized Care Increment (SCI) Matrix*

Uniform SCI matrix developed to help counties align SCI rates with LOC rates (once LOC is fully implemented)

- SCI matrix includes common conditions identified in numerous county SCI plans
 - 3 issue areas (medical conditions, developmental delays or disabilities, and behavioral issues)
 - 3 tiers in each to represent acuity of different level of needs
- Counties can continue to set their own SCI rates for payments in each tier

[CWDA Statewide SCI Matrix](#)

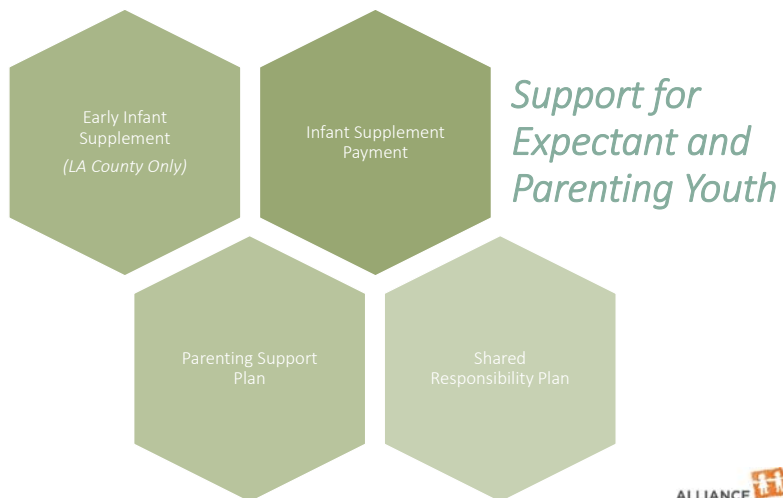


Supplements to the Home Based Family Care Rates: *Implementation of New SCI Rates*

- 6/30/18 - Counties with SCR programs submitted updated SCI plans to CDSS
 - Updated SCI plans will **not** take effect until LOC/P is implemented based on forthcoming guidance
 - Counties will continue to use existing SCI plans for resource families until LOC is implemented statewide
- TBD – Statewide implementation of LOC/P in all RFA homes
- TBD - Paring rate determinations with CANS assessments



Supplements to the Home Based Family Care Rates: *Expectant and Parenting Teens*



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Supplements to the Home Based Family Care Rates: *Transportation Reimbursement to School of Origin*



- Reimbursement for travel associated with transporting youth to their school of origin



- Reimbursement rate is based on number of miles it takes to drive one-way from youth's home to school of origin

[ACL 11-51](#) and [ACL 12-70](#)

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Alternative to Home Based Family Care Rate: *Dual Agency Rate*

Children who are served by both California Regional Centers and California Child Welfare and Probation Agencies

- \$2,417/month - children with a qualifying development disability + up to \$1,000 additional supplement (available in increments of \$250)
- \$1,081/month - early start program for children 0-3 who have not yet been certified as having a qualifying disability
- Not affected by LOC implementation or changes to county SCI plans



SUPPORT for NONMINOR DEPENDENTS



Extended Foster Care

- Enacted in 2012 through Assembly Bill (AB) 12
- **Extended foster care eligibility from 18 to 21**
- Youth who participate are eligible for:
 - Monthly financial support (housing) and
 - Transitional support



Extended Foster Care: *Eligibility*

To be eligible for extended foster care, youth must be 18-21 and have had **an order for foster care placement** on their 18th birthday.

They must also meet one of the following participation requirements:

1. Be enrolled in **high school** or equivalent program;
2. Be enrolled in **college/vocational** school;
3. **Work** at least 80 hours/month;
4. Participate in a program/activity that helps them **find a job or remove barriers** to employment; **OR**
5. Be unable to do one of the above because of a **medical or mental health condition**



Extended Foster Care: *Eligibility*

- Some youth are eligible for **benefits** until 21 even if their case closed
 - Includes certain youth in guardianships or adoptions
- Youth under the jurisdiction of the **delinquency court are eligible for extended foster care** if they are suitably placed at age 18
 - Once they complete the terms of their probation, they enter “transition jurisdiction” and are considered non-minor dependents



Right to Placement



- Right to “live in a safe, healthy, and comfortable home.” WIC § 16001.9
- Non-minor dependents (NMDs) have the same right to placement as children in foster care. WIC § 303(e)



Right to *Appropriate* Placement



Choice of placement must be based on:

- **Least restrictive family setting** that promotes normal childhood experiences
- Most appropriate setting that meets the child's **individual needs** and is available, in proximity to the parent's home, in proximity to the child's school
- Environment best suited to meet the child's special needs and best interests
- Developmental needs of young adults
- Providing opportunities to have incremental responsibilities that prepare for transition to successful adulthood

WIC § 16501.1; ACL 11-77



Right to *Emergency* Placement

Foster youth,
including NMDs, are
entitled to receive
emergency
placements, as
needed

Emergency shelter must be provided in a licensed or approved eligible facility

WIC 16541; ACL 11-77

NMDs have the same right to emergency placement as foster children



Housing Options for Older Youth with Open Cases

Relative/ Foster Home ages 0-21	Group Homes & STRTPs	Transitional Housing Placement Provider (THPP) ages 16-18	Transitional Housing Program-NMD (THP-NMD) ages 18-21	Supervised Independent Living Program (SILP) ages 18-21
<ul style="list-style-type: none"> Traditional placement option still available to NMDs As foster youth approaches age 18, caregiver & young adult may redefine roles to assist youth in attaining independence 	<ul style="list-style-type: none"> Congregate care settings Meant to be time limited 	<ul style="list-style-type: none"> Opportunity to expand with Continuum of Care Reform (CCR) 	<ul style="list-style-type: none"> Formerly called THP+FC Three types of transitional housing: scattered site, single site and host family 	<ul style="list-style-type: none"> "Highly independent living experiences" Social worker must determine that youth is ready to live independently and that the living situation is safe Settings may include: apartment, renting a room within a house, shared roommate setting, dorms



Housing Options for Older Youth with Closed Cases

Independent Living Program (ILP) Former foster youth ages 18-21	Transitional Housing Program Plus (THP+) Former foster youth ages 18-25
<ul style="list-style-type: none"> Up to 36 months Accessible through <ul style="list-style-type: none"> self-referral access through Youth Development Services Youth Coordinated Entry System (YCES) 	<ul style="list-style-type: none"> Up to 36 months Accessible through <ul style="list-style-type: none"> self-referral access through Youth Development Services Youth Coordinated Entry System (YCES)



Permanency for Older Youth

Non-Minor Dependent Adoptions

- Allows young adults ages 18-20 that remain in Extended Foster Care and under the jurisdiction of the juvenile court (“non-minor dependents”) to be adopted in the juvenile court *and* to retain their benefits under the EFC program, *i.e.*, AAP benefits and MediCal coverage, as well as their ILP benefits.
- Legally, non-minor dependent adoption is similar to traditional adult adoption under California and many states’ family code laws, *e.g.*, mutual consent between adults; creates parental relationship; changes legal relationship and rights of the parties and the biological parents, including inheritance rights. Difference: no AAP benefits available with traditional adult adoption.



BENEFITS to SUPPORT PERMANENCY:

Kin-GAP & AAP



Other Benefits: *Kin-GAP Eligibility*

Foster care case dismissed by the court after (or at the same time) the court appoints relative as guardian

Child:

- Age
- Dependent or delinquent (WIC § 300 or 602)
- Citizenship and immigration status
- Lived with same relative at least 6 continuous months



Relative:

- Appointed guardian by juvenile court
- Entered into written, signed negotiated agreement with child welfare agency (or probation or tribe)



Other Benefits: *AAP Eligibility*

- ❖ “Special needs” **AND**
- ❖ Written and signed AAP agreement with state stipulating amount of AAP entered into **before** adoption is finalized (no means test)

AND one of the following:

- Subject of an independent OR agency adoption and meets SSI requirements **OR**
- Subject of an agency adoption and under supervision of county welfare department **OR**
- Subject of an agency adoption and would have been at risk of dependency **OR**
- Subject of an agency adoption and committed to are of the department



Other Benefits: *Kin-Gap & AAP Funding*

- New guardianships and adoptions eligible for home-based family care rates based on child's assessed level of care
- Guardianships and adoptions established before 1/1/17 rate structure (age-based Basic Rate plus SCI) depending on date of guardianship or date AAP Agreement signed



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KinGAP and AAP Availability Beyond Age 18

	Federal Kin-GAP	State Kin-GAP	AAP	AFDC-FC
Non-Related Legal Guardianship: Federally eligible youth exits foster care to guardianship with a non-relative (any age)	Eligible for federal Kin-GAP until age 18	Not eligible	Not eligible	Eligible for AFDC-FC from age 18 – 21 (transfers from fed Kin-GAP to state AFDC-FC at age 18)
Non-Related Legal Guardianship: Non-federally eligible youth exits foster care to guardianship with non-relative (any age)	Not eligible	Not eligible	Not eligible	Youth eligible for AFDC-FC until age 21
Relative Guardianship: Youth exits foster care to guardianship with a relative and negotiated payments begin BEFORE age 16	Youth eligible for federal or state Kin-GAP (linked to youth's IV-E status while in foster care) until age 18. EXCEPTIONS: • Eligible until 21 IF youth has mental/physical disability • Eligible until 19 OR graduation for high school (whichever comes first) IF youth is expected to graduate by age 19	Not eligible	Not eligible	Not eligible
Relative Guardianship: Youth exits foster care to guardianship with a relative and negotiated payments begin AFTER age 16	Youth eligible for federal or state Kin-GAP (linked to youth's federal eligibility status while in foster care) until age 21.	Not eligible	Not eligible	Not eligible
Adoption: Youth exits foster care to adoption with a relative OR non-relative and AAP Agreement signed BEFORE age 16	Not eligible	Not eligible	Youth eligible for AAP until age 18. EXCEPTION: • Eligible until 21 IF youth has mental/physical disability	Not eligible
Adoption: Youth exits foster care to adoption with a relative OR non-relative and AAP Agreement signed AFTER age 16	Not eligible	Not eligible	Youth eligible for AAP until 21	Not eligible

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Permanency Options and Other Associated Benefits

FACTOR	ADOPTION	LEGAL GUARDIANSHIP		PLANNED PERMANENT LIVING ARRANGEMENT— (Long Term Foster Care)
		RELATIVE/NREFMs GUARDIANSHIP (Supported by Kin-GAP)	NON-RELATIVE/NREFM GUARDIANSHIP (Supported by Foster Care funds)	
Independent Living Services	Not Eligible UNLESS in foster care at age 16 or later	Eligible if receiving Kin-GAP (services start at age 16)	Not Eligible UNLESS in foster care at age 8 or later (services start at age 16)	Eligible for ILP at age 16 (or 14 in some counties)
Transitional Housing <ul style="list-style-type: none"> • THP-Plus FC until 21 • THP-Plus until 24 (subject to 24 or 36 month time limit) 	Not eligible UNLESS there was an order for foster care at age 18 or later	Not eligible UNLESS there was an order for foster care at age 18 or later	Not eligible UNLESS there was an order for foster care at age 18 or later	Eligible as long as in foster care at age 18 or older
Extended Medicaid until 26	Not eligible UNLESS there was an order for foster care at age 18 or later	Not eligible UNLESS there was an order for foster care at age 18 or later	Not eligible UNLESS there was an order for foster care at age 18 or later	Eligible as long as in foster care at age 18 or older
Education and Training Vouchers	Not Eligible UNLESS in foster care at age 16 or later If in foster care after age 13, considered “independent” for FAFSA	Not Eligible UNLESS in foster care at age 16 or later If in foster care after age 13, considered “independent” for FAFSA	Not Eligible UNLESS in foster care at age 16 or later If in foster care after age 13, considered “independent” for FAFSA	Eligible as long as in foster care any time after age 16 If in foster care after age 13, considered “independent” for FAFSA




OTHER BENEFITS:

Survivor Benefits, SSI, Medi-Cal & EPSDT



Other Benefits: *Survivor Benefits*

SSA offers additional benefits for the child based on parents' work history

- Survivors Benefits – if a parent (biological or adoptive) died;
 - Social Security Disability Insurance (SSDI) – if a parent is disabled;
 - Retirement; etc.
- 
- DCFS can apply on behalf of the child and petition to be the representative payee while child is in foster care
 - Caregiver can also be the representative payee during foster care
 - At adoptive placement, adopting parents should become payees, and **can receive both AAP and SSA benefits**

Courts must inquire as to the identity of all presumed or alleged fathers per Cal. WIC § 316.2(a)(5). The results of these investigations are crucial for a child's claim when there is no presumed father. DCFS/court files may include minute orders, reports, summaries of interviews, etc. that reflect paternity.



Supplemental Security Income (SSI): *Overview*

Monthly benefits for aged, blind and disabled persons with limited income & resources

- DCFS can apply on behalf of the child and petition to be the representative payee while the child is in foster care
 - DCFS can use SSI funds to pay for Foster Care benefits IF County is payee
- Caregiver can also be representative payee during foster care
- At adoptive placement, adopting parents should become payees, but they must report AAP benefits to SSA
 - AAP benefits will often reduce SSI payments to \$0 or parents' deeming may make the youth ineligible
- DCFS must submit SSI application for foster youth with mental or physical disabilities prior to leaving foster care system



Other Benefits: *SSI Eligibility & Rates*

- Low or no income
 - Few or no resources
 - Citizen or qualified non-citizen
 - Disabled
 - Continues as long as disability, income and resources criteria are met
- Disabled Minor Child: \$815.15
 - Independent Living Status: \$910.72
 - Disabled Minor Child in the Household of Another: \$568.67***
 - Non-Medical Out-of-Home Care: \$1173.37
 - Automatic link to Medicaid



SSI: *Representative Payees*



County should be the payee of last resort.

“The county shall apply to be appointed representative payee on behalf of a child beneficiary in its custody when no other appropriate party is available to serve.”

- WIC 13754

- Legal guardian or caregiver can become payee by making a request with local Social Security Office.
- Good idea? When the child is receiving SSI benefits, but caregiver is receiving less than \$1,173.37 for child.



SSI: *Dedicated Accounts*

- When a minor is found eligible for SSI, all past-due benefits must be placed in a dedicated account - a separate account in the child's name only .
- The payee should be the only person with access to the account (even though it is in the child's name).



Funds that **must** go into account:

- If retros are equal to or more than **6 times** the total benefit (FBR + state supplement)

Funds that **may** go into the account:

- Under payments that are more than 1 month of FBR, but less 6 six months of FBR
- Subsequent retros which are less than 6 times the total benefit
- Any amount that is appropriately in the dedicated account is excluded from the resource rule
- Suspensions and Terminations and Resource limits

SSI: *Non-Medical Out-of-Home Care (SSP-22)*

The form is titled "AUTHORIZATION FOR NONMEDICAL OUT-OF-HOME CARE (BOARD AND CARE) (SSA COMPLETES ALL BUT SECTION 9)". It includes sections for:

- PERSONAL INFORMATION:** Name, date of birth, address, phone number, and SSN.
- SSA OFFICE REQUEST TO COUNTY WELFARE DEPARTMENT FOR CERTIFICATION:** A section for the SSA office to request certification, including fields for the name of the person to be certified and the address of the out-of-home care facility.
- SSA OFFICE REQUEST:** A section for the SSA office to request certification, including fields for the name of the person to be certified and the address of the out-of-home care facility.
- COUNTY WELFARE DEPARTMENT RESPONSE:** A section for the county welfare department to respond to the request, including fields for the name of the person to be certified and the address of the out-of-home care facility.
- CHECK ONE:** A section for the SSA office to check one of the following: "The home of a relative or legally appointed guardian or conservator, or a certified family home or foster family home" or "IS receiving nonmedical out-of-home care as authorized under DSS MPP Section 45-140 in the arrangement described below".
- SSA OFFICE VERIFICATION OF LICENSED CARE FACILITY'S CARE:** A section for the SSA office to verify the care facility's care, including fields for the name of the person to be certified and the address of the out-of-home care facility.

Page 1

- Most of SSP-22 form is completed by Social Security Administration
- “County Welfare Department” completes Section B
- “Effective Date” for NMOHC rate comes from Page 2 of the form

Non-Medical Out-of-Home Care: *SSP-22*

The image shows a form titled "COUNTY INSTRUCTIONS" and "CLIENT STATEMENT FOR RETROACTIVE CERTIFICATIONS." The instructions section includes a note: "NOTE: SSP Section 49-142.02 limits the earlier date for an individual who is already receiving EDI/SSP to the month in which the care began or three (3) months from the month the County is asked to certify the NMOHC living arrangement, whichever is later." Below this, there is a section for "CLIENT STATEMENT FOR RETROACTIVE CERTIFICATIONS" with a line for "I certify that I have been in my current living arrangement with my [] since []" and a section for "I AGREE TO IMMEDIATELY NOTIFY SOCIAL SECURITY IF THERE IS ANY CHANGE IN MY CURRENT LIVING ARRANGEMENT" with a table for "CERTIFICATION DATE", "DATE OF CERTIFICATION", and "SIGNATURE".

Page 2

- Client completes Page 2 of SSP-22 form, indicating when NMOHC began.
- County Welfare Department certifies SSP-22 and returns it to Social Security within 13 working days.



SSI: *Work Exclusions*

Student Earned Income Exclusion (SEIE)

- Under the age of 22, working, and "regularly attending school."
 - 18 hours a week for college students
 - 12 hours a week for grades 7-12, or
 - 12-15 hours a week for employment training

Plans to Achieve Self-Support (PASS)

- Youth must have a specific work goal, and have expenses needed to pay to reach your job goal.

Certain programs, like AmeriCorps and YouthCorps, have stipends which are excluded from income calculations

For different work calculators check out:
https://ca.db101.org/ca/programs/income_support/ssi/program2b.htm



SSI: *Receiving AFDC-FC & SSI Concurrently*

Federal AFDC-FC

- SSI is offset dollar for dollar

State AFDC-FC

- AFDC-FC is reduced by amount of SSI benefit, which is counted as income

County has fiduciary duty as representative payee

County must:

- Screen youth between 16.5 and 17.5 years old
- Assist with SSI application
- Time application to avoid income gap
- Provide information to youth about becoming their own payee



SSI: *Red Flags*

Child living with non-parent who is SSI eligible but caregiver is receiving funding less than NMOHC rate.

Child is already receiving SSI benefits

- Biological parents or previous placement may still be representative payees and not directing benefits to child, or caregiver may be receiving SSI benefits and foster care benefits creating overpayment liability



Other Benefits: *Medi-Cal & EPSDT*

“Such other necessary health care, diagnostic services, treatment, and other measures . . . to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State.” - 42 U.S.C. § 1396d(r)

- Full-scope Medi-Cal while in foster care including Extended Foster Care
- Early Periodic Screening, Diagnostic and Treatment (EPSDT)
 - comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid
- Community-based mental health services available through Medi-Cal:
 - Pathways to Mental Health Services (Katie A.)
 - Therapeutic Behavioral Services (Emily Q.)
 - Multi-Systemic Therapy
 - Intensive Case Management

Full-scope Medi-Cal until 26 regardless of income, assets, or placement type if youth was in foster care at age 18 or older (in California or another state) and currently live in California



Other Benefits: *EPSDT Mental Health Services*

Medically Necessary Criteria

Eligible for MHP services if youth meets all of the following:

- *Has an included diagnosis*
- *Services are necessary “to correct or ameliorate defects and physical and mental illnesses”*
- *Focus of the proposed treatment is to address the impairments*
- *Condition would not be responsive to physical health care-based treatment*



Other Benefits: *EPSDT Mental Health Services Lawsuits*

TL v. Belshe - settled in 1995

- Resulted in California's implementation of an expanded EPSDT mental health services benefit
- Counties assumed responsibility for providing these services

Emily Q. v. Belshe - settled in 2001

- Resulted in the creation of a new type of intensive EPSDT service called therapeutic behavioral services (TBS)

Katie A. v. Bontà, settled in 2011

- Required statewide implementation of more intensive, individualized mental health services to youth in foster care
- Clarification by State that these services should be available to all youth with Medicaid/EPSDT who meet criteria



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