



**NEW YORK STATE
OFFICE OF CHILDREN
AND FAMILY SERVICES**

**STANDARDS OF PAYMENT
FOR FOSTER CARE OF CHILDREN
PROGRAM MANUAL**

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1. PURPOSE

This program manual describes the New York State Office of Children and Family Services' Standards of Payment System for the foster care of children.

All references in this manual to the former Department of Social Services, or to the "Department" or to "Department Regulations" or to DSS, are now applicable to the Office of Children and Family Services (or OCFS).

All references to Department Regulations are now applicable to the Office of Children and Family Services (as the Department).

The Standards of Payment system consists of the mandates and procedures used to establish maximum reimbursement rates for the foster care of children. These include:

- The reporting requirements for fiscal and other statistical data used to calculate reimbursement rates,
- The methodology for calculating maintenance rates for group foster care programs and approved schools for the handicapped,
- The methodology for calculating administrative/services rates for foster boarding home programs,
- The establishment of maximum payments to foster parents for room, board and clothing and the policies that relate to these payments,
- Consultations and appeals of state aid rates, and
- Other policy issues that are related to rate setting such as closedown of programs, differential state aid rates, and program intensification.

Definitions (Applicable Regulations):

427.2(a) Foster care of children means all activities and functions provided relative to the care of a child away from his home 24 hours per day in a foster family free home or a duly certified or approved foster family boarding home or a duly certified group home, agency boarding home, child care institution, health care facility or any combination thereof.

427.2(c) Foster child means a person who meets the criteria contained in paragraphs (1) through (3) of this subdivision or the criteria contained in paragraph (4) of this subdivision:

(1) **Age.**

(i) the child is under the age of 18 years; or

(ii) is between the ages of 18 and 21 years and entered foster care before his or her 18th birthday, and has consented to remain in foster care past his or her 18th birthday; and

(a) is a student attending a school, college or university; or

(b) is regularly attending a course of vocational or technical training designed to fit him or her for gainful employment; or

(c) lacks the skills or ability to live independently.

(2) **Residential program.** The child is cared for away from his or her home 24 hours a day in a foster family free home; a duly licensed, certified, or approved foster family boarding home; a duly licensed or certified group home, agency boarding home, child care institution, or health care facility; or any combination thereof.

(3) Placement.

(i) the child's care and custody or guardianship and custody have been transferred to an authorized agency pursuant to the provisions of section 384 or 384-a of the Social Services Law; or

(ii) the child has been placed with a social services official pursuant to article 3, 7 or 10 of the Family Court Act.

2. BACKGROUND

On September 1, 1973, Section 398-a of the Social Services Law, Standards of Payment for Foster Care, mandated the Department to establish standards for the care of foster children and the payment for such care.

On October 1, 1974, the Department established maximum payments for board, care and clothing replacement for children in foster family boarding homes.

The first maximum per diem state aid rates for group foster care programs were set on October 1, 1977. Administrative/services rates for voluntary agency foster boarding home programs were also set on October 1, 1977.

The group care rates were based on the follow up methodology:

- Programs were classified according to the characteristics of the children in care. There were four classifications: Basic, Intensive, Intensive/Extra ordinary and Extraordinary. There was a maximum per diem rate ceiling for each classification.
- Allowed trended per diem costs for each program were compared to the program's ceiling rate.
- The trended per diem cost or the ceiling, whichever was lower, was the program's maximum state aid rate.

Over the next three years, the system developed to a point where almost all programs had the same classification and ceiling rate. A new rate-setting methodology that recognized differential program types and costs was needed.

The State Legislature recognized the need for change and incorporated a provision in Chapter 563 of the Laws of 1980 (Institution Schools Act) that required the Director of the Budget to submit a report concerning the development of a new rate-setting methodology. The law required that various alternative new methodologies be examined and consistency be assured between maintenance rate setting by the Department of Social Services and tuition rate setting by the State Education Department. The final maintenance methodology and rates were to be developed by the Department of Social Services and approved by the Division of the Budget.

In response to this legislation, a new reimbursement system for group care programs was developed. It was implemented on July 1, 1985. The system is described in detail in Chapters 5 and 6 of this Program Manual. On January 1, 1987, a new methodology for foster boarding home administrative/services rates was implemented. This is described in Chapter 7.

3. LEGAL AUTHORITY

The legal authority for the Standards of Payment System is Social Services Law 398-a.

398-a. Standards of Payment for Foster Care

(1) For purposes of this Section, notwithstanding any other provisions of law, the term foster child shall mean a person who is cared for away from his or her home under conditions prescribed by regulations of the department and who is: (a) under the age of eighteen years, (b) under the age of twenty-one years if a student attending a school, college or university or regularly attending a course of vocational or technical training designed to fit him or her for gainful employment or (c) between the ages of eighteen and twenty-one who lacks the skills or ability to live independently and consents to continue in care.

(2) The department shall promulgate, subject to consultation with appropriate state agencies, the approval of the director of the budget and certification to the chairmen of the Senate Finance and Assembly Ways and Means Committees, regulations establishing standards of payment for care provided foster children when the care of such children is subject to public financial support, when such care is provided by relatives, authorized agencies, family boarding homes, or state agencies. Such standards of payment shall include the care required to be provided for the foster child and the cost of such care. When the department has established such standards, reimbursement under section one hundred fifty-three of this chapter, for the care of foster children shall be limited in accordance with such standards.

(3) If the commissioner finds that a social services district or a city containing a social services district has adopted regulations establishing standards of payment for care provided foster children by relatives, authorized agencies or family boarding homes, when the care of such children is subject to public financial support, which standards are substantially equivalent to those promulgated by the department, such department standards shall not be applicable in such district or city.

In addition, the Department sets rates for maintenance costs for children residing in approved schools for the handicapped as established under the authority of Section 4405 of the State Education Law.

There are new MSAR minimum payment requirements effective July 1, 2005. Pursuant to Section 398-a (2-a) of the Social Services Law (SSL), local social services districts (local districts) will be prohibited from paying less than the MSARs established by OCFS for each congregate care rate and for each administrative/services (agency component) rate for a therapeutic, special needs, or emergency foster home program. Exempt from this new law are the administrative/services rates established by OCFS for regular foster boarding home programs operated by voluntary agencies, as are the pass-through rates established by OCFS for foster parents in regular, therapeutic, special needs, or emergency foster boarding home programs.

The MSAR minimum payment requirements will be phased in, so that by July 1, 2006, all local districts will be required to pay no less than 100 percent of the applicable MSAR established by OCFS for each congregate care rate and for each administrative/services rate for a therapeutic, special needs, or emergency foster home program.

4405.(3)(d)(i) Education Law

The commissioner of social services, in consultation with appropriate state agencies and departments, shall have responsibility for development of a reimbursement methodology for maintenance pursuant to section three hundred and ninety-eight-a of the social services law and the regulations promulgated thereunder.

New York State regulatory authority is established in 18 New York Code of Rules and Regulations (NYCRR) Part 427. Pertinent excerpts from this part, and other department regulations, are cited throughout the program manual.

4. REPORTING REQUIREMENTS

This chapter contains the instructions for reporting the fiscal and programmatic data that is submitted to OCFS by the child care agencies and approved schools for the handicapped. This data is used to set the maximum reimbursement rates for the agency programs and schools. As of August 2006, Standards of Payment Submissions will only be accepted electronically via the Statewide Standards of Payment (SSOP) application.

A. APPLICABLE REGULATION

427.5 Procedures for all programs

(a) Each authorized agency shall submit to the department for each institution, group residence, group home program, agency boarding home program and family foster boarding home program and approved school for the handicapped, an income and expenditure report for the past fiscal period, including a program description and any supplemental reports in whatever form specified by the department.

(b) Each approved private school for the handicapped for which the department sets a State aid rate shall submit to the department for each program, an income and expenditure report for the past fiscal period and any supplemental reports in whatever form specified by the department.

(c) The department shall review material required and forwarded by an authorized agency or school, pursuant to the requirements of subdivisions (a)-(b) of this section, to establish the maximum payments on which reimbursement for maintenance costs shall be made to a social services district for the next fiscal period for providing care for a child in each institution, group residence, group home, agency boarding home program, foster family boarding home program or approved school for the handicapped. The amount of State reimbursement shall be available up to the maximum State aid rate established for each program, for costs deemed reasonable by the department.

B. TIME LIMITS FOR SUBMITTING STANDARDS OF PAYMENT

427.7 Time for submitting material to the department.

The material required to be submitted by an authorized agency to the department pursuant to this Part shall be submitted by November first of each year.

427.1 General. (a) Submission of forms and reports; penalty.

a) Submission of forms and reports; penalty.

(1) In order that appropriate maximum State aid reimbursement rates for foster care services provided by authorized agencies, and maintenance services provided in approved schools for the handicapped may be promulgated in a timely manner, authorized agencies and such schools shall submit the required fiscal, programmatic and statistical reports and forms relating to the standards and cost of providing foster care and educational maintenance services to the department prior to November 1st of each year. Agencies and schools which submit completed forms and reports to the department shall be notified in writing by the department if such reports or forms need clarification or supplementation. An agency or school which is so notified will be given an additional 30 days from the date of the notice to submit the corrected forms or reports. An authorized agency or approved school for the handicapped which fails to submit the required forms and reports or submits part but not all of the required forms and reports to the department by November 1st will be deemed to have failed to meet the submittal deadline.

(2) If for good cause shown, an agency or school is unable to meet the November 1st deadline, the agency or school may request an extension which must include an explanation of why the extension is needed. This request shall be submitted in writing to the department prior to the November 1st due date. The department may grant an extension of up to 30 days. A further extension may be granted until December 31st, if there are unusual circumstances which are beyond the control of the agency or school and which justify the extension. If the unusual circumstances continue to exist beyond December 31st, the department may grant one-month extensions until the agency or school is able to submit its mandated reports and forms. All extensions granted by the department pursuant to this paragraph shall be forwarded in writing to the appropriate authorized agency or school.

(3) Those authorized agencies and schools which are late in submitting the required forms or reports, or fail to respond within 30 days to a written request from the department for additional or clarifying information on forms or reports already submitted, will be subject to a penalty. Such penalty shall result in a reduction in the allowable administrative cost component of the agency or school's maintenance rate for a specified period of time. The administrative component for family boarding home programs is composed of the same administrative cost accounts as are used in establishing the administrative component for the group foster care programs and approved schools. The amount of the penalty will depend upon the number of days after November 1st which expire prior to receipt of the required reports and forms by the department. The penalties will be determined in accordance with the following schedule:

Days Late	cost component	Percentage reduction of reimbursable administrative	Starting date of full rate for authorized	Starting date of full rate for approved
		agencies	schools	
16 - 30 days	10 percent	July 15th	September 15th	
31 - 45 days	20 percent	August 1st	October 1st	
46 - 60 days	40 percent	August 15th	October 15th	
61 - 90 days	50 percent	September 1st	November 1st	
91 - 180 days	60 percent	September 1st	November 1st	
181 - 270 days	75 percent	September 1st	November 1st	
271 - 365 days	90 percent	September 1st	November 1st	
365+	100 percent	September 1 st	November 1 st	

For those agencies or schools which have not submitted their mandated reports and forms by June 1st, the maintenance rate payable beginning July 1st will be equal to the previous year's maintenance rate minus 90 percent of such rate's administrative component. This reduced rate will continue in effect until a new maintenance rate can be calculated. Upon receipt of the required reports and forms, a new maintenance rate will be calculated and made effective retroactively. A percentage of the administrative cost component of the new rate will be deducted from such rate in accordance with the above-referenced penalty schedule.

(4) The department shall start counting the number of days late on November 2nd. For those agencies or schools which are granted an extension by the department pursuant to paragraph (2) of this subdivision, the count will start the day after the extension expires. For those agencies or schools which receive a written request for additional or clarifying information pursuant to paragraph (1) of this subdivision, the penalty count starts on the 31st day after the date of such written request if the requested additional material is not submitted within the 30 days allowed. If the due date falls on a weekend or holiday, the count will begin on the next business day. Every day which qualifies as a late day shall be counted when determining the total number of days that an agency or school is late in submitting the required documentation to the department. The total number of days beyond the date authorized for submitting required reports or forms pursuant to this Part or the date authorized for submitting supplemental information shall be considered in establishing the total number of late days and the amount of the penalty.

(b) State reimbursement shall not be made to a social services district on payments for foster care for children in an institution, group residence, group home program, agency boarding home program, foster family boarding home program or on payments for educationally handicapped children in an approved school for the handicapped until the department has promulgated a maximum State aid rate on which State reimbursement shall be made for providing care for a child in such facilities.

C. REPORTING FORMS AND INSTRUCTIONS

Each agency or school is required to submit the following forms:

1. Program Information
2. Program Statistics (2651)
3. Operating Specifications (2651A)
4. Operating Unit Specifications (2651B)
5. Job Title/Category
6. Ancillary Benefits (2652A)
7. Actual Income (2654)
8. Employee Distribution (2668)
9. Parent Organization Details (2856A)
10. Parent Organization Charges (2856)
11. Purchase of Services (3307)
12. Allocation Method (3308)
13. Actual Expenditures (2652)
14. Related Party Information
15. Annual Financial Reports Prepared by Your CPA For the Reporting Fiscal Year

Unless otherwise specified, the time period for these forms is from July 1 through June 30.

1. GENERAL ACCOUNTING STANDARDS

These standards are to be used in completing: Program Information, Program Statistics (2651), Operating Specifications (2651A), Operating Unit Specifications (2651B), Job Title/Category, Ancillary Benefits (2652A), Actual Income (2654), Employee Distribution (2668), Parent Organization Details (2856A), Parent Organization Charges (2856), Purchase of Services (3307), Allocation Method (3308), Actual Expenditures (2652), Related Party Information

THE ACCRUAL BASIS FOR ACCOUNTING IS REQUIRED

Once the accounting methods and reporting periods are established, changes by operating agencies will require prior approval by the OCFS Rate Setting Unit.

Regarding the replacement and acquisition of property, plant and equipment, items costing \$1,000 or more and having a useful life of more than two years should be capitalized. All depreciation that has been previously reported using a longer useful life must stay on that useful life. **See useful lives as defined for Expense Titles 38A – 38E of Actual Expenditures (2652).**

- Initial furnishings of a home or replacement of furnishings must be capitalized in entirety regardless of the cost of the individual items.
- The straight-line method of computing use charges (depreciation) on owned property, plant and equipment is required.
- Expenditures must be reported in the appropriate expense title based on the program manual definitions. If an expense is not reimbursed by

the local social services district, it must still be reported in the appropriate account. For example, special payments that are not reimbursed cannot be reported as transportation and worker's expense.

- For agencies with a family boarding home program, expenses for clothing (Expense Title #14 on Actual Expenditures -2652), allowances for children (04), children's activities (06), related school expense (08), outside camp fees (09), and bedding (15), may not be allocated to the "administrative/services" portion of the family boarding home rate. These expenses are included in Expense Titles #40 to 45 for the family boarding home program.
- Rates will be subject to post audit and subsequent adjustment based on the accuracy and completeness of the reported costs upon which the rates for the cycle are based.
- Income and expense amounts should be reported in even dollar amounts. All amounts of 50 cents or more should be rounded up to the nearest dollar.

2. PROGRAM INFORMATION

The Rate Setting Unit will maintain the program names and types for the Group Care and Foster Care programs that you receive an MSAR for. The program types for "MSAR Programs" are:

Group Care:

GH	Group Home
ABH	Agency Boarding Home
INST	Institution
GR	Group Residence
P	Private Residential Schools
SILP	Supervised Independent Living Program

Group Care Sub-types:

HUD	Housing and Urban Development
MAT	Maternity
EM	Emergency
HTP	Hard to Place
M/B	Mother/Baby

Foster Boarding Home:

FBH-EM Foster Boarding Home - Emergency
FBH-R Foster Boarding Home - Regular
FBH-SFoster Boarding Home - Special Needs
FBH-T Foster Boarding Home – Therapeutic

Foster Boarding Home Sub-types:

M/B Mother/Baby

You are required to provide program information for those programs that you do not receive a MSAR for. The “Non-MSAR Programs” are:

FC Medical Per Diem:

Specialty Care
General Care
Specialty and General Care

Other:**Federal**

State – Dormitory Authority of the State of New York (DASNY)
State – Division of Criminal Justice Services (DCJS)
State – Department of Health (DOH)
State – Office of Temporary and Disability Assistance (OTDA)
State – Office for Alcohol and Substance Abuse Services (OASAS)
State – Office of Children and Family Services (OCFS)
State – Office of Mental Health (OMH)
State – Office of Mental Retardation and Developmental Disabilities (OMRDD)
State – State Education Department (SED)

Local**Private****Aftercare****Other****3. PROGRAM STATISTICS FOR GC AND FBH (2651)**

Program Name: MSAR and Non-MSAR programs operated by the agency.

Program Types and Sub-types: SEE INSTRUCTIONS FOR THE PROGRAM INFORMATION FORM

Children By Category and Child Type: (Not applicable to Group Care) The categories and corresponding types are:

Regular:

Age 0 – 5 Care Days

Age 6 – 11 Care Days

Age 12 and Over Care Days

Special/Exceptional:

Special Care Days

Exceptional Care Days

LDSS Care Days: Care days of children in the custody of a local commissioner of social services or the LDSS Commissioner.

OCFS Care Days: Care days of children in the custody of a local commissioner of social services or the OCFS Commissioner.

CSE Care Days: (Not applicable to Foster Boarding Home) Care days of children placed by Committees on Special Education.

Other Care Days: All other care days not included in the “LDSS/OCFS” and “CSE” categories. These include private placements and children placed by other states.

8D Baby Care Days: Care days for children living in foster care facility with their mother who is in care and custody of public agency.

OCFS Capacity: Capacity as published on the operating certificate.

Total MSAR: The total number of care days provided during the reporting year. For residential schools, the number of care days is defined as the total days a resident is in attendance, not enrollment days. A care day is defined as the day of admission and each consecutive 24 hours in care at the agency or foster boarding home. The day of discharge is not counted. The following are included as countable care days according to **OCFS Regulation 628.3(a)(4) (SEE Chapter 10, Section F)**:

- All weekend visits,
- All school and religious holidays,

- Vacation up to 15 days per calendar year, excluding weekend visits,
- All organized school trips,
- Legal detention, up to seven (7) consecutive days,
- Home on trial, up to seven (7) consecutive days,
- Running away, up to seven (7) days,
- Absences due to hospitalization, up to 15 days per calendar year, (Additional days may be allowed for children with AIDS. See **OCFS Regulation 628.3(a)(4)(viii)**).
- Visits to potential foster or adoptive parents, up to seven (7) consecutive days per visit.
- Respite care and services pursuant to Department **Regulation 435**.

Note: For Group Care, Total MSAR Care Days = LDSS + OCFS + CSE + Other Care Days + 8D Baby. For Foster Boarding Home, Total MSAR Care Days = LDSS + OCFS + Other Care Days + 8D Baby.

Finalized Adoptions: (Not applicable to Group Care) The number of adoptions that have been finalized during the reporting period.

4. OPERATING SPECIFICATIONS (2651A)

This form is used to obtain information about the individual Group Care facilities within the programs for which the Office of Children and Family Services sets Maximum State Aid Rates. Voluntary agencies must provide the Number of Units for every licensed facility that operated during the July 1 through June 30 reporting period.

Program Name: The names of your Group Care programs. For example: Institution, Hard to Place Institution, Group Home.

Facility Name: The names of your facilities, such as "Springfield Gardens ABH," or "Boy's Group Home." If the program has more than one facility, all the facilities will be listed.

Vendor ID: The eight character Vendor Identification Number (VID) for the facility. This is found on the operating certificate and in the Connections application.

Licensed Capacity: The licensed capacity, as indicated on the facility's OCFS issued operating certificate.

Effective Capacity: The calculated capacity based the Number of Operating Days for the program during the reporting period.

(Effective Operating) From Date: The first day of operation of this facility for this reporting period.

(Effective Operating) To Date: The last day of operation of this facility for this reporting period.

Number (#) of Operating Days: The number of days that the facility operated for this reporting period.

Comment: The description of the Number of Operating Days, including the dates the facility actually operated.

Number (#) of Units: The number of units in the facility.

5. OPERATING UNIT SPECIFICATIONS (2651B)

The Average Unit Size to be used in the calculation of your MSAR will be calculated from the Licensed Capacity and the Number of Units reported in the Operating Specs Form (2651A).

The Average Unit Size is the standard used in the calculation of your MSAR. If instead of the Average Unit Size, you would like your Actual Unit Sizes to be used in the calculation of your MSAR, you can report Actual Unit Sizes for each of the units within your facilities.

To use the actual sizes of your units, instead of the Average Unit Size, to calculate your child care staffing ratio, you will need to:

- Receive written approval from your Regional Office
- Receive approval from RSU
- Send the Regional Office approval to RSU

Program Name: SEE INSTRUCTIONS FOR THE PROGRAM INFORMATION FORM.

Facility Name: The names of your facilities, such as "Springfield Gardens ABH," or "Boy's Group Home." If the program has more than one facility, all the facilities will be listed.

Vendor ID: The eight character Vendor Identification Number (VID) for the facility. This is found on the operating certificate and in the Connections application.

Number (#) of Units: The number of units in the facility.

Facility Capacity: The licensed capacity, as indicated on the facility's OCFS issued operating certificate.

Unit Size: The actual unit size of a specific unit within your facility.

6. JOB TITLE/CATEGORY

Please select the Job Title/Category that best fit the job titles in use in your agency.

FOR COMPLETE DESCRIPTIONS OF EACH JOB TITLE/CATEGORY SEE APPENDIX B.

Administration: Persons whose primary function is the general management and daily administration and operation of the agency in accordance with applicable rules and regulations of the Office of Children and Family Services and all other applicable requirements of law and of the policies of the governing board. Education titles should be reported under education programs.

Job Titles/Categories:

Administration- Executive Director

Administration- Asst. Executive Director

Administration- Financial Officers

Administration- Finance/Accounting Personnel

Administration- Program Directors

Administration- Human Resources Personnel

Administration- Public Relations Personnel

Administration- Staff Development Personnel

Administration- Quality Assurance Personnel

Administration- Information Technology (IT) Personnel

Administration- Support Personnel

Administration- Fund Raising Personnel

Administration- Education (SED)

Social Services: Persons whose primary function is planning and provision of services to children and their families; and supervision, consultation to staff who

provide the above services, which may include direct counseling and/or psychotherapy services including psychological testing.

Job Titles/Categories:

Social Services- Director

Social Services- Asst. Director

Social Services- SW Supervisor

Social Services- Social Worker

Social Services- Licensed Clinical Social Worker (LCSW) Supervisor

Social Services- Licensed Clinical Social Worker (LCSW)

Social Services- Licensed Masters Social Worker (LMSW) Supervisor

Social Services- Licensed Masters Social Worker (LMSW)

Social Services- Case Aide

Social Services- Education Coordinator

Social Services- Psychologist (Non-Licensed)

Social Services- Specialists

Child Care: Persons whose primary function is to provide direct supervision of the activities of children in care, or to supervise the staff who provide this service.

Job Titles/Categories:

Child Care- Director

Child Care- Asst. Director

Child Care- Supervisor

Child Care- Worker

Child Care- Recreation Supervisor

Child Care- Recreation Worker

Child Care- 1:1 Aide

Child Care- Adoption Legal Services

Child Care- Specialists

Child Care- Teachers/Specialists (SED)

Medical: Persons whose primary function is to provide the development of medical policies and procedures for the agency and for the direction of medical programs and the delivery of medical and health services to the children in care.

Job Titles/Categories:

Medical- Clinical Director

Medical- Asst. Clinical Director
Medical- Physicians
Medical- Psychiatrists
Medical- Psychologists
Medical- Licensed Clinical Social Worker (LCSW) Supervisor
Medical- Licensed Clinical Social Worker (LCSW)
Medical- Licensed Masters Social Worker (LMSW) Supervisor
Medical- Licensed Masters Social Worker (LMSW)
Medical- Dentists
Medical- Specialists
Medical- Nurses
Medical- Administration
Medical- Transportation

Child Support: Persons whose primary functions are food preparation and the hygienic and clothing needs of the children.

Job Titles/Categories:

Child Support- Director
Child Support- Asst. Director
Child Support- Food Management
Child Support- Transportation
Child Support- Clothing and Supplies
Child Support- Personnel

Maintenance: Persons whose primary function is the maintenance and repair of the buildings and grounds.

Job Titles/Categories:

Maintenance- Director
Maintenance- Asst. Director
Maintenance- General
Maintenance- Security

7. ANCILLARY BENEFITS (2652A)

You must report on the Executive Director title. In addition, report all positions receiving \$100,000 or more annually and all positions, regardless of salary, for which the individual received fringe benefits which are above what is provided to other employees. Include a comprehensive description of each benefit.

Job Title/Category: SEE INSTRUCTIONS FOR THE JOB TITLE/ CATEGORY FORM.

Report on detailed information about ancillary benefits for agency staff that are above the normal fringe benefits reported in Expense Title #02, Fringe Benefits and Payroll Taxes on Actual Expenditures (2652).

Last Name, First Name: Report the name of the individual.

Salary Amount: The gross salary paid to the individual exclusive of fringe benefits. Include overtime payments.

Percent Fringe Benefit: Report the total fringe benefit percentage, normal and ancillary, for the individual listed. For example, if the normal employee fringe benefit is 15 percent and the employee listed receives ancillary benefits equal to 10 percent of salary, report the Percent Fringe Benefits as 25 percent.

Ancillary Benefit Amount: Report the actual cost of the benefits. If actual costs are unknown, an estimated cost should be reported.

Description of Ancillary Benefits- Ancillary benefits are agency employer expenses for additional incentives necessary for the employment of the individual.

The following list gives examples of ancillary benefits that are to be reported. It is not all-inclusive. Similar in-kind benefits must also be reported.

- **Housing-** Houses, rooms or apartments, furnished or unfurnished. Report the actual cost to the agency. If this is unobtainable, report the annual rental value for comparable accommodations in the area.
- **Food-** Meals and other provisions for employees and dependents whether provided separately or through community facilities.
- **Maintenance Services-** Light, heat, power, laundry, telephone, etc.
- **Personnel Services-** Housekeeper, cook, etc.
- **Transportation-** Use of a motor vehicle, owned or rented, pooled or assigned, chauffeured or un-chauffeured. Report all expenses including fuel, maintenance, etc.

- **Travel-** Travel costs including incidental expenses for employees and dependents.
- **Sabbatical-** In any form for whatever purpose.
- **Bonuses-** Contingent compensation, gifts, club memberships, etc.
- **Contractual Items-** 401K plans, deferred compensation, golden parachutes, enhanced pensions, etc.
- **Tuition Payments-** For employees and dependents.

8. ACTUAL INCOME (2654)

In compliance with New York State's full financial disclosure policy, each authorized agency and private school is required to report all revenue. Revenue must be reported regardless of whether or not it is applied to operating expenses. Each source of revenue must be clearly indicated.

Program: SEE INSTRUCTIONS FOR THE PROGRAM INFORMATION FORM.

Type of Income:

Section A- Applied Income

Section B- Fee for Service

Section C- Other Income

Income reported in Sections A (Applied Income) and B (Fee for Service) must be allocated to the appropriate program.

Source of Income: Federal Income, Local Income, Private Income, State Income, and Other Income.

Description of Income: Description of the income see examples below:

Section A- Applied Income

Use this section to report revenue from all sources that is used to reduce agency operating expenses. The income must be allocated to the appropriate program. List each source of income separately. The following list gives examples of the types of income reported under Section A. It is not intended to be all inclusive.

- NYS Education Department, Title I, 4001, OVR

- NYS Milk Fund
- Board of Cooperative Education Schools (BOCES)
- Health and Human Services Grant (HHS)
- NYS Office of Drug Abuse Services
- Law Enforcement Assistance Act (LEAA)
- Rent- from Special Act School District or affiliated agency
- Employee Donations- room and board
- Grants from foundations, fraternal and religious organizations
- For special projects
- Income from private adoptions and client fees

Section B- Fee for Services

Report revenue from government and non-government sources for reimbursement for services provided. Income received for board and care, clothing, tuition, transportation, day care and medical assistance shall be reported separately and allocated to the appropriate program. The following is a list of Section B income. It is not intended to be all inclusive.

- Local Social Services Districts (identify public adoptions payments separately, as well as special payments for initial clothing, unusual transportation or communication, or other special payments, as defined in Expense Titles #44 and #45)
- Third Party Insurance Payments
- Other State (New Jersey, Pennsylvania, etc.)
- State Education Department- 4407
- Article 81 State Education Law- Separate Tuition and Maintenance (Sections 4402, 4405, 4406)

Section C- Other Income

Report all other agency income in this section. The sources and amounts must be specifically identified. The following list gives examples of Section C income. It is not intended to be all inclusive.

- Board Restricted Income
- Donor Restricted Income
- Interest Income
- Capital gains or loss from investments
- Private Donations, Legacies and Bequests
- Contributions or allotments from the United Way, Community Chest, Greater New York Fund, etc.
- Employee Donation- Other than to pay for expenses incurred by the agency.

Amount: Report the amount of the income.

9. EMPLOYEE DISTRIBUTION (2668)

An agency must report all taxable and non-taxable salaries and wages paid or accrued to employees on the agency payroll.

This report is used to distribute salaries and full time equivalent (FTE) positions by job classification to the different programs.

Include "tax shelter" annuity premiums paid by the agency for employees participating in the program. Also include severance pay to regular employees. Credit this expense title with Worker's Compensation awards, jury duty fees and disability claims received.

Do not include consultant fees, donated services, or the wages paid to the agency personnel who are paid by a source other than the agency, such as Youth Board Workers, teachers, etc. The value of meals and lodging provided to employees in lieu of salaries should not be credited to this account. Those costs are credited to the other applicable expense titles.

Expense Title #01 is separated into six sub-accounts or classifications.

See Instructions For THE Job Title/Category FORM for a brief description of each sub-expense and a list of job titles for each of these sub-accounts. Employees who spend the majority of their time working in one of the six classifications should be reported in that classification. Allocation between classifications may only be done with prior, written approval from the OCFS Rate Setting Unit.

The sub-total for each job classification reported in Employee Distribution (2668) will pre-fill the (total) amounts in Expense items 01A – 01F in **Actual Expenditures (2652)**.

Expense Category: Report your salaries for each of the six expense categories: Administration, Social Services, Child Care, Medical, Child Support, and Maintenance.

Job Title/Category: Report each job title filled during the actual period. **SEE INSTRUCTIONS FOR THE JOB TITLES/CATEGORY FORM** for instructions on how to select the Job Titles and Categories you are reporting on.

A job title should be included in only one of the six job classifications unless OCFS has given prior, written approval. If a job title has both full and part time positions, they should be combined on one line. Therefore, each job title should have only one line.

Total Amount: The salary amount paid for each job title/category.

Total FTE: The Full time equivalent FTE number (see below) for each job title/category.

Amount: Salaries will be distributed as reported to programs on the Actual Expenditures (2652). Salaries for fund raising and investment counseling must be reported in a separate Non-MSAR program.

FTE: Full time equivalent (FTE) is defined as the fractional or whole number of positions filled during the reporting year. Indicate the number of full time equivalent positions paid by each of the reported salaries. Numbers will be rounded to two decimal places.

For example, a full time social worker is hired on January 1, six months after the start of the reporting year. Since that person was paid for one half year, 0.5 FTE social worker is reported. If the position was half time, .25 FTE should be reported; .50 years times .50 time equals .25 FTE.

A formula to determine full time equivalency follows:

FTE equals (number of months worked divided by 12) times (number of hours worked per week divided by the agency standard work week). This formula applied to the half time worker mentioned above would show:

(6 months worked divided by 12) * (20 divided by 40) based on a 40 hour work week

.50 *.50=. 25 FTE

FTE workers who work overtime are also calculated with this formula. For example, a child care worker with a standard 40 hour work week who also works an average of 5 hours overtime each week would be shown as follows:

$$(12 \text{ divided by } 12) * (45 \text{ divided by } 40)$$

$$1 * 1.125 = 1.13 \text{ FTE}$$

Note that the exact answer, 1.125, is rounded up to 1.13 since numbers are not carried out to more than two decimal places.

10. PARENT ORGANIZATION DETAILS (2856A)

If a parent organization or affiliated agency provided services that would otherwise be provided by agency staff, report its name, address, and contact information.

11. PARENT ORGANIZATION CHARGES (2856)

If a parent organization or affiliated agency provided services that would otherwise be provided by agency staff, report these costs.

The sub-total for parent organization charges will pre-fill the (total) amount in Expense Title #39, Charges from Parent Organization, in Actual Expenditures (2652).

Allocation Method for Parent Organization Costs: Select the allocation method by which the parent organization allocated the charge to the agency. Charges are allowable only when they are charged on the same basis to all related agencies.

Allocation Method for MSAR Program Costs: Select the allocation method used to distribute the parent organization charge between your programs. These methods conform to general accounting standards.

Allocation Charges by Expense Item: The nature of the service provided by the parent organization (i.e. duplicating materials, clerical staff, supplies, technical consultant, bookkeeping services, etc.) must be itemized with the corresponding amount charged.

Allocation Charges By Program: The total of allocated parent organization charges by Program.

12. PURCHASE OF SERVICES (3307)

Report payments to foster parent applicants or to their physician for medical examinations required as part of the approval process and employee physicals. The amount reported must be net of insurance reimbursements.

Report payments to psychologists who are not licensed by the Department of Health and the New York State Psychological Association.

If public school districts provide teachers for an on grounds school, report any agency costs in the education program. Remedial educators who are not agency employees are reported in this Expense Title.

Type of Service: Types of expenses considered to be Purchase of Services:

Administration- Communication Services

Administration- Program Consultants

Administration- Professional Services

Administration- Support Services

Administration- Other

Social Services- Personnel

Social Services- Specialists

Social Services- Psychologist (Non-Licensed)

Social Services- Other

Child Care- Personnel

Child Care- 1:1 Aide

Child Care- Adoption Legal Services

Child Care- Education Services (SED)

Child Care- Other

Child Support- Food Services

Child Support- Transport Services

Child Support- Other

Misc Direct Care- Employee Services

Misc Direct Care- Other

Maintenance- General Services

Maintenance- Security Services

Maintenance- Other

Description: Detailed explanation of the expense.

Total Amount: Sub-total of expense by Type of Service.

Program Name: SEE INSTRUCTIONS FOR THE PROGRAM INFORMATION FORM.

Amount: Amount of expense for a specific program.

13. EXPENSE ALLOCATION (3308)

Any expenditure, which cannot be directly charged to a specific program, must be allocated to all programs that benefit from the expenditure. Any allocation method that provides for a reasonable distribution of cost and can be substantiated at the time of audit is acceptable. The allocation method chosen must relate to the type of expense. For example: for property expense use the Square Feet allocation method; for food use the Days Of Care allocation method; for vehicles use the Percent of Vehicle Usage allocation method.

Agencies that allocate costs on Actual Expenditures (2652) must also submit Expense Allocation (3308).

You must select an allocation method for each Indirect Expense reported for Expense Titles (01A- 38E) in form Actual Expenditures (2652).

Expense Title: SEE INSTRUCTIONS FOR THE ACTUAL EXPENDITURES FORM (2652)

Allocation Method: The Methods by which you distribute costs across your programs.

Description: A further explanation of the allocation method. If you select "Other" as an allocation method, you must provide a description. Please include the specific method(s) used.

Some examples of acceptable allocation methods are:

- **Direct charges to total of all agency direct charges:** allocating costs on the percentage basis of direct charges of a specific program to the total of all agency direct charges.
- **Days of Care – weighted average days of care:** agencies with foster care and day care programs must allocate on a weighted average of days of care with one day of foster care equivalent to three days of day care. This method is not appropriate for property and maintenance expenses.
- **Square feet:** Square feet of floor space in the physical plant.

- **Percentage of Residential Population.**
- **Staff Hours spent in programs.**
- **Cost Ratio:** The percentage of allocated costs to that of total costs.
- **Equipment Usage:** An allocation of indirect costs based on the amount of time equipment can be charged to a particular program
- **Program Usage:** An allocation of the indirect costs based on the amount of time a specific program utilizes an asset (i.e. – a swimming pool is used by the school during the day and on weekends by the residential program).
- **Employee Salary/Benefits.**
- **Percent of Vehicle Usage.**
- **Other:** Combination of any of the above methods.

The salaries of staff who work in more than one program should be allocated based on hours spent in each program. This can be tracked by time records that show the hours worked in each program.

Additional Information:

This section is to provide agencies with information concerning the proper reporting of allocated costs for preventive services, day care programs, or any other programs for which the agency receives a contractual amount of reimbursement. Many of these contracts either do not provide reimbursement for allocated administrative costs or do not provide sufficient funding to cover all incurred costs. As a result, some agencies have shifted these costs into foster care programs in an attempt to have them reimbursed through the foster care Maximum State Aid Rates.

Any shifting or reallocation of expenses to foster care programs due to other program funding deficiencies is not acceptable. Allocated administrative costs must be reported in their respective program in accordance with this section of the program manual, regardless of the funding or reimbursement of the program.

14. ACTUAL EXPENDITURES (2652)

FOR THE SALARY EXPENSE TITLES 01A – 01F SEE INSTRUCTIONS FOR THE EMPLOYEE DISTRIBUTION FORM (2668).

FOR EXPENSE TITLE PURCHASE OF SERVICES (11), SEE INSTRUCTIONS FOR THE PURCHASE OF SERVICES FORM (3307).

FOR EXPENSE TITLE CHARGES FROM PARENT ORGANIZATION (39), SEE INSTRUCTIONS FOR THE PARENT ORGANIZATION CHARGES FORM (2856).

All agency expenditures must be reported. The total expenditures must agree with the expenditures certified by the C.P.A. in the report to the Agency Board of Directors.

All gross expenditures shall be reported by program (Institution, Group Residence, Group Home, Supervised Independent Living, Non-MSAR programs: day care, preventive, education, medical, aftercare etc.). Only report allowable items of expense in the program. If an agency operates more than one institution or group residence, each is reported as a separate program. Agencies which operate more than one group home or agency boarding home shall report aggregate expenditures for all homes under one program titled "Group Home" or "Agency Boarding Home." However, if an agency operates group homes or agency boarding homes with separate rates, these expenditures are reported under separate programs. Each program has its own Maximum State Aid Rate (MSAR). See Chapter 10, Section B, Differential State Aid Rates.

All agency program expenses must be reported, including non-foster care programs. Medical costs are reported as a separate program for all agencies with an approved medical rate.

Allowable expenses are those expenses related to the care, maintenance and services provided to the child in a program.

Non-allowable expenses are those expenses not related to the provision of care, maintenance and services. Examples of non-allowable expenses include special research or demonstration projects for public or private organizations. Fund raising expenses and investment counseling fees are non-allowable and are reported in the NON-MSAR programs. Fund raising and investment income is reported on Actual Income (2654) as Other income. Further explanation of non-allowable expenses is included in the definitions of expense items that are found in this section of the program manual.

Program: The names of your Group Care programs. For example: Institution, Hard to Place Institution, Group Home.

Amount: The total expenses for the reporting period.

Direct and Indirect: The direct expenses and the indirect expenses for the reporting period.

To properly record an expense in any account requires a determination of how much of the expense is “direct” versus “indirect”. The term “indirect” means an expense that your agency distributed to benefiting programs from an indirect “cost pool”, using a method that conforms to Generally Accepted Accounting Principles, as well as to Federal rules specified in OMB Circular A-122 (Attachment A, Sections B, C, D) regarding the definition and classification of all indirect costs as “Facilities” and “Administration”. All other expenses would be considered “direct” when recording program charges for each account on the Actual Expenditures (2652). Using these definitions, the agency-wide total of “indirect” expenses for SSOP reporting should agree with the reporting of “management and general” expenses on your agency’s financial statements.

Indirect %: The Percentage of Indirect is based on the disbursement of the Indirect (Expense) Amounts over your Programs. If an Indirect Amount is changed to only one program, the Percentage of Indirect for that Indirect Amount will be 100%.

TO REPORT THE ALLOCATION METHODS FOR YOUR INDIRECT EXPENSES USE EXPENSE ALLOCATION (3308).

Chart of Accounts and Definition of Expenditures:

01 Salaries: An agency must report all taxable and non-taxable salaries and wages paid or accrued to employees on the agency payroll. Account 01D - Medical does not apply to agencies that have a FC Medical Per Diem program.

TO REPORT THE (TOTAL) AMOUNTS FOR SALARY EXPENSE TITLES 01A – 01F, USE EMPLOYEE DISTRIBUTION (2668).

02 Fringe Benefits and Payroll Taxes:

- Social Security- Employer portion of FICA taxes.
- Insurance-Life/Health- Agency cost of life, disability, dental and health insurance premiums.
- Pension and Retirement- Agency cost of employee retirement benefits.
- Worker’s Compensation- Agency cost of Worker’s Compensation. Include credits for premium refunds and employee contributions.
- Unemployment Insurance- Agency cost of Unemployment Insurance Benefits. Include credits for premium refunds and employee contributions.
- NYS Disability- and NYS Disability premiums. Include credits for premium refunds and employee contributions.

- Vacation Accrual and/or Sick Leave- Agency's accrual of vacation and sick leave that employees have earned but not yet taken. This is for the reporting fiscal year only, providing that the following four conditions are met:

The employer's obligation is attributable to employees,

The obligation relates to rights that vest or accumulate,

Payment of the compensation is probable, and

The amount to be paid can be reasonably estimated

In order to properly account for all of these benefits, a base amount of accrued leave must be established from November 1, 1980 to the current reporting period. The portion of allowable accrued vacation and sick leave to be reported in this expense title is the mount, positive and negative, of leave accrued during the reporting fiscal year only, not retroactively. The method of charging the vacation or sick leave credits will be similar to the LIFO inventory method, or the last accumulated credit is the first charged credit.

The following examples will help to clarify this issue:

An agency has an employee who has accumulated 50 days of vacation and sick leave from November 1, 1980 to the current reporting period. During the current fiscal period, the employee earns an additional 15 days of leave. The employee uses seven days of leave during this period.

For reporting purposes, the agency should report the eight (8) days as accrued time. The seven (7) days the employee used is offset by the 15 earned days.

Given this same example, if the employee earns 15 days of leave during the year and uses 20 days of leave, the effect of this would be to report a negative five (5) days for the fiscal period.

03 Transportation and Worker's Expense: Report expenses incurred by agency employees in connection with the care of the children. These are mileage allowances, fares for railroads, airplanes, taxis, bus or subway, gasoline, toll charges, worker's phone calls, meals, including meals for client's office visits (children's meals are reported in Expense Title 13, Food), birthday cards and other small gifts for the children in care. Client travel expenses are reported in this account.

Transportation for visits between parents, legal guardians, and other relatives, significant others, and foster children are reported in this Expense Title if the child's home is 50 miles or less from the facility or foster home where the child resides. Travel in excess of 50 miles (including the first 50 miles) may be paid for by the local social services district as a special payment, either directly to the parents or to the parents through the child care agency. **If the child is in a foster boarding home or group care setting, and payment for unusual transportation services (or unusual communication services) is made**

through the child care agency, report the expense in Expense Title Special Payments (45). Report the special payment in Fee for Services income on Actual Income (2654.)

Employee transportation expenses for conferences, seminars or training programs are reported in Expense Title #29, Conference Expense.

04 Allowances-Children: (Does not apply to Foster Boarding Home, Education and FC Medical Per Diem programs.) Cash allowances given to children for spending money or for work done for the agency. Include incentive payments that are part of the treatment program and allowances for personal needs items.

05 Allowances-Parents: (Does not apply to FC Medical Per Diem and Education programs.) Allowances for visiting children in care at the agency facility, foster home or office. Include lodging expenses of parents visiting children in care.

06 Activities-Children: (Does not apply to Foster Boarding Home and FC Medical Per Diem Programs.) Admission to sporting, recreational or cultural events. Other examples are trips, outings, motion picture rentals, membership fees for clubs and hobby groups. Include snacks and treats purchased on outings.

07 Tuition-Children: (Does not apply to Group Care Programs, including Education programs, and FC Medical Per Diem programs. Does not apply to Foster Boarding Home programs.) Tuition costs are non-allowable for rate setting purposes. This Expense Title allows an agency to report the costs for tuition that should be billed to the local social services districts.

08 Related School Expenses: (Does not apply to FC Medical Per Diem, Education or Foster Boarding Home programs. For Foster Boarding Home programs, report these expenses in Expense Title #45, Special Payments-Boarding Home.)

Report the following items in the Expense Title Special Payments-Boarding Home (45):

- School books (allows for deposits on school books or purchase where the school district does not provide.)
- Cap and gown
- School jewelry
- School Pictures
- Yearbook
- Prom Attire
- Field Trips

- Transportation for regular school attendance when public transportation is necessary and unusual or irregular transportation required by the agency or for agency approved reasons.
- Other special school expenses, such as lab fees, purchase of art or home economics supplies and dues for school clubs and associations.
- Attire for religious occasions
- Musical instruments
- Uniforms
- Dancing and art lessons

09 Outside Camp Fees: (Does not apply to FC Medical Per Diem, Education and Foster Boarding Home programs.) Payments to residential and day camps. For children in institutions and private schools, the camps must not be located on the institution and school grounds. Include transportation to and from camp and registration fees. In foster boarding home programs, camp fees are to be considered a special payment and reported in Expense Title #45 of Actual Expenditures-2652.

10 Religious Stipends: (Does not apply to FC Medical Per Diem and Education programs.) Stipends for retreats, novenas, and other special religious services for the children in care. Payments for retreats for religious staff are non-allowable.

11 Purchase of Services: Payments for services purchased from independent contractors for professional or non-professional services, such as: kitchen or dietary services, child care, legal services, program consultants, language interpreters, security guards, temporary office help, garbage collection, maintenance of grounds, data processing, laundry and dry cleaning, extermination, employee physicals, fingerprinting, etc. Payments for Hepatitis B immunization should be reported in this Expense Title.

Notes:

- (See Expense Titles #44 and #45 for direction regarding the reporting of **Special Payment items** for children in group-care settings as well as in foster homes).
- The reasonable costs of professional and consultant services rendered by persons who are members of a particular profession or possess a special skill, and who are not officers or employees of the non-profit organization, are allowable. The following factors are relevant to the issue of reasonable costs:
 - The nature and scope of the service rendered in relation to the service required.
 - The necessity of contracting for the service, considering the non-profit organization's capability in the particular area.
 - The past pattern of such costs.
 - Whether the service can be performed more economically by direct employment rather than contracting.
 - The qualifications of the individual or concern rendering the service and the customary fees charged.

- Adequacy of the contractual agreement for the service (e.g., description of the service, estimate of time required, rate of compensation, and termination provisions).
- Retainer fees to be allowable must be supported by evidence of bona fide services available or rendered

AGENCIES REPORTING COSTS IN THIS EXPENSE TITLE MUST COMPLETE PURCHASE OF SERVICES (3307), SEE INSTRUCTIONS FOR THE PURCHASE OF SERVICES FORM (3307)

12 Purchase of Health Services: (Does not apply to Foster Care programs. Except for Private Schools, does not apply to Group Care programs if a FC Medical Per Diem program exists. Does apply to Private Schools.) Report payments to physicians, psychiatrists, psychologists, dentists, nurses and other health professionals. Also report laboratory fees and transportation for medical care. Agencies with FC Medical Per Diem rates should allocate medical expenses for residential and foster boarding home programs to the FC Medical Per Diem program. The remaining expenses are allocated to the program which incurred the expense.

13 Food: (Does not apply to FC Medical Per Diem programs.) Report the cost of food purchased for the children and staff. Include the cost of children's meals purchased off grounds and charges for the delivery of food purchases. Donated food is charged to this expense title and recorded as a memo entry. Snacks and treats purchased on outings are charged to Expense Title #06, Children's Activities. For Foster Boarding Home programs, report only the cost of food provided to clients during visits to the agency.

14 Clothing: (Does not apply to Foster Boarding Home, FC Medical Per Diem, and Education programs.) Report the cost of clothing and materials and supplies for making clothing. Include clothing purchased for the stockroom and individual cash clothing allowances. Include Scout uniforms and bathing suits but not recreational (football, etc.) uniforms. These are reported in Expense Title #16, Supplies and Equipment.

Initial Clothing: For any clothing items the child does not have at the time of admission and which are required for the particular season of the year, the agency shall purchase the needed items and the social services district shall reimburse the agency separately from the Maximum State Aid Rate. When a separate payment for initial clothing is made through the child care agency, for a child who is placed in either a foster home or group care setting, report the expense in Expense Title #44, Initial Clothing. Report the payment received for initial clothing in Fee for Services income on Actual Income (2654). These expenditures must be prior approved by the local social services district that is responsible for the child.

Replacement Clothing: The agency shall provide replacement clothing as needed during the child's residence and shall furnish the child with a basic outfit suitable for the season of the year at the time of discharge. Upon discharge, the child shall be permitted to take all possessions and clothing, including a basic outfit appropriate to the season.

The cost of replacement clothing is reported in Expense Title #14 and is included in the program's Maximum State Aid Rate, subject to the limitations of the total direct care parameter.

15 Bedding/Linen/Uniforms: (Does not apply to Foster Boarding Home and Education programs.) Report the cost of purchased blankets, sheets, rubber sheeting, diapers, pillow cases, pillows, bedding, tablecloths, napkins, towels, wash cloths, staff uniforms, etc. Also report the cost of rental linens. Mattresses and springs are reported in Expense Title #16, Supplies and Equipment.

16 Supplies and Equipment: Report the cost of consumable supplies including freight and delivery charges for maintenance, household, kitchen, chapel, school, recreation, laundry, etc. Sports uniforms are reported in this account. Report any installation charges.

Items costing \$1,000 or more and having a useful life of more than two years should be capitalized and the depreciation reported in Expense Title #38A, Use Charges.

17 Supplies and Equipment-Medical: (Only applies to FC Medical Per Diem and OMR licensed Private Residential School programs. Except for Private Schools, does not apply to Group Care programs if a FC Medical Per Diem program exists. Does apply to Private Schools. Does not apply to Foster Boarding Home programs.) Report the cost of drugs, prosthetic devices, repairs and replacement of infirmary equipment and other medical supplies. See Expense Title #12, Purchase of Health Services for instructions on the allocation of expenses between FC Medical Per Diem and other programs. Items costing \$1,000 or more and having a useful life of more than two years should be capitalized and reported in Expense Title #38, Use Charges.

18 Rent: Report the rent for real property and utilities if they are included in the rental agreement. If the utilities expense can be identified separately, it is reported in Expense Title #21, Utilities.

APPLICABLE REGULATION: 427.3(b) For purposes of allowability in the Maximum State Aid Rate setting process, the following additional limitations shall apply to the following items of expenditures:

(1) Rental costs (including sale and leaseback of facilities).

(i) Related party transactions. (a) Actual costs for rentals of land, buildings and equipment and other personal property owned or controlled by organizations or persons affiliated with an authorized agency, or owned or controlled by members, directors, trustees, officers or other key personnel of such authorized agency or their families either directly or through corporations, trusts or other similar arrangements in which they hold more than 10 percent interest in such land, building and equipment or an interest valued at \$1,000 or more, whichever is less, are allowable only to the extent that such rentals do not exceed the amount the authorized agency would have received had legal title to the rented items or facilities been vested in it.

(b) Actual charges in the nature of rent between or among authorized agencies or organizations under common control are allowable to the extent such charges do not exceed the normal costs of ownership, such as depreciation, taxes, insurance and maintenance; provided that no part of such costs shall duplicate any other allowed costs.

(ii) Nonrelated party transactions. Rental costs of land, building and equipment and other personal property are allowable if the rates are reasonable in light of such factors as rental costs of comparable facilities and market conditions in the areas, the type, life expectancy, condition and value of the facilities leased, options available and other provisions of the rental agreement. Application of these factors, in situations where rentals are extensively used, may involve among other considerations, comparison of rental costs with the amount which the institution would have received had it owned the facilities.

(iii) Sales/leaseback transactions. Rental costs specified in sale and leaseback agreements, incurred by authorized agencies through selling plant facilities to investment organizations, such as insurance companies, associate institutions or private investors, and concurrently leasing back the same facilities, are allowable only to the extent that such rentals do not exceed the amount which the authorized agency would have received had it retained legal title to the facilities.

19 Rent- Furnishings and Equipment: Report the cost, including installation charges, of rented furnishings and equipment.

20 Rent- Vehicles: Report the cost of vehicles rented or leased by the agency. Include services and maintenance costs if they are part of the rental or lease agreement. Employee personal use of agency vehicles is reported in Non-MSAR Programs.

21 Utilities: Report utility costs as follows:

- Fuel Oil- Report the cost of fuel oil, coal, kerosene and bottled gas on this line.
- Natural Gas-Report the cost of natural gas on this line.
- Electric-Report the cost of electricity on this line.
- Other- Report the cost of all other utilities not included above on this line. Examples are water and sewer charges, firewood, etc.

22 Repairs and Maintenance- Plant and Equipment: Expense for the maintenance, repairs and service contracts for plant, office equipment, stationary and movable equipment. Differentiate between expenses charges to plant (line A) and equipment (line B).

Supplies used for repairs made by agency staff are charged to Expense Title #16, Supplies and Equipment. Expenditures for repairs which prolong the useful life of an asset, increase its value or adapt it to a different use should be capitalized with depreciation reported in Expense Title #38A, Use Charges.

23 Repairs and Maintenance-Vehicles: Report the cost of maintenance, repairs and service contracts on agency vehicles. For rented vehicles, only include repair and maintenance costs not covered by the rental or lease agreement. Costs for employee owned vehicles are non-allowable.

24 Telephone and Telegraph: Report all telephone costs in this account. Include the regular billings from the local telephone companies and the costs of telegraph services, answering services, direct lines, etc. Credit this expense title with refunds for personal telephone calls.

25 Postage: Report the cost of postage stamps, postage meter rentals and mailing permits.

26 Dues/Licenses/Permits: Report the following costs in this account: memberships in national or local industry organizations, engineer licenses, professional certificates, birth and death certificates, permits for the storage of fuel, alcohol and other inflammables.

27 Office Supplies: Report the cost of consumable office supplies including freight and delivery charges. Include typewriters, adding machines, etc. Capitalize items costing \$1,000 or more and report the depreciation in Expense Title #38A, Use Charges.

Include payments to printers and commercial artists for letter heads, pamphlets, financial reports, office forms, checks, annual reports, etc.

28 Subscriptions/Publications: Report the cost of books, periodicals, magazines, newspapers, etc. Include subscriptions and single copy purchases.

29 Conference Expense: Report the cost of outside conferences related to agency business. Include registration fees, transportation, lodging and meals. Costs related to conferences with parents are reported in Expense Title #05, Allowances- Parents.

30 Administrative Expense: Report administrative costs that support the agency service programs but are not directly identified with any particular service function. Examples are agency board and committee meetings, general staff meetings, organization and procedures surveys, gratuities to non-employees, and gifts to staff on special occasions, etc.

Include expenses that are administrative in nature, but not specifically identified in this chart of accounts, such as appraisals of plant.

31 Staff Development: Report the cost of seminars, training programs and courses authorized by the agency.

32 Research Activities: Report the cost of program related research activities. Research activities must have prior approval by the appropriate state agencies. Research activities related to foster care or maintenance of children must have prior approval by the Rate Setting Unit of the Office of Children and Family Services. Costs that are related to other programs operated by the agency must receive prior approval by that agency (e.g. State Education Department). Research activities related to medical assistance must have prior approval of the State Department of Health.

33 Publicity: Report the cost of informational material that is necessary to the agency program function and activities. Examples are materials for recruiting foster parents and agency staff.

34 Audit, Legal and Advisory Fees: Report the cost of audit and legal services. Bookkeeping services are reported in Expense Title #11, Purchase of Services.

35 Insurance: Report the cost of insurance including liability, fire and theft, burglary, plate glass, automobile, etc. Credit this expense title with dividends, refunds and rebates received from insurance carriers or agents.

Insurance costs related to employee benefits are reported in Expense Titles #02A – 02G, Fringe Benefits and Payroll Taxes.

36 Interest: Report interest expense that is related to the care of the children.

1. **Debt Services-** The interest on bank loans, bonds, mortgages, etc. if the expense is to improve the conditions of agency property.

Interest costs may be considered an allowable cost subject to the following:

1. The capital indebtedness does not exceed the current approved value of the property.
2. The interest rate charged for the borrowed funds is competitive with existing interest rates.
3. The interest is necessary and proper for the operation, maintenance or acquisition of the facility. And,
4. the interest must be supported by a contractual agreement for the payment of interest and for the eventual repayment of the loan for which the interest was incurred.

2. **Operations-** Interest expense incurred to solve cash flow problems. This expense is subject to the following conditions:

1. The interest is charged by a financial institution such as a bank;
2. The interest charges must be reduced by any earnings on the investment portfolio or unrestricted agency funds. This included board restricted funds.
3. The interest expense incurred is for the minimum amount necessary to continue agency operations. Borrowing against receivables in excess of day to day operating expenses is not allowable for rate setting purposes.

37 Taxes: Water, school, property and other taxes paid by the agency. Include the New York State Corporation Franchise Tax. Not for profit agencies must apply for tax-exempt status for property taxes. If any agency does not apply for tax-exempt status for property taxes, these taxes are not allowable. Generally, property taxes will be considered allowable the first year a building is obtained by an agency or when a lease agreement specifies that the agency is responsible for the payment of such taxes.

Payments for Federal, State or City income taxes are not allowable. **Payments in lieu of taxes are not allowable.**

Expense Title #38 Use Charges: Reimbursement in the Maximum State Aid Rate for the use of owned property (e.g. , for buildings, for capital improvements, for equipment, and for other capitalized items), as well as for leasehold improvements, will be made through depreciation.

Assets having a cost of \$1,000 or more and a useful life of 2 years or more must be depreciated. Conversely, items having a unit cost less than \$1,000 or a useful life of less than 2 years may be expensed.

APPLICABLE REGULATION (the following references in this regulation to “department” should be interpreted to mean “OCFS”, which is the successor agency to the State Department of Social Services):

442.4 Buildings and equipment

(a) Definitions. As used in this section, the following definitions shall apply:

- (1) Building means a structure.
- (2) Construction means the erection of a new structure.
- (3) Addition means extension or increase in area, height or equipment of an existing structure.
- (4)..Substantial modification means any alteration, change, rearrangement or reconstruction to an existing structure or equipment except for ordinary repairs and maintenance.
- (5) Equipment means fixtures or articles affixed to the structure.
- (6) Occupancy means use of a building, structure or premises; abandonment or vacating a building or a major part of a building shall be considered a change in occupancy.

(b) Construction, addition, substantial modification and change in occupancy.

(1) Except for buildings or parts of building used in the operation of a child caring institution, in substantial compliance with applicable requirements on October 31, 1964, on and after November 1, 1964, no building and no part of a building shall be used for the care of children except with the approval in writing of the department. To qualify for approval by the department, the building or part thereof to be used must be in substantial compliance with the appropriate provisions of the State Building Construction Code relating to institutions, the regulations of the department, and all other applicable provisions of State and local laws, ordinances, rules and regulations.

(2) There shall be no construction, addition, substantial modification or change in occupancy of buildings or parts of buildings used or to be used in the operation of a child caring institution, except on plans and designs approved in writing by the department. Plans shall be submitted for approval in accordance with the procedure prescribed by the department thereof. To qualify for approval by the department, plans and specifications must be in substantial compliance with the appropriate provisions of the State Building Construction Code relating to institutions, the regulations of the department and all other applicable provisions of State and local laws, ordinances, rules and regulations.

(3) No changes or modifications shall be made to approved plans or specifications without the approval of the department.

(4) The approval of the department shall become void one year after given unless a contract for the approved construction or reconstruction shall have been entered into.

(c) Exceptions. The department may grant an extension to compliance with one or more of the provisions of this section upon finding that compliance will result in undue hardship to an institution, that, but for the exception will not create any hazardous conditions which could impair the health or safety of the children; provided however, that the facility otherwise complies with any alternate requirements which the department may consider necessary for the protection of the health or safety of the children.

Proposals for construction, addition, or substantial modification, as those terms are defined above, and including the acquisition of buildings, must be submitted to the OCFS Regional Office and the OCFS Rate Setting Unit for review and approval.

Costs of facility acquisition or construction shall be depreciated over the expected useful life of the facility per the rules and guidelines specified below. The cost of facility acquisition or major renovation includes architect and inspection fees, which should be included in the cost of the building for depreciation purposes. Renovations or alterations that are considered to be directly related to the program and therefore reimbursable through depreciation charges over the estimated useful life of the renovation or alteration may

include: the installation of safety devices, such as fire exits, alarms or smoke detectors in existing buildings; the replacement of roofs, boilers, plumbing systems, or other renovations needed to protect the agency's physical plant, or to protect the health or safety of children, or to satisfy compliance with applicable New York State standards.

For cost reporting purposes, the submission of back-up details regarding depreciation expenses for assets such as buildings, equipment and vehicles are not required. However, the service provider is required to maintain depreciation schedules that include the following minimum information:

- Description of Asset
- Date of Acquisition
- Cost at Acquisition
- Government Grants for Asset
- Salvage Value
- Depreciation Method
- Useful Life Used for Depreciation Purposes
- Annual Depreciation Amount
- Accumulated Depreciation

Charges for depreciation must be supported by adequate property records, and physical inventories must be taken at least once every two years (a statistical sampling basis is acceptable) to ensure that assets exist and are usable and needed. When the depreciation method is followed, adequate depreciation records indicating the amount of depreciation taken each period must also be maintained.

General Rules Regarding the Calculation of Depreciation: The following general rules shall apply for the calculation and reporting of depreciation expenses:

The computation of depreciation must be based on the acquisition cost of the assets involved. The acquisition cost of a donated asset must be its fair market value at the time of the donation.

The computation of depreciation will exclude:

- The cost of the land;

- Any portion of the cost of buildings and equipment borne by or donated by the Federal Government irrespective of where title was originally vested or where it presently resides; and
- Any portion of the cost of buildings and equipment contributed by or for the non-profit organization in satisfaction of a statutory matching requirement.

The period of useful service (useful life) for purposes of establishing a depreciation schedule must take into consideration the following factors:

- Type of construction and nature of use;
- Nature of the equipment used;
- Technological developments in the particular program area; and
- The renewal and replacement policies followed for the individual items or classes of assets involved.

Group purchases of like items should be treated as a single purchase. Group purchases of unlike items must be treated as if each item was purchased individually. Telephone systems and computer systems should be treated as a group purchase.

The depreciable base would be calculated by taking the total cost of the asset and by subtracting the salvage value and the amount funded by government grants. For example, if 100 percent of the cost of an asset is separately financed with State or Federal grants, the asset cannot be depreciated in the SOP report for purposes of establishing the State aid rate for an associated program. This would need to be a reconciling item between the SOP and the service provider's financial statements. The portion of the cost of building construction, acquisition, or renovation funded by a government grant cannot be reimbursed again through depreciation of these costs. The asset cost must be reduced by the amount of the grant(s) and the balance depreciated in accordance with the guidelines specified below.

Depreciating assets that are shared among programs/sites or among program/sites and administration should be allocated by a reasonable basis. Documentation for the allocation basis must be available upon request. The "straight line method" of depreciation must be used for all classes of assets. Use of the one-month, six-month, or full-year convention is acceptable. When assets are shared by multiple programs funded by more than one New York State agency, the rules of majority funding shall dictate.

Depreciation based on reappraisals designed to increase the cost basis for depreciation **is not reimbursable**. Accumulated depreciation on assets transferred due to a change in legal status of the owner, such as incorporation, **is not reimbursable**. Accumulated depreciation on property owned by a

division, subsidiary or affiliate of an entity prior to acquisition by the entity will not be reimbursed to the program after acquisition. The remaining non-depreciated cost of the prior entity must be reimbursed over the remaining useful life of the asset as if no ownership occurred.

Depreciation charged for assets acquired through approved Dormitory Authority of the State of New York (DASNY) construction/renovation projects must be reported in a separate program, inasmuch as it is **not reimbursable** within the context of the approved rate base.

Depreciation periods for assets acquired on or after July 1, 2005:

When calculating depreciation of an asset, the useful life minimums specified below will apply, though longer depreciation periods may be appropriate within the context of the projected useful life and the annual reimbursement available through the Maximum State Aid Rate. Exceptions to the minimums are also possible where the service provider can justify that an alternative is more appropriate.

For example, when calculating depreciation of a building (which could include construction, addition, or substantial modification, as those terms are defined above, a composite approach may be used as the basis for requesting an alternative to the standard specified below. This means, a building's shell may be segregated from each building component (e.g., plumbing system, heating, and air conditioning system, etc.) and each item depreciated over its estimated useful life; or the entire building (e.g., the shell and all components) may be treated as a single asset and depreciated over a single useful life. As stated above, documentation regarding useful lives used in the determination of depreciation schedules must be maintained by the agency and must be available upon request.

Capitalized Items	Useful Life Minimums
Buildings	
Masonry/Concrete	25 years
Other Materials	20 years
Land Improvements	
Utilities/Land Management Systems	20 years
Landscaping/Paving	10 years
Equipment	
Fixed (affixed to the structure)	10 years
Movable	5 years

Furniture	5 years
Vehicles	3 years
Technology	3 years

Amortization

For cost reporting purposes, the submission of back-up details regarding the amortization of assets related to intangible assets, leasehold improvements, and mortgage expenses are not required. However, the service provider is required to maintain amortization schedules that include the following minimum information:

- Description of Item
- Beginning Date of Amortization
- Length of Amortization
- Costs to be Amortized
- Current Year Amortization

The following general rules apply for the calculation and reporting of amortization expense:

- Leasehold improvements that are the responsibility of the service provider under the terms of a lease should be amortized over the useful life of the improvements or the remaining term of the lease, whichever is shorter.
- Mortgage expenses for purchasing or constructing a facility such as attorney's fees, recording costs, transfer taxes, and service charges such as finder's fees and placement fees, should be amortized over the term of the mortgage.

Depreciation periods for assets acquired prior to July 1, 2005:

The following guidelines, as previously specified in the Standards of Payment Manual, will continue to be applicable to assets acquired prior to July 1, 2005.

Buildings:

Institutions and Group Residences	40 years
Group Homes and Agency Boarding Homes	25 years

Land Improvements	20 years
Furniture and Equipment	10 years
Vehicles	3 to 5 years
Leasehold	5 to 15 years

39 Charges from Parent Organization: The cost of support services provided by the agency's parent organizations. Examples are clerical staff, supplies, duplication services, technical consultants, bookkeeping services, etc.

Charges from parent organizations are allowed only if they are charged to all related agencies on the same basis.

AGENCIES REPORTING COSTS IN THIS EXPENSE TITLE MUST COMPLETE PARENT ORGANIZATION CHARGES (2856) SEE INSTRUCTIONS FOR THE PARENT ORGANIZATION CHARGES FORM (2856)

EXPENSE TITLES #40 THROUGH #45 ARE PRIMARILY FOR RECORDING PAYMENTS TO FOSTER PARENTS. HOWEVER, EXPENSE TITLES #44 AND #45 SHOULD ALSO BE USED FOR THE SPECIFIED PAYMENTS IN GROUP CARE SETTINGS AS WELL.

(For more details on using Expense Titles #44 and #45 for group care settings as well as for foster homes, see Expense Title #03 related to special transportation, Expense Title #14 related to initial clothing, and see below under Expense Title #45 regarding unusual communication services, i.e., language interpreters).

40 Boarding Home Payment Normal: Payments for board and care provided by foster parents to children in foster boarding homes. These payments include the following items: food, personal care, household furnishings and operations, educational materials, recreation, normal transportation and shelter. (Shelter includes rent or homeowner's costs, maintenance, repairs and fuels and other utilities.)

41 Boarding Home Payment Special: Payments for the items in Expense Title #40 and the additional payment for special foster care services provided by foster parents to special children as defined in Chapter 8 of the Standards of Payment program manual.

42 Boarding Home Payment Exceptional: Payments for the items in Expense Title #40 and the additional payments for exceptional foster care services provided by foster parents for exceptional children as defined in Chapter 8 of the Standards of Payment program manual.

43 Boarding Home Payment Emergency: Payments made to foster parents for bed reservation, board and care and other foster care services in an approved voluntary agency emergency foster boarding home program.

44 Clothing Payment:

Initial: Payments made to foster parents (or to the child care agency for children in group care settings) for initial clothing for children coming into care. This must be prior approved by the local social services district responsible for the child.

Regular: Payments made to foster parents for replacement clothing for children already in care.

45 Special Payments: These are **payments made to the foster parents (or to the child care agency for children in group care settings)** for special items that are not included in accounts 40-44. Special payment items made to foster parents are defined in **18 NYCRR 427.3(c)**. See the section on Special Payments in Chapter 8 of the Standards of Payment program manual for the complete regulation regarding special payments to foster parents.

Travel in excess of 50 miles (including the first 50 miles), required for case planning or case supervision/monitoring activities, may be paid for by the local social services district as a special payment, either directly to the parents or to the parents through the child care agency. If the child is in a foster boarding home or group care setting, and payment for unusual transportation services is made through the child care agency, report the **report the expense in this Expense Title. Report the payment for unusual transportation in Section B, Fee for Services income on OCFS-FC-2654.**

Sign language interpreters required for case planning or case supervision/monitoring activities (e.g., case planning meetings, court appearances, sibling visits, and casework contacts), because the need for such interpretation services are likely to be infrequent within the context of the population of the foster care program, may be paid for by the local social services district as a special payment, either directly to the interpreter or through the child care agency. A special payment also may be made for infrequently used **foreign language interpreters** for case planning, or case supervision/monitoring activities, when the foreign language is not one that is commonly required by casework staff in that program. When a special payment for interpretation services is made through the child care agency, for a child who is placed in either a foster home or group-care setting, **report the expense in this Expense Title. Report the payment for interpreters in Section B, Fee for Services income on OCFS-FC-2654.**

Other special payments to foster parents, pursuant to 18 NYCRR 427.3(c), include, but are not limited to, expenditures for the following categories of items, costs and services:

- Special attire for proms, religious observances and graduation, and for circumstances or occasions, such as school attendance or scouting activities, in which uniforms are necessary items of clothing;
- School expenses such as books, activity fees, costs of field trips, club dues, school jewelry, school pictures, art supplies and yearbooks;
- Music, art and dancing lessons and the purchase or rental of items needed to take part in such activities;
- Gifts for birthdays, holidays and other special occasions;
- Extraordinary transportation and communication expenses;
- Day care and babysitting services when necessary for the care and supervision of a child in foster care.
- Special furniture/equipment for the care of children in foster care such as cribs, high chairs and care seats;
- Window guards necessary to protect the safety of a foster child;
- Special recreational/hobby expenditures including travel expenses such as lodging, tools and the costs of transportation, entry or use fees, uniforms and materials. These expenditures are limited to \$400 per calendar year per foster child;
- Compensation to a foster parent for the damage to and/or loss of personal property owned by the foster parent that is caused by the foster child in his or her care to the extent not covered by insurance;
- Day camp or residential summer camp costs, including registration and transportation expenses. Reimbursement for residential summer camp fees is available for a maximum of two weeks;
- Costs of diapers for a child from birth to the date of the child's fourth birthday; and
- Non-medical needs of a handicapped child, including special equipment or clothing that is not covered by medical assistance, which arise from the child's handicap.

Special payment items not on the preceding list may be reimbursed if the items are specifically approved by the State Office of Children and Family Services. **See Chapter 8, "Special Payment," of the Standards of Payment program manual for additional information regarding Special Payments to foster parents.**

15. RELATED PARTY INFORMATION

You are required to report whether you have conducted business activities with a Related Party/ Less Than Arms Length Association. If you have, you are required to report a description of the nature of your relationship, the business activities conducted, and the terms. **See REGULATION: 427.3(b). in this section.**

5. PROGRAM CLASSIFICATION AND CHILD CARE STAFFING RATIOS

A. BACKGROUND

Child care workers are central to the care of the children in group care programs. Adequate child care staffing assures that the children are properly supervised. The intelligently planned intervention of sufficient numbers of trained child care staff is an important treatment component of all group care programs. Child care workers are the most frequent and perhaps the most important contacts that children have with the agency.

Child care workers are the largest occupational grouping in group foster care programs, almost sixty percent of the workforce. Their salaries and fringe benefits account for over 40 percent of total program costs.

The purpose of Chapter 5 is to describe the methodology that is used to determine the staffing ratios for child care workers. These ratios are used to determine Full-time Equivalent (FTE) child care workers. These are determined by a two step approach:

- Programs are classified according to the characteristics of the children in care. The classification determines a ratio of child care workers to children for that program.
- After a program is classified, the staffing ratio, program capacity and program unit size are used to determine the number of FTE child care workers that will be used to determine the program's child care parameter.

Section 5-B describes the classification system. Section 5-C describes how classification, capacity and unit size determine the program's child care staffing ratio.

B. PROGRAM CLASSIFICATION

Under the model budget rate setting methodology, each program is classified based on the characteristics of a sample of the children in care. Voluntary agency staff complete survey questionnaires for a sample of children in care based on program capacity. The instrument measures child characteristics in four areas or scales: Behavior, Mental Illness, Developmental Disabilities and Health Problems.

The survey questions relate to actual or observable problems and symptoms of the children in the sample. Those conditions that the department has determined to require greater supervision or treatment are more heavily weighted in determining the classification score.

Each response to a survey question is given a specific value. These values were developed by department staff and are applied in a uniform manner for all programs. The questions are weighted in proportion to the significance of the problem. These values are added for each scale of the survey, and a score for that scale is determined. Based on the total score, each scale is rated as Severe, Moderate, Mild or None. These ratings determine the program's overall program classification.

The program's classification determines the ratio of child care workers to children that will be allowed for rate setting purposes. Although there are twelve separate classifications, there are only four staffing ratios. The ratios are based on an analysis of staffing patterns that was made while the staffing model was being developed. Programs dealing with difficult populations tended to staff at ratios ranging from 1:3 to 1:6 depending on the severity of the problems of the population served. A ratio of 1:8 was chosen as the basic ratio.

See Appendix D of this program manual for voluntary agency staffing requirements for child care workers.

The classifications and ratios, expressed as child care workers to children, are as follows:

Classification	Ratio	Criteria
1	1:3	Severe rating on two or more scales.
2	1:5	Severe on the Mental Illness scale
3	1:5	Severe on the Behavior scale
4	1:5	Severe on the Developmental Disabilities scale
5	1:5	Severe on the Health scale
6	1:6	Moderate rating on two or more scales
7	1:8	Rating of just below severe on the Behavior scale and just below moderate on the Mental Illness scale
8	1:8	Moderate on the Mental Illness scale
9	1:8	Moderate on the Behavior scale
10	1:8	Moderate on the Developmental Disabilities scale
11	1:8	Moderate on the Health scale
12	1:8	Mild or None on all scales

There are two additional classifications.

1. **Group Emergency:** approved group emergency programs are classified as 99. These programs are not surveyed but automatically receive a special ratio of 1:5 in accordance with Department **Regulation 451.6(a)(3)**. **See Chapter 10, Section A.**
2. **Hard to Place Programs:** These are special programs with enriched child care staffing for children with behavior and emotional disorders that are more severe than those served by regular programs with the highest classification. Charts 13 and 14 in Section C of this chapter show the ratios for these programs.

The survey instrument and instructions are found in Appendix C. Although these forms were first completed by voluntary agency staff, samples of program surveys are regularly reviewed by department staff in order to insure that they were correctly completed.

C. RATIO TO DETERMINE FULL TIME EQUIVALENT (FTE) CHILD CARE WORKERS

Once a program has a classification and staffing ratio, the number of full time equivalent (FTE) child care workers is determined. This is done by referring to a series of charts, which are found in this section. These are used to convert staffing ratio, unit size and capacity into FTE's.

1. BACKGROUND

The analysis of staffing that was used to determine the ratios revealed a variety of staffing arrangements. These included:

- Full time staff supplemented by part time relief staff;
- Full time staff only with overtime to cover transitional periods;
- Staffing arrangements with on campus or special act schools for after school or summer coverage;
- Various combinations of full time and part time staff.

The variety made it difficult to construct staffing schedules to fit all of the different combinations.

However, a reimbursement system sensitive to this important cost area required a staffing model that provided adequate coverage for different child care populations.

The child care staffing model that was developed concentrates on the total resources that are needed to meet standards and service needs. Twenty child care agencies were selected for site reviews by department staff that studied the child care staffing issues in depth. Many of the findings were included in the staffing model.

The review indicated that four main factors influence child care staffing:

- Department regulations for minimum staffing;
- Child characteristics and service needs;
- The size of the child care unit, and
- The particular staffing pattern that is employed by the program.

2. DEVELOPING THE MODEL FOR FTE CHILD CARE WORKER

Generally, there are four periods of child care coverage: day, evening, night and weekends.

During the day period (7:00 a.m. to 3:00 p.m.) most of the children are in school or other day programs. However, some supervision is required for children who may remain in the living unit for periods when school is not in session and for housekeeping, transportation, treatment team meetings and other duties.

During the evening (3:00 p.m. to 11:00 p.m.) and on weekends (except night), more intensive coverage is required to supervise and manage all of the children in the living unit. At night, (11:00 p.m. to 7:00 a.m.) supervision is necessary to cover contingencies.

It was assumed that at least one child care worker must be present at all times that children are in the living unit. Additional workers could be added during the more intensive evening and weekend periods. Coverage is never less than the basic model staffing ratio of one child care worker for every eight children.

a. Child Characteristics

The analysis of agency staffing information showed that programs in classifications 7 through 12 (those programs that scored Moderate or Mild on the survey scales) tended to staff at 1:8 during intensive periods. The 1:8 staffing ratio was assigned to this group of programs.

Programs, which serve the more difficult populations, tended to staff at higher levels. A staffing ratio of 1:3 was common for the most severely disabled populations. Programs with difficult to manage children tended to staff a 1:5 and programs with children in the middle survey ranges generally staffed at 1:6.

Therefore, these existing ratios were incorporated into the model. In additions, a special model was developed for group emergency programs based on the department standards for these programs.

b. Impact of Unit Size

Unit size has a direct impact on staffing. For example, if a living unit of eight has an allowed worker to child ratio of 1:8, then one worker is required for each of the three eight hour shifts per day. For the 21 shifts per week (three shifts X 7 days), 4.2 full time equivalent (FTE) workers are needed to staff the unit. Each worker works 5 shifts, 21 shifts divided by 5 equals 4.2 FTE. This model is illustrated in the following Table 1.

TABLE 1

**Number of Workers Required to Cover a Child Care Unit of Eight
Children With One Worker
24 Hours Per Day
(1:8 Coverage on Weekends and Evenings)**

<u>Period</u>	<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun</u>	<u>Total</u>
Day	1	1	1	1	1	1	1	7
Evening	1	1	1	1	1	1	1	7
Midnight	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>7</u>
<u>Total</u>	3	3	3	3	3	3	3	21

FTE Required-21 shifts or 4.2 workers (21 shifts divided by 5 shifts per worker equals 4.2 FTE workers).

Since general agency practice is to grant about forty leave days per year in a 260 workday year (13 sick days, 13 vacation days, 4 personal days, 10 paid holidays), an additional 40/260 or 15 percent factor must be added to determine the total FTE staffing. The total staffing requirement for the example in Table 1 is 4.83 or (4.2 time 1.15).

Note that one FTE is allowed for the day shift when in fact there may be little or no need for staff as children will usually be out of the unit. This FTE must be allowed if a child needs to return to the unit, but it is also a position in the model which will provide programs with some flexibility to provide heavier staffing at other times or relieve some other child care gap. This staff can also be used for transportation, case conferences, summer coverage, etc.

Of course, there are situations where the unit size is not a multiple of the staffing ratio. An example would be an 11bed unit with a 1:6 staffing ratio. Rigid adherence to the 1:6 ratio results in 1.84 workers (11 divided by 6) during the evening or intensive period. This is impractical since only whole workers can be present. Therefore, a schedule (see Table 2) has been developed to determine the range of staffing ratios that can accommodate various unit sizes during the intensive weekend and evening periods. The range assumes that staffing for varying unit sizes within the same program would cluster around multiples of the staffing ratio and would be staffed as if all the units were the same size.

Less intensive coverage is allowed during the day and night shifts since the children are generally in school or sleeping during these periods. The staffing model recognizes that additional coverage is needed for more difficult to manage populations during these periods because of more frequent crisis situations. Those programs with especially large living units are allowed additional coverage during the day and night shifts because of the need for backup staff.

TABLE 2
Number of Child Care Staff by Unit Size by Ratio Allowed During
Intensive Service Periods

Ratio During Intensive Service Period

<u>Unit Size</u>	<u>1:3</u>	<u>1:5</u>	<u>1:6</u>	<u>1:8</u>
4	1	1	1	1
5	2	1	1	1
6	2	1.5	1	1
7	2	1.5	1	1
8	3	2	2	1
9	3	2	2	1
10	3	2	2	2
11	4	2.5	2	2
12	4	2.5	2	2
13	4	3	2	2
14	5	3	2	2
15	5	3	3	2
16	5	3	3	2
17	6	3	3	2
18	-	4	3	2
19	-	4	3	2
20	-	4	3	2
21	-	4	3	3
22	-	4	4	3
23	-	5	4	3
24	-	5	4	3
25	-	5	4	3

c. Staffing Charts

The charts on the following pages show the staffing ratios that are used to determine the numbers of FTE child care workers that are allowed in the rate calculation. There are 14 charts. Charts 1 through 5 are used for institutions, private schools (except for 5), agency boarding homes and group residences with capacities of 15 to 25. Additional child care coverage is built into the charts for group homes and smaller group residences (capacities of 13 and 14). Charts 6 through 10 are used for these programs. Charts 13 and 14 show the ratios for Hard to Place programs.

The charts cover the following situations:

Institutions, private schools, ABH's and Group Residences with capacities of 15-25

CHART		
1	Class 1	1:3 ratio of child care workers to children
2	Classes 2,3,4 and 5	1:5 ratio
3	Class 6	1:6 ratio
4	Classes 7,8,9,10, 11 and 12	1:8 ratio
5	Group Emergency Programs (not used for schools)	1:5 ratio with certain modifications to conform to Department Regulation 451.6(a)(3)

Group Home and Group Residences with Capacities of 13-14

CHART		
6	Class 1	1:3 ratio
7	Classes 2,3,4 and 5	1:5 ratio
8	Class 6	1:6 ratio
9	Classes 7,8,9,10,11 and 12	1:8 ratio
10	Group Emergency Programs	1:5 with certain modifications to conform to Department Regulation 451.6(a)(3)

Programs for Children who are Hard to Place, Enriched 1:3 Ratio

CHART		
13	HTP institutions, private schools, ABH's and group residences with capacities of 15-25	1:3 enriched
14	HTP group homes and group residences with capacities of 13-14	1:3 enriched

Each Chart Shows:

- Unit size,
- The FTE's for the day, evening, night and weekend periods,
- Total FTE's,
- Total FTE's plus the 15 percent relief factor, and
- The staffing ratio for that program type, classification and unit size. The staffing ratio is equal to the unit size divided by total FTE's.

The staffing ratio is important. This number is divided into licensed program capacity to determine the number of FTE child care workers used to calculate the child care parameter. This calculation is explained in Chapter 6, Section B, "Parameters."

CHART 1
Institutions, Schools, ABH's, Group Residences (capacities 15-25)
STAFFING BY UNIT SIZE FOR CLASS 1
1:3 RATIO

Unit Size	Day	Evening	Night	Weekend	Total	Total times 1.15 (Relief)	Ratio
3	1.00	1.00	1.00	2.00	5.00	5.75	.52
4	1.00	1.00	1.00	2.00	5.00	5.75	.70
5	1.00	2.00	1.00	2.00	6.00	6.90	.72
6	1.00	2.00	1.00	2.50	6.50	7.48	.80
7	1.00	2.00	1.00	3.00	7.00	8.05	.87
8	1.00	3.00	1.00	3.00	8.00	9.20	.87
9	1.00	3.00	1.00	3.00	8.00	9.20	.98
10	1.00	3.00	1.50	3.20	8.70	10.01	1.00
11	1.00	4.00	1.50	3.80	10.30	11.85	.93
12	1.00	4.00	1.50	3.80	10.30	11.85	1.01
13	1.00	4.00	1.50	3.80	10.30	11.85	1.10
14	1.00	5.00	1.50	4.60	12.10	13.91	1.00
15	1.00	5.00	1.75	4.70	12.45	14.32	1.05
16	1.50	5.00	2.00	4.80	13.30	15.30	1.05
17	1.50	6.00	2.00	5.60	15.10	17.37	.98

CHART 2
Institutions, Schools, ABH's and Group Residences (capacities 15-25)
STAFFING BY UNIT SIZE FOR CLASSES 2,3,4 AND 5
1:5 RATIO

						Relief	
Unit	Day	Evening	Night	Weekend	Total	(1.15)	Ratio
Size							
3	1.00	1.00	1.00	1.40	4.40	5.06	0.59
4	1.00	1.00	1.00	1.40	4.40	5.06	0.79
5	1.00	1.00	1.00	2.00	5.00	5.75	0.87
6	1.00	1.50	1.00	2.20	5.70	6.56	0.92
7	1.00	1.50	1.50	2.20	6.20	7.13	0.98
8	1.00	2.00	1.50	2.50	7.00	8.05	0.99
9	1.00	2.00	1.50	2.50	7.00	8.05	1.12
10	1.00	2.00	1.50	3.20	7.70	8.86	1.13
11	1.00	2.50	1.50	3.20	8.20	9.43	1.17
12	1.00	2.50	1.50	3.20	8.20	9.43	1.27
13	1.00	3.00	1.50	3.20	8.70	10.01	1.30
14	1.00	3.00	1.50	3.20	8.70	10.01	1.40
15	1.50	3.00	2.00	3.50	10.00	11.50	1.30
16	1.50	3.00	2.00	3.50	10.00	11.50	1.39
17	1.50	3.00	2.00	3.50	10.00	11.50	1.48
18	1.50	4.00	2.00	4.00	11.50	13.23	1.36
19	1.50	4.00	2.00	4.00	11.50	13.23	1.44
20	1.50	4.00	2.50	4.20	12.20	14.03	1.43
21	1.50	4.00	2.50	4.20	12.20	14.03	1.50
22	1.50	4.00	2.50	4.20	12.20	14.03	1.57
23	1.50	5.00	2.50	5.00	14.00	16.10	1.43
24	1.50	5.00	2.50	5.00	14.00	16.10	1.49
25	1.50	5.00	2.50	5.00	14.00	16.10	1.55

CHART 3
Institutions, Schools, ABH's and Group Residences (capacities 15-25)
STAFFING BY UNIT SIZE FOR CLASS 6
1:6 RATIO

Unit Size	Day	Evening	Night	Weekend	Total	Relief (1.15)	Ratio
3	1.00	1.00	1.00	1.30	4.30	4.95	0.61
4	1.00	1.00	1.00	1.30	4.30	4.95	0.81
5	1.00	1.00	1.00	1.30	4.30	4.95	1.01
6	1.00	1.00	1.00	2.00	5.00	5.75	1.04
7	1.00	1.00	1.00	2.00	5.00	5.75	1.22
8	1.00	2.00	1.00	2.00	6.00	6.90	1.16
9	1.00	2.00	1.00	2.00	6.00	6.90	1.30
10	1.00	2.00	1.50	2.20	6.70	7.71	1.30
11	1.00	2.00	1.50	2.20	6.70	7.71	1.43
12	1.00	2.00	1.50	2.20	6.70	7.71	1.56
13	1.00	2.00	1.50	2.20	6.70	7.71	1.69
14	1.00	2.00	1.50	2.20	6.70	7.71	1.82
15	1.50	3.00	2.00	3.20	9.70	11.16	1.34
16	1.50	3.00	2.00	3.20	9.70	11.16	1.43
17	1.50	3.00	2.00	3.20	9.70	11.16	1.52
18	1.50	3.00	2.00	3.20	9.70	11.16	1.61
19	1.50	3.00	2.00	3.20	9.70	11.16	1.70
20	1.50	3.00	2.50	3.80	10.80	12.42	1.61
21	1.50	3.00	2.50	3.80	10.80	12.42	1.69
22	1.50	4.00	2.50	4.20	12.20	14.03	1.57
23	1.50	4.00	2.50	4.20	12.20	14.03	1.64
24	1.50	4.00	2.50	4.20	12.20	14.03	1.71
25	1.50	4.00	2.50	4.20	12.20	14.03	1.78
26	1.50	4.00	2.50	4.20	12.20	14.03	1.85
27	1.50	5.00	2.50	5.00	14.00	16.10	1.68
28	1.50	5.00	2.50	5.00	14.00	16.10	1.74
29	1.50	5.00	2.50	5.00	14.00	16.10	1.80
30	2.00	5.00	3.00	5.20	15.20	17.48	1.72
31	2.00	5.00	3.00	5.20	15.20	17.48	1.77
32	2.00	5.00	3.00	5.20	15.20	17.48	1.83
33	2.00	6.00	3.00	6.00	17.00	19.55	1.69
34	2.00	6.00	3.00	6.00	17.00	19.55	1.74

CHART 4
Institutions, Schools, ABH's and Group Residences (capacities 15-25)
STAFFING BY UNIT SIZE FOR CLASSES 7,8,9,10,11 AND 12
1:8 RATIO

Unit Size	Day	Evening	Night	Weekend	Total	Relief (1.15)	Ratio
3	1.00	1.00	1.00	1.20	4.20	4.83	0.62
4	1.00	1.00	1.00	1.20	4.20	4.83	0.83
5	1.00	1.00	1.00	1.20	4.20	4.83	1.04
6	1.00	1.00	1.00	1.20	4.20	4.83	1.24
7	1.00	1.00	1.00	1.20	4.20	4.83	1.45
8	1.00	1.00	1.00	1.20	4.20	4.83	1.66
9	1.00	1.00	1.00	1.20	4.20	4.83	1.86
10	1.00	2.00	1.00	2.00	6.00	6.90	1.45
11	1.00	2.00	1.00	2.00	6.00	6.90	1.59
12	1.00	2.00	1.00	2.00	6.00	6.90	1.74
13	1.00	2.00	1.00	2.00	6.00	6.90	1.88
14	1.00	2.00	1.00	2.00	6.00	6.90	2.03
15	1.50	2.00	2.00	2.40	7.90	9.09	1.65
16	1.50	2.00	2.00	2.40	7.90	9.09	1.76
17	1.50	2.00	2.00	2.40	7.90	9.09	1.87
18	1.50	2.00	2.00	2.40	7.90	9.09	1.98
19	1.50	2.00	2.00	2.40	7.90	9.09	2.09
20	1.50	3.00	2.50	3.40	10.40	11.96	1.67
21	1.50	3.00	2.50	3.40	10.40	11.96	1.75
22	1.50	3.00	2.50	3.40	10.40	11.96	1.84
23	1.50	3.00	2.50	3.40	10.40	11.96	1.92
24	1.50	3.00	2.50	3.40	10.40	11.96	2.01
25	1.50	3.00	2.50	3.40	10.40	11.96	2.09
26	1.50	3.00	2.50	3.40	10.40	11.96	2.17
27	1.50	3.00	2.50	3.40	10.40	11.96	2.25
28	1.50	3.00	2.50	3.40	10.40	11.96	2.34
29	1.50	3.00	2.50	3.40	10.40	11.96	2.42
30	2.00	4.00	3.00	4.40	13.40	15.41	1.95
31	2.00	4.00	3.00	4.40	13.40	15.41	2.01
32	2.00	4.00	3.00	4.40	13.40	15.41	2.08
33	2.00	4.00	3.00	4.40	13.40	15.41	2.14
34	2.00	4.00	3.00	4.40	13.40	15.41	2.21
35	2.00	4.00	3.00	4.40	13.40	15.41	2.27
36	2.00	5.00	3.00	5.20	15.20	17.48	2.06

CHART 5
Group Emergency Institutions and Group Residences (capacities 15-25)
STAFFING BY UNIT SIZE
1:5 RATIO TO CONFORM WITH 18NYCRR 451.6(a)(3)

Unit Size	Day	Evening	Night	Weekend	Recreation		Relief (1.15)	Ratio
					Worker	Total		
3	1.00	1.00	1.00	1.20	0.50	4.70	5.41	0.56
4	1.00	1.00	1.00	1.50	0.50	5.00	5.75	0.70
5	1.00	1.00	1.00	2.00	0.50	5.50	6.33	0.79
6	1.00	2.00	1.00	2.20	1.00	7.20	8.28	0.72
7	1.00	2.00	1.00	2.20	1.00	7.20	8.28	0.85
8	1.00	2.00	1.00	2.20	1.00	7.20	8.28	0.97
9	1.00	2.00	1.00	2.20	1.00	7.20	8.28	1.09
10	1.00	2.00	1.50	2.60	1.00	8.10	9.32	1.07
11	1.00	2.50	1.50	2.60	1.00	8.60	9.89	1.11
12	1.00	2.50	1.50	3.00	1.00	9.00	10.35	1.16
13	1.00	3.00	1.50	3.00	1.50	10.00	11.50	1.13
14	1.00	3.00	1.50	3.00	1.50	10.00	11.50	1.22
15	1.50	3.00	2.00	3.20	1.50	11.20	12.88	1.16
16	1.50	3.00	2.00	3.20	1.50	11.20	12.88	1.24
17	1.50	3.00	2.00	3.20	1.50	11.20	12.88	1.32
18	1.50	4.00	2.00	4.00	2.00	13.50	15.53	1.16
19	1.50	4.00	2.00	4.00	2.00	13.50	15.53	1.22
20	1.50	4.00	2.50	4.20	2.00	14.20	16.33	1.22
21	1.50	4.00	2.50	4.20	2.00	14.20	16.33	1.29
22	1.50	4.00	2.50	4.20	2.00	14.20	16.33	1.35
23	1.50	5.00	2.50	5.00	2.50	16.50	18.98	1.21
24	1.50	5.00	2.50	5.00	2.50	16.50	18.98	1.26
25	1.50	5.00	2.50	5.00	2.50	16.50	18.98	1.32
26	1.50	5.00	2.50	5.00	2.50	16.50	18.98	1.37
27	1.50	5.00	2.50	5.00	2.50	16.50	18.98	1.42
28	1.50	6.00	2.50	5.80	3.00	18.80	21.62	1.30
29	1.50	6.00	2.50	5.80	3.00	18.80	21.62	1.34
30	2.00	6.00	3.00	6.20	3.00	20.20	23.23	1.29

CHART 6
Group Homes and Group Residences (capacities 13-14)
STAFFING BY UNIT SIZE FOR CLASS 1
1:3 RATIO

Unit Size	Day	Evening	Night	Weekend	Total	Relief (1.15)	Ratio
3	1.00	1.00	2.00	1.60	5.60	6.44	0.47
4	1.00	1.00	2.00	1.60	5.60	6.44	0.62
5	1.00	1.00	2.00	1.60	5.60	6.44	0.78
6	1.00	2.00	2.00	2.40	7.40	8.51	0.71
7	1.00	2.00	2.00	2.40	7.40	8.51	0.82
8	1.00	3.00	2.00	3.20	9.20	10.58	0.76
9	1.00	3.00	2.00	3.20	9.20	10.58	0.85
10	1.00	3.00	2.00	3.20	9.20	10.58	0.95
11	1.00	4.00	2.00	4.00	11.00	12.65	0.87
12	1.00	4.00	2.00	4.00	11.00	12.65	0.95
13	1.00	4.00	2.00	4.00	11.00	12.65	1.03
14	1.00	5.00	2.00	4.80	12.80	14.72	0.95

CHART 7
Group Homes and Group Residences (capacities 13-14)
STAFFING BY UNIT SIZE FOR CLASSES 2,3,4 AND 5
1:5 RATIO

Unit Size	Day	Evening	Night	Weekend	Total	Relief (1.15)	Ratio
3	1.00	1.00	2.00	1.60	5.60	6.44	0.47
4	1.00	1.00	2.00	1.60	5.60	6.44	0.62
5	1.00	1.00	2.00	1.60	5.60	6.44	0.78
6	1.00	1.50	2.00	2.00	6.50	7.48	0.80
7	1.00	2.00	2.00	2.40	7.40	8.51	0.82
8	1.00	2.00	2.00	2.40	7.40	8.51	0.94
9	1.00	2.00	2.00	2.40	7.40	8.51	1.06
10	1.00	2.00	2.00	2.40	7.40	8.51	1.18
11	1.00	2.00	2.00	2.40	7.40	8.51	1.29
12	1.00	2.00	2.00	2.40	7.40	8.51	1.41
13	1.00	3.00	2.00	3.20	9.20	10.58	1.23
14	1.00	3.00	2.00	3.20	9.20	10.58	1.32

CHART 8
Group Homes and Group Residences (capacities 13-14)
STAFFING BY UNIT SIZE FOR CLASS 6
1:6 RATIO

Unit Size	Day	Evening	Night	Weekend	Total	Relief (1.15)	Ratio
3	1.00	1.00	2.00	1.60	5.60	6.44	0.47
4	1.00	1.00	2.00	1.60	5.60	6.44	0.62
5	1.00	1.00	2.00	1.60	5.60	6.44	0.78
6	1.00	1.50	2.00	2.00	6.50	7.48	0.80
7	1.00	2.00	2.00	2.40	7.40	8.51	0.82
8	1.00	2.00	2.00	2.40	7.40	8.51	0.94
9	1.00	2.00	2.00	2.40	7.40	8.51	1.06
10	1.00	2.00	2.00	2.40	7.40	8.51	1.18
11	1.00	2.00	2.00	2.40	7.40	8.51	1.29
12	1.00	2.00	2.00	2.40	7.40	8.51	1.41
13	1.00	2.00	2.00	2.40	7.40	8.51	1.53
14	1.00	2.00	2.00	2.40	7.40	8.51	1.65

CHART 9
Group Homes and Group Residences (capacities 13-14)
STAFFING BY UNIT SIZE FOR CLASSES 7,8,9,10,11 AND 12
1:8 RATIO

Unit Size	Day	Evening	Night	Weekend	Total	Relief (1.15)	Ratio
3	1.00	1.00	2.00	1.60	5.60	6.44	0.47
4	1.00	1.00	2.00	1.60	5.60	6.44	0.62
5	1.00	1.00	2.00	1.60	5.60	6.44	0.78
6	1.00	1.50	2.00	2.00	6.50	7.48	0.80
7	1.00	2.00	2.00	2.40	7.40	8.51	0.82
8	1.00	2.00	2.00	2.40	7.40	8.51	0.94
9	1.00	2.00	2.00	2.40	7.40	8.51	1.06
10	1.00	2.00	2.00	2.40	7.40	8.51	1.18
11	1.00	2.00	2.00	2.40	7.40	8.51	1.29
12	1.00	2.00	2.00	2.40	7.40	8.51	1.41
13	1.00	2.00	2.00	2.40	7.40	8.51	1.53
14	1.00	2.00	2.00	2.40	7.40	8.51	1.65

CHART 10
Group Emergency Group Homes and Group Residences (capacities 13-14)
STAFFING BY UNIT SIZE
1:5 RATIO TO CONFORM WITH 18NYCRR 451.6(a)(3)

					Recreation		Relief	
Unit Size	Day	Evening	Night	Weekend	Worker	Total	(1.15)	Ratio
3	1.00	1.00	2.00	1.60	0.50	6.10	7.02	0.43
4	1.00	1.00	2.00	1.60	0.50	6.10	7.02	0.57
5	1.00	1.00	2.00	2.00	0.50	6.50	7.48	0.67
6	1.00	1.00	2.00	2.00	1.00	7.00	8.05	0.75
7	1.00	2.00	2.00	2.40	1.00	8.40	9.66	0.72
8	1.00	2.00	2.00	2.40	1.00	8.40	9.66	0.83
9	1.00	2.00	2.00	2.40	1.00	8.40	9.66	0.93
10	1.00	2.00	2.00	2.40	1.00	8.40	9.66	1.04
11	1.00	2.00	2.00	2.40	1.00	8.40	9.66	1.14
12	1.00	2.00	2.00	2.40	1.00	8.40	9.66	1.24
13	1.00	3.00	2.00	3.20	1.50	10.70	12.31	1.06
14	1.00	3.00	2.00	3.20	1.50	10.70	12.31	1.14

PROGRAMS FOR CHILDREN WHO ARE HARD TO PLACE

The department has developed a child care staffing model for programs that serve children who are extremely hard to place. These children have behavior and emotional disorders that are more severe than those served by the regular programs with the highest classification. It was often necessary to place these children in agencies outside of New York State.

The programs are designed to serve this population and to prevent out state placements. They are approved by the department on a case by case basis and a strong commitment from the social services district is required.

The following charts show the child care ratios for these programs. Chart 13 is for institutions, schools and group residences with capacities of 15-25. Chart 14 is for group homes and group residences with capacities of 13-14.

CHART 13
Institutions, Schools, ABH's and Group Residences (capacities 15-25)
STAFFING BY UNIT SIZE FOR HARD TO PLACE
PROGRAMS
1:3 RATIO (ENRICHED)

Unit Size	Day	Evening	Night	Weekend	Recreation		Relief (1.15)	Ratio
					Worker	Total		
3	1.00	1.00	1.00	1.20	2.00	6.20	7.13	0.42
4	1.00	1.00	1.00	1.20	2.00	6.20	7.13	0.56
5	1.00	2.00	1.00	2.00	2.00	8.00	9.20	0.54
6	1.00	2.00	1.00	2.00	2.00	8.00	9.20	0.65
7	2.00	2.00	1.00	2.00	2.00	9.00	10.35	0.68
8	2.00	3.00	1.00	2.80	2.00	10.80	12.42	0.64
9	2.00	3.00	1.00	2.80	2.00	10.80	12.42	0.72
10	2.00	3.00	1.50	3.00	2.00	11.50	13.23	0.76
11	2.00	4.00	1.50	3.80	2.00	13.30	15.30	0.72
12	2.00	4.00	1.50	3.80	2.00	13.30	15.30	0.78
13	3.00	4.00	1.50	3.80	3.00	15.30	17.60	0.74
14	3.00	5.00	1.50	4.60	3.00	17.10	19.67	0.71
15	3.00	5.00	1.75	4.70	3.00	17.45	20.07	0.75
16	3.00	5.00	2.00	4.80	3.00	17.80	20.47	0.78
17	3.00	6.00	2.00	5.60	3.00	19.60	22.54	0.75
18	4.00	6.00	2.00	6.00	4.00	22.00	25.30	0.71
19	4.00	6.00	2.00	6.00	4.00	22.00	25.30	0.75
20	4.00	6.50	2.00	6.50	4.00	23.00	26.45	0.76
21	4.00	7.00	2.50	7.00	4.00	24.50	28.18	0.75
22	4.00	7.00	2.50	7.00	4.00	24.50	28.18	0.78
23	5.00	7.50	3.00	7.50	5.00	28.00	32.20	0.71
24	5.00	8.00	3.00	8.00	5.00	29.00	33.35	0.72
25	5.00	8.00	3.00	8.00	5.00	29.00	33.35	0.75

Notes regarding Chart 13:

- The RECREATION worker staffing is double the staffing for group emergency programs.

CHART 14
Group Home and Group Residences (capacities 13-14)
STAFFING BY UNIT SIZE FOR HARD TO PLACE
PROGRAMS
ENHANCED 1:3 RATIO WITH DOUBLE COVERAGE

Unit Size	Day	Evening	Night	Weekend	Recreation		Relief (1.15)	Ratio
					Worker	Total		
3	1.00	1.00	2.00	1.60	1.00	6.60	7.59	0.40
4	1.00	1.00	2.00	1.60	1.00	6.60	7.59	0.53
5	1.00	2.00	2.00	2.40	2.00	9.40	10.81	0.46
6	1.00	1.00	2.00	2.40	2.00	9.40	10.81	0.56
7	2.00	2.00	2.00	2.40	2.00	10.40	11.96	0.59
8	2.00	3.00	2.00	3.20	2.00	12.20	14.03	0.57
9	2.00	3.00	2.00	3.20	2.00	12.20	14.03	0.64
10	2.00	3.00	2.00	3.20	2.00	12.20	14.03	0.71
11	2.00	4.00	2.00	4.00	2.00	14.00	16.10	0.68
12	2.00	4.00	2.00	4.00	2.00	14.00	16.10	0.75
13	3.00	4.00	2.00	4.00	3.00	16.00	18.40	0.71
14	3.00	5.00	2.00	4.80	3.00	17.80	20.47	0.68

d. Staffing For Differently Sized Units In The Same Program

Agencies that operate programs with units of different sizes have a choice as to how to determine allowable FTE child care staff.

When units are the same size, the staffing ratios in the preceding charts are used. If the individual unit sizes are different, the agency may choose to use the ratios for the average unit size, or to have the staffing for each unit calculated separately.

Example:

An institution with a classification of 6 (1:6 worker to child ratio) has three units of 6, 14 and 15. The total capacity is 35 with an average unit size of 12. (35 divided by 3 equals 11.7 which rounds to 12.) The staffing ratio for a unit size of 12 is 1.56, taken from Chart 3 on page C7 of Chapter 5. Capacity divided by ratio equals 22.44 FTE child care workers. The number of FTE supervisors is 2.8 or 22.44 divided by 8.

If the FTE child care workers are calculated by unit, they equal 23.72 with 2.96 supervisors. The ratios are also from Chart 3.

- 6 divided by 1.24 equals 4.84
- 14 divided by 1.82 equals 7.69
- 15 divided by 1.34 equals 11.19
- Total equals 23.72

Therefore, calculating the units separately results in a higher child care parameter for the program.

Agencies with programs of different unit sizes should use the staffing charts in Section C of Chapter 5 to determine the most advantageous way of calculating FTE staff. They should contact the OCFS Rate Setting Unit if they wish to make a change.

**SEE INSTRUCTIONS FOR OPERATING UNIT SPECIFICATIONS
(2651B)**

D. APPEALS OF CLASSIFICATIONS

Agencies and private schools may appeal the classifications assigned to a particular program. They may not appeal the content of the questions in the Child Characteristics Survey or the scoring system.

Agencies may appeal if:

- The classification was lowered as a result of a review by department staff and,
- The new classification results in a less favorable staffing ratio and a lower rate.
- In accordance with department **regulation 427.9**, agencies must request an appeal within 30 days of the publishing of the revised rate. See Chapter 9, Consultation and Appeal of State Aid Rates.

For example, if an audit changes a program from class 7 to class 12, no appeal is allowed since classes 7 through 12 have the same staffing ratio, 1:8.

If a program is changed on audit from a class 1 to a class 2 and a lower rate results, then an appeal would be allowed since the staffing ratio would change from 1:3 to 1:5.

In order to appeal, pursuant to procedures set forth in 18NYCRR 427.9, agencies and schools must follow the steps listed below:

1. Review the child survey answer sheets that were completed by state staff and determine the particular children and items where there is disagreement.
2. Prepare written documentation to substantiate each item of disagreement. This information must be taken from the child's record, incident reports and other formal documents that show the child's history and treatment. These records should have been available when the state staff conducted their review. The documentation must be specific in regard to the items of disagreement. General statements will not be accepted. All documentation must meet the requirements in the "Instructions for Completion of the Self Survey of Children in Residential Care." See Appendix C.
3. The documentation must also be relevant to the same 90 day period that state staff used when they did the audit.
4. The appeal will take place at the department's central office. Agencies will bring all documentation to the conference. Since all of the material will be evaluated to determine the correct classification, the agency's representatives should be prepared to remain for a full day and to leave the documentation for further review.
5. The classification determined at the appeal is final

6. RATE SETTING FOR GROUP CARE PROGRAMS

This chapter is a general description of how the fiscal and other statistical data (Chapter 4) and the classification and child care staffing ratios (Chapter 5) are used to calculate maximum group care reimbursement rates.

A. DEFINITIONS OF GROUP CARE PROGRAMS (APPLICABLE REGULATIONS)

427.2(f) Institution: a facility established for the 24 hour care and maintenance of 13 or more children, operated by a child care agency.

427.2(g) Group Residence: an institution for the care and maintenance of not more than 25 children, operated by an authorized agency.

427.2(h) Group Home: means a family type home for the care and maintenance of not less than seven nor more than 12 children who are at least five years of age, operated by an authorized agency, in quarters or premises owned, leased, or otherwise under the control of such agency; except that such minimum of age shall not be applicable to siblings placed in the same facility, nor to children whose mother is placed in the same facility.

427.2(i) Agency Boarding Home: a family type home for the care and maintenance of not more than six children operated by an authorized agency, in quarters or premises owned, leased or otherwise under the control of such agency; except that such a home may provide care for more than six brothers and sisters of the same family.

B. MODEL BUDGET METHODOLOGY FOR GROUP CARE PROGRAMS

The maximum per diem reimbursement rates for group foster care programs and private schools serving handicapped children are calculated using a "model budget" methodology. The methodology consists of combining individual allowable program costs into related cost components. These costs are compared to department determined standards or parameters for the different cost components and the lower amount (cost or parameter) is included in the reimbursement rate. The methodology is summarized as follows:

1. COST COMPONENTS

Allowable group care costs as reported on DSS 2652, Report of Actual Expenditures are separated into three main cost components: Direct Care, Property/Maintenance and Administration. The main cost components are, in turn, separated into related sub-components. The following list shows the make up of the main cost components and their sub-components:

a. Direct Care Sub-components

- Child Care: Child care worker and child care supervisor salaries and allocated fringe benefits,
- Social Services: Social worker and social work supervisor salaries and allocated fringe benefits,
- Food and Child Support: Child support salaries and allocated fringe benefits and food costs,
- Miscellaneous Direct Care: Transportation, parent's allowances, related school expense, religious stipends, children's allowances, children's activities, outside camp fees and clothing.

b. Property/Maintenance Sub-components

- Fixed property: Use charges (plant, property), interest (debt service), rent-property and taxes,
- Utilities: Fuel oil, natural gas, electricity and other utilities,
- Variable Maintenance: Bedding and linen, supplies and equipment, use charges (equipment, vehicles, office, other) maintenance salaries and allocated fringe benefits, rent (furnishings and vehicles), repairs and maintenance.

c. Administration

Administration is a single component consisting of administrative salaries and fringe benefits, telephone, dues, licenses, permits,

subscriptions, publications, administrative expense, research, audit, legal, advisory, parent organization charges, postage, office supplies, conference expenses, staff development, publicity, insurance and interest (operations).

Note: The costs reported in the purchase of service account are allocated to the appropriate sub-component.

2. PARAMETERS

Parameters are calculated for the eight cost sub-components: Child Care, Social Services, Food and Child Support, Miscellaneous Direct Care, Fixed Property, Variable Maintenance, Utilities and Administration. The method of calculating the parameters is as follows:

a. Direct Care

Each direct care sub-component parameter is calculated separately.

1.Child Care: Program classification and unit size are used to determine the model staffing ratio. An explanation of the classification system and the staffing ratios is found in Chapter 5 of this program manual. The staffing ratio is divided into program capacity to obtain the number of full time equivalent (FTE) child care workers. The FTE's are then multiplied by the child care compensation standard. (Note: All compensation standards include fringe benefits).

The model child care supervisory ratio is one supervisor to eight workers for all programs. This standard is based on actual agency practice. The number of FTE child care supervisors is obtained by dividing the number of FTE child care workers by eight. The number of FTE child care supervisors is then multiplied by the child care supervisor compensation standard.

The salary amounts for child care workers and supervisors are added and trended by the approved two year growth factor to determine the total child care parameter.

2. Social Services: The social services model staffing ratio is one social worker to twelve children for all programs except private schools (one to thirty) and emergency programs (one to ten). The number of FTE social workers is determined by dividing the program capacity by the social worker staffing ratio. This number is then multiplied by the social worker compensation standard.

The model social services supervisory ratio is one supervisor to every four workers. This standard is based on actual agency practice. The number of FTE social work supervisors is obtained by dividing the number of FTE social workers by four. This number is then multiplied by the social work supervisor compensation standard.

The salary amounts for social worker and social work supervisors are added and trended by the approved two year growth factor to determine the social services parameter.

3. Food and Child Support: The standard for food costs is a per capita, per diem amount that is the same for all programs. The amount allowed for food is determined by multiplying licensed capacity care days (licensed capacity times by 365) by the per diem food standard.

The per diem standards for child support differ according to program type (group home, institution, etc.). The appropriate standard is multiplied by licensed capacity care days to determine the child support allowance.

The total parameter for food and child support is determined by adding the food and child support allowances and multiplying the result by the two year growth factor for the sub-component.

4) Miscellaneous Direct Care: The standard for this sub-component is a per capita, per diem amount that is the same for all programs. The per diem standard is multiplied by licensed capacity care days. This figure is multiplied by the approved two year growth factor for the miscellaneous direct care sub-component to obtain the parameter.

The total direct care parameter is the sum of the four sub-component parameters. The amount is then compared to the sum of the adjusted actual trended costs of the same four cost sub-components. The lower of the two is the direct care base which is used in the rate calculation.

Adjusted actual trended costs are the costs reported on DSS 2652 (after desk audit) trended by the approved two year growth factor.

b. Property/Maintenance

The allowances for the three property/maintenance sub-components; utilities, variable maintenance and fixed property, are calculated separately. The standards are based on costs per square foot. There are two square footage per child standards, one for institutions and private schools and a second for agency boarding homes, group homes, group residences and maternity programs.

In addition, the cost per square foot standards vary according to program location, downstate and upstate. Downstate consists of New York City, Nassau, Suffolk, Westchester, Orange and Putnam Counties. Upstate consists of all the remaining counties.

The parameters for fixed property, utilities and variable maintenance are all calculated in the same manner.

The square footage cost standard is multiplied by the per child square footage allowance. The result is then multiplied by the program's licensed capacity and the sub-component's approved two year growth factor.

The calculation of the total Property/Maintenance parameter varies according to program type.

For agency boarding homes, group homes, group residences and maternity programs, the total Property/Maintenance parameter is the

sum of the three sub-component parameters. This amount is then compared to the sum of the actual trended costs of the same sub-components. The lower amount, trended costs or parameters, is the Property/Maintenance base which is used in the rate calculation.

For institutions and private schools, the sum of the parameters for utilities and variable maintenance is compared to the sum of actual trended utility and variable maintenance costs and the lower sum is the base for the rate calculation. The fixed property parameter is separately compared to actual trended fixed property costs and the lower of the two is the base for the rate calculation. The bases for fixed property and utilities and variable maintenance are added. The sum is the total property/maintenance base for institutions and private schools. This base is used in the rate calculation.

c. Administration

The administrative parameter is computed by two separate methodologies:

- Under the first methodology, a percentage of the combined direct care and maintenance base (less fixed property) is determined. The percentage varies by program size. Seventeen percent is allowed for programs with capacities over 25 and 21 percent for programs with capacities of 25 and under.
- The second method allows a yearly per capita amount based on capacity.

The higher of the two amounts is the administrative parameter.

The administrative parameter is then compared to actual trended administrative costs. The lower of the two is the administrative base and is included in the rate.

3. RATE CALCULATION

1. Add the rate bases for Direct Care, Property/Maintenance and Administration
2. Subtract applied or "A" income. (See the instructions for DSS 2654 in Chapter 4, Section C.)
3. Divide by adjusted care days.

4. ADJUSTED CARE DAYS

Care days are adjusted according to the following utilization rules. These rules were established by the department and are uniformly applied to all group care programs.

Actual reported care days are divided into the total rate base unless the care days are adjusted according to one of the following utilization rules:

- If actual care days exceed 97% of licensed capacity, then 97% of licensed capacity is used to calculate the rate.
- For Institutions, if actual care days are less than 90% of licensed capacity, 90% of licensed capacity is used to calculate the rate.
- For Group Residences, if actual care days are less than 80% of licensed capacity, 80 % of licensed capacity is used to calculate the rate.
- For Agency Boarding Homes (ABH) and Group Homes (GH) with capacities of 33 or more, if actual care days are less than 85% of licensed capacity, 85% of licensed capacity is used to calculate the rate.
- For ABH's and GH's with capacities of 25 or more but less than or equal to 32, if actual care days are less than 80% of licensed capacity, 80% of licensed capacity is used to calculate the rate.
- For ABH's and GH's with capacities of 24 or less and all Group Emergency programs, if actual care days are less than 75% of licensed capacity, 75% of licensed capacity is used to calculate the rate.
- For ABH's with capacities of six or less and all Maternity Programs, if actual care days are less than 66% of licensed capacity, 66% of licensed capacity is used to calculate the rate.

7. RATE SETTING FOR FOSTER BOARDING HOME PROGRAMS

A. MODEL BUDGET METHODOLOGY FOR FBH PROGRAMS

A maximum administrative services per diem state aid rate is established for each voluntary agency foster family boarding home program. This chapter contains a description of how the fiscal and statistical data reported for these programs are used to calculate the reimbursement rates.

The rates are calculated by a "Model Budget" methodology. The methodology consists of combining individual, allowable program costs into related cost components. These costs are compared to Department determined standards or parameters for the different cost components. The actual costs are compared to the parameters and the lower amount (cost or parameter) is included in the reimbursement rate.

The rate calculation methodology is summarized as follows.

1. COST COMPONENTS

Allowable foster boarding home administrative services costs, as reported on DSS-2652 are separated into three main costs components: Direct Care, Property/Maintenance and Administration. The Direct Care component is separated into two sub-components, Social Services and Miscellaneous Direct Care. The following costs make up the components:

a. Direct Care Sub-components

1.) Social Services: Social worker and social work supervisor salaries and fringe benefits.

2.) Miscellaneous Direct Care: Child care and child support salaries and allocated fringe benefits, transportation and worker expense, parent's allowances, religious stipends, allocated purchase of services, food (see Chapter 4, the instructions for Account 13, DSS-2652) and audit, legal and advisory fees. Legal costs are included in this component rather, than in administration, because legal costs in foster boarding home programs are mostly adoption related and therefore are direct care costs.

b. Property/Maintenance

This component consists of the following items: maintenance salaries and allocated fringe benefits, supplies and equipment, rent-furnishings and equipment, rent vehicles, repairs and maintenance/plant, repairs and maintenance/vehicles, utilities, rent property, interest debt service, taxes and all use charges.

c. Administration

This component consists of the following items: administrative salaries and allocated fringe benefits, telephone, postage, office supplies, dues, licenses, subscriptions, conference expenses, administrative expense, publicity, insurance, parent organization charges, staff development, interest operations and research activities.

2. PARAMETERS

Parameters are calculated for the two direct care sub-components and the property and administrative components. The parameters are calculated by the following methodology:

a. Direct Care

Each direct care sub-component is calculated separately.

1.) Social Services:

- Determine the numbers of Normal, Special and Exceptional foster boarding home program care days. These are reported on DSS-2651, "Program Statistics." There is also an adjustment based on finalized adoptions which is explained in this section.
- Divide Normal, Special and Exceptional care days by 365 to obtain the average number of children in each category.
- The staffing ratios for social workers to children are 1:12 for Normal, 1:9 for Special and 1:8 for Exceptional. Divide Normal children by 12, Special by 9 and Exceptional by 8 and add the results to obtain the number of full time equivalent (FTE) social workers.

These ratios were developed with assistance from of Council of Family & Child Caring Agencies (COFCCA) work group that consulted on the development of the methodology. The 1:12 ratio for Normal children is the same that is used in the parameter for group care programs.

There was a general consensus that for every 100 children in care there should be two full time equivalent social workers who provide home finding, intake services, vocational/educational counseling and compliance monitoring. These workers do not carry regular caseloads. When these workers are considered, the average caseloads for the remaining workers are as follows:

FTE Social Workers for 100 children at:

Ratio	FTE's	Workers without Caseloads	Workers with Caseloads	Average Caseloads
1:12	8.3	2.0	6.3	16
1:9	11.1	2.0	9.1	11
1:8	12.5	2.0	10.5	10

By definition, children in the Special and Exceptional categories of foster boarding home care require additional services from their foster parents. The foster parents are paid higher rates to take these children and provide the additional needed services. These children, their families, and their foster families also require additional case work services from the voluntary agencies. The behavioral, emotional, physical and mental problems of these children result in increased contact between the social workers, foster parents, natural parents and other service providers. Juvenile delinquents, Persons in Need of Supervision (PINS) and adjudicated abused and neglected children require more court time than children in the Normal category. The higher staffing ratios allow for the additional personnel to provide these services.

All **approved** emergency foster boarding home programs receive staffing ratios of 1:8. The ratio is to provide adequate staffing since these programs accept children 24 hours per day, 365 days per year. See Chapter 8, Part C of this program manual for additional information on emergency programs.

In addition, the 1:8 staffing level is factored into the social services component based on a program's finalized adoptions. This recognizes the higher social work cost of adoption work.

The change in the social worker ratio is based on the number of adoptions completed in the base year for the rate. Each finalized adoption is considered the equivalent of an exceptional child and staffed at 1:8. This staffing "replaces" 1:12 staffing for a child in the normal category. This is done by multiplying the finalized adoptions by 365 care days. This number is subtracted from the program's normal care days and added to the exceptional care days. This adjustment only affects the parameter. The rates are cost based up to the parameter level.

For example, a program with 20 finalized adoptions would have 7,300 care days (20 X 365) added to its exceptional care days (1:8 staffing) and 7,300 subtracted from its normal care days (1:12 staffing). This results in a higher social services parameter.

- The ratio of social work supervisors to social workers is 1:4. Divide FTE social workers by four to obtain the number of FTE social work supervisors.
- The FTE social workers and supervisors are multiplied by the salary standards (which include fringe benefits) for social workers and social work supervisors. These amounts are added and trended by the approved two year growth factor to obtain the social services parameter.

2.) Miscellaneous Direct Care:

The miscellaneous direct care parameter is obtained by multiplying the per diem standard by total program care days. This figure is then multiplied by the approved two year growth factor for the sub component.

3.)Total Direct Care Parameter:

The total direct care parameter is the sum of the social services and miscellaneous direct care parameters.

The total direct care parameter is compared to the sum to the adjusted actual trended costs for social services and miscellaneous direct care. The lower of the two amounts is the Direct Care Base which is used in the rate calculation. This allows interchange between social services and miscellaneous direct care costs.

Adjusted actual trended costs are the costs reported on DSS-2652 trended by the approved two year growth factor.

b. Property/Maintenance

The property/maintenance parameter is obtained by multiplying the per diem property/maintenance standard by total program care days. This figure is then multiplied by the approved two year growth factor for the property/maintenance component. The property/maintenance parameter is compared to actual trended property/maintenance costs. The lower of the two amounts is the Property/Maintenance Base which is used in the rate calculation.

c. Administration

The administrative parameter is obtained by multiplying the per diem administrative standard by total program care days. This figure is then multiplied by the approved two year growth factor for the administrative component. The administrative parameter is compared to actual trended administrative costs. The lower of the two is the Administrative Base which is used in the rate calculation.

3. RATE CALCULATION

1. Add the bases for Direct Care, Property/Maintenance and Administration
2. Subtract applied or "A" income. See the instructions for DSS-2654 in Chapter 4
3. Divide by total program care days.

B. MODEL BUDGET METHODOLOGY FOR THERAPEUTIC FBH PROGRAMS

The department has a separate methodology for establishing administrative services rates for Therapeutic Foster Boarding Home Programs operated by voluntary agencies.

Therapeutic programs (TFBH) are specialized family boarding home programs that care for children who would otherwise need to be served in group foster care. Social services districts and agencies select and define their own populations for these programs subject to local need. Examples of the types of children who are served include:

- Severely developmentally disabled infants and/or children;
- Adolescents with a documented history of acting out behavior and/or adjudication as PINS or Juvenile Delinquents;
- Severely emotionally disturbed children;
- Children with histories of group care placement or who are at risk of group care placement;
- Children with at least one failed foster boarding home placement;
- Severely and/or multiply physically handicapped children;

All children who are cared for in these programs should meet the criteria for special or exceptional foster care services found in 18-NYCRR 427.6(c) and (d). See Chapter 8, Section B of this Manual.)

In order to maintain these children in family boarding homes, therapeutic programs have certain elements that distinguish them from mainstream foster boarding home programs. These include:

- Lower caseloads for social workers;
- Educational specialists to provide communication with local school systems and help resolve educational problems;
- Additional supports to foster parents through the presence of child care workers in the home;
- More extensive and specialized training for foster families and staff.

The rate methodology for these programs provides for a higher parameter amount in social services than regular programs and includes a child care staffing component. The allowance for administration, which includes training and staff development, is also higher.

The TFBH rate methodology is summarized as follows.

1. COST COMPONENTS

Allowable TFBH administrative services costs, as reported on DSS-2652, are separated into three main cost components: Direct Care, Property and Administration.

a. Direct Care Sub-components

1.) Social Services:

Social worker and social work supervisor salaries and allocated fringe benefits;

2.) Education Consultant:

Salaries and allocated fringe benefits for this position, which is usually filled by social services staff;

3.) Child Care:

Child care worker and child care supervisor salaries and allocated fringe benefits;

4.) Miscellaneous Direct Care:

Transportation and worker's expense, parent's allowances, religious stipends, allocated purchase of services, food (see Chapter 4, Section D, the instructions for account 13 on DSS-2652) and audit, legal and advisory fees.

b. Property/Maintenance

This component consists of the following items: maintenance salaries and allocated fringe benefits, supplies and equipment, rent-furnishings and equipment, rent vehicles, repairs and maintenance/plant, repairs and maintenance/vehicles, utilities, rent property, interest debt service, taxes and all use charges.

c. Administration

This component consists of the following items: administrative salaries and allocated fringe benefits, telephone, postage, office supplies, dues, licenses, subscriptions, conference expenses, administrative expense, publicity, insurance, parent organization charges, staff development, interest operations and research activities.

2. PARAMETERS

The rate parameters are calculated in the following manner:

a. Direct Care

1.) Social Services:

The staffing ratio is 1 full time equivalent (FTE) social worker for every eight (8) children in care. Total program care days are divided by 365 to obtain the average number of children in the program.

This number is then divided by eight (8) to obtain the number of FTE social workers.

The ratio of social work supervisors to social workers is 1:4. The number of FTE social workers is divided by four (4) to obtain the number of FTE social work supervisors.

The FTE social workers and supervisors are multiplied by the salary standards (which include fringe benefits) for social workers and social work supervisors. These amounts are added and trended by the approved two year growth factor to obtain the social services parameter.

2.) Educational Consultants:

The staffing ratio is one (1) FTE Educational consultant for every 40 children in care. The average number of children in the program is divided by 40 to obtain the number of FTE educational consultants. This number is multiplied by the salary standard (which is the same as for a social worker) and trended by the two year growth factor to obtain the allowable amount for this component.

3.) Child Care:

The staffing ratio is one (1) FTE child care worker for every six (6) children in care plus 15 percent relief. Relief child care staffing is standard in group foster care and therefore is included in TFBHs. The average number of children is divided by six (6). This number is then increased by 15 percent to obtain the number of FTE child care workers.

The ratio of child care supervisors to workers is 1:8. The number of FTE child care workers is divided by eight (8) to obtain the number of FTE supervisors.

The FTE child care workers and supervisors are multiplied by the salary standards for those positions. These amounts are added and trended by the approved two year growth factor to obtain the allowable amount for this component.

4.) Miscellaneous Direct Care:

The miscellaneous direct care parameter is obtained by multiplying the per diem standard by total program care days. This figure is then multiplied by the approved two year growth factor for the sub component.

5.) Total Direct Care Parameter:

The total direct care parameter is the sum of the calculated amounts for social services, educational consultants, child care and miscellaneous direct care.

The total direct care parameter is compared to the sum to the adjusted actual trended costs for social services, educational consultants, child care and miscellaneous direct care. The lower of the two amounts is the Direct Care Base which is used in the rate calculation. This allows interchange between the different direct care costs.

Adjusted actual trended costs are the costs reported on DSS-2652 trended by the approved two year growth factor.

b. Property/Maintenance

The property/maintenance parameter is obtained by multiplying the per diem property/maintenance standard by total program care days. This figure is then multiplied by the approved two year growth factor for the property/maintenance component. The property/maintenance parameter is compared to actual trended property/maintenance costs. The lower of the two amounts is the Property/Maintenance Base which is used in the rate calculation.

c. Administration

The administrative parameter is obtained by multiplying the per diem administrative standard by total program care days. This figure is then multiplied by the approved two year growth factor for the administrative component. The administrative parameter is compared to actual trended administrative costs. The lower of the two is the Administrative Base which is used in the rate calculation.

3. RATE CALCULATION

Add the bases for Direct Care, Property/Maintenance and Administration

Subtract applied or "A" income. See the instructions for DSS-2654 in Chapter 4

Divide by total program care days.

C. MODEL BUDGET METHODOLOGY FOR SPECIAL NEEDS FBH PROGRAMS

A number of voluntary agencies have developed specialized foster boarding home programs to care for children with acquired immune deficiency syndrome (AIDS), human immunodeficiency virus (HIV) related illness or who are otherwise chronically ill or medically needy.

The rate methodology for these programs provides for a higher parameter amount in social services than regular programs and includes a child care staffing component. The property parameter is higher in order to accommodate the additional staff. The allowance for administration, which includes training and staff development, is also higher than for regular programs.

The Special Needs rate methodology is summarized as follows.

1. COST COMPONENTS

Allowable Special Needs administrative services costs, as reported on DSS-2652, are separated into three main cost components: Direct Care, Property and Administration.

a. Direct Care Sub-components

1.) Social Services:

Social worker and social work supervisor salaries and allocated fringe benefits;

2.) **Child** **Care:**

Child care worker and child care supervisor salaries and allocated fringe benefits;

3.) **Miscellaneous** **Direct** **Care:**

Transportation and worker's expense, parent's allowances, religious stipends, allocated purchase of services, food (see Chapter 4, Section D, the instructions for account 13 on DSS-2652) and audit, legal and advisory fees.

b. Property/Maintenance

This component consists of the following items: maintenance salaries and allocated fringe benefits, supplies and equipment, rent-furnishings and equipment, rent vehicles, repairs and maintenance/plant, repairs and maintenance/vehicles, utilities, rent property, interest debt service, taxes and all use charges.

c. Administration

This component consists of the following items: administrative salaries and allocated fringe benefits, telephone, postage, office supplies, dues, licenses, subscriptions, conference expenses, administrative expense, publicity, insurance, parent organization charges, staff development, interest operations and research activities.

2. PARAMETERS

The rate parameters are calculated in the following manner:

a. Direct Care

1.) Social Services:

The staffing ratio is 1 full time equivalent (FTE) social worker for every eight (8) children in care. Total program care days are divided by 365 to obtain the average number of children in the program.

This number is then divided by eight (8) to obtain the number of FTE social workers.

The ratio of social work supervisors to social workers is 1:4. The number of FTE social workers is divided by four (4) to obtain the number of FTE social work supervisors.

The FTE social workers and supervisors are multiplied by the salary standards (which include fringe benefits) for social workers and social work supervisors. These amounts are added and trended by the approved two year growth factor to obtain the social services parameter.

2.) Child Care:

The staffing ratio is one (1) FTE child care worker for every six (6) children in care plus 15 percent relief. Relief child care staffing is standard in group foster care and therefore is included in Special Needs FBHs. The average number of children is divided by six (6). This number is then increased by 15 percent to obtain the number of FTE child care workers.

The ratio of child care supervisors to workers is 1:8. The number of FTE child care workers is divided by eight (8) to obtain the number of FTE supervisors.

The FTE child care workers and supervisors are multiplied by the salary standards for those positions. These amounts are added and trended by the approved two year growth factor to obtain the allowable amount for this component.

3.) Miscellaneous Direct Care:

The miscellaneous direct care parameter is obtained by multiplying the per diem standard by total program care days. This figure is then multiplied by the approved two year growth factor for the sub component.

4.) Total Direct Care Parameter:

The total direct care parameter is the sum of the calculated amounts for social services, child care and miscellaneous direct care.

The total direct care parameter is compared to the sum to the adjusted actual trended costs for social services, child care and miscellaneous direct care. The lower of the two amounts is the Direct Care Base which is used in the rate calculation. This allows interchange between the different direct care costs.

Adjusted actual trended costs are the costs reported on DSS-2652 trended by the approved two year growth factor.

b. Property/Maintenance

The property/maintenance parameter is obtained by multiplying the per diem property/maintenance standard by total program care days. This figure is then multiplied by the approved two year growth factor for the property/maintenance component. The property/maintenance parameter is compared to actual trended property/maintenance costs. The lower of the two amounts is the Property/Maintenance Base which is used in the rate calculation.

c. Administration

The administrative parameter is obtained by multiplying the per diem administrative standard by total program care days. This figure is then multiplied by the approved two year growth factor for the administrative component. The administrative parameter is compared to actual trended administrative costs. The lower of the two is the Administrative Base which is used in the rate calculation.

3. RATE CALCULATION

Add the bases for Direct Care, Property/Maintenance and Administration

Subtract applied or "A" income. See the instructions for DSS-2654 in Chapter 4

Divide by total program care days.

8. FOSTER BOARDING HOMES, PAYMENTS TO FOSTER PARENTS

A. DEFINITIONS AND APPLICABLE REGULATIONS

427.2 (d) Foster family boarding home

(d) Foster family boarding home means a residence owned, leased, or otherwise under the control of a single person or family who has been certified or approved by an authorized agency or is used by a local probation department, the State Department of Mental Hygiene or the State Division for Youth to care for children, and such person or family receives payment from the agency for the care of such children. Such home may care for not more than six children, including all children under the age of 13 residing in the home, whether or not they are received for board. However, up to two additional children may be cared for if such children are siblings, or are siblings of a child living in the home, or are part of a minor parent/child unit as defined in subdivision (f) of section 426.2 of this Title, or are children freed for adoption and placed for adoption with the person(s) who have been certified or approved as foster parents. Such home may exceed these limits only to receive for board a child or children returning to that foster family boarding home pursuant to section 443.6(b) of this Part.

427.2 (e) Foster family free home care

(e) Foster family free home care shall mean care provided to a foster child, at no cost to an authorized agency, by a family other than that of the child's parent, step-parent, grandparents, brother, sister, uncle, aunt or legal guardian for the purpose of adoption or for the purpose of providing care.

427.6 (a), (b), (f) and (g) Foster family boarding home programs-payments and State reimbursements. (**Regulations 427.6 (c), (d) and (e)** are found in Section B of this chapter.)

(a) Each social services district must establish and submit to the department annually a schedule of rates which it pays to foster family boarding homes for normal, special and exceptional foster care services and clothing replacement provided to children; however, State reimbursement for payments for such care based upon such rates is limited to the maximum provided for in subdivision (b) of this section.

(b) State reimbursement must be made only on actual payments to certified or approved foster parents providing care for children in foster family boarding homes up to the maximum levels established by the department for normal, special and exceptional foster care services and clothing replacement based upon data published by the U.S. Bureau of Labor Statistics, and other generally accepted sources, relating to the cost of raising children.

(f) Where certified or approved foster parents are providing care for a foster child who was eligible for special or exceptional foster care services prior to August 1, 1990 and are receiving a payment for such child which exceeds the amounts established pursuant to this section, State reimbursement will continue to be made at the higher amount so long as the child continues to receive care as a foster child in that foster family boarding home. Such higher payments cannot be made after March 31, 1991 and the rate of payment after such date will be the rate authorized by this section.

(g) State reimbursement through the Department of Social Services is not available for foster care or for bed reservations in any foster family boarding home during any period

in which a child is being held therein for detention as defined in section 510-a of the Executive Law.

B. PAYMENTS TO FOSTER PARENTS

1. INTRODUCTION

OCFS sets maximum monthly payment allowances for the board and care of children in foster homes. There are separate allowances for Normal, Special and Exceptional Foster Care. OCFS also sets maximum yearly clothing replacement allowances.

The maximum board and care for Normal children allowances vary by region. The Metropolitan Region consists of New York City, Nassau, Suffolk, Westchester and Rockland counties. The Upstate Region includes all of the other counties in New York State. The difference in allowances is due to the higher cost of shelter in the New York Metropolitan Region. There are no regional differences in the maximum allowances for Special and Exceptional Foster Care.

a. Clothing: Replacements and Initial

The maximum yearly clothing replacement allowances are based on age. These allowances are for the replacement of clothing after the children are in care. Since the clothing needs of children at the time of placement may vary, the initial clothing allowance is not subject to the yearly replacement maximum. The placing agency should use its judgment in determining the clothing needs of each child at the time of placement. The initial allowance must be approved by the local social services district responsible for the child. See section F of this chapter for more information.

Applicable Regulation

427.16 Standards on clothing for children in foster care. (a) Responsibility of social services districts. For each child in foster care, the social services district shall:

- (1) determine clothing needs upon admission to care;
- (2) authorize allowances to buy necessary clothing;
- (3) authorize special allowances to cover the costs of additional clothing for:
 - (i) religious ceremonies;
 - (ii) educational or summer camp activities;
 - (iii) special physical conditions;
 - (iv) replacement of clothing that is stolen or destroyed;and
- (4) review and evaluate the child's clothing needs with the child, when appropriate, and the foster parent to ensure that:
 - (i) additional clothing is provided for the child as needed;
 - (ii) clothing is clean, attractive, and well fitting;

- (iii) the child's participation in the planning and the selection of his clothes is consistent with his age and maturity; and
 - (iv) advance notice is given for special clothing requests.
- (b) For each child placed in a child caring agency or institution, the social services district shall provide a clothing allowance only when the negotiated board rate does not include such an allowance.

b. Special Payments

Payments may also be made for special needs items that are not covered by the regular board and care and clothing allowances. Detailed information about special payments follows in this chapter.

c. Maximum Payments Are Not Mandated

Under Social Services Law 398-a, the state department sets maximum allowances. Local districts set the rate amounts for the children in the district-operated foster boarding home programs. Rates charged by voluntary agencies are subject to local district approval. State reimbursement to local districts for district-operated and voluntary agency programs is subject to the State maximums.

2. DESIGNATION OF CHILDREN IN FOSTER BOARDING HOMES

Children in foster boarding homes are designated as **Normal, Special, or Exceptional** by the local department of social services which has responsibility for the child. This is the case for both children in district-operated foster boarding home programs and programs operated by voluntary child care agencies. Children should be designated within 90 days of admission and re-designated according to changes in condition while in care.

a. Normal

The board and care payments to foster parents caring for children in the Normal category cover: food, personal care, household furnishings and operations, educational materials, recreation, normal transportation and shelter. Shelter includes rent or homeowner's costs, maintenance, repairs and fuel and other utilities.

1) Criteria (Child's Characteristics)

The child has no diagnosed physical or mental handicap which requires special care. There may be problems related to neglect, mistreatment or improper care and training such as:

- poor nutrition and bad eating habits,
- problems with sleeping,
- poor hygiene or incomplete toilet training,
- inability to relate to others, poor social skills.

There may be separation problems such as fears and resentment towards the child's own family and foster parents and negative attitudes towards authority.

2) Services to be Provided by Foster Parents

The following are to be provided to children in the Normal category:

- basic physical care including regular, well-balanced meals and a secure, well-maintained home;
- supervision of the child's medical and dental care;
- personal care and supervision, attention and affection appropriate to the child's age;
- an emotional climate that encourages warm interpersonal relationships, trust, and the development of the child's self-worth and self-discipline;
- opportunities for educational, social and cultural growth through suitable reading materials, toys and equipment;
- associations with peer groups and opportunities for experiences in school, church and community;
- encouragement of the child's talents and interests;
- cooperation with the placing agency by being available for case conferences and in-service training;
- assistance in arranging for contact with the child's natural family, when appropriate.

b. Special

The payments for children in this category include those items listed under Normal. The higher maximum allowance is to compensate the foster parents for the additional services that the special children require.

1) Criteria - The criteria for special children are listed in Department Regulation 427.6(c).

(c) If approved by the department, social services districts are eligible to receive State reimbursement for payments for special foster care services made on behalf of children who:

- (1) are boarded out with foster parents who meet the criteria of subdivision (e) of this section; and
- (2) suffer from pronounced physical conditions as a result of which a physician certifies that the child requires a high degree of physical care; or
- (3) are awaiting family court hearings on PINS or juvenile delinquency petitions, or have been adjudicated as PINS or juvenile delinquents; or
- (4) have been diagnosed by a qualified psychiatrist or psychologist as being moderately developmentally disabled, emotionally disturbed or having a behavioral disorder to the extent that they require a high degree of supervision; or
- (5) are refugees or Cuban/Haitian entrants, as defined in subdivisions (p) and (q) of section 427.2 of this Title and are unable to successfully function in their communities because of factors related to their status as refugees or entrants. Such factors shall include but not be limited to, the ability to communicate effectively in English, the lack of effective daily living skills and the inability of the child to relate to others in the child's community; or

Note: For the definition of refugees, Cuban/Haitian entrants and unaccompanied refugee minors or unaccompanied entrant minors see Department Regulations 427.2 (p), (q) and (r). These are found in section E of this chapter.

- (6) enter foster care directly from inpatient hospital care. Such children are eligible for special foster care services for a period of one year. Eligibility after one year will continue only if the child meets one of the conditions described in paragraph (2), (3), (4), (5) or (7) of this subdivision; or
- (7) in the judgment of the local social services commissioner, have a condition equivalent to those in paragraph (2), (3), (4) or (5) of this subdivision. Special payments for foster children who have the equivalent conditions described in this paragraph are approved if:
 - (i) a list of equivalent conditions has been developed by the local social services commissioner and approved by the department as eligible for special foster care services; or
 - (ii) individual, child specific requests for special foster care services have been approved by the local social services commissioner. Such child specific requests must be approved by the department within 60 days after approval by the local social services commissioner.

2) Services to be Provided by the Foster Parents - All of the services required by children in the normal category plus:

more personal involvement and time than for children in the normal category. The foster parent should spend more time talking to and working with the child and provide extra opportunities for skill development. The foster parents need to be patient and able to give attention and affection without a positive response from the child.

more intensive supervision. Foster parents may have to provide prescribed physical care such as the preparation of special diets, administering medication or assisting in a program of physical therapy

c. Exceptional

Foster parents caring for children in the exceptional category are expected to provide the services required for children in normal category and also to provide close supervision for 24 hours a day. The family environment must be carefully structured to enable these children to live in a foster home rather than institutional or other group care.

1) Criteria - The criteria for exceptional children are listed in Department **Regulation 427.6(d)**

(d) If approved by the department, social services districts are eligible to receive State reimbursement for payments for exceptional foster care services made on behalf of foster children who:

(1) are boarded out with the foster parents who meet the criteria of subdivision (e) of this section; and

(2) require, as certified by a physician, 24-hour a day care provided by qualified nurses, or persons closely supervised by qualified nurses or physicians; or

(3) have severe behavior problems characterized by the infliction of violence on themselves, other persons or their physical surroundings, and who have been certified by a qualified psychiatrist or psychologist as requiring high levels of individual supervision in the home; or

(4) have been diagnosed by a qualified physician as having severe mental illnesses, such as child schizophrenia, severe developmental disabilities, brain damage or autism; or

(5) have been diagnosed by a physician as having acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV)-related illness, as defined by the AIDS Institute of the State Department of Health. Such definitions are contained in directives issued by the department from time to time. Foster children who have tested positive for HIV infection and subsequently tested negative for HIV infection due to seroconversion remain eligible for exceptional services for a period of one year from the date of the test which indicated seroconversion. Upon expiration of such one year period, the child's condition must be evaluated and the local social services commissioner must determine the child's continued need for exceptional services in accordance with paragraph (2), (3), (4) or (6) of this subdivision; or

(6) in the judgment of the local social services commissioner, have a condition equivalent to those in paragraph (2), (3), (4) or (5) of this subdivision. Exceptional payments for

foster children who have the equivalent conditions described in this paragraph are approved if:

- (i) a list of equivalent conditions has been developed by the local social services commissioner and approved by the department as eligible for exceptional foster care services; or
- (ii) individual, child specific requests for exceptional foster care services have been approved by the local social services commissioner. Such child specific requests must be approved by the department within 60 days after approval by the local social services commissioner.

2) Services to be Provided by the Foster Parents - Some children whose characteristics match the exceptional criteria will require group foster care. However, in many cases, foster parents may be able to provide the necessary care. Supervision must be on a one-to-one, 24-hour a day basis.

The foster parents must be able to work with the professionals involved in the treatment plan, such as physicians, nurses, social workers, psychologists and psychiatrists. They must be able to accept assistance and guidance in caring for the child.

d. Special and Exceptional Payments – Additional Requirements

Regulation 427.6(e) - If approved by the department, social services districts are eligible to receive State reimbursement for payments for special or exceptional foster care services made to foster parents who:

e) If approved by the department, social services districts are eligible to receive State reimbursement for payments for special or exceptional foster care services made to foster parents who:

- (1) provide foster family boarding home care to the foster children described in subdivisions (c) and (d) of this section; and
- (2) have demonstrated their ability to care for foster children with special or exceptional conditions through past training and experience in nursing, special education, child care or the completion of or participation in special training provided by an authorized child caring agency or other relevant training and experience; and
- (3) actively participate in agency training for foster parents of not less than four hours per year in the case of providers of special foster care services and five hours per year in the case of providers of exceptional foster care services; and
- (4) actively participate in case conferences as determined by the authorized agency; and
- (5) are able to provide the intensive supervision and interpersonal relationships that are consistent with the child's

therapeutic goals. This includes the ability to work with the professionals involved in the treatment plan, such as physicians, nurses, social workers, psychologists and psychiatrists. Foster parents must also be able to accept assistance and guidance in caring for the child.

e. Training

The initial and ongoing training required by **regulations 427.6(e)(2) and (3)** may be provided directly by district staff or through contracts with voluntary child caring agencies or other human services agencies approved by the social services districts and qualified to provide such training.

f. Special and Exceptional Payments – Equivalent Conditions

Regulations 427.6(c)7 and 427.6 (d)(6) allow local commissioners to develop lists of special and exceptional conditions that are not specifically covered by the revised definitions but are essentially equivalent. Individual, child specific conditions may also be approved for special or exceptional services. Both must be approved by OCFS through the following procedures.

1.) Lists of Equivalent Conditions

OCFS expects that the regulations are sufficiently broad enough to cover a significant number of children whose foster care is subject to state reimbursement at the special or exceptional level. Local commissioners and their staffs should review the criteria and determine if there are any classes of children in care whose conditions are not specifically covered by the regulations but who they believe should be eligible for the enhanced state reimbursement.

The local commissioner may then submit justification for these conditions for approval to OCFS through the applicable regional office. OCFS approval must be obtained before the special or exceptional rate can be paid.

The department will determine if the conditions:

- Already meet the special or exceptional criteria,
- Are equivalent to the special or exceptional criteria and can be approved, or
- Are not equivalent and cannot be considered eligible for enhanced state reimbursement.

The regional office will notify the social services district of the determination. Social services districts may expand and update their list through the above process.

Approved lists of equivalent conditions must be shared with voluntary child caring agencies that have contracts to provide foster boarding home services for the social services district.

2.) Child Specific Conditions

Local commissioners may also request approval for a child with a condition that is not specifically addressed by the regulations but whom they believe requires special or exceptional care.

In such cases, the local commissioner may approve the special or exceptional rate and then submit a request through the regional office. The department will make every effort to make a decision within 60 days. If the department does not act on the request within 60 days, the rate can be continued until a decision is made. If the request is denied, the rate may be continued until the end of the month in which the district is notified of the department's decision.

However, if a social services district requests approval for a condition or conditions previously denied to that district by this department, the subsequent denial is retroactive to the date that the rate was first approved by the social services district.

g. Notification of Foster Parents

Social services districts must advise all foster parents and applicants of the requirements for designating children as special and exceptional and for receiving the higher payments for providing such care. This information must be included in the district's foster parent manual that is required by 18 NYCRR 443.3(p).

h. Variable Rates for Special/Exceptional Services

In some instances, social services districts pay more than one rate for special or exceptional foster care services. Districts have reported rates based on variables such as the child's age or type and severity of condition. While the regulations do not prohibit this practice, districts are reminded that they must be consistent in the application of district standards.

3. SPECIAL PAYMENTS (APPLICABLE REGULATION: 427.3(C))

(1) For purposes of allowability in the maximum State aid rate-setting process, the term special payments, as referred to in subdivision (a) of the section, means those expenditures made on behalf of a child residing in a foster boarding home for items, costs, or services that are approved pursuant either to paragraph (3) or (4) of this section as being necessary for the child but that are not included in establishing rates for board, care and clothing.

(2) Special payments include but, are not limited to expenditures for the following categories of items, costs and services:

- (i) special attire for proms, religious observances and graduation, and for circumstances or occasions, such as school attendance or scouting activities, in which uniforms are necessary items of clothing;

- (ii) school expenses such as books, activity fees, costs of field trips, club dues, school jewelry, school pictures, art supplies, and yearbooks;
- (iii) music, art, and dancing lessons, and the purchase or rental of items needed to take part in such
- (iv) gifts for birthdays, holidays and other special occasions;
- (v) extraordinary transportation and communication expenses. These expenses include:
 - (a) transportation provided by the foster parents for visits to the staff of an authorized agency, the foster child's birth parents, siblings who continue to reside with the birth parents, and to siblings who are placed separately with relatives or who are in foster care or adoption homes;
 - (b) payments to the birth parents, legal guardians, other relatives and significant others, for travel in excess of 50 miles (including the first 50 miles) to visit children in foster care;
 - (c) the costs of public transportation when it is necessary for school attendance if such costs are not reimbursed by the school district;
 - (d) other exceptional transportation required by the authorized agency or for agency approved reasons; and
 - (e) extraordinary telephone costs for communication with birth parents and siblings;
- (vi) day care and baby-sitting services when necessary for the care and supervision of a child in foster care; **(See the interpretation in the following section.)**
- (vii) special furniture/equipment for the care of children in foster care such as cribs, high chairs, and car seats; **(See the following interpretation.)**
- (viii) window guards necessary to protect the safety of a foster child;
- (ix) special recreational/hobby expenditures including travel expenses such as lodging, tools and the costs of transportation, entry or use fees, uniforms and materials. These expenditures are limited to \$400 per calendar year per foster child;
- (x) compensation to a foster parent for the damage to and/or loss of personal property owned by the foster parent that is caused by the foster child in his or her care to the extent not covered by insurance. Requests for such compensation must be submitted in writing to the appropriate social services district in a manner required by such district within 30 days from the date the foster parents become aware of such damage or loss of

personal property. The compensation herein provided for is limited to a maximum of \$1,000 per foster child per foster boarding home over a two year period from the date of placement in such home. Compensation of less than \$25 will not be granted;

(xi) day camp or residential summer camp costs, including registration and transportation expenses. Reimbursement for residential summer camp fees is available for a maximum of two weeks; **(See the following interpretation.)**

(xii) non-medical needs of a handicapped child, including special equipment or clothing that is not covered by medical assistance, which arise from the child's handicap; **(See the following interpretation.)** and

(xiii) costs of diapers for a child from birth to the date of the child's fourth birthday.

(3) Requests for special payments for items, costs, or services identified in the categories set forth in subdivision (2) of this section must be reviewed and approved by the social services district.

(4) A social services district may wish to make special payments to a foster parent for items, costs or services not otherwise identified among the categories set forth in subdivision (2) of this section. In order to be eligible for State reimbursement for such payments, the social services district must request approval from OCFS through the appropriate regional office. The regional office will notify the social services district whether the items, costs or services are equivalent to those in subdivision (2) of this section. This approval must be obtained before the payment can be made.

4. Interpretation of Certain Special Payment Items

a) 427.3(c)(2)(vi), Day Care and Baby Sitting

1) Background for the Day Care and Baby Sitting Policy

The department allows both foster parents in certified home to be employed outside the home when suitable plans for the care and supervision of foster children are made for all times when such children are not in school. Some local social service districts have indicated serious problems in recruiting foster parents. One reason is that in many families both parents are employed full or part time. In order to recruit or maintain homes where foster parents (including single foster parents) are employed, the department allows foster care payments for the substitute adult care of foster children when the foster parent(s) are not available due to employment. Such adult supervision is intended to mean care provided by one or more adults in the foster parent's home, in the baby sitter's home or by a licensed day care center.

2) Program Implications

- a) The provision of day care and baby sitting for foster children is a policy that the social services district should consider when evaluating the circumstances of specific children.
- b) The policy of providing day care and baby sitting for foster children is intended to give agencies the means to recruit and maintain foster parents who, notwithstanding their employment, have the capacity to provide children with a secure environment as long as they are in need of temporary care.
- c) The quality of care provided to foster children in the form of day care and baby sitting services should be monitored as part of the normal casework process to assure the child's best interests and safety.
- d) Day care and baby sitting for foster children should be provided at the discretion of the social services district in a consistent manner. That is, each social services district which uses this policy should develop a plan outlining the circumstances warranting its use. Consistency in the use of this policy will help to assure confidence in the agency and its foster care programs.

3) **Fiscal Implications**

- a) Agency costs for day care and baby sitting services are special payments as found in 18 NYCRR 427.3(c) and are not to exceed limitations set forth in 18 NYCRR 415.9 for group day care settings.
- b) The social services district has complete discretion when considering whether to pay the foster parents for these services or directly pay the day care center or baby sitter as follows:
 - The social services district may directly pay the foster parents
 - The social services district may directly pay the day care center or baby sitter.
 - The social services district may directly pay the voluntary agency so that it can either make payment to the foster parent or directly pay the day care center or baby sitter.
- c) When day care and baby sitting, reimbursable as foster care, is paid directly to the service provider as a vendor payment, the service must meet the requirements of Part 415 of department regulations.

4) **Required Action**

- a) Each district deciding to establish a policy of compensating employed foster parents for costs of day care and baby sitting services shall advise all foster parents and applicants of the

policy and have the policy included in the foster parent manual that is required by 18 NYCRR 443.3(p)

b) If the decision is made to provide day care and baby sitting services for specific children, the plan for such services must be recorded in the foster family record, including the reason for provision of such services and their extent.

c) Voluntary agencies must obtain the approval of the local social services district which pays for a child's care for any plan to compensate foster parents for the costs of day care and baby sitting services. This will assure that the service and payment is considered foster care for purposes of claiming and reimbursement.

b) 427.3 (c)(2)(vii), Special Furniture and Equipment

Necessary, but irregular items such as cribs, high chairs and care seats can be purchased under the special payment procedures. However, the placing agency should retain ownership of these items in the event that the child is placed in another home or for the future use of other children in care.

c) 427.3(c)(2)(xi), Day Camp or Residential Summer Camp Costs

1) Background

Section 398.6(1) of the Social Services Law gives each social services commissioner the power and duty in accordance with regulations of the department, to provide maintenance in a summer camp for children and minors who are being cared for away from their own homes as public charges when in the commissioner's judgment summer camp placement is advisable for the welfare of such children and minors.

The camp fees and related costs are special payments set forth in 18 NYCRR 427.3(c)(2)(xi). In addition, time spent in residential summer camps will be considered vacation for the child, thereby allowing the district to continue the foster parent per diem payment as a reimbursable absence from care as set forth in 18 NYCRR 628.3(a)(4)(iii).

2) Program Implications

a) The provision of camp fees for foster children is a service that the social services district should consider when evaluating the circumstances of specific children. This may lead to an increase in the number of children attending summer camp.

b) The policy change makes the local district responsible for the payment of camp fees and allows foster parents to retain their full monthly payment.

c) The method of reimbursing the costs of summer camps for children residing in group care programs is different from what is described here. Camp fees are included in the maximum state aid rate, subject to the total direct care parameters.

3) Required Action

a) **Programmatic**

1. Summer camp placement should be provided at the description of the social services district in a consistent manner. Each district should develop a policy outlining the circumstances warranting its use. The district must advise all current and prospective foster parents of the policy and include it in the foster parent manual required by 18 NYCRR 443.3(p).
2. The district's prior approval is needed for a summer camp placement, and the need for such a placement must be documented in the family's Uniform Case Record and the foster family's records, including the reason for providing such services and the actual services authorized.
3. In accordance with 18 NYCRR 431.13, placement may only be made in summer camps operated by non-profit organizations, corporations or agencies having permits issued by the appropriate public health officials in whose jurisdiction the camps are located.
4. If a child is attending a formal summer school program based on educational needs, placement in a summer camp cannot be made until after the summer school program has ended.

b) **Fiscal**

1. Prior to the placement of a child in a summer camp that charges a fee, the authorized agency must attempt to find an appropriate camp at no charge.
2. The costs for day care or residential summer camp fees, including transportation to and from camps and registration fees, are to be considered special payments as found in 18 NYCRR 427.3(c)(2)(xi).
3. The social services district has complete discretion when considering how to pay for summer camps as follows:
 - The social services district may directly pay its foster parent.
 - The social services district may directly pay the summer camp.
 - The social services district may directly pay the voluntary agency so that it can either pay the summer camp or directly pay the summer camp. If this method is chosen, the details must become part of the model contract for the purchase of foster care service.
4. Reimbursement for summer camp fees for foster children will be allowed and its costs reimbursed through either Title IV-E foster care or Child Welfare (CW) expenditures. The determination of whether the child is IV-E or CW will be in accordance with the usual formulas.
5. Reimbursement for residential summer camp fees is available for a maximum of two weeks.

6. Voluntary agencies must obtain the prior approval of the social services district that pays for a child's care for any plan to compensate foster parents for the costs of summer camp and to continue the foster care payment as a reimbursable absence for vacation. This will ensure that the service and payment are considered foster care for purposes of claiming and reimbursement. It must also be made part of the district's local purchase of service agreement (model contract) with the voluntary agency.

4) Additional Information

The social services district may continue payments to its foster parents or to the voluntary agency as a reimbursable absence from care for vacation while the child is attending a residential summer camp. This is provided for in 18 NYCRR 628.3(a)(4)(iii).

When a child is at a residential summer camp, each 24 hour day may be claimed as vacation, including weekend days. On the day the child enters camp and on the day the child returns from camp, the child is considered to be in care. For example, if the child enters camp on a Saturday and returns to the foster home on the following Saturday, both Saturdays would be claimed as regular days in care. Sunday, Monday, Tuesday, Wednesday, Thursday and Friday would be claimed as reimbursable absence days of care and labeled vacation days on the appropriate billing forms.

Voluntary agencies are to report the costs for summer camp in Account 45, Special Payments (Boarding Home) on DSS 2652, Report of Actual Expenditures, under the family boarding home program.

d) 427.3(c)(2)(xii) Non-medical Needs of a Handicapped Child

The intent of allowing this item is to provide reimbursement in those situations where there is a need for special equipment or clothing which arises from the child's handicap and cannot be covered by Medical Assistance. For example, a developmentally disabled child might need some training aids which would be used by the foster parents in teaching skills training.

C. EMERGENCY FOSTER BOARDING HOME CARE

APPLICABLE REGULATIONS

446.1 Scope.

This Part adds standards for the establishment and operation of designated emergency foster family boarding homes. Such homes would be exclusively designated to provide temporary care to children who enter foster care in a crisis situation which is expected to be resolved within 60 days. The regulations contain provisions concerning eligibility for designated emergency foster family boarding home care, reimbursement for designated emergency foster family boarding home care, the required training of foster parents who provide designated emergency foster care services and the services to be provided to children receiving care in designated emergency foster family boarding homes.

446.2 Definition.

Designated emergency foster family boarding home care means care provided in a home certified pursuant to Part 443 of this Title and designated by an authorized agency exclusively for emergency use by children determined eligible under section 446.6(d) of this Part. The purpose of such designation is to provide temporary care and services to children who enter foster care in a crisis situation which is expected to be resolved within 60 days so that the children can be reunited with their family. A designated emergency foster family boarding home may also be approved as an approved respite care and services provider as defined in section 435.2(b) of this Title.

446.3 Establishing a designated emergency foster family boarding home.

(a) A designated emergency foster family boarding home may be established directly by a public authorized agency as defined in section 441.2(c) of this Title or by a voluntary authorized agency, as defined in section 441.2(d) of this Title, through a purchase of service contract with a public authorized agency. A designated emergency foster family boarding home must be certified or approved pursuant to Part 443 of this Title and must be designated exclusively for emergency use by either a public or private authorized agency, provided, however, that a designated emergency foster family boarding home may also be approved and used as a respite care and services provider pursuant to Part 435 of this Title.

(b) In order for a foster home to be designated exclusively for emergency use, the foster parent must agree to participate in the foster parent training described in section 446.5 of this Part.

(c) Except as otherwise permitted by paragraph (l) of this subdivision, a designated emergency foster family boarding home must be used exclusively to serve children entering foster care on an emergency basis.

(1) Pursuant to section 443.3(u)(2) of this Title, an authorized agency may use a designated emergency foster family boarding home for any foster care purpose other than emergency care of children or an approved respite care and services provider when the agency determines such use is necessary in order to place a child, is in the best interest of the child, and is consistent with the health, safety and welfare of other children receiving care in the home. A report on the use of the designated emergency foster family boarding home for other than emergency foster care placements or respite care and services must be made to the appropriate regional office of the department within 15 days of the placement by the agency making the placement.

(2) If a child cannot be returned home within 60 days as planned, the emergency foster family home may continue to serve the child as a non-emergency foster family home at a rate not to exceed 100 percent of the maximum State aid rate.

(d) An authorized agency which supervises a designated emergency foster family boarding home must comply with all applicable requirements of Parts 441, 443 and 444 of this Title. When such home is utilized as an approved respite care and services provider, the agency must also comply with all applicable requirements of Part 435 of this Title.

446.4 Reimbursement for designated emergency foster family boarding home care.

(a) The department will reimburse a public authorized agency for payments made to foster family parents who provide care in designated emergency homes at a rate which will not exceed 200 percent of the maximum State aid rate for children receiving non-emergency foster care services in that district for the first 60 days of a child's placement in a designated emergency foster family boarding home. After 60 days, if the designated emergency foster family home continues to provide care to the child because the child cannot be returned home, the department will reimburse a public authorized agency at the standard State aid rate for children receiving non-emergency foster care services in that district or at the special or exceptional rate for children who qualify for such rates in accordance with the provisions of Part 427 of this Title.

(b) Reimbursement by the department will be available to a public authorized agency for beds which have been reserved in designated emergency foster family boarding homes in accordance with the provisions of section 609.5(d) of this Title.

(c) Private authorized agencies which have established designated emergency foster care homes will be reimbursed in accordance with the terms of the purchase of service agreement which has been entered into with a social services district.

446.5 Mandated training for foster parents providing care in designated emergency foster family boarding homes.

Authorized agencies supervising designated emergency foster family boarding homes must provide foster parents in such homes with training. The training must cover the areas of child development, child discipline, communication, and family systems and must provide emergency foster parents with basic crisis intervention and assessment skills. The training must be provided as follows:

(a) fifteen hours of training within four months after the foster home is designated exclusively for emergency use; and

a minimum of six hours of yearly follow-up training which expands upon the areas covered during the initial training.

446.6 Intake for designated emergency foster family boarding homes.

(a) A designated emergency foster family boarding home supervised by a public authorized agency must be available to accept eligible children 24 hours a day, 365 days a year. However, upon written notice by the foster parents to the supervising agency, and if agreed to in writing by such agency and upon good cause shown, an exception to continuous operation of an emergency foster home may be granted if the foster parents intend to be temporarily absent from the home or temporarily unable to accept children for placement in the home.

(b) A voluntary authorized agency supervising one or more designated emergency foster family boarding homes must have 24-hour-a-day, 365- day-a-year intake capacity or, in the alternative, have the capacity to place eligible children immediately in designated emergency foster family boarding homes when such children are referred to the agency by a social services district after the district's normal business hours. The purchase of service agreement between the local social services district and an authorized agency which provides emergency foster care services after the district's normal business hours must specify the hours during which referrals may be made to the agency for emergency placement of children.

(c) A voluntary authorized agency supervising a designated emergency foster family boarding home must accept any child who is eligible under subdivision (d) of this section for emergency placements, whenever such a child is referred by a social services district to the agency pursuant to a purchase of service agreement.

(d) In order for a child to be eligible for designated emergency foster family boarding home placement, a child must be at immediate risk of harm or present an immediate risk of harm to others or himself/herself if not immediately placed into foster care, and the reasons for the placement must meet the necessity of placement standards contained in section 430.10(c) of this Title. In addition, the initial assessment at the time of placement must indicate that the crisis situation which requires the placement of the child in a designated emergency foster family boarding home is expected to be resolved within 60 days.

446.7 Services for children in designated emergency foster family boarding home care.

(a) Case planning.

(1) Case planning, as required by Part 428 of this Title, must be provided for all children who enter care in designated emergency foster family boarding homes. Such planning may be provided by a local district or, through a purchase of service contract, by a voluntary authorized agency supervising a designated emergency foster family boarding home. Case planning must include providing or arranging for, and coordinating and evaluating those services needed by a child and his/her family to help a child in the designated emergency foster family boarding home to return to his/her family.

Casework contacts between the case planner and the child and between the case planner and the child's parents or guardians must meet the requirements of section **423.4(h)** and section **441.21(a)-(c)** of this Title.

(3) The purchase of service contract between a voluntary authorized agency providing designated emergency foster family boarding home care and a social services district must delineate case planning responsibilities, including provisions concerning who has the responsibility for providing or arranging for mandated preventive services during placement and as follow-up services and who has responsibility for timely completion of the family assessment and service plan and other requirements of Part 428 of this Title.

(b) Provision of mandated preventive services. Preventive services must be provided to children placed in designated emergency foster family boarding homes because of a crisis situation which is expected to be resolved within 60 days. Such services must include the services identified in **section 423.2(b)** of this Title which are aimed at reuniting the child receiving care in a designated emergency foster family boarding home with his or her family.

(c) Provision of mandated preventive services as follow-up service. Preventive services must be provided as a follow-up service for six months, including the time the child was in designated emergency foster family boarding home care, for a child who returns home within 60 days after entering designated emergency foster family boarding home care. These services must include the aftercare requirements identified in **section 423.4(h)** of this Title.

D. REIMBURSEMENT FOR RESERVED ACCOMMODATIONS

609.6(d) Reserved accommodations. Reimbursement is available for payments made to certified foster boarding homes for assuring that adequate accommodations will be available for immediate reception and proper care of children for whom the commissioner has responsibility to provide foster care only when:

1. payments for reserved accommodations are based upon a rate that does not exceed 50 percent of payment when a child is in the home;
2. the total number of reserved accommodations does not exceed five percent of the total number of certified boarding home beds in use on the last day of the previous month or other period reported in accordance with department requirements; and
3. the home is not reimbursed solely for reserved accommodations without being utilized for the care of a foster child for a period in excess of three consecutive months.

E. REFUGEES AND CUBAN/HAITIAN ENTRANTS

The following regulations are applicable to **Regulation 427.6(c)(5)** which is found in Section B of this Chapter.

427.2(p) Children who are refugees means children who:

- (1) are in the care and custody or guardianship and custody of a social services official;
- (2) are outside of their country of nationality;
- (3) may or may not have any adult relatives in the United States;
- (4) have been lawfully admitted to the United States; and
- (5) who, because of persecution or fear of persecution on account of race, religion, or political opinion fled from their native countries and cannot return there because of fear of persecution on account of race, religion, or political opinion. Children who are refugees includes children who are unaccompanied refugee minors.

427.2(q) Children who are Cuban/Haitian entrants means children who:

- (1) are in the care and custody or guardianship and custody of a social services official; and
- (2) have been granted parole status as a Cuban/Haitian entrant (status pending) or granted any other special status subsequently established under the Federal immigration laws for nationals of Cuba or Haiti, or are other nationals of Cuba or Haiti who:
 - (i) were paroled into the United States and have not acquired any other status under the Federal Immigration and Nationality Act; or
 - (ii) are the subject of exclusion or deportation proceedings under the Immigration and Nationality Act; or
 - (iii) have an application for asylum pending with the Immigration and Naturalization Service; and
 - (iv) have not had a final, nonappealable, and legally enforceable order of deportation or exclusion entered against them. Children who are Cuban/Haitian entrants includes children who are unaccompanied entrant minors.

427.2(r) An unaccompanied refugee minor or an unaccompanied entrant minor means a person who:

- (1) has not yet attained his or her 21st birthday;
- (2) has no known immediate adult relatives in the United States;
- (3) has been lawfully admitted to the United States in parole status; and
- (4) is an alien who, because of persecution or fear of persecution on account of race, religion or political opinion fled from his native country and cannot return

there because of fear of persecution on account of race, religion or political opinion.

427.15 Additional limitations on reimbursement and payment for foster care services.

(a) Social services districts and authorized agencies from which social services districts purchase foster care services or preventive services shall be subject to the limitations on reimbursement and payment set forth in Part 430 of this Title.

(b) (1) A child who is a refugee or Cuban/Haitian entrant and qualifies for special foster care services in accordance with **section 427.6(c)(5)** of this Part is deemed to require such services for the first 12 months that the child receives foster care services. During such 12-month period, the social services district which has the care and custody of the child will receive State reimbursement in accordance with the provisions of **section 427.6(c)** of this Part.

(2) Thirty days prior to the end of such 12-month period, the appropriate social services district shall evaluate the status of such foster children to determine whether after such 12-month period expires the child will continue to require special foster care services.

(3) After the evaluation required by paragraph (2) of this subdivision is completed, additional evaluations shall be conducted by the district at the same time that the child's service plan is required to be reviewed pursuant to **section 428.3** of this Title.

(4) After such evaluations, the social services district must determine whether the child should receive special foster care services. Such determinations must be based upon the standards contained in **section 427.6(c)** of this Part.

(5) Nothing in this subdivision precludes a child who is a refugee or Cuban/Haitian entrant, as defined in **section 427.2(p)-(q)** of this Part from receiving exceptional foster care services if such child meets the criteria for such services as set forth in **section 427.6(d)** of this Part.

(6) The amount of the foster care payments made to the social services district for the cost of care provided to foster children who are refugees or Cuban/Haitian entrants after the subsequent evaluations are conducted shall be determined in accordance with the provisions of **section 427.6** of this Part.

F. INITIAL CLOTHING ALLOWANCES FOR CHILDREN IN FBHS

1. Purpose

This section contains the requirements for providing adequate initial clothing for children in foster family boarding homes. Guidelines for clothing at the time of placement are found in Appendix E.

2. Background

a. Department Regulations require that for each child in foster care, the social services district shall:

- 1) determine clothing needs upon admission to care; and
- 2) authorize allowances to buy necessary clothing.

b. The purpose of these requirements is to assure that:

- 1) children are placed in foster family boarding homes with adequate clothing. The local district or voluntary agency case-workers must review the child's initial clothing needs with the foster parents and, where appropriate, with the child,
- 2) foster parents are aware that they are entitled to allowances to purchase an adequate basic wardrobe for the child and
- 3) that when foster parents do purchase initial clothing, the expense is reimbursed by the local district.

3. Program Implications

Adherence to the provisions of these regulations should:

- a. ensure that children in foster care are provided with adequate initial clothing,
- b. support and improve the self-esteem of children who come into care and improve foster parent-foster child relationships and
- c. ensure that foster parents are not forced to use their own funds to provide an adequate basic wardrobe for their foster children. This should improve parent morale and local district-foster parent relationships.

Note: There may be occasions, such as emergency placements, when foster parents will have to use their own funds until a grant can be issued. If this occurs, there should be mutual agreement between the district and the foster parents as to the amount of the grant. Districts should reimburse the foster parents as soon as possible.

4. Required Action

a. When a child is placed in foster care, the caseworker from the district or voluntary agency (if a voluntary agency has planning responsibility) must review the child's wardrobe with the foster parents and (if appropriate) with the child. Together, they should determine the adequacy of the child's clothing.

b. If additional clothing is needed, the local district must authorize an allowance for necessary initial clothing. Initial clothing needs vary for each child. Therefore, State reimbursement for initial clothing is not subject to the maximum yearly clothing replacement allowances promulgated by the Department. Although the amount of the initial clothing allowance is determined by the local district that places the child in foster care, the allowance must be sufficient to provide an adequate basic wardrobe. The foster parents should not be required to use their own funds for clothing.

c. Once the child's clothing is at an adequate level, the cost of replacement clothing is subject to the maximum yearly allowances set by the local district. State reimbursement for replacement is subject to the maximum state allowances.

d. When a child is transferred from one foster home to another, the wardrobe should again be reviewed. If clothing is needed, an initial allowance may be issued for the new home. The allowance is not subject to the maximum yearly replacement allowance. Please note that clothing purchased for a child in care belongs to that child. The child keeps this clothing when transferred to a new home.

Foster parents should consider maintaining a record of clothing purchases and an inventory of each foster child's clothing. This will help to avoid confusion at the time of transfer or discharge.

e. Local districts must advise all foster parents and applicants of the requirements for providing initial clothing and include them in the foster parent manual that is required by **18 NYCRR 443.3(p)**. The guidelines in Appendix E should also be included in the manual.

5. Additional Information

Clothing guidelines are found in Appendix E of this program manual.

Although the emphasis of this section is on providing initial clothing for children placed in foster family boarding homes, districts are reminded that all foster children, including those in group foster care, must be provided with adequate initial clothing. The attached guidelines should also be used for children placed in group foster care.

Children placed in group programs should receive an allowance for initial clothing when the negotiated board rate does not include such an allowance.

The guidelines in Appendix E may be used to evaluate a foster child's need for replacement clothing. They apply to both children in foster homes and group care.

G. FINDER'S FEE FOR RECRUITING NEW FOSTER HOMES

1. Background

Foster parents are an excellent resource for recruiting new foster homes. In order to encourage this practice, OCFS has established a policy so that local social services districts may pay foster parents a finder's fee of up to \$200 for each new foster home that they recruit.

2. Program Implications

The payment of a finder's fee should be a strong incentive for experienced foster parents to recruit new homes. Local districts with a shortage of foster homes could help to alleviate this problem by adopting the policy.

a) Local districts may adopt this policy at their discretion. Those that choose to participate should inform the foster parents in the district operated program and all voluntary child care agencies from which they purchase foster family boarding home services.

b) All current foster parents are eligible to receive the finder's fee. The policy must be applied equally to foster parents whose homes are certified or approved (as a relative foster home).

c) Payments of up to a maximum of \$200 may be made to eligible foster parents when the home that they recruited is certified and receives the first child. The fee is only for certified homes. It is not paid for the recruitment of approved relative foster homes.

d) Participating districts will be reimbursed the State share of up to a maximum of \$200 for each certified home. Districts may choose to pay different amounts but \$200 is the maximum amount on which State reimbursement will be calculated.

3. Voluntary Agency Foster Boarding Home Programs

The finder's fee policy is relatively simple to administer when districts use it for their own district operated foster boarding home programs or where a district is the sole purchaser of foster boarding home services from a voluntary agency.

However, when voluntary agencies serve more than one local district, particularly where user districts have different positions on this policy, inequities to some districts may occur. A voluntary agency serving multiple districts may determine that, in order to achieve its program goals, it needs to use the finder's fee policy to recruit more homes. The agency may stipulate in its contract that all districts purchasing foster boarding home services participate by making payments above the administrative/services rate to cover the cost of incentive payments.

4. Fiscal Reporting and Reimbursement

The local district should pay the finder's fee either directly to the foster parent or to a voluntary agency which will then pay the foster parent. If the payment is through a voluntary child care agency, the voluntary agency should report the expense in Account 45 of DSS-2652, "Report of Actual Expenditures." The payment is not a part of the agency's administrative/services rate.

The payment will be reimbursed as a local district administrative cost. Payments should be made from the foster care administrative appropriation.

5. Availability of Reimbursement

The availability of State reimbursement for the finder's fee is dependent upon yearly approval of funds for this purpose by the State Division of the Budget. OCFS will notify local departments of social services of the availability of State reimbursement for the finder's fee in the annual Local Commissioners Memorandum (LCM) that is used to promulgate yearly foster care reimbursement rates.

9. CONSULTATION AND APPEAL OF MAXIMUM STATE AID RATES

A. APPLICABLE REGULATION

427.9 Requests for adjustment in State reimbursement.

The social services district and/or an authorized agency may request an adjustment of maximum payments on which State reimbursement for foster care of children shall be made by submitting a request, for consultation up to a 30-day period after maximum State aid rates are published. The consultation period shall begin when OCFS receives a letter requesting consultation and extend until an agreement has been reached, or the department has rendered a decision. If an agreement is not reached within 30 days from initiation of consultation, a formal appeals conference may be requested. If the social services district and/or authorized foster care agency has not taken advantage of the consultation period, it will not be entitled to a formal appeal.

Note: Authorized foster care agencies and approved schools for the handicapped whose rates are published by the department may request rate increases and, if necessary, an appeals conference. Consultation and appeal are the department's administrative procedures for resolving disputes over state aid rates.

B. CONSULTATION

Consultation is the first step in the administrative process. OCFS will consider all complaints and inquiries about the published rates. An agency or school may obtain a consultation period by requesting one in writing from the OCFS Rate Setting Unit. The request, which should contain justification for consultation, may be made up to 30 days after the rates are published. The consultation period begins when the letter is received and continues until the OCFS Rate Setting Unit makes a decision and terminates consultation. During consultation, the issues will be reviewed and resolved in accordance with OCFS policies and procedures. Consultation is terminated when OCFS makes a decision to revise or not revise the rate and notifies the agency in writing.

C. APPEALS CONFERENCE

When consultation is terminated, the agency has two choices. It can accept the results of the consultation or request an appeals conference. Requests for an appeals conference must be made in writing and submitted to the OCFS Rate Setting Unit within ten days of the end of consultation. They will be answered within ten days of the receipt of the request.

Agencies may also request an appeals conference if an agreement has not been reached within 30 days of the start of consultation. **Agencies will not be entitled to an appeals conference unless they have first taken advantage of a consultation period.**

1. APPEALS CONFERENCE PROCEDURES

a. Right To Appeal

Agencies may appeal for higher program rates. However, the following items are not appealable.

- The effective dates of the maximum state aid rates,
- The standards and parameters used in the model budget rate setting methodology,
- The rate calculation formulas,
- The program classification criteria and scoring system,
- The classification of a particular program. There is a separate procedure for appealing program classifications. See Chapter 5, Section D.

b. Dispositions of Requests for Appeals Conference

- **Granted:** A conference will be granted if consultation has been terminated and the issues are subject to appeal.
- **Denied:** Requests are denied if they are not received within ten working days of the termination of consultation, if consultation has not taken place, or if the issues are not subject to appeal.
- **Withdrawn:** An agency may withdraw its appeal by its representative stating so in writing before the conference takes place or by making a statement to that effect during the appeals conference. The statement will be part of the written record of the conference.
- **Abandoned:** The request is abandoned if the agency representatives fail to show up for the conference without good

cause. If the agency representatives fail to attend a scheduled conference, the department will follow up by certified mail. If no reply is received within ten days, the appeal is abandoned and the conference will be canceled.

c. Notice of Conference

At least ten days before the appeals conference, the department will notify the agency of the date, time and place of the conference. The notice will include the issues that will be dealt with during the conference.

If necessary, the conference may be re-scheduled. Agencies should give the department at least three working days notice if they need to re-schedule. The department will attempt to provide at least three working days notice if it must postpone the conference.

d. Records and Documents

The request for the conference should specify the issues that the agency intends to appeal. It should contain clear and concise documentation of the agency's claims. The following documents are relevant to the appeals conference:

- Fiscal and program data required by the Standards of Payment System,
- Department worksheets and auditor's notes,
- The printouts that show the program rate calculations,
- Official department publications that relate to the Standards of Payment System, and
- Any other letters, memos or documents that pertain to the appeal.

e. Conduct of The Appeals Conference

The chairman of the conference will be a designated staff member of the OCFS Rate Setting Unit. Rate Setting staff will be present along with any other necessary OCFS representatives.

The appealing agency may have up to four representatives at the conference. The agency's executive and fiscal directors should attend.

During the conference, the agency representatives will be able to make oral presentations and present written documentation to support their claims.

f. Resolution of Appeals

The resolution of the appeal will be based on department policies and procedures and the agency's verbal and written presentations.

Following the conference, the chairman and OCFS representatives will summarize what took place and recommend decisions. The final decisions will be made by the OCFS Deputy Commissioner of Administration.

The agency or school will be notified of the final decision within 30 days of the conference. The decision will describe the issues, relevant facts, findings and conclusions and state the reasons for the determination. The decision shall be binding on both the agency and OCFS.

g. Maximum State Aid Rates During Appeal

Published state aid rates will remain in effect until the final decisions on the appeals conference are made.

10. GENERAL STANDARDS OF PAYMENT AND RATE SETTING POLICIES

A. GROUP EMERGENCY FOSTER CARE (APPLICABLE REGULATIONS)

451.1 Applicability.

(a) The provisions of this Part shall apply as specified herein to all group emergency foster care programs established by a social services district through a purchase of service agreement with a voluntary authorized agency.

(b) The provisions of this Part shall not apply to group emergency foster care programs operated directly by social services districts.

451.2 Establishment and operation of group emergency foster care programs.

A social services official may establish and operate through purchase of service agreement with a voluntary authorized agency a group emergency foster care program only when the following conditions are met:

(a) the voluntary authorized agency holds a valid operating certificate issued by the department for an institution, group home or agency boarding home;

(b) the program has been designated a group emergency foster care program by the local social services official and such designation has been approved by the department. Approval by the department shall be based on programmatic need as set forth in the local district's consolidated services plan or a written analysis of the extent and duration of the district's need for additional group emergency foster care beds as submitted by the district to the department;

(c) the designated group emergency foster care program shall be operated in one or more agency operated boarding homes or group homes, or a portion of an institution, which is physically and programmatically distinct from other types of foster care programs operated by the agency; and

(d) the designated group emergency foster care program shall meet all applicable requirements of Parts 441, 442, 447 and 448 of this Title.

451.3 Limitations on reimbursement.

The department shall establish rates of reimbursement for approved group emergency foster care programs pursuant to the provisions of section 398-a of the Social Services Law. The following limitations on reimbursement shall apply:

(a) The department shall reimburse a social services district for the care of a child in a group emergency foster care program for a period not to exceed 90 days at any one time, unless:

(1) the child is awaiting placement in a facility operated or supervised by the Office of Mental Health or the Office of Mental Retardation and Developmental Disabilities; and

(2) the child's case record contains documentation that the child has been accepted for placement in the facility but cannot be placed until an opening becomes available.

(b) A local district shall continue to receive reimbursement for the care of a child who meets the requirements of paragraphs (a)(1) and (2) of this section until the child is placed in the facility; provided, however, the extension of reimbursement shall not continue beyond an additional 90-day period.

(c) If a child is discharged from a group emergency foster care program but needs to reenter such program after he has been discharged, the social services district may receive reimbursement for such child for a total of 180 days during any 15-month period, with such 180-day period to include the period during which group emergency foster care was first provided.

451.6 Staffing requirements.

(a) Group emergency foster care program(s) shall maintain minimum staffing according to the following:

(1) The program shall maintain a caseworker to child ratio of 1 to 10. In a situation where the number of children is not a multiple of 10, an agency may use part-time staff to meet this requirement.

(2) The program must maintain at least one full-time child care supervisor.

(3) Staff responsible for child care supervision must be at a minimum level of one full-time child care worker for each five children in care during periods when children are awake. When the number of children in the program is not a multiple of five, + up to two additional children can be placed in a program without an additional worker. (For example, a program of 12 children would need two workers, whereas a program of 13 children would need an additional worker during times when children are awake.)

(4) At least one child care worker shall be on duty in the program at all times. There shall be an awake staff member on duty in the program during sleeping hours. If the program size is larger than 12 children, an additional staff member shall be available on an as needed basis or on the premises of the facility where the program is operated.

(5) There shall be at least one recreation employee per program in addition to the child care worker requirement under paragraph (3) of this subdivision. The recreation employee shall be available outside regular school hours.

Exceptions to the staffing requirements contained in this section for group emergency foster care programs may be approved by the department if an agency can demonstrate a convincing need to utilize staffing resources in a different manner. Any proposal for an exception shall be submitted in writing to the appropriate regional office of the department for approval.

The staffing requirements of 18 NYCRR 451.6 are included in the staffing models that are used to calculate the child care and social services parameters for group emergency programs. See Chapter 5, Staffing Charts 5 and 10.

B. DIFFERENTIAL STATE AID RATES FOR MULTI-UNIT PROGRAMS

The Standards of Payment System allows for differential state aid rates. A number of agencies operate group homes, agency boarding homes and institutions where one or more facilities or living units serve markedly different populations. These programs are subject to the following requirements:

- The programs are classified separately according to the child characteristics survey.
- Agencies must report the fiscal and program data required under Chapter 4 separately.
- The fiscal data submitted by the agency should demonstrate that there is a cost differential of at least 10 percent between the regular facility and specially designated facility.
- The local social services districts that place children with the agency must support the need for the program by placing children who are appropriate to the facility.

C. INTENSIFICATION

A local Department of Social Services (LDSS) may support a provider's request to intensify the maximum state aid rate (MSAR) for a particular program, within the limits of the applicable rate model for that program, and may document its willingness to pay for such an intensified rate. Where such support is documented in accordance with existing rules for making such requests, OCFS can assist the LDSS or voluntary agency in advancing a request for an increased MSAR for the relevant program.

Some examples of items that have been approved for program intensification are:

- The hiring of additional direct care staff such as child care and social workers.
- Increasing the salaries of direct care staff when their salaries are substantially below the model budget salary standards.
- Funding the cost of property renovations and repairs needed to correct situations that are potentially dangerous to the health and safety of the children in care.

All requests for such rate adjustments should be directed to the Rate Setting Unit, NYS Office of Children and Family Services, Capital View Office Park, Rm. 314 South, 52 Washington Street, Rensselaer, NY 12144.

The request should also be sent to the OCFS Regional Office that has oversight responsibility for the program or programs for which intensification is being requested.

D. OVERUTILIZATION

1. BACKGROUND

Each group foster care facility is issued an operating certificate that shows its maximum capacity. OCFS makes a retroactive rate adjustment on those programs, which serve more children than allowed by their licensed capacities on an annual basis. OCFS controls over-utilization for two reasons:

- The safety of the children and quality of care are best maintained by enforcing the licensed program capacity.
- If there is no rate adjustment based on over-utilization, there is an incentive to over-utilize a program and receive revenue in excess of costs.

2. PROCEDURE

- Agencies must report, by program, the care days for the preceding July 1, through June 30. This is done on the Program Statistics forms for Group Care and Foster Boarding Homes (2651). For over-utilized programs, the per diem amount of excess revenue is calculated. This amount is then deducted from the program's per diem maximum state aid rate.
- The reduced rates for over-utilization are effective retroactively for the rate year during which the over-utilization occurred.

3. PROGRAM CONSIDERATIONS

Operating certificates are issued for the purpose of specifying the terms and conditions for operating a facility licensed by OCFS. As stated in 18 NYCRR 476.2(c), "No facility subject to the requirements of this Article shall be operated otherwise than in accordance with the terms and conditions of its operating certificate, the terms and conditions of this Article and all other regulations of the department pertaining to the type of facility specified in such certificate."

Since over-utilization is a program as well as a fiscal concern, regional offices are notified as to which programs are over-utilized.

If an agency program operates or has a need to operate at more than 100 percent capacity, this agency should consider requesting an official capacity change through OCFS' regional offices.

E. CLOSE DOWN POLICY (APPLICABLE REGULATION: 476.2(D))

A facility shall not discontinue operations in accordance with the terms and conditions of its operating certificate except upon notice to the department at least 90 days in advance of the proposed discontinuance. Such notice shall include the submission of a plan, to be approved by the department, for the transfer of all residents therein to other facilities or, where appropriate, to arrange for the return of such residents to their families or to independent living arrangements in the community.

Close down is defined as the period during which plans to terminate a program are implemented. The close down period may be for a maximum of ninety (90) days. At the end of the period, the program ceases to exist. Consistent with the need to protect the health and safety of the children involved, an agency may request an extension of the 90 day limit from OCFS.

Agencies wishing to request an increased state aid rate for close down costs should submit material to the department according to the guidelines that follow. The granting of close down funding is not automatic and will be at the discretion of OCFS. In addition, funding may not cover all expenses.

An agency may request additional reimbursement above the previously established state aid rate for close down when program termination is due to the request of OCFS, suspension of contracts by social services districts which constitute a major portion of their care days, or by agency decision.

To be eligible for consideration for this additional funding, an agency must proceed as follows:

- Advise the department at least 60 days prior to the proposed start of termination.
- Provide a narrative explanation of the reasons for the decision to terminate, the plans for preserving the health and safety of the children and the plans for maintaining appropriate services for the children.
- Obtain approval of the plan from the local social services district(s).
- Submit a detailed plan for reducing the population and terminating the program. The plan should include projections of the number of children to be discharged per month during the close down period and the number and title of staff to be terminated per month as the children are discharged.
- Submit standards of payment fiscal forms listing anticipated expenses for the termination period. This must include a listing of any expenses that are anticipated as a result of program termination.

The following lists include items of expense that will be allowed and disallowed as part of close down costs.

1. ALLOWABLE ITEMS

- Payroll Expenses
 - Social Workers
 - Child Care Workers

- Child Support Workers
 - Maintenance Workers
 - Administrative Staff
 - **Medical/Clinical Staff (not allowable under a foster care MSAR, but could be funded under a medical per diem close down rate)**
- Food Costs
 - Utility Costs
 - Transportation Costs Related to Relocation of Children
 - Other Essential Day to Day Expenses (e.g. telephone, supplies, etc.)
 - Accumulated Vacation and Holiday Pay (subject to union contract or written policy)
 - Accumulated Sick Leave Pay (subject to union contract or written policy)
 - Severance Pay (subject to union contract or written policy)
 - Unemployment Costs

2. NON-ALLOWABLE ITEMS

- Depreciation
- Conferences, dues, etc.
- Expenses incurred prior to close down period
- Other non-essential non-cash expenses
- Expenses intended to enhance the value of the property

An increased state aid rate may be set for the termination period. Initially in determining the increased state aid rate based on allowable expense items needed to close, the OCFS Rate Setting Unit will exclude accumulated vacation, holiday, sick and severance pay and unemployment insurance. If OCFS approves these allowable costs, they will then be included in the final close down rate. These costs will be reviewed and approved based on demonstrated need and reasonableness of costs. The increased state aid rate for the close down period shall result in an average daily amount paid to the agency which should not exceed the amount resulting from multiplying the program's originally established state aid rate times the average number of children in care during the past six months. This maximum amount available for close down may be exceeded if the costs of accumulated vacation, holiday, sick and severance pay and unemployment insurance warrant such action. If more than one local social services district maintains children in the program, costs of the additional reimbursement should be borne on a proportionate basis by each

district, based on the children in care at the time the termination plan is submitted.

Agencies for which increased state aid rates for close down have been established will be expected to report the actual program costs incurred during the termination period. If the termination period falls entirely within the Standards of Payment System reporting period (July 1 through June 30) the agency will be required to separately report the related termination period costs as though they were for a separate program. Similarly, for programs with termination periods within two Standards of Payment System reporting periods, the agency will be expected to report termination costs separately. State aid rates will be revised downward only, based on the reported actual costs.

F. REIMBURSABLE ABSENCES FROM FOSTER CARE AND APPROVED SCHOOLS FOR THE HANDICAPPED

1. DEPARTMENT REGULATION 628.3(A) (4)

(4) Reimbursement of expenditures for care of a child in either direct or indirect care shall not include per diem costs of absences, except as follows:

- (i) all weekend visits;
- (ii) all school and religious holidays;
- (iii) vacation—up to 15 days per calendar year, excluding weekend visits;
- (iv) all organized school trips;
- (v) legal detention—up to seven consecutive days;
- (vi) running away—up to seven consecutive days;
- (vii) home on trial—up to seven consecutive days;
- (viii) absences due to hospitalization- up to 15 days per calendar year, except that in cases in which a child is diagnosed as having acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC) or has tested positive for human immune deficiency virus (HIV) or any infection with the probable causative agent of AIDS, the maximum number of absences per each episode of hospitalization for which reimbursement shall be available is as follows:
 - (a) up to 30 days of absence for children residing in a group home, group residence, agency boarding home, institution or approved residential school for the handicapped prior to the hospitalization; and
 - (b) up to 60 days of absence for children residing in a foster family boarding home prior to the hospitalization. Reimbursement in such cases shall include both administrative expenses and the pass-through payment to the foster parent; and
- (ix) visits to potential foster or adoptive parents—up to seven consecutive days per visit;
- (x) respite care and service provided pursuant to Part 435 of this Title.

2. INTERPRETATION

The preceding regulation sections are interpreted as follows:

(i) All Weekend Visits- A maximum of two days may be claimed as a weekend visit, those being Saturday and Sunday. This is only necessary if the child is absent for 24 hours each day. For example, if the child is absent for 24 hours each day. For example, if the child leaves the agency Friday evening and returns Sunday at 1:00 p.m., only Saturday should be claimed as a billable absent day. The child is considered to be in care Friday and Sunday. This section applies to both foster children and children placed by a Committee on Special Education (CSE).

(ii) All School and Religious Holidays- **Section 200.7(b)(5) of the Regulations of the Department of Education** requires approved schools and state operated and state supported schools to submit school calendars to the

commissioner each year. This is done to ensure that each pupil is afforded instruction for not less than 180 days per year. Therefore the calendars also indicate those periods of time during the school year in which the school is closed, including school and religious holidays.

As each school may have a slightly different calendar, it is fair that the maximum number of days for which reimbursement is available will be determined by the school that the child attends. For example, a child placed in an institutional program, who also attends either the Union Free School District or On Campus School associated with the program, will have his or her allowable absences due to school or religious holidays determined by the calendar of such school. School holidays may only be claimed as a billable absence during the September through June school year.

If a major religious holiday exists outside of the approved school calendar and it is agreed that the child should observe it with his or her family, the day or days on which the religious holiday falls may be reimbursed as a billable absence.

It is understood that even though the maximum allowable absences will be determined by each school's calendar, the social services district need only consider, as a billable absence, each 24 hour day in which the child is absent from the residence, not the classroom.

This section applies to both foster children and those placed by a CSE.

(iii) Vacation, up to fifteen days per calendar year, excluding weekend visits. When coupled with three consecutive weekends, a maximum of 21 days are allowed for a child's absence from care on vacation. As the billable absence in (ii) covers the September to June period, vacation should be used to cover absences occurring during late June, July, August and early September. However, if an absence is not covered by (i) and (ii) above, vacation may be claimed during any part of the year. This section applies to both foster children and those children placed by a CSE.

(iv) All Organized School Trips. The child must be absent from the residential portion of the program for 24 hours for each day claimed for reimbursement. This section may be used only during the September to June school year and applies to both foster children and children placed by a CSE.

(v) Legal Detention, Up to Seven Consecutive Days. This section applies to a foster child who is detained in either a secure or non-secure detention facility pursuant to Article 7 of the Family Court Act. This section applies to both foster children and children placed by a CSE.

(vi) Running Away, Up to Seven Consecutive Days. This section refers to a child who is absent without consent (AWOC) after running away from care or who fails to return to care from an approved absence. This section applies to both foster children and children placed by a CSE. The child must be gone for 24 hours in order to be considered a runaway. The days that can be reimbursed are the day the child leaves, plus up to seven consecutive days. See 18 NYCRR 431.8 for requirements related to absence without consent (AWOC).

(vii) Home on Trial, Up to Seven Consecutive Days. As not every child in care will need a trial discharge period, this section should be used on a case specific basis, should be prior approved by the placing agency and be documented in the Uniform Care Record and the Child Care Review Service. This section applies only to foster children.

(viii) Absences due to Hospitalization, up to Fifteen Days per Calendar Year. This section may be used only for those days in which the child is hospitalized. This section applies to both foster children and those placed by a CSE.

Children with AIDS, ARC or who test HIV positive may require more than 15 days of hospitalization per calendar year. During those times it is critically important that agency personnel and foster parents continue contact with the child to improve the possibilities of earlier stabilization and discharge. The more liberal absence policy for these children will maintain places for them in the same agencies or homes for reasonable periods of time.

The following applies to children with AIDS, ARC or who test HIV positive.

- In the case of children placed by Committees on Special Education (CSE), in an approved residential school and/or authorized agency, each social services district shall reimburse the school or agency for absences caused by inpatient hospital care as defined in section viii.
- For foster children placed in an authorized agency, there shall be a copy of the appropriate diagnosis signed by a licensed physician in the medical section of the Uniform Case Record.
- For children placed by CSE's the approved or contract school shall submit a copy of the diagnosis signed by a licensed physician with the initial bill for the children in question.

(ix) Visits to Potential Foster or Adoptive Parents, Up to Seven Consecutive Days. This section applies only to foster children.

(x) See Chapter 10, Section I Respite Care and Services for Foster Families. This section applies only to foster children.

3. ADDITIONAL POLICIES ON REIMBURSABLE ABSENCES

- The above absences may be reimbursed only on the assumption that the agency or private school is holding a bed open for an absent child and is therefore still incurring certain costs on behalf of the child. However, if an agency or school informs a district that it will not accept the return of an absent child, none of the absent days are reimbursable.
- The unplanned absences listed under sections (v), (vi) and (viii) may be claimed consecutively with other planned absences. For example, if a child fails to return from a weekend visit, vacation or school holiday, etc., the district may reimburse the agency for the planned visit. If the agency agrees to accept the child back, the district may reimburse the

agency for the appropriate additional number of unplanned absent days.

- The absences described in sections (i), (ii), (iv) and (ix), as they relate to foster children, must be prior approved by the legally responsible social services district. The approval may be obtained by telephone or in writing and must be documented in the Uniform Case Record.

G. SUPERVISED INDEPENDENT LIVING PROGRAMS

The applicable regulations for Supervised Independent Living are **18 NYCRR 447.7 and 447.8**. The following information applies to Standards of Payment and rate setting.

1. Supervised Independent Living Program (SILP)

Supervised independent living is a type of agency boarding home program where children supervised by an authorized child care agency live on their own in the community. This program provides a transition from foster care to independent living for children whose plan of care is eventual discharge to their own responsibility. Children in supervised independent living programs live in units that are separate from other agency dwellings. The unit may not house more than three children although waivers may be allowed under the provisions of **regulation 447.8**. Each individual unit requires an operating certificate. Before it can operate a supervised independent living program, the agency must have received a letter of approval from the department.

2. Reimbursement for SILP

Reimbursement for approved supervised independent living programs will be provided on a basis and in a manner determined by OCFS.

Agencies operating supervised independent living programs must submit fiscal and program data to the department in accordance with the provisions of **regulation Part 427**. See Chapter 4 of this manual for the reporting requirements.

3. Maximum State Aid Rates for SILP

The maximum state aid rates used for reimbursing the cost of serving children in supervised independent living programs will be issued annually by the OCFS Rate Setting Unit.

H. PAYMENTS FOR FOSTER CHILDREN ATTENDING A COLLEGE OR UNIVERSITY

1. Applicable Regulation: 18 NYCRR 628.3(a)(3)

(a) Child care (foster care). Cost of foster care of children, pursuant to title 2 of article 6 of the Social Services Law for:

(3) Payments to a college or university when a foster child for whom the social services official has been providing foster care is attending and residing at the college or university away from the foster care facility in which he or she has been placed. Such payments may be made only for room and board, if not otherwise provided, and shall not exceed the amount which the local social services district would pay to a foster family for that child.

2. Interpretation

Social services districts may make payments to colleges or universities on behalf of foster children. These payments are to be used exclusively to provide room and board for the foster child and are not to be made if room and board are otherwise provided. The payments made may not be used for tuition costs.

The payments to the college or university may not be higher than the amount that would be paid to a foster family if the child was living in a family boarding home. The payments are not subject to Federal participation.

Since colleges and universities have individual payment plans for room and board, social services districts choosing to pay schools directly may make contractual arrangements with the parties who are involved.

The phrase in 18 NYCRR 628.3(a)(3) "... residing at the college or university ..." also includes students living off campus in private homes as well as students residing in college dormitories. The department recognized that residence in private homes off campus is preferable and, in some situations, essential for those with certain handicapping conditions or if the college or university is unable to provide room and board on campus.

For a student who must live off campus, an agency should request the college or university to assist the student in obtaining a suitable room and board arrangement and to accept responsibility for transferring room and board payments from the agency to the persons providing room and board to the student. The college or university should be advised that the department's regulation prohibits an agency from making room and board payments directly to the student or to a person providing room and board unless certified for foster boarding home care.

APPENDICES

A. STANDARDS OF PAYMENT REPORTING FORMS

The following forms are available in the Statewide Standards of Payments (SSOP) application, located on the OCFS Internet Site:

- Program Information (this is a newer form that had no former OCFS number)
- Program Statistics - 2651 (formerly OCFS-FC-2651 Program Statistics)
- Operating Specifications - 2651A (formerly OCFS-FC-2651A Report of Operating Specifications for Congregate Care Facilities)
- Operating Unit Specifications - 2651B (this is a newer form that had no former OCFS number)
- Job Title/Category (formerly part of OCFS-FC-2652A and OCFS-FC-2668)
- Ancillary Benefits - 2652A (formerly OCFS-FC-2652A Report on Details of Operating Agency Salaries)
- Actual Income - 2654 (formerly OCFS-FC-2654 Report of Actual Income)
- Employee Distribution - 2668 (formerly OCFS-FC-2668 Supplemental Memorandum Report – Employee Distribution by Job Classification)
- Parent Organization Details - 2856A (formerly part of OCFS-FC-2856)
- Parent Organization Charges - 2856 (formerly OCFS-FC-2856 Charges from Parent Organization)
- Purchase of Services - 3307 (formerly OCFS-FC-3307 Purchase of Service Schedule)
- Allocation Method - 3308 (formerly OCFS-FC-3308 Report of Allocation Methods)
- Actual Expenditures - 2652 (formerly OCFS-FC-2652 Report of Actual Expenditures)
- Related Party Information (this is a newer form that had no former OCFS number)

B. SUPPLEMENT TO COMMON JOB TITLES AND DESCRIPTIONS

The following job titles and job descriptions are commonly found in child caring agencies. They are to be used as a guide for completing Standards of Payment Form "Employee Distribution-2668" See Chapter 4 of this Program Manual.

The purpose of this supplement is to reduce the large number of different job titles that are currently reported into a more standardized group of titles. This will facilitate the analysis of salaries and full time equivalents by job title.

The list should be reviewed before completing the forms. If an agency job title is not on the list, but the job function is the same as or equivalent to a title on the list, use the title on the list.

These common titles are to be used in reporting salaries and full time equivalent positions under the categories of Administration, Social Services, Child Care, Medical, Child Support, and Maintenance categories.

Note: If the duties of a particular agency director are limited to a single function such as social services, child care or medical, use "Director of Social Services," "Director of Child Care," "Medical Director" titles.

The information in this Appendix relates to job descriptions rather than job qualifications. See **18 NYCRR 442.18**, Personnel; voluntary authorized agencies, for the minimum qualifications of such job titles. Relevant parts of this regulation are found in Appendix D of this manual.

1. ADMINISTRATION

Include persons whose primary function is the general management and daily administration and operation of the agency in accordance with applicable rules and regulations of the Office of Children and Family Services (OCFS), formerly known as the Department of Social Services, and all other applicable requirements of law and of the policies of the governing board. Education titles should be reported under Education Programs.

(A) Executive Director: This title should be used to designate the Agency's Chief Administrator. It may include Administrator, Superintendent, etc.

The Executive Director has overall and primary responsibility for the children under care and for the delivery and quality of services to residents and clients, including planning and evaluation of foster care and other services programs, organizing overall agency structure and the delegation and management of the agency resources. The position is appointed by and is under the general direction of the governing board of the agency.

(B) Assistant Executive Director: This position is under the supervision of the executive director and has responsibility for a major portion of agency operations. The Assistant Executive Director is responsible for the effective administration of these operations. This title may also include assistant director, assistant administrator, associate director, director of operations, etc.

(C) Financial Officers: This title should be used to designate the agency controller or chief fiscal officer.

This position has responsibility for all fiscal operations, including assisting the agency executive in fiscal administration, and for coordinating and guiding department heads and supervisors in the fiscal management and activities of the departments. It includes the responsibility for developing major fiscal programs and procedures of the agency's general accounting, budgeting, purchasing and financial reporting, as well as other related functions such as payroll, statistics, etc.

(D) Finance/Accounting Personnel: Responsible for fiscal and general accounting functions, including duties associated with financial director, controller, accountant, business manager, office manager, clerical supervisor, bookkeeper, and statistician.

(E) Program Directors: Responsible for the administrative oversight of agency programs. Positions associated with this title would include director of division, administrator, assistant to executive, executive assistant, and director of purchasing.

(F) Human Resources Personnel: Responsible for the day-to-day activities associated with agency employees. Job titles would include director of personnel, and personnel liaison.

(G) Public Relations Staff: Responsible for maintaining a positive image of the agency and the children. Should create public and community interest in the well being of the children through media campaigns.

(H) Staff Development Personnel: Responsible for obtaining all the necessary training for agency staff and maintaining records of such training.

(I) Quality Assurance Personnel: Responsible for assuring the programs are adequately meeting the needs of the children and all requirements by Federal, State and County offices are being fulfilled.

(J) IT Personnel: Responsible for the computer's used by the agency. Duties would include installing various software, trouble shooting connection problems, and functioning as a liaison when an outside vendor needs to be contacted for repair work. Also, would be responsible for all computer related duties, including entering data for SSOP work, connections, etc. Titles would include IT specialist and keyboard specialist.

(K) Fund Raising Personnel: Duties would include writing of applications for various grants, soliciting donations for the agency and any other activity to obtain money for the agency's funds.

(L) Education (SED): Duties would include functions associated with the operation of a school on the campus. Titles would include Superintendent, Principal, Department Head (School).

(M) Support Personnel: Duties would include any support for the administrative office. Job titles would include clerk, office worker, receptionist, typist, stenographer, messenger, secretary.

2. SOCIAL SERVICES

Persons whose primary function is to provide, supervise or direct the provision of social work services including casework, group work, counseling and casework services, planning and coordination of services to children and their families, supervision, training or consultations to staff that provide these services.

(A) Director of Social Services: The Director of Social Services has overall responsibility for the administration of all casework in the social services programs, and for coordinating and monitoring other appropriate staff within and outside of the social services department, e.g., group living, education, clinic, etc. in those aspects and activities of their work which relate to "plan of service" for each child in care, including the intake, casework and discharge programs of the agency and other major services, which are offered through the social services department.

(B) Assistant Director of Social Services: (Same as Treatment Coordinator, Administrative Supervisor, etc.)

This person reports to the social services director and is delegated a substantial part of the work of the director of social services. This title should be used where the position directs a major social services program of the agency, e.g., Director of Home Finding, Coordinator of Community Services, Director of Adoption, etc.

(C) Social Work (SW) Supervisor: Equate with casework supervisor title.

The Social Work Supervisor has responsibility for the supervision, training, guidance and evaluation of the performance of social workers and case aides in carrying out casework and counseling for children and families, casework study, case records, assessment and diagnosis of child and family needs, as well as follow-up casework, social planning and ongoing evaluation. This person is responsible for approving practices, approaches, plans and activities recommended by social workers regarding individual cases. This title requires MSW or equivalent.

(D) Social Worker includes:

Senior Caseworker: This person is assigned responsibility for providing, largely independently and with only general supervision, all aspects or elements of the casework services method to an assigned full caseload, performing these services at the most difficult and responsible level of casework services, including making detailed and complete case studies, recommending and defining short and long-term social needs and goals of children and families, initiating and conducting case conferences with other staff, evaluating on an ongoing basis all cases in caseload, recording case records, developing, coordinating, monitoring and periodically reporting to supervisors and outside officials, the various aspects and events associated with the agency's plan of service for each child. This title must possess an MSW.

Caseworker: Assigned responsibility for providing, with supervisory assistance, all aspects or elements of the casework services to an assigned full caseload, performing these services at a level less difficult or less responsible than that of senior social workers, but including detailed case studies, reviewing cases with supervisor before case planning, initiating with approval and conducting case conferences with other staff, evaluating on an ongoing basis all cases in caseload, recommending and defining social needs and goals of children and families, case recording, coordinating, monitoring and periodically reporting to supervisors and outside officials various aspects and events associated with the plan of service for each child and family. This title requires one year of graduate study.

Entry-level Caseworker: This is an entry-level position whose duties are essentially the same as social worker, e.g., casework responsibilities and planning, but closer supervision is required. The worker may still require considerable training before assuming a full caseload. This title requires a B.A. degree.

(E) Case Aide: Under the immediate supervision and direction of a supervisor or caseworker, the case aide performs various supportive activities of casework services, but is not responsible for casework services to caseload as such. Duties may include: interviewing children, parents and others to obtain factual information about the total family situation, investigation to obtain new facts or confirm information obtained in interviews, participating and reporting findings at case conferences, directly assisting children and family members in various ways, e.g., providing transportation, talking on their behalf before various organizations, arranging home visits, etc., assisting in the implementation of approved goals for children and family, and various other supportive functions associated with needed casework services.

(F) Psychologist (Non-Licensed): If not certified as a clinical psychologist in New York State, this position should be listed under Social Services.

(G) Licensed Clinical Social Worker (LCSW) Supervisor: Supervisor for the licensed clinical social workers.

(H) Licensed Clinical Social Worker (LCSW): Licensed clinical social workers whose duties include all of those associated with that of a licensed master

social worker and includes the diagnoses of mental, emotional, behavioral, addictive and developmental disorders and disabilities. Provides crises oriented psychotherapy and treatment plans for long and short-term psychotherapy.

(I) Licensed Masters Social Worker Supervisor (LMSW): Responsible for the supervision of licensed master social workers.

(J) Licensed Masters Social Worker (LMSW): Licensed master social worker who practices social work theory, principles and methods to implement a plan of action based on clients needs and strengths. A person who was previously listed as a certified social worker is considered a licensed master social worker.

(K) Specialist: Any function associated with social work that would provide services to clients. Job titles would include intake worker, adoption specialist, aftercare worker, and case aide.

3. CHILD CARE

Persons whose primary function is to provide direct supervision of the activities of children in care.

(A) Director of Child Care: This position is assigned the overall responsibility for the operation of the child care group living programs of the agency and provides overall supervision of the residential program. The Director of Child Care also may be responsible for coordinating the group living programs with those of the social services department and other departments providing special programs and services, e.g., health, education, dietary, etc. This title may include Director of Residents, Program Supervisor, Program Coordinator, and Program Director.

(B) Child Care- Asst. Director: Assists the Director of Child Care in providing overall supervision to the agency's residential programs.

(C) Child Care Supervisor: This person has responsibility for supervising one or more residential group living units (cottages, floors, dormitories, etc. in institutions, group homes or agency boarding homes). Duties include training and supervising child care staff in the units. The Child Care Supervisor also interviews, hires, and recommends staff changes as necessary and prepares work schedules. The supervisor also participates in conferences with own staff and with other departments regarding child treatment plans and recommends procedures for implementation of these plans in the living units. This title may have additional responsibility for special projects as assigned by the Director of Child Care.

(D) Child Care Worker includes:

Senior Child Care Worker: Under general supervision, has responsibility for the children living within a specific unit, performing everyday tasks that would ordinarily be the parents' role with regard to the training and rearing of children, carrying out treatment or service plans, creating a family type atmosphere in the group through living, eating, playing with the children and generally being available to them. This person requests and participates in case conferences with other staff, shares significant information in understanding the child and his family and helps to identify specific problems in order to formulate a consistent plan of service and treatment. Provides working supervision and training to other child care staff. This title may include senior counselor positions.

Child Care Worker I: The duties of the child care worker are essentially the same as those described under senior child care worker. The child care worker performs these duties under the supervision of a more senior child care worker or child care supervisor. This title may include counselor positions.

Night Child Care Worker: This position is only responsible for supervision of the children in the group living units during normal sleeping hours. This includes maintaining sleeping rules and doing bed checks. The worker is also responsible for wake-up rules and practices for residents in the morning. Do not use for workers occasionally performing night duties.

House parents: (Use for Live-in Staff Only) Performs the same duties as those described under senior child care worker and child care worker. House parents in supervisory positions should be equated with the child care supervisor title. The houseparent title refers to live-in staff.

(E) Recreation Supervisor: This person has overall responsibility for recreational services and programs. This includes arts and crafts, music, formal and informal athletic programs, both on-campus and in the community. Coordinates the services and programs of the recreation department with that of group living and other departments, as well as with the community, in order to ensure meaningful and interesting leisure time activities and planned recreation for children placed in the agency's program. This person inspects facilities, equipment and rules for safety and supervises the care and maintenance of all athletic equipment and facilities. This title includes Camp Director.

(F) Specialists (Recreation Specialist): This person has the responsibility for specialized activities within the recreation program. The activity requires special skills, generally in areas such as vocal and instrumental music, dramatics, oil painting, ceramics, swimming, dancing, etc.

(G) Recreation Worker: This person conducts recreation programs of a general nature (athletic, dancing, camping, etc.) and cooperates with child care workers concerning goals for individual children, as well as special events and off-campus activities (field trips).

Education titles should only be reported in an education program.

(H) 1:1 Aide: Responsible for caring for a specific child who requires constant supervision and care.

(I) Adoption Legal Services: Child Care Worker who coordinates the adoption of children by working with potential adoptive families and counsel to assure all paperwork is completed and filed. Also responsible for the child care adoption registry – assuring up to date information and photos are available for all children freed for adoption This title can also be used to report Attorneys.

(J) Teachers/Specialist (SED): Aides and Workers associated with the school for children who require special needs/ additional attention.

4. MEDICAL

These are persons whose primary function is to provide for the development of medical policies and procedures of the agency, for the direction of the medical program and for the delivery of medical and health services to the children in care.

(A) Clinical Director: The Clinical Director has responsibility for the execution, monitoring and evaluation of the health and medical program for the children in the care of the agency. (Also includes: Clinical Director, Medical Coordinator, Health Coordinator, and Clinical Coordinator.)

(B) Assistant Clinical Director: This person assists the Clinical Director, includes Infirmary Supervisor.

(C) Psychiatrist: Has responsibility for providing psychiatric services and care to children, including diagnosis and prognosis for purposes of determining appropriate placement services for the children referred to the agency or presently in care. The Psychiatrist is responsible for carrying a caseload of children in therapy and for ongoing evaluation and prognosis of such children in regard to their mental and emotional well being since coming under psychiatric care. Also responsible for prescribing psychiatric medication as appropriate for children under his/her direct care or under care of other staff such as psychologists or psychiatric social workers. Also counsels other appropriate staff, such as, child care, recreational, nursing, staff, etc. regarding individual children under therapy.

(D) Psychologist: If certified in New York State.

The Psychologist performs duties associated with the diagnosis and treatment of children, including administering and interpreting projective and other psychological tests, carrying out remedial or psychotherapy for children having psychological disabilities, providing instruction and training in the principles and practices of clinical psychology to appropriate members of the agency's staff and consulting with other agency staff regarding the problems and plans of individual children in care.

(E) Nurses includes:

Any nurse, including RN, LPN, etc. who is involved in the treatment of the agency children, including:

Registered Nurse (RN): Under supervision of a physician or a supervising nurse, this person provides direct treatment and dispenses prescribed medication to children. Assists in assessing the health needs of each child and helps to carry out the planned health care program and maintains liaison with doctors, hospitals, clinics, etc., as well as appropriate staff in other departments.

Licensed Practical Nurse (LPN): Under supervision of supervisory nurse or RN the LPN administers prescribed medication and treatment to children under care, assists in carrying out the planned health care program, assists with maintenance of health records and maintains liaison with doctors, hospitals, clinics, etc., as well as appropriate staff in other departments.

Nurse's Aides: Under supervision of the professional staff, the Nurse's Aide assists in performing routine duties in caring for children in the infirmary or outpatient clinics. Performs duties in accordance with established methods and procedures such as bed making, meal service, bathing and dressing children and supervising activities of patients.

(F) Physicians: A licensed medical doctor, including any specialist.

(G) Licensed Clinical Social Worker Supervisor (LCSW): Supervisor for the licensed clinical social workers allocated to medical.

(H) Licensed Clinical Social Worker (LCSW): Licensed clinical social workers allocated to medical whose duties include all of those associated with that of a licensed master social worker and includes the diagnoses of mental, emotional, behavioral, addictive and developmental disorders and disabilities. Provides crises oriented psychotherapy and treatment plans for long and short-term psychotherapy.

(I) Licensed Masters Social Worker Supervisor (LMSW): Responsible for the supervision of licensed master social workers allocated to medical.

(J) Licensed Masters Social Worker (LMSW): Licensed master social worker allocated to medical who practices social work theory, principles and methods to implement a plan of action based on clients needs and strengths. A person who was previously listed as a certified social worker is considered a licensed master social worker.

(K) Dentists: Any dentist, including specialists (i.e. orthodontist, endodontist, etc.) who is licensed to practice in New York State.

(L) Specialists: Includes medical practitioners, etc.

(M) Administration: Job duties would include those of a medical clerk, transcriber of records, medical assistant.

(N) Transportation: Provides transportation to medical, dental and any other medical related appointments.

5. CHILD SUPPORT - PERSONNEL

(A) Director: Responsible for the overall supervision of agency-wide personnel whose main responsibilities are taking care of the food preparation and the clothing needs of the children.

(B) Assistant Director: Assists the director in supervision of all the personnel who provide for the food support and clothing needs of the children.

(C) Food Management: Duties would include the purchasing and preparation of food for the children. Titles would include butcher, cook, dietician, dietician aide, dining room worker, kitchen worker, and waiter/waitress.

(D) Transportation: Responsible for driving children to various activities and appointments.

(E) Clothing and Supplies: Responsible for cleaning, repairing and purchasing all clothing and sundry items needed by the children. Titles would include supply supervisor, laundry worker/supervisor, seamstress, storekeeper, and clothing supervisor.

(F) Personnel: Persons whose job duties would be to tend to the hygiene and care of the children. Titles would include barber, hair care specialist, etc.

6. MAINTENANCE

(A) Director: Person who is responsible for supervising the maintenance and repair to the buildings and grounds.

(B) Assistant Director: Assists the Director with his/her duties of maintaining and repairing the building and grounds.

(C) General: Any person who maintains the grounds or repairs the buildings. Titles would include gardener, maintenance worker, custodian, housekeeper, janitor, painter, cleaner, laborer, domestic worker, and handyman.

(D) Security: Duties would include assuring the overall security of the facility and grounds. Titles would include watchman, security guard, and attendant.

C. CLASSIFICATION INSTRUCTIONS AND SURVEY INSTRUMENT

1. GENERAL INSTRUCTIONS

Appendix C of the Standards of Payment Manual contains these General Instructions, the Instruction Booklet, the Questionnaire, and the Answer Sheet/Data Entry Form for completing the Child Classification Self-Survey of Characteristics of Children in Residential Facilities

The Instruction Booklet has specific guidelines, definitions and examples to use in completing the Questionnaire.

We recommend you use the Instruction Booklet hand-in-hand with the Self-Survey Questionnaire to ensure a complete understanding of the questions and consistency within the overall survey.

You will record your answers to the Self-Survey Questionnaire on the Answer Sheet that also serves as a form for Data Entry.

When you have completed all of your Answer Sheets, your agency coordinator can have a designated person enter the data from the Answer Sheets into the Classification Database.

Before you conduct a Self Survey, you must make arrangements with the OCFS - Rate Setting Unit. The OCFS - Rate Setting unit will select the survey sample and discuss other relevant issues with you. Please contact:

The OCFS Rate Setting Unit at (518) 474-1384.

2. INSTRUCTION BOOKLET (USE IN CONJUNCTION WITH SELF-SURVEY QUESTIONNAIRE)

The following instructions provide specific guidelines, definitions and examples for use in completing the self-survey questionnaire. It is recommended that the questionnaire be completed by the staff member who is most familiar with the child. In order to achieve consistency, it is necessary that the following directions and definitions be carefully read and applied by each individual filling out the questionnaire. Before answering each question, it is essential to read the instructions pertaining to that question.

The questionnaire itself is divided into six sections:

- I. Program and Child identifying information
- II. Behavior problems
- III. Mental illness and psychiatric symptoms
- IV. Developmental disabilities

- V. Skills in activities of daily living
- VI. Physical disabilities and health problems

Before beginning, it would be helpful to read the entire self-survey questionnaire through carefully to get a sense of the type of information that will be collected and to determine the appropriate sections in which to code certain items. It should be noted that most children will NOT require all sections to be completed.

The instructions will follow the questionnaire exactly. General instructions are given for each section and individual instructions are provided for each question, with definitions and/or examples given if appropriate.

A few general notes or reminders before beginning:

It will be necessary to use the child's case record to complete a number of items on the questionnaire.

Fill out only one answer sheet per child.

Either a pen or pencil may be used but be careful to be legible.

Do not leave blanks in any boxes unless instructed to do so.

Take particular care to enter the appropriate legible numbers or text within the boxes where asked.

A number of items require specific documentation in the case record. Read instructions carefully in each section and each question to determine exactly which choices require such documentation.

In most cases, the questions ask for the frequency or severity of a given problem in the past 90 days only. Be sure to include only information from that time period unless otherwise indicated.

Record those behaviors that occur at the facility or while the child is on a home visit.

If there are any questions in completing the questionnaire after reviewing the form and the instructions, check with your agency coordinator.

SPECIFIC INSTRUCTIONS:

I. PROGRAM AND CHILD IDENTIFYING INFORMATION

(Case #) Project Case Number

Enter a unique case number for each child in the review. You could use your agency's internal case number or have your agency coordinator create a unique set of case numbers for this project. **Check with your agency coordinator for instructions.**

(Agency Code) Agency Code

Enter the OCFS-assigned code for your agency. Check with your agency coordinator for instructions.

(Program Code) Program Code

Enter the OCFS-assigned program code for your agency. **Check with your agency coordinator for instructions.**

(Reviewer) Name of staff completing review

Enter the name of the person completing the questionnaire.

(Reviewer's Title) Title of staff completing review

Enter the title of the person completing the questionnaire.

(Review Date) Date of Self-Survey Review

Enter the date on which this questionnaire is completed. Do NOT omit this item as it is critical in verifying other information given. Use only one date for this project review, even if the review is completed over a period of days. Check with your agency coordinator for instructions.

(Child's DOB) Date of Birth for Child

Enter the child's exact date of birth using 6 numbers. For example, if the birth date is June 8, 1964, enter:

06 / 08 / 64

(Child's Initials) Initials for Child

Enter the child's initials.

(County) County of Official Responsibility

Enter the code for the county that is paying for the cost of care from the list provided below. This is generally the county where the child's family resides.

Unless the child is being paid for privately, be aware that, regardless of the type of placement (voluntary, CSE, court), the county that placed the child does have some financial responsibility.

If the child is being paid for privately, indicate the county in which the parents reside.

Albany	01	Oneida	30
Allegany	02	Onondaga	31
Broome	03	Ontario	32
Cattaraugus	04	Orange	33
Cayuga	05	Orleans	34
Chautauqua	06	Oswego	35
Chemung	07	Otsego	36
Chenango	08	Putnam	37
Clinton	09	Rensselaer	38
Columbia	10	Rockland	39
Cortland	11	St. Lawrence	40
Delaware	12	Saratoga	41
Dutchess	13	Schenectady	42
Erie	14	Schoharie	43
Essex	15	Schuyler	44
Franklin	16	Seneca	45
Fulton	17	Steuben	46
Genesee	18	Suffolk	47
Greene	19	Sullivan	48
Hamilton	20	Tioga	49
Herkimer	21	Tompkins	50
Jefferson	22	Ulster	51
Lewis	23	Warren	52
Livingston	24	Washington	53

Madison	25	Wayne	54
Monroe	26	Westchester	55
Montgomery	27	Wyoming	56
Nassau	28	Yates	57
Niagara	29	NYC	58
		Other State	59

(Placement Date) Date of present placement

Enter the date that the child was placed in the specific program in which he/she is currently placed.

For instance, if the agency has more than one program, and the child was originally placed at the institution and subsequently moved to the group home where he/she currently remains, enter the date of placement in the group home.

Similarly, if the child was transferred from one of the agency's group homes to another agency group home, enter the date of the placement in the group home where he/she currently resides.

(Placement Code) Placement mechanism

Enter the code that specifies the most recent placement mechanism from the list.

Be sure to note the most recent mechanism. For instance, the child may have originally been placed with the agency by the Family Court following an adjudication of neglect. Since that time, the court placement may have lapsed and the child is now on voluntary status. Check carefully to accurately code the current status.

There may be children in the agency that are in OCFS (formerly DFY) custody. If so, use Choices 6 or 7.

(Other Placement) Other Placement mechanism

If Choice 8 is selected for Placement Code, specify the mechanism.

(IQ Score) IQ Score

If the child has been tested by a standardized IQ test within the past three years, indicate the score. A mental age or grade equivalent score should NOT be entered here. Only scores from a standardized IQ test are acceptable.

Enter only the full scale IQ in the box provided. A performance or verbal score alone is not acceptable.

If there is a statement in the record that the child is un-testable, enter "888."

(IQ Test Name) Name of IQ Test

If the child has been tested by a standardized IQ test within the past three years, indicate the name of the test. Examples of standardized IQ tests are:

- ☐ WISC, WISC-R, or Wechsler
- ☐ Stanford-Binet
- ☐ Cattell
- ☐ Bayley
- ☐ Gesell
- ☐ McCarthy
- ☐ Leiter

(IQ Test Date) IQ Score

If the child has been tested by a standardized IQ test within the past three years, indicate the date, e.g., month (00) and year (00) it was administered.

(School Placement) Current School Placement Code

Enter the code that indicates where the child is attending school.

(Other School) Other School Placement

If Choice 5 is selected for the Current School Placement Code, specify the other type of school where the child is attending school.

II. BEHAVIOR SECTION

This section of the questionnaire is divided into two parts: those behaviors that the child has manifested 6 months prior to placement and the current behaviors that have been observed 90 days prior to completion of this self-survey.

A. Prior to Placement Behavior Problems:

This series of questions focuses on describing selected significant behaviors occurring prior to the child's placement in this specific program. Consider behaviors that have occurred only in the 6 month period prior to placement in this program. If the child has been transferred to a program within the agency, consider only behaviors that are documented in the case record during the 6 months before transfer. If the child was not present in the agency, use only external-from-agency documentation, i.e., local DSS, probation, police reports contained in the case record. The following items contain examples of behaviors to be used as guidelines. The child does not need to display all the examples in a particular choice.

(Q11) Question 11. Major assaults

This item must be substantiated by documentation in the case record.

A major assault is a physical attack on another person in which serious harm resulted (e.g., the victim required serious medical attention) or would have resulted had there not been immediate physical restraint or intervention. Do NOT count incidents which are entirely self defense.

Examples of major assaults are:

- o Murder or attempted murder
- o Rape
- o An assault with a dangerous weapon or object
- o A serious attack on an individual much weaker
- o Particularly vicious fighting

A major assault is NOT:

- o Fist fighting between physical equals
- o Slapping, pushing, shoving, scratching, biting
- o Throwing a book at someone

Use common sense. An 8-year old is unlikely to cause an adult serious harm if he/she fights with the adult. Similarly, in general, throwing a chair in someone's direction does not generally result in serious harm. However, it could be done with such great velocity and at such close range that it could conceivably hurt someone badly. Consider the circumstance carefully.

Also, the intent (i.e., not by accident) to harm someone should be present. If a child loses control and starts throwing things around the room and someone walks in and accidentally gets hit by a flying object, the behavior should not be considered a major assault.

(Q12) Question 12. Major vandalism

This item must be substantiated by documentation in the case record.

Major vandalism or serious destruction of property is defined as an incident in which damage of more than \$50 occurred. This is not limited to a single object that has a value greater than \$50. One incident on a given day wherein a number of smaller items were destroyed that, taken together, amount to greater than \$50 is considered a major vandalism. However, if a lot of small items were destroyed over a number of days, that cannot be considered as an incident of major vandalism.

Intent to destroy should be evident. A child who goes on a joy ride and accidentally cracks up the car is not guilty of vandalism.

(Q13) Question 13. Major theft

This item must be substantiated by documentation in the case record.

This is an incident of theft totaling more than \$50 value. If a child goes out one day to a neighbor's house and steals their TV set, stereo and bicycle, this should be coded as "one incident" and not three.

"One incident" is also the correct choice if the child goes into a store on a given occasion and shoplifts a hair dryer, two pairs of jeans and other smaller items that total over \$50.

(Q14) Question 14. Robbery

This item must be substantiated by documentation in the case record.

A robbery is theft that involves confrontation with the victim. It generally includes a weapon and/or threat of serious harm to the victim. If in the act of the robbery, the victim is seriously hurt, code the incident BOTH as a robbery and as a major assault.

(Q15) Question 15. Major fire setting

This item must be substantiated by documentation in the case record.

This includes fire setting in which damage of more than \$50 occurred or in which someone was physically in danger. This would include setting a mattress or car on fire. Playing with matches or lighting a fire in a steel wastepaper basket away from the possibility of the fire spreading or a small, isolated grass fire, are not considered major fire setting incidents. (These items may be coded in Question 17, Other Behavior Problems.)

(Q16) Question 16. Hard drug use/excessive alcohol consumption

Examples:

- | | |
|--|------------------------------------|
| ☐ Angel dust (PCP) | ☐ Cocaine |
| ☐ LSD | ☐ Amphetamines |
| ☐ Heroin | ☐ Barbiturates |

Code use of these drugs for other than approved medical reasons.

Excessive alcohol consumption is drinking to the point of being inebriated and habitual.

Hard drug use and/or excessive alcohol consumption must be habitual and to the degree that it interferes with the child's daily functioning.

(Q17) Question 17. Other significant behavior problems

This item is available to capture any other significant management problem that has not been captured in previous items. If there is more than one problem, select the more severe issue.

Code only the behavior that seriously affects the child's ability to function normally in his/her community or, if the child was previously placed in another program, behavior that was disruptive to the program. Do NOT code behaviors that were merely irritating or petty.

B. Current Behavior Problems:

This section is concerned with actual observable behaviors such as assaultiveness, stealing, etc. Consider only what the child actually does, not feelings, emotional problems, interpretations or inferences about how the child

might behave in a different setting or why the child behaves in a particular manner. (Some of these issues will be dealt with in the Mental Illness section.)

For example, hostility is not a behavior; however, verbal abusiveness or bullying are behaviors.

For questions 18 to 34, code only those behaviors that have occurred in the past 90 days. If the child has been in placement at this specific facility for less than 90 days, include only those incidents that have occurred since the child was placed in the facility even if the child has only been in placement for one day.

Example:

Today's date is November 1, 1982. The child was placed at the facility on September 15, 1982. Code only those problems which occurred from 9/15/82 to 11/1/82.

Today's date is November 1, 1982. The child was placed at the facility on April 3, 1981. Code only those problems which occurred from 8/1/82 to 11/1/82.

Do NOT code the same behavior in more than one item. Consider the behavior carefully, look at all the choices, and decide which ONE item most accurately describes that particular behavior. There are certain exceptions to this rule that are described in the appropriate sections below.

Questions 18 through 23 require documentation in the case record.

(Q18) Question 18. Major assaults

This item must be substantiated by documentation in the case record.

A major assault is a physical attack on another person in which serious harm resulted (e.g., the victim required serious medical attention) or would have resulted had there not been immediate physical restraint or intervention. Do NOT count incidents which are entirely self defense.

Examples of major assaults are:

- o Murder or attempted murder
- o Rape
- o An assault with a dangerous weapon or object
- o A serious attack on an individual much weaker

- o Particularly vicious fighting

A major assault is NOT:

- o Fist fighting between physical equals
- o Slapping, pushing, shoving, scratching, biting
- o Throwing a book at someone

Use common sense. An 8-year old is unlikely to cause an adult serious harm if he/she fights with the adult. Similarly, in general, throwing a chair in someone's direction does not generally result in serious harm. However, it could be done with such great velocity and at such close range that it could conceivably hurt someone badly. Consider the circumstance carefully.

Also, the intent (i.e., not by accident) to harm someone should be present. If a child loses control and starts throwing things around the room and someone walks in and accidentally gets hit by a flying object, the behavior should not be considered a major assault.

(Q19) Question 19. Major vandalism

This item must be substantiated by documentation in the case record.

Major vandalism or serious destruction of property is defined as an incident in which damage of more than \$50 occurred. This is not limited to a single object that has a value greater than \$50. One incident on a given day wherein a number of smaller items were destroyed that, taken together, amount to greater than \$50 is considered a major vandalism. However, if a lot of small items were destroyed over a number of days, they cannot be considered as an incident of major vandalism. (They may, instead, be coded in Question 30, Minor vandalism.)

Intent to destroy should be evident. A child who goes on a joy ride and accidentally cracks up the car is not guilty of vandalism.

(Q20) Question 20. Major theft

This item must be substantiated by documentation in the case record.

This is an incident of theft totaling more than \$50 value. If a child goes out one day to a neighbor's house and steals their TV set, stereo and bicycle, this should be coded as "one incident" and not three.

"One incident" is also the correct choice if the child goes into a store on a given occasion and shoplifts a hair dryer, two pairs of jeans and other smaller items that total over \$50.

(Q21) Question 21. Robbery

This item must be substantiated by documentation in the case record.

A robbery is theft that involves confrontation with the victim. It generally includes a weapon and/or threat of serious harm to the victim. If in the act of the robbery, the victim is seriously hurt, code the incident BOTH as a robbery and as a major assault.

(Q22) Question 22. Major fire setting

This item must be substantiated by documentation in the case record.

This includes fire setting in which damage of more than \$50 is likely or in which someone is physically in danger. This would include setting a mattress or car on fire. Playing with matches or lighting a fire in a steel wastepaper basket away from the possibility of the fire spreading or a small, isolated grass fire, are not considered major fire setting incidents. (These items may be coded in Question 34, Other Behavior Problems.)

(Q23) Question 23. Running away

This item must be substantiated by documentation in the case record.

This includes running away from the residential program or from home on home visits. The incident must be overnight and/or necessitate return by authorities (police, facility staff).

If the child runs away during the day and returns on his/her own volition that same day, do NOT code this as running away. Such behavior may be reflected in Question 34, Other Behavior Problems.

If the child is a few hours late in returning to the facility from a home visit, do NOT code this as running away. However, if the child does not return for a day or more without a legitimate excuse, this may be coded as running away.

Length of absence is not considered in this item. An overnight absence and a two-month absence are each coded as "one incident."

Questions 24 to 34 deal with the general frequency of a particular behavior during the past 90 days (unless the child has been in placement for less than 90 days; if so, code only those behaviors that have occurred since the child was placed in this specific facility).

Code the choice that is the most accurate average for the entire 90 day period. If, for example, in the first month, the child had tantrums more than once a week and, in the remaining two months, had only an occasional tantrum, the most appropriate response would be Choice 3 - "Twice a month to once a week."

(Q24) Question 24. Truancy

In order to be coded as truant, the child must be deliberately cutting the majority of the school day without a valid excuse. Skipping one or two classes, even if this happens daily, should NOT be counted here. It can, however, be coded in Question 34, Other Behavior Problems.

DO NOT include absences in school that are the result of running away from the residential program.

(Q25) Question 25. Alcohol or soft drug use

Alcohol consumption is drinking to the point of being inebriated or inappropriate alcohol consumption.

Soft drugs are such drugs as marijuana or hashish. Excessive use is smoking to the extent that it interferes with normal functioning (such as in school).

Do NOT include here incidents of alcohol or drug use simply because they are a violation of facility rules. This item is only concerned with excessive use.

(Q26) Question 26. Hard drug use/excessive alcohol consumption

Examples:

- | | |
|--------------------|----------------|
| o Angel dust (PCP) | o Cocaine |
| o LSD | o Amphetamines |
| o Heroin | o Barbiturates |

Code use of these drugs for other than approved medical reasons.

Excessive alcohol consumption is drinking to the point of being inebriated and habitual.

Hard drug use and/or excessive alcohol consumption must be habitual and to the degree that it interferes with child's daily functioning.

(Q27-1) Question 27-1. Verbal abusiveness - Code

Use this to code the frequency of verbal abusiveness.

This includes hostile swearing, name calling and the like which is directed towards others and is abusive in tone. It does NOT include swearing which is simply a part of the child's culture and which is not hostile or verbal outbursts that are not specifically directed toward another person(s).

(Q27-2) Question 27-2. Verbal abusiveness - Describe Problem

Use this space to specify the type of verbal abusiveness.

(Q28) Question 28. Physical fighting or minor assault

Use this item to code physical fighting between persons of approximately equal ability which is unlikely to result in serious harm. This is also the appropriate item to use to code minor assaults like biting, scratching, punching or use of an object (book, cup, brush, broom) that is unlikely to cause serious harm.

(Q29) Question 29. Minor theft

Minor theft is stealing an item or items of less than \$50 value such as shoplifting a minor item or stealing records or clothes from other children in the facility.

Intent to steal must be apparent. A child who takes other children's toys because he/she doesn't understand that they do not belong to him/her is not a thief. (If this is a significant problem, however, it may be coded in Question 34, Other Behavior Problems, as a minor incident.)

(Q30) Question 30. Minor vandalism

This includes the destruction of minor items of property with a value of less than \$50.

Examples: o Spray painting walls

- o Tearing up clothes
- o Breaking dishes or a small window

(Q31) Question 31. Tantrums

A tantrum is defined as a severe anger outburst in which, for example, the child may be screaming, slamming doors, and throwing clothes or books around, resulting in a disruption of the present activity.

If a child's tantrum consists wholly of verbal abuse toward another person(s), code it as either verbal abusiveness or a tantrum but NOT both.

In general, do not code minor incidents like pouting, whining and stamping feet here. It should be a severe enough incident to be disruptive to programming.

(Q32) Question 32. Threatening others or bullying

Code here behaviors wherein the child is verbally threatening others with bodily harm or bullying (pushing, shoving). The child should be perceived as a threat by the target of the bullying. Idle threats not directed to someone in particular or threatening by a youngster who is so small that no one takes the threat seriously should NOT be coded.

(Q33) Question 33. Resistance to authority

In answering this question, exclude behaviors that are reflected in other questions in this section like truancy, running away, etc. Consider here items like refusal to comply with a request by a staff member and violation of minor rules.

(Q34-1) Question 34-1. Other significant behavior problems - Code

Use this to code the frequency of other significant behavior problems.

This item is available to capture any other significant management problem that has not been captured in previous items. If there is more than one problem, select the more severe issue.

Code only the behavior that is a significant management issue, that is, a behavior that is disruptive to the program or would seriously affect the child's ability to function normally in his/her community. Do NOT code behaviors that are merely irritating or so petty that they do not require any significant staff attention.

Before noting any problem here, scan the Mental Illness section to be sure that the behavior won't be picked up there.

(Q34-2) Question 34-2. Other significant behavior problems – Describe Problem

Use this space to specify the type of behavior problem.

III. MENTAL ILLNESS AND PSYCHIATRIC SYMPTOMS

This section deals with psychiatric and emotional disorders or problems of the child that significantly interfere with his or her ability to function normally. These disturbances must be evidenced by actual observable symptoms such as a suicide threat, toe walking, mood swings and the like. Do not make interpretations or inferences about how the child might be feeling, etc.

For purposes of this survey, we make a distinction between behavior problems and emotional problems. Thus, behavior problems or inferences about the possible cause of behavior problems should NOT be coded in this section. For example, if a child's tantrums are caused by underlying depression, but the child does not display other symptoms of depression, do NOT mark depression in this section. Review the items in this section carefully to determine if the child has any observable psychiatric symptoms.

If the child displays psychiatric symptoms, code them regardless of assumptions as to why they may exist. Children that are retarded may display symptoms like head-banging, lack of responsiveness, lability, etc. It is appropriate to code those symptoms in this section because, regardless of the possible reason for their presence, they constitute management or treatment issues for the agency.

A. MENTAL ILLNESS AND PSYCHIATRIC SYMPTOMS PRIOR TO PLACEMENT

(Q35) Question 35. Mental illness and psychiatric symptoms prior to placement

Consider only those symptoms that occurred in the 6 month period prior to placement in this facility.

Consider only those symptoms that are documented in the case record or referral material about that time period.

If the case record indicates that there were some psychiatric problems in that period, but there is not enough specific information to determine the severity of the problem, use Choice 5.

(Q36) Question 36.

Indicate whether the child has been hospitalized in a psychiatric facility or a Residential Treatment Facility (RTF).

B. CURRENT MENTAL ILLNESS AND PSYCHIATRIC SYMPTOMS

For Questions 37 to 50 Code only those symptoms that have existed in the past 90 days (unless the child has been in placement with you for less than 90 days; if so, consider only those symptoms present since the child was placed here). Do NOT include the existence or severity of a problem prior to this time period.

If there are no significant psychiatric symptoms, skip the entire section.

Be careful not to code the same problem twice. For example, slicing one's wrist may be coded as a suicide attempt or as self-abuse but not both. Talking to trees could be coded as either bizarre behavior or bizarre language but not both.

Documentation in the case record is required in order to select certain choices in all of the following questions in this section. Specifically, documentation is required when selecting choices:

4, 5 or 6 in Question 37

3, 4 or 5 in Question 38

3 or 4 in Questions 39 through 48

3 or 4 in Question 50

Thus, with the exception of Questions 37, 38 and 49, it is the last two choices in each question for which documentation is required.

Sufficient documentation consists of at least a detailed description and indication of the frequency or severity of the specific psychiatric symptom exhibited by the child in the 90 day period in question. A mere statement in the record that the child exhibits one or any of the following symptoms does not constitute sufficient documentation for selecting the choices indicated above. For example, if the record states that the child is suicidal, or exhibits bizarre behavior, or is depressed, or is hyperactive, etc. without describing how and to what extent he/she exhibits these symptoms, then there is NOT enough evidence to select the above indicated choices in these questions.

(Q37) Question 37. Suicide threats or attempts

Code here only overt suicide threats, gestures or attempts. Suicidal ideation or talking generally about death or wishing to be dead are NOT to be coded in this item. They may be considered in Question 45, Depression.

If the child makes a threat that is clearly an attention- getting behavior and not taken seriously at all, do NOT code it as a threat.

If the child exhibits more than one of these symptoms (threat, gesture, attempt) code the more severe (they are listed in order of increasing severity).

Choices 4, 5, and 6 must be substantiated by documentation in the case record.

The record must describe the suicidal behavior so as to distinguish whether it would be considered a gesture or an attempt. The number of times that the child exhibits such behavior must be indicated.

(Q38) Question 38. Self-mutilation or self-abuse

This refers to physical actions that are of physical harm to the child. Do NOT code incidents that have already been coded in Question 37.

Examples of self-abuse are:

- o slapping or hitting self
- o head banging
- o hair pulling
- o scratching or biting self
- o putting fist through a window with the intent of causing self harm

Self-abuse does NOT include:

- o overeating or underrating
- o taking drugs for experimental purposes or drinking to excess
- o promiscuity or masturbation
- o walking at night in a dangerous neighborhood
- o "risk-taking" behavior

Choices 3, 4, and 5 must be substantiated by documentation in the case record.

The record must describe exactly what the child does that is self-abusive. In order to mark Choices 4 or 5, this behavior must be likely to cause the child physical harm. "Occasional incidents" are two incidents per month or less. "Frequent incidents" are more than two incidents per month.

(Q39) Question 39. Bizarre behavior

Code here only incidents of exceptionally abnormal, unusual or peculiar behavior. This item does NOT include behavior that is merely annoying or unacceptable, such as typical adolescent attention getting

behavior. It is intended only to capture clinically bizarre actions that would stigmatize the child. Be sure not to code behavior here that you have already coded elsewhere or that is captured in other questions, such as self-abuse, echolalia or bed-wetting.

Examples of bizarre behavior are:

Oddities of motor movement such as finger flapping, toe walking, tics and other peculiar posturing that are not the result of a physical disability

Growling or barking

Talking to trees

Autistic-type self-stimulatory behavior like continual spinning or rocking or an unusual preoccupation with or attachment to objects

Bizarre behavior is NOT:

Fighting, swearing, running away

Sleepwalking or other sleep disorders

Eating disorders

Temper tantrums

Masturbation or promiscuity

Choices 3 and 4 must be substantiated by documentation in the case record.

The record must describe the particular behavior and how much it interferes with daily living activities or attracts attention.

(Q40) Question 40. Bizarre language

It is important to distinguish bizarre language from speech disorders. Lispings, stuttering, mumbling and other speech disorders should not be marked in this section. Additionally, swearing, profanity or baby talk are not to be coded as bizarre language.

Examples of bizarre language are:

- o Echolalia - Repetition or echoing of the words or phrases of others, such as when a staff person says to the child, "I'd like to see you for a few minutes" and

the child says, "Like to see you for a few minutes. Like to see you for a few minutes."

- o Perseveration - Persistent repetition of words, ideas or subjects so that, once the child begins speaking about a particular subject or uses a particular word, it continually recurs. For example, "I think I'll put on my hat, my hat, my hat."

- o Neologisms - New words invented by the child, distortions of words, or standard words to which the child has given new, highly idiosyncratic meaning.

- o Elective mutism - Continuous refusal to speak by a child who has the ability to understand spoken language and to speak.

Choices 3 and 4 must be substantiated by documentation in the case record. The particular language peculiarity should be described in the record. To use Choice 3, the record must indicate that this language peculiarity interferes with the child's oral communication on a daily basis. For Choice 4, the record must indicate that the child hardly communicates because of his/her muteness or total preoccupation with bizarre language.

Questions 41 to 48 are concerned only with the extent to which a given symptom has interfered with normal daily functioning in the past 90 days. "Normal functioning" is defined as the ability to adequately perform the normal activities of daily living for the child's age group: getting up in the morning, bathing, dressing, eating, participating in school activities, doing chores, interacting with others, and participating in play activities.

A response of 3 or 4 on any item for Questions 41 to 48 must be substantiated by documentation in the case record. The case record must describe the extent to which the following items interfere with the child's daily living activities. In order to select Choice 3, the symptom must interfere with several of the activities on a continual basis. In order to select Choice 4, the symptom must prevent the child from performing most or all of these daily living activities.

(Q41) Question 41. Hyperactivity and/or attention deficits

Hyperactivity is excessive or frenzied physical activity; the child appears to be in constant motion that seems not to be goal-directed.

Hyperactivity is evidenced by:

- o Running about or climbing on things excessively
- o Inability to sit still
- o Extreme restlessness or fidgeting

An attention deficit is a substantially impaired ability to pay attention as evidenced by:

- o Extreme distractibility
- o Difficulty concentrating on schoolwork or other tasks requiring sustained attention
- o Often failing to complete a task

(Q42) Question 42. Withdrawal, extreme passivity, lack of responsiveness to surroundings

This item addresses the child's relatedness to and interaction with his/her environment.

Use Choice 2 if the child functions relatively normally, but is often in a fog, is "spacey," seems to be in a dream world, isolates him/herself from others, and spends a lot of time doing nothing.

Use Choice 3 if the child has obvious thought disorders or is so "out of it" that sometimes he/she does not respond to direct questions.

Use Choice 4 if the child is completely out of touch and is almost completely unresponsive to others or to the environment.

(Q43) Question 43. Psychotic thought disorders

Code here indications of gross impairment in reality testing that are not attributable to mental retardation, such as:

- o Hallucination - The child sees things or hears voices that aren't there
- o Bizarre delusions - A false belief whose content is patently absurd and has no possible basis in fact, such as the child who thinks he is Christ or has delusions of being controlled or having no insides
- o Marked loosening of associations - Thinking in which ideas shift from one subject to another that is completely unrelated without any awareness that the topics are unconnected

- o Marked illogical thinking not attributed to mental retardation - Thinking that contains clear

internal contradictions or in which conclusions are reached that are clearly erroneous, given the initial premise. For example, "Parents are the people that raise you. Parents can be anything- material, vegetable, or mineral - that has taught you something. A person can look at a rock and learn something from it, so a rock is a parent."

(Q44) Question 44. Non-psychotic thought disorders

This is a disturbance in thought that is a serious distortion of reality but not so gross that it is psychotic. Examples of non-psychotic thought disorders include:

- o Magical thinking - A belief that one's thoughts, words or actions might cause or prevent a certain outcome that defies the normal laws of cause and effect such as the mother who believes her child will become ill if she has an angry thought; clairvoyance, telepathy, "others can feel my feelings," thought broadcasting

- o Recurrent illusions that are inappropriate for the child's age - e.g., "I felt as if my dead mother were in the room with me."

- o Ideas of reference- An idea, held less firmly than a delusion, that events, objects, or other people in the child's immediate environment have a particular and unusual meaning specifically for him or her

- o Grandiosity - An inflated appraisal of one's worth, power, knowledge, importance or identity

(Q45) Question 45. Depression

Do NOT include here normal periods of "the blues" or normal grief or sadness that is associated with a specific event (such as the recent death of a loved one).

In order to be coded here, the depression must be characterized by one or more of the following observable symptoms:

- o Loss of interest or pleasure in usual activities
- o Loss of energy or fatigue
- o Poor appetite or significant weight loss or increased appetite or significant weight gain

- o Difficulty sleeping or excessive sleeping
- o Feelings of worthlessness, self-reproach, or excessive inappropriate guilt
- o Recurrent thoughts of death, suicidal ideation or wish to be dead

(Q46) Question 46. Lability or emotional instability

Code here sharp swings or repeated, rapid and abrupt shifts in interpersonal behavior, mood, self-image or attitude that appear to have little or no appropriate relationship to environmental circumstances.

For example, if a child seems elated one moment and then, suddenly and inexplicably, flies into a rage, this behavior may be coded as lability.

(Q47) Question 47. Other affective or emotional disorders

Code here only those disturbances in affect or emotion that have not been captured elsewhere in this section.

Examples:

- o Flat affect - Consistently shows little or no emotional expression; the voice may be monotonous and the face may be immobile
- o Blunted or constricted affect- Marked by a severe reduction in the intensity, expression or range of affective expression
- o Inappropriate affect - Affect is clearly discordant with the content of the speech or thought (smiling and laughing when discussing demons that are persecuting the child)
- o Extreme anxiety - The child is exceptionally fearful or anxious for no apparent reason

(Q48-1) Question 48-1. Other psychiatric symptoms – Code

Use this to code the frequency of other psychiatric symptoms.

Include a symptom that has not been coded elsewhere either in this section or the behavior section. If there is more than one symptom, select the more severe.

Examples:

- o Encopresis - soiling after an age at which continence is expected that is not due to a physical disorder.
- o Eating disorders
- o Pica - child eats nonfoods like crayons, paper clips, leaves
- o Bulimia - serious binge eating accompanied by episodes of starving, induced vomiting, etc.
- o Anorexia Nervosa - serious self-starvation to the extent that life may be threatened
- o Sleep disturbances
- o Nightmares
- o Serious insomnia
- o Sleepwalking
- o Phobias - excessive and unusual specific fears. In coding phobias, consider carefully how they interfere with daily functioning. An excessive fear of dogs is unlikely to interfere with most functioning and should be coded as a 2. On the other hand, agoraphobia (fear of being in open or in public places) may interfere significantly with normal functioning and may (depending upon the individual child) warrant a coding of 3 or 4.

(Q48-2) Question 48-2. Other psychiatric symptoms – Describe Problem

Use this space to specify the type of other psychiatric symptoms.

(Q49) Question 49. Bedwetting (enuresis)

This is defined as repeated involuntary voiding of urine that is not due to a physical disorder after an age at which continence is expected.

(Q50-1) Question 50-1. Ability to relate to peers - Code

This item is concerned with the child's ability to interact with others. Do NOT code hostility, aggressiveness or the like here as these behaviors are picked up in the behavior section.

If Choice 5 is selected, be sure to specify in Q50-2 what the disorder is.

Choices 3 and 4 must be substantiated by documentation in the case record. For choice 3, there must be discussion in the case record about the child's lack of interaction with peers. For Choice 4, the case record must describe the child's unresponsiveness to human beings. For example, if the child is autistic and spends all of his/her time engaged in rocking and is mute and does not substantially respond to conversation from others, then this choice would be selected.

(Q50-2) Question 50-2. Ability to relate to peers – Describe Problem

Use this space to specify the disorder if Choice 5 is selected in Question 50-1.

(Q51-1) Question 51-1. Primary psychiatric diagnosis – Code

Specify the code for the most recent formal diagnosis as it is written in the case record, only if one exists, and only if:

- ☐ It was made by a psychiatrist or psychologist
- ☐ It is documented in the case record
- ☐ It is a current diagnosis (made within the past 2 to 3 years)

If there is no formal diagnosis, leave this question blank.

The primary diagnosis is generally the main focus of attention or treatment and will generally be the first diagnosis listed on Axis I (these classifications onto axes are made by the DSM-III) unless otherwise indicated in the psychiatric report.

If there are multiple Axis II diagnoses, and there are no indications as to which is the primary and secondary diagnosis, use the first Axis I diagnosis listed as

the primary diagnosis (Question 51) and the first Axis II diagnosis listed as the secondary diagnosis (Question 52).

In the absence of a clear diagnosis, a written Diagnostic Impression made by the psychiatrist or psychologist is acceptable.

(Q51-2) Question 51-2. Primary psychiatric diagnosis – Write Diagnosis

Use this space to write out the primary psychiatric diagnosis where there is one that meets the conditions specified above in Q51-1.

(Q52-1) Question 52-1 Secondary psychiatric diagnosis - Code

Specify the code for a secondary diagnosis if it exists. This may be:

- ☐ a second Axis I diagnosis where no Axis II diagnosis is made
- ☐ an Axis II diagnosis

(Q52-2) Question 52-2 Secondary psychiatric diagnosis – Write Diagnosis

Use this space to write out the secondary psychiatric diagnosis where there is one that meets the conditions specified above in Q52-1.

(Q53) Question 53. Psychotropic or anticonvulsant medication

This item will be used solely for planning purposes and will not be considered for rate setting.

Indicate if the child does or does not currently receive prescribed psychotropic (mood altering) or anticonvulsant (anti-seizure) medication.

Examples of psychotropic drugs are:

- | | |
|--------------------------------|---------------------------------|
| ☐ Haldol | ☐ Serentil |
| ☐ Lithium | ☐ Stelazine |
| ☐ Mellaril | ☐ Thorazine |
| ☐ Prolixin | ☐ Tofranil |
| ☐ Ritalin | ☐ Valium |

Examples of anticonvulsant drugs are:

- ☐ Dilantin
- ☐ Sodium Valproate
- ☐ Phenobarbital
- ☐ Tegretol

IV. DEVELOPMENTAL DISABILITIES

There are five accepted developmental disabilities in New York State Mental Hygiene Law:

- ☐ Mental retardation
- ☐ Epilepsy
- ☐ Cerebral palsy
- ☐ Neurological impairment
- ☐ Autism

If the child has indications of any one of these, complete the entire section.

(Q54) Question 54. Mental Retardation

If the child has a diagnosis that is a range of levels, such as Mild to Moderate Mental Retardation or Moderate to Severe Mental Retardation, use Choice 6.

If the child has more than one diagnosis, select the most recent one.

In order to use Choices 2, 3, 4, 5, or 6, a written diagnosis by a psychiatrist or psychologist must be in the case record.

(Q55) Question 55. Epilepsy/Seizure Disorder

In the absence of a formal diagnosis of epilepsy or seizure disorder, if the child is on anti-convulsant medication (see Question 53 for a list) for reasons other than to control the side effects of psychotropic medication, you may code the child under 2 on the scale.

If there is no diagnosis and the child is NOT on anticonvulsant medication, but it appears that the child may be having seizures, use Choice 6.

Choices 2, 3, 4, and 5 require a diagnosis and documentation in the case record.

(Q56) Question 56. Cerebral palsy

Examples of cerebral palsy are:

- ☐ spastic quadriplegia
- ☐ athetosis
- ☐ ataxia

There must be a formal diagnosis in the case record of cerebral palsy (this would include a diagnosis of spasticity, athetosis, or ataxia) to use choices 2, 3, or 4.

(Q57-1) Question 57-1. Other neurological impairments

Specify the code for any other major impairments affecting the central nervous system.

Do not code epilepsy, cerebral palsy or causes for mental retardation (such as Down's Syndrome, hydrocephalus or microcephaly). Also, do not code Organic Brain Syndrome or learning disabilities.

Specify in Q57-2 what the neurological impairment is.

Examples of neurological impairment are:

- ☐ spina bifida
- ☐ Tourette's syndrome
- ☐ multiple sclerosis

- ☐ Parkinson's disease
- ☐ encephalitis

If the record indicates Minimal Brain Damage or "soft signs", use Choice 3.

(Q57-2) Question 57-2. Other neurological impairments

Use this space to specify the type of other neurological impairment.

(Q58) Question 58. Autism

Acceptable diagnoses for Choice 2 are:

- ☐ Autism
- ☐ Infantile Autism

Choice 3 may be used if:

- ☐ There is a diagnosis of Atypical Pervasive Developmental Disorder
- ☐ There is a diagnosis of Childhood Onset Pervasive Developmental Disorder
- ☐ There is a diagnosis of Childhood Schizophrenia that appears to be a proxy for Autism
- ☐ The record documents indications of autistic symptoms or autistic-like features but there is no formal diagnosis of Autism

V. SKILLS IN ACTIVITIES OF DAILY LIVING

This section should be completed only if one or more items were checked in the DEVELOPMENTAL DISABILITIES SECTION and there are deficits in ADL skills relative to what is expected for that child's age group. Persons should be rated on present, not future anticipated, ability. Rate persons on what they are capable of doing, not on what they may or may not be permitted to do as a result of the facility's policies.

Responses 2, 3, 4 and 5 must be substantiated by documentation in the case record. This documentation can consist of a description of how the child's disability interferes with his/her ability to perform the following activities and/or the activities performed by staff in assisting or training the child in performing these activities.

(Q59) Question 59. Eating

Consider the child's ability to eat a complete meal with little or no spilling using all normal dishes and utensils. Do NOT code any deficit here if the child is a "junk food" eater or is a sloppy eater due to laziness or apathy.

(Q60) Question 60. Dressing and grooming

Consider the child's ability to dress him/herself completely with no assistance in buttoning, putting shoes on correct feet, tying shoe laces, etc. He or she should also be able to bathe unaided, brush his/her teeth, and wash his/her hair.

Do NOT code any deficit here if the child knows how to dress and groom but is merely a sloppy dresser due to laziness or apathy.

(Q61) Question 61. Toileting

To be completely independent, the child should have bowel and bladder control, go to the bathroom independently and be able to choose the correct restroom in a public place.

(Q62) Question 62. Uses telephone

The child should be able to dial the number correctly and carry on a conversation.

(Q63) Question 63. Uses stove to prepare meals

Consider the child's current ability to use a stove, whether or not the program permits the children to cook for themselves. The child should be able to prepare simple meals like hot dogs, soup or eggs or bake something simple like a TV dinner in the oven with little or no help.

(Q64) Question 64. Uses neighborhood stores for shopping

Consider the child's ability to use the community regardless of facility norms. The child should be able to follow simple directions concerning where to go, cross streets obeying lights and signals, make the correct purchase, and make the correct change. Do NOT code a deficit here if the child is not trustworthy in the community because he/she is a shoplifter, etc.

(Q65) Question 65. Uses laundry to wash clothes

This item should also be completed to reflect the child's skill rather than whether or not the facility provides for children to do their own laundry. The child should be able to use a washing machine and dryer to wash a simple load of clothing.

VI. HEALTH PROBLEMS AND PHYSICAL DISABILITIES

Complete this section if the child has any significant physical disabilities or major chronic health problems.

(Q66) Question 66. Vision

Consider the child's vision with correction (glasses or contact lenses).

(Q67) Question 67. Hearing

If the child uses a hearing aid, consider the degree of hearing impairment with the use of a hearing aid.

(Q68) Question 68. Mobility

Code here mobility problems. Consider use of support devices other than wheelchairs under choice 2.

(Q69) Question 69. Speech

Code here speech disorders such as lisping, stuttering or other articulation problems. DO NOT code language problems (echolalia, perseveration, etc.)

(Q70-1) Question 70-1. Other Serious Chronic Health Problem - Code

Use this to code any other serious chronic health problem (for example, a broken leg is not a chronic health problem) that may interfere with the child's

normal functioning or require ongoing specialized medical attention. Exclude epilepsy or cerebral palsy.

Choices 3 and 4 must be substantiated by documentation in the case record.

(Q70-2) Question 70-2. Other Serious Chronic Health Problem - Describe Problem

Use this space to specify the type of other serious chronic health problem.

(Q71-1) Question 71-1. Other Serious Chronic Health Problem - Code

Use this to code any other serious chronic health problem (for example, a broken leg is not a chronic health problem) that may interfere with the child's normal functioning or require ongoing specialized medical attention. Exclude epilepsy or cerebral palsy.

Choices 3 and 4 must be substantiated by documentation in the case record.

(Q71-2) Question 71-2. Other Serious Chronic Health Problem - Describe Problem

Use this space to specify the type of other serious chronic health problem.

(Q72) Question 72. Specialized health care

This question is available to indicate if the child receives any specialized health care.

Specialized health includes only those procedures that must be performed by a trained health professional (e.g., doctor, nurse, nurse's aide, physical therapist).

EXCLUDE:

- ☐ oral medication
- ☐ services for conditions which will be cured within 60 days
- ☐ routine custodial care including
annual or periodic checkups or evaluations

taking blood samples or temperature checks
applying salves to burns or skin problems
feeding, changing, dressing
diagnostic testing

o speech therapy, recreation therapy, occupational therapy

DO INCLUDE:

- o physical therapy
- o tube feeding, postural drainage, or suctioning
- o tracheotomies, colostomies, etc.
- o dialysis
- o respiratory therapy

(Q73) Question 73. Additional Comments

Any additional concerns or issues.

**3. SELF SURVEY QUESTIONNAIRE (USE IN CONJUNCTION WITH
INSTRUCTION BOOKLET)**

I. PROGRAM AND CHILD IDENTIFYING INFORMATION

(Case #)	Project Case Number
(Agency Code)	Agency Code
(Program Code)	Program Code
(Reviewer)	Name of staff completing review
(Reviewer's Title)	Title of staff completing review
(Review Date)	Date of Self-Survey Review

(Child's DOB) Date of Birth for Child

(Child's Initials) Initials for Child

(County) County of Official Responsibility – See codes in
Instruction Booklet

(Placement Date) Date of present placement

(Placement Code) Placement mechanism

- 1 Voluntary placement by social services district
- 2 Placement by school district through Committee on Special Education
- 3 Placement by Family Court with the social services district for child protective reasons
- 4 Placement by Family Court with the social services district as a result of a PINS adjudication
- 5 Placement by Family Court with the social services district as a result of a JD adjudication
- 6 Placement by DFY as a PINS
- 7 Placement by DFY as a JD
- 8 Other (e.g., private pay, out-of-state)

(Other Placement) Other Placement mechanism

If Choice 8 is selected for Placement mechanism, specify the mechanism.

(IQ Score) IQ Score (Full Scale Only)

(IQ Test Name) Name of IQ Test

(IQ Test Date) Date of IQ Test

(School Placement) Current School Placement Code

The child is presently attending:

- 1 No school

- 2 School on the facility grounds
- 3 Public school off the facility grounds
- 4 BOCES off the facility grounds
- 5 Other

(Other School) Other School Placement

If Choice 5 is selected for the Current School Placement Code, specify the other type of school where the child is attending school.

II. BEHAVIOR PROBLEMS

A. PRIOR TO PLACEMENT BEHAVIOR PROBLEMS: (Questions 11 - 17)

Consider behaviors that have occurred only in the 6 month period prior to placement in this program. If the child has been transferred to a program within the agency, consider only behaviors that are documented in the case record during the 6 months before transfer. If the child was not present in the agency, use only external-from-agency documentation, i.e., local DSS, probation, police records contained in the case record.

Use the following codes for questions 11 to 16:

- 1 None
- 2 One incident in the 6 month period
- 3 Two incidents in the 6 month period
- 4 Three incidents in the 6 month period

Q11. Major assaults (a major assault is one in which serious harm resulted or would have been likely to result had there not been immediate intervention; e.g., murder or attempted murder, rape, an assault with a dangerous weapon or object, a serious attack on an individual much weaker, or particularly vicious fighting)

Q12. Major vandalism or destruction of property (damage of more than \$50)

Q13. Major theft (theft of more than \$50 value)

Q14. Robbery involving confrontation with the victim

Q15. Major fire setting (fire setting in which damage of \$50 or more is likely or in which someone is physically in danger)

Q16. Repeated use of hard drugs and/or use of alcohol to the degree that it interferes with daily functioning

Q17 – Use the following codes for question 17.

- 1 None
- 2 The child displayed a repetitive and persistent pattern of behavior in which either basic rights of others or major societal norms were violated
- 3 Occasional incidents (once a month or more) of significant behavior such as minor fire setting, public masturbation, torturing animals
- 4 Frequent incidents (more than three times a month) of significant behavior such as minor fire setting, public masturbation, torturing animals

If there is more than one problem, select the one which is most severe.

B. CURRENT BEHAVIOR PROBLEMS (Questions 18 - 34)

If there are indications of behavior problems IN THE PAST 90 DAYS, complete this section. If there are no significant behavior problems, skip this section.

Use the following codes for questions 18 to 32.

- 1 Not a problem
- 2 Less than twice a month in the past 90 days
- 3 Twice a month to once a week in the past 90 days
- 4 More than once a week in the past 90 days

Q18. Major assaults (a major assault is one in which serious harm resulted or would have been likely to result had there not been immediate intervention; e.g., murder or attempted murder, rape, an assault with a dangerous weapon or object, a serious attack on an individual much weaker, or particularly vicious fighting)

Q19. Major vandalism or destruction of property (damage of more than \$50)

Q20. Major theft (theft of more than \$50 value)

Q21. Robbery involving confrontation with the victim

Q22. Major fire setting (fire setting in which damage of \$50 or more is likely or in which someone is physically in danger)

Q23. Running away overnight or running away when child had to be returned by authorities

Q24. Truancy (deliberately skipping most or all of the school day)

Q25. Alcohol consumption or excessive soft drug use (e.g., pot, hashish)

Q26. Hard drug use/excessive alcohol consumption

Q27-1. Verbal abusiveness (hostile swearing or name calling directed toward others)

Q27-2. Describe problem in question 27-1

Q28. Physical fighting or other minor assault

Q29. Minor theft (theft of less than \$50 value)

Q30. Minor vandalism (damage of less than \$50 value)

Q31. Tantrums or severe anger outbursts

Q32. Threatening others or bullying

Q33. Resistance to authority (excluding truancy)

Use the following codes for question 33:

- 1 Not a problem
- 2 Child is occasionally resistive, but generally cooperates and follows most rules
- 3 Continual poor attitude or resistiveness but usually obeys rules
- 4 Often disobeys rules
- 5 Grossly uncooperative, goes out of his/her way to violate rules or to defy authority

Q34-1. Other significant behavior problems

Use the following codes for question 34-1:

- 1 None
- 2 Occasional minor incidents (e.g., cutting classes, wandering away, running away for less than one day where child returns voluntarily, serious lying, provoking others)
- 3 Frequent minor incidents
- 4 Occasional moderate incidents (e.g., minor fire setting, public masturbation or genital display, torturing animals)
- 5 Frequent moderate incidents

Q34-2. Describe problem in question 34-1

III. MENTAL ILLNESS AND PSYCHIATRIC SYMPTOMS

A. MENTAL ILLNESS AND PSYCHIATRIC SYMPTOMS PRIOR TO PLACEMENT (Questions 35 - 36)

Q35. Indicate the choice which most accurately describes the youth's psychiatric symptoms IN THE 6 MONTH PERIOD PRIOR TO PLACEMENT in this facility. The choice should be made on the basis of the youth's actual symptoms, NOT on inferences about how he or she might have behaved in a different setting.

- 1 None or slight
- 2 The child was mentally ill but was able to perform adequately in most daily living activities. Examples of such disorders include hyperactivity, depression, tic disorders, anxiety disorders or bedwetting
- 3 The child was mentally ill to the extent that the symptoms presented or seriously interfered with much of normal daily functioning. Examples of such disorders are severe hyperactivity, schizoid disorders, major eating disorders (e.g., anorexia nervosa, pica), severe anxiety disorders (e.g., agoraphobia) or severe personality disorders.
- 4 The child was mentally ill to the extent that there was a complete inability on the part of the child to function normally. Examples of such disorders include life-threatening suicidal behavior; active psychosis characterized by bizarre language; gross and sustained impairments in social relations.
- 5 There are statements in the record that the child displayed psychiatric symptoms at the time of placement, but there is not enough information to determine the extent of the problem.

Q36. The child has had:

- 1 No psychiatric hospitalization in the past six months
- 2 Psychiatric hospitalization in the past six months
- 3 Residence in a residential treatment facility in the past six months
- 4 History of both psychiatric hospitalization and placement in RTF

B. CURRENT MENTAL ILLNESS AND PSYCHIATRIC SYMPTOMS (Questions 37 -53)

If there are indications of psychiatric symptoms or emotional disturbance IN THE PAST 90 DAYS, complete this section. If there are no indications, skip this section.

Q37. Suicide threats, gestures or attempts

- 1 None
- 2 Occasional serious threats (a threat is when the child says that he/she is going to kill him/herself, but makes no attempts or gestures)
- 3 Frequent serious threats (more than three in the past three months)
- 4 One or two gestures (a gesture is engaging in suicide-like behavior, but which is unlikely to actually result in the death of the child, e.g., taking 12 aspirin)
- 5 More than two gestures
- 6 One or more serious suicide attempts (serious deliberate action intended to cause death, e.g., taking a large quantity of prescription drugs, slicing wrist deeply, throwing oneself in front of a car)

Q38. Self-mutilation or self-abuse (e.g., slapping self, scratching self, biting self, head banging)

- 1 None
- 2 Occasional minor incidents and does not cause self-harm
- 3 Repeated minor incidents to the extent that functioning may be limited
- 4 Occasional serious incidents of self-abuse in which harm is likely and restraint may be required
- 5 Frequent incidents of serious self-abuse, child may often be in restraint

Q39. Bizarre behavior (e.g., oddities of motor movement such as peculiar hand or finger movements, toe walking, tics, etc., that are not the result of a physical disability; continuous spinning, rocking, growling, barking, talking to trees)

- 1 None
- 2 Occasional minor incidents, child's behavior is generally not abnormal
- 3 Frequent minor incidents which would call attention to the child or stigmatize him or her in most situations
- 4 Continual grossly abnormal or bizarre behavior to the extent that the child is always calling attention to him or herself and most normal functioning is impossible

Q40. Bizarre language (e.g., echolalia, perseveration; do not include swearing, baby talk or speech disorders such as stuttering)

- 1 Not a problem
- 2 Occasional peculiarities
- 3 Major language peculiarities, but child is able to communicate orally to some extent
- 4 Child is either totally mute or has such serious language peculiarities that most normal communication is precluded

For questions 41 to 48, use the following codes to describe the symptoms in the past 90 days.

- 1 Problem not present
- 2 The problem is significant but the child is able to perform adequately most or all activities of daily living (get up, get dressed, go to school, interact with others, etc.)
- 3 The problem prevents or seriously interferes with several important activities (school, interactions with others, doing chores, etc.)
- 4 The problem is so severe that most normal functioning is impossible (child is unable to dress, function in school, relate to people, etc.)

Q41. Hyperactivity and/or attention deficits

Q42. Withdrawal, extreme passivity, lack of responsiveness to surroundings

Q43. Psychotic thought disorders (e.g., hearing voices, hallucinations, bizarre delusions such as delusions of being controlled, delusions of having no insides, or marked loosening of associations or illogical thinking not attributed to mental retardation)

Q44. Non-psychotic thought disorders (e.g., grandiosity, magical thinking, bizarre fantasies, recurrent illusions inappropriate for age)

Q45. Overt depression (do not include normal periods of "the blues" or normal grief or sadness associated with specific events; the depression must be characterized by symptoms such as loss of interest in usual activities, fatigue, feelings of worthlessness, diminished ability to think or concentrate)

Q46. Lability and emotional instability (sharp or rapid shifts in interpersonal behavior, mood, self-image, attitudes that are inappropriate to environmental circumstances)

Q47. Other affective or emotional disorders (e.g., flat or inappropriate affect, extreme anxiety)

Q48-1. Other psychiatric symptoms (e.g., eating disorders, sleep disturbances, phobias)

Q48-2. Describe problem in Q48-1

Q49. Bedwetting (enuresis)

Use the following codes for question 49:

- 1 Not a problem
- 2 Occasional problem
- 3 Frequent problem (more than weekly)

Q50-1. Ability to relate to peers

Use the following codes for question 50-1:

- 1 No significant problem
- 2 The child displays an interest in making friends, but does not know how and may have only one other similarly isolated friend; or child is extremely shy or anxious in social situations
- 3 The child displays no apparent interest in making friends, derives no pleasure from usual peer interactions, generally avoids social contact and has no close friends
- 4 The child is completely unresponsive to other human beings and is totally unable to engage in normal social interactions, such as an autistic child
- 5 Other serious disorders in peer relations (e.g., seriously victimized or scapegoated by peers)

Q50-2. Describe other serious disorder if 5 is selected in question 50-1

Q51-1. Primary psychiatric diagnosis (Code, if any)

Q51-2. Primary psychiatric diagnosis (Describe question 51-1, if applicable)

Q52-1. Secondary psychiatric diagnosis (Code, if any)

Q52-2. Secondary psychiatric diagnosis (Describe question 52-1, if applicable)

Q53. Is child currently on psychotropic or anticonvulsant medication?

(This information is being used for planning purposes only)

- 1 Yes
- 2 No

IV. DEVELOPMENTAL DISABILITIES (Questions 54 - 65)

If the child has one or more developmental disabilities, complete this section. If there are no indications of developmental disabilities, skip this section.

Q54. Mental retardation (there must be a formal diagnosis in the case record)

- 1 No mental retardation or borderline mental retardation
- 2 Mild mental retardation
- 3 Moderate mental retardation
- 4 Severe mental retardation
- 5 Profound mental retardation
- 6 Child has a diagnosis of mental retardation, but the level is not specified
- 7 There is no formal diagnosis, but there are indications in the record of mental retardation

Q55. Epilepsy/Seizure disorder

- 1 None
- 2 Epileptic/seizure disorder but fully controlled (no seizures in 3 months)
- 3 Occasional petit mal/partial complex (clusters) seizures
- 4 Frequent petit mal/partial complex (clusters) or occasional grand mal

5 Frequent grand mal seizures or occasional status epilepticus

6 There is no formal diagnosis of epilepsy, but there are indications in the record that the child has seizures

Q56. Cerebral palsy (e.g., spastic quadriplegia, athetosis, ataxia)

1 None

2 Child is capable of most normal functioning but requires assistance with some activities

3 Child is capable of some self-care skills but requires assistance with many activities

4 Child is not capable of performing any self-care skills except with extreme difficulty

5 There is no formal diagnosis but there is a statement in the record that there are indications of cerebral palsy

Q57-1. Other neurological impairments (e.g., spina bifida, Tourette's syndrome; exclude epilepsy and cerebral palsy)

1 None

2 Child has a diagnosis of other neurological impairments

3 There is no formal diagnosis, but there is a statement in the record that there are indications of neurological impairments

Q57-2. Describe other neurological impairments coded in question 57-1

Q58. Autism

1 Child is not diagnosed as autistic

2 Child has a formal diagnosis of autism

3 Child does not have a formal diagnosis, but there is a statement in the record of autistic-like features

V. SKILLS IN ACTIVITIES OF DAILY LIVING

If one or more items were checked in Section V-DEVELOPMENTAL DISABILITIES and there are deficits in ADL skills relative to age expectations, complete this section. If there are no developmental disabilities, skip this section.

Use the following codes for questions 59 to 65.

- 1 Completely independent (child performs skills adequately alone and would not draw attention to self in public situations relative to these skills)
- 2 Needs further training (possesses some skill but would be expected to improve the skill with further training)
- 3 Needs assistance (e.g., physical handicap prevents child from performing skill independently; extremely distractible child knows how to dress self but will not do so without continual verbal prompts)
- 4 Needs assistance and further training (child has physical and/or emotional disability impairing the performance of the skill and needs additional training to refine skill)
- 5 Completely dependent or cannot presently do
- 6 Not an age appropriate skill (e.g., a two-year old is not expected to go shopping)

Q59. Eating

Q60. Dressing and grooming

Q61. Toileting

Q62. Uses telephone

Q63. Uses stove to prepare meals

Q64. Uses neighborhood stores for shopping

Q65. Uses laundry to wash clothes

VI. HEALTH PROBLEMS AND PHYSICAL DISABILITIES (Questions 66 - 72)

If the child has a significant physical disability or chronic health care need, complete this section. If there are no physical disabilities or chronic health problems, skip this section.

Q66. Vision

- 1 Full vision (with correction if necessary)
- 2 Partial vision
- 3 Legally blind, but has travel vision
- 4 No functional vision

Q67. Hearing

- 1 Normal (with correction if necessary)
- 2 Hearing is impaired
- 3 No functional hearing

Q68. Mobility

- 1 No mobility problems, mobility normal for age
- 2 Child is unsteady or has significant limp or requires braces or support device, but can walk independently
- 3 Child is in wheelchair (or equivalent), but can propel wheelchair independently
- 4 Child is confined to wheelchair and cannot propel chair independently or is bedfast

Q69. Speech

- 1 Normal for age
- 2 Has significant speech problem, but can usually make self understood
- 3 Has a speech problem to the extent that child is often not understood
- 4 Has a speech problem to the extent that most oral communication is precluded, or else child is almost or always mute as a result of a physical disability
- 5 Little or no speech as a result of psychiatric symptoms or mental retardation

Other serious chronic health problems (e.g., heart disease, scoliosis, diabetes)

For questions 70 and 71, use the following codes for severity in the past 90 days.

- 1 Problem present, but no interference with functioning
- 2 Mild interference with functioning
- 3 Moderate interference with functioning
- 4 Severe interference with functioning

Q70-1. Other serious chronic health problem

Q70-2. Describe problem

Q71-1. Other serious chronic health problem

Q71-2. Describe problem

Q72. Does the child receive any specialized health care? (Do not include routine custodial care here, even though it is provided by a nurse. Only include those procedures which must be provided by a trained health professional. Exclude oral medication. Also, do not include services for conditions which will be cured within 60 days)

- 1 No special health services received
- 2 Must see physician or other health professional for special procedures, but less than once a week
- 3 Must see physician or other health professional for special procedures at least once a week
- 4 Requires continual monitoring by professionals for serious life-threatening health condition, or requires continuous life support equipment

Q73. Additional Comments

4. ANSWER SHEET

Self Survey of Characteristics of Children in Residential Facilities

ANSWER SHEET and DATA ENTRY FORM (For Completing Self Survey Questionnaire)

Identifying Information	Case #	Agency Code	Program Code	Reviewer	Reviewer's Title								
	Review Date	Child's DOB	Child's Initials	County	Placement Date	Placement Code	Other Placement						
	IQ Score	Name of IQ Test	IQ Test Date	School Placement Code	Other School Placement								
	Behavior Problems			Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	
	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27-1	Q27-2				
	Q28	Q29	Q30	Q31	Q32	Q33	Q34-1	Q34-2					
	Mental Illness and Psychiatric Symptoms			Q35	Q36	Q37	Q38	Q39	Q40	Q41	Q42	Q43	Q44
	Q45	Q46	Q47	Q48-1	Q48-2			Q49	Q50-1	Q50-2			
	Q51-1	Q51-2			Q52-1			Q52-2			Q53		
	Developmental Disabilities	Q54	Q55	Q56	Q57-1	Q57-2			Q58				
	Skills in Activities of Daily Living			Q59	Q60	Q61	Q62	Q63	Q64	Q65			
	Health Problems and Physical Disabilities	Q66	Q67	Q68	Q69	Q70-1	Q70-2			Q71-1			
	Q71-2			Q72	Q73								

D. VOLUNTARY AGENCY PERSONNEL

SEE APPENDIX B: SUPPLEMENT TO INSTRUCTIONS FOR EMPLOYEE DISTRIBUTION 2668 for COMMON JOB TITLES AND DESCRIPTIONS

18 NYCRR 442.18 deals with voluntary authorized agency personnel practices. The following sections are included as a reference in this program manual.

Section (a): General

Sections (b) and (c): Qualifications and Functions

Section (d) Staffing

(a) **General.** Each institution shall provide the staff and services necessary to assure the health and safety and the proper care and treatment of the children under its supervision. Job functions must be performed by persons who meet the qualifications specified. Other administrative structures may exist which provide for alternate staff positions and functions subject to approval by the State Department of Social Services.

(b) Qualifications and functions.

(1) Director of institution:

(i) shall be a college graduate, with appropriate training and experience in the care or education of children;

(ii) shall be responsible for the general management and administration of the institution in accordance with the rules of the State Department of Social Services and all other applicable requirements of law and of the policies of the governing board.

(2) Supervisor of child-care:

(i) shall be qualified by appropriate training and have experience with children in a group living facility;

(ii) shall be responsible for the supervision of child care staff.

(3) Child-care worker II:

(i) shall have a high school or equivalency diploma and two years' experience in working with children;

(ii) shall have as his primary responsibility the supervision and nurturing of children; in addition to direct work with children, other responsibilities may be assigned to him.

(4) Child-care worker I:

(i) shall have at least a high school or equivalency diploma;

(ii) shall have as his primary responsibility the supervision and nurturing of children.

(5) Recreation supervisor:

(i) shall have a bachelor's degree in physical education or recreation and one year's experience in working with children;

(ii) shall be responsible for coordinating the recreational program with other programs of the institution.

(6) Director of social work services:

(i) shall have a master's degree in social work or graduation from an accredited school of social work and a minimum of two years' social work experience in a supervisory capacity supplemented by or including experience in the field of child welfare;

(ii) shall be generally responsible for the direction and administration of a social services program and the coordination of that program unit with the other major areas of the agency.

(7) Supervisor of social work services:

(i) shall have a master's degree in social work or graduation from an accredited school of social work and a minimum of three years' experience, at least one of which shall have been under qualified supervision in the field of child welfare;

(ii) shall be responsible for the supervision of social work staff.

(8) Social worker III:

(i) shall have successfully completed two years of graduate study from an accredited school of social work;

(ii) shall be responsible for the planning and coordination of services to children and their families and, if appropriate, be responsible for the supervision of social work staff.

(9) Social worker II:

(i) shall be a college graduate, with at least one year of graduate study in social work;

(ii) shall do casework or group work with children and their families; may be responsible for the planning and coordination of all those services and resources affecting the children and their families, but shall always function under the direct supervision of a person who has successfully completed two years of graduate study from an accredited school of social work.

(10) Social worker I:

(i) shall be a college graduate, pursuing or intending to pursue within a reasonable time, graduate study in social work;

(ii) may carry casework or group work responsibilities with children and their families; may be responsible for the planning and coordination of all those services and resources affecting such children and their families, but shall always function under the direct supervision of a person who has successfully completed two years of graduate study from an accredited school of social work.

(11) Paraprofessional staff aides:

(i) shall be persons of maturity and stability who possess the motivation and skills necessary to fulfill task expectations;

(ii) may provide support and assistance to professional staff in tasks assigned, under their direct supervision and after having completed a formal in- service training program.

(12) Medical directors:

(i) shall be licensed and currently registered to practice medicine in New York State; however, the attending physician or medical director of an institution principally caring for babies and children of preschool age shall also be a diplomate of the American Board of Pediatrics;

(ii) shall be responsible to the director of the institution for the development of the medical policies and procedures of the institution and shall additionally be responsible for the direction of the medical program.

(13) Medical specialist shall be a licensed physician qualified to provide specialized services by the appropriate national specialty board or designated by the county medical society as having a specialty rating under the Workers' Compensation Law.

(14) Dentist shall be licensed to practice dentistry in New York State.

(15) Orthodontist shall be a licensed dentist and certified to practice orthodontia.

(16) Nurse:

(i) shall be a New York State-registered professional nurse or licensed practical nurse;

(ii) shall be responsible for the delivery of medical services to the children in care in accordance with the medical practices and policies of the institution.

(17) Psychiatrist:

(i) shall be a New York State-licensed physician with a specialized rating in psychiatry;

(ii) shall render diagnostic, treatment, consultation or training services to the program, in whole or in part.

(18) Psychologist:

(i) shall be certified as a psychologist in New York State;

(ii) shall render diagnostic, treatment, consultation or training services to the program, in whole or in part.

(19) School principal shall be so certified by the State Education Department.

(20) Special educator shall have a specialty certificate from the State Education Department for teaching children with special needs due to mental

retardation, physical handicap, learning disability, deafness or blindness; or have a specialty certificate in rehabilitation.

(21) Teacher shall be so certified by the State Education Department.

(22) Teacher aide may perform teaching support functions under the supervision of a certified teacher.

(23) Dietitian or consulting dietitian shall have a bachelor's degree with major studies in food and nutrition and be so registered or eligible for registration with the American Dietetic Association.

(24) Dietetic service director shall be a dietitian; or have a bachelor's degree with major studies in food and nutrition, dietetics or food service management, and one year's supervisory experience in the dietetic services of an institution; or shall be a graduate of a dietetic technician training program approved by the American Dietetic Association.

(25) Building maintenance supervisor shall be experienced in management, maintenance and repair of buildings, and capable of implementing an acceptable maintenance program, commensurate with the size and complexity of the building or buildings in the institution.

(26) Safety officer shall obtain any available local training as may be appropriate in order to develop and implement an acceptable safety program; may be a part-time function of an employee who has other functions; provided, however, that such employee is allotted sufficient time to fulfill his responsibilities as safety officer.

(c) The qualifications imposed under subdivision (b) of this section shall not be applicable to personnel employed by an institution in any of the specified categories on or before April 1, 1976, so long as any such personnel remain in such positions with such institutions; provided, however, that they meet necessary licensing or certification requirements.

(d) Staffing.

(1) There shall be at least one social worker for every 20 children in care.

(2) During waking hours when children are under the care of child care staff there shall be sufficient number of child care workers to provide supervision appropriate to the needs of the children in care. At a minimum, the following child care staff- to children ratios will apply:

(i) units serving nine or fewer children must be staffed by at least one child care worker;

(ii) units of 10 to 19 children must be staffed by at least two child care workers; and

(iii) (a) child care institutions which, on October 1, 1986, operated units with 20 or more children must be staffed by child care staff at ratios approved by the department; and

(b) child care institutions which did not, by October 1, 1986, operate units with 20 or more children, may not establish such units until the department has approved the child care staff-to-children ratios proposed for such units.

(3) Qualified substitute child care employees must be used to meet the child care staffing ratios set forth in paragraph (2) of this subdivision when child care staff are not available due to vacation, illness or training.

(4) (i) When deployment of child care staff within a unit requires that a child care worker be responsible for the supervision of 10 or more children as a result of the activities planned for children of the unit, a plan of supervision must be implemented by the agency to ensure the health and safety interests of the children in its care. Such plan should include, but not be limited to, the identification of qualified backup staff for day, evening and weekend periods. The plan must be included as part of the child care agency manual required to be maintained by the agency and residential facilities which it operates by section 441.4 of this Title and must be provided to each child care worker.

(ii) The plan of supervision required by subparagraph (i) of this paragraph should also include, but not be limited to, the following:

(a) a process for requiring child care staff to notify supervisors that the child care staff- to-children ratios contained in paragraph (2) of this subdivision are being exceeded;

b) procedures for the evaluation of each situation where ratios are being exceeded, including utilization of agency backup staff. The director of the facility or the director's designee will be responsible for establishing adequate procedures to protect the health and safety of children when child care staff-to-children ratios are being exceeded. These procedures should include:

(1) increasing the child care monitoring and supervision of children during the period when such ratios may be exceeded;

(2) establishing a system of communications that will enable child care workers to request that backup services be utilized; and

(3) arranging for qualified backup staff to be immediately available on campus during periods when child care staff-to children ratios may be exceeded.

(5) In emergency situations involving the health, safety or welfare of children which require child care staff to be unexpectedly absent from their usual work stations and when qualified backup staff are not available, non-child care agency staff must be utilized to provide necessary child care until qualified staff become available.

(6) During sleeping hours, there will be sufficient number of child care workers to provide supervision appropriate to the needs of the children in care.

(7) During sleeping hours, there will be sufficient number of child care workers to provide supervision appropriate to the needs of the children in care.

E. CLOTHING GUIDELINES FOR CHILDREN IN FOSTER CARE

What constitutes an "adequate basic wardrobe" for a child in foster care? There is no definitive answer to that question. Even after the obvious variables of age and sex are considered there are other factors that influence clothing needs.

For example, if both foster parents work outside the home there will be less time available for doing laundry. In this case, the children will need more clothing. Families who own or who have easy access to a washer and dryer can do laundry more frequently. These families may need fewer clothes. Foster children who are teens or pre-teens may be able to assist foster parents in doing laundry.

Because circumstances vary, the Department does not prescribe definite wardrobe requirements. Caseworkers and foster parents should review initial clothing needs and use their best judgment, depending on individual circumstances, to determine an adequate basic wardrobe. Children who are old enough to make clothing decisions should be involved in the process. The review of the child's clothing should be done in such a way as not to embarrass the child. Certain worn-out or stained articles of clothing may still be important to the child, representing a remaining link with his natural family. The caseworker and foster parents should be tactful in dealing with this situation.

The following guidelines are not hard and fast requirements that must be met for each child in foster care. They should be used by caseworkers and foster parents in making judgments as to the adequacy of their foster children's clothing.

These guidelines may also be used to evaluate a foster child's need for replacement clothing. They apply to both children in foster homes and group foster care.

Contents: Guides to Clothing at the Time of Placement.

Infants	Page 2
Boys	Page 3
Girls	Page 4

1. INFANTS

Guide to Clothing at Time of Placement - Infants

Birth to 6 Months

Undershirt	8
Diapers, dozen *	4
Rubber pants	4
Nightgown	8
Knit stretch suit or dress	4
Sweater, cap and booties	1
Receiving blanket	4
Waterproof lap pad	2
Waterproof crib pad	2
Blanket, crib size	2
Snow suit	1
Blanket sleeper	1

6 Months to 1 Year

Undershirt	8
Diapers, dozen *	4
Rubber pants	4
Pajamas	6
Blanket sleeper	2
Knit stretch suit or dress	2
Cotton jersey	8
Overalls	4
Sweater	1
Cap	1
Mittens	1
Socks	4
Shoes	1
Snow suit	1

* Monthly allowances for disposable diapers may be provided as a special payment not subject to the yearly clothing placement allowance. The diaper allowance is for children aged 0 - 3 years.

2. BOYS

Guide to Clothing at Time of Placement - Boys

	1-3 Years	4-5 Years	6-11 Years	12-15 Years	16-18 Years
Section A- Year Round					
Undershirt	8	4	4	4	4
Underpants	8	6	6	6	6
Pajamas	4	2	2	2	2
Bathrobe	1	1	1	1	1
Socks	8	5	5	5	5
Suit	1	1	1	1	1
Pullover shirt	6	6	3	3	3
Shirt	2	2	3	3	3
Pants	1	1	2	2	2
Dungarees	5	3	3	3	3
Sweater	2	2	2	2	2
Cap or hat	1	1	1	1	1
Raincoat	-	1	1	1	1
Shoes	1	2	2	2	2
Sneakers	1	1	1	1	1
Bedroom slippers	1	1	1	1	1
Section B- Summer					
Light jacket	1	1	1	1	1
Shorts	4	4	2	2	2
Swim suit	1	1	1	1	1
Section C- Winter					
Mittens or gloves	1	1	1	1	1
Snow suit or ski pants	1	1	1	1	-
Heavy jacket	1	1	1	1	1
Boots	1	1	1	1	1
Winter hat	1	1	1	1	1

3. GIRLS

Guide to Clothing at Time of Placement - Girls

1-3 4-5 6-11 12-15 16-18
Years Years Years Years Years

Section A- Year Round

Undershirt	8	4	4	-	-
Underpants	8	6	6	6	6
Pajamas	4	2	2	2	2
Bathrobe	1	1	1	1	1
Socks	8	5	5	5	5
Panty hose	-	-	-	4	4
Bra	-	-	-	3	3
Slip	1	2	2	2	2
Cotton dress	3	3	2	2	3
Dressy dress	1	1	1	1	1
Pullover shirt	6	6	2	2	2
Blouse	2	2	3	3	3
Dungarees	3	3	3	3	2
Skirt	1	2	2	2	2
Sweater	2	2	2	2	2
Cap or hat	1	1	1	1	1
Raincoat	-	1	1	1	1
Shoes	1	2	2	2	2
Sneakers	1	1	1	1	1
Bedroom slippers	1	1	1	1	1

Section B- Summer

Spring coat	1	1	1	1	1
Shorts	4	4	2	2	2
Swim suit	1	1	1	1	1

Section C- Winter

Mittens or gloves	1	1	1	1	1
Snow suit or ski pants	1	1	1	1	1
Winter coat	-	1	1	1	1
Boots	1	1	1	1	1
Winter hat	1	1	1	1	1