+----+ | LOCAL COMMISSIONERS MEMORANDUM | +------+

Transmittal No: 94 LCM-19

Date: February 22, 1994

Division: Services & Community Development

TO: Local District Commissioners

SUBJECT: Social Services District Foster Boarding Home Payments

ATTACHMENTS: Attachment A, Foster Boarding Home Rate Schedule (Available On-Line)

Department Regulation 427.6(a) requires social services districts to establish a schedule of rates paid to foster family boarding homes for normal, special and exceptional foster care services and clothing replacement. Districts must annually submit this schedule to the Department. This regulation is referenced in the Program Manual Standards of Payment for Foster Care of Children, Chapter VIII, Section A, Page 1.

In order for Department staff to better understand local district policies on variable rates for special and exceptional foster care and notification of foster parents of such local district policies, questions on these items are included in this year's survey (numbers 8 and 9).

Districts that report variable rates for special and exceptional foster care must answer question number 8 on the survey. All districts must answer question 9.

Please complete one copy of the attached Foster Boarding Home Rate Schedule and return it within two weeks to:

New York State Department of Social Services Bureau of Resource Management 11th Floor, Section A 40 North Pearl Street Albany, New York 12243 Attention: James Smith

If you have any questions, please call James Smith at (518) 474-9420 or User ID # 89D001.

Frank Puig Deputy Commissioner Division of Services & Community Development

ATTACHMENT A

FOSTER BOARDING HOME RATE SCHEDULE

Please provide the following information:

- 1. District: _____
- 2. Monthly Payments to Foster Parents:

List the current monthly payments to foster parents who care for the categories of children indicated below.

	Normal: Ages	s 0 – 5	\$
		6 - 11	\$
		12 and over	\$
	Special level	. of care	\$
	Exceptional]	evel of care	\$
3.	Annual Allowances for Clothing Replacement:		
	Ages	0 – 5	\$
		6 - 11	\$
		12 - 15	\$
		16 and over	\$
4.	Monthly Diaper Allowance:		
	Ages	0 - 3	\$
5.	Day Care and Babysitting:		
	If your district allows special payments to foster parents for day care and babysitting, please provide the following:		
	a) The average m day care/baby	nonthly payment to foster parents for vsitting.	\$
	b) The average r	number of payments made each month.	

6. Finder's Fee for New Foster Homes:

If your district pays a finder's fee to certified or approved foster parents who recruit new foster parents, please provide the following:

a) The amount of the fee:

\$_____

- b) The average number of payments made each month:
- 7. The Effective Dates of the Foster Boarding Home Rates:

From Month/Year _____ to Month/Year _____

If these rates are changed before the next reporting date in January 1995, please notify the Department of the amounts of the revised rates and new effective dates.

8. Variable Rates for Special and Exceptional Services:

Last year, more than half of all social services districts reported that they pay more than one rate for special or exceptional foster care services. Districts reported rates based on variables such as the child's age, type and severity of condition, and the extent of foster parent training.

If you reported ranges of special and exceptional rates on page 1, please describe the way that the rates are determined in the space below. Attach a copy of any written guidelines for determining the amounts of the payments.

9. Foster Parent Notification

91 ADM-7, ("Special and Exceptional Services for Children in Family Boarding Homes," 2/19/91) directs social services districts to advise all foster parents and applicants of the standards for receiving special and exceptional rates.

Please describe below how your district provides foster parents and applicants with information covering the requirements for designating children eligible to receive special or exceptional rates. Attach copies of written information that is given to foster parents and applicants.

10. <u>Name</u>, <u>Title and Telephone Number of the Person Who Completed This</u> Schedule:

Title:

Telephone: ()