

# SDRC - Dual Agency

(Revised 3/20/2020)

## Forms

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## Forms

The following forms are referenced in this file:

- 04-57 Supplement to the Rate Response Letter
- 04-58 Supplement to the Rate Rejection Letter
- 04-59 Supplement to the Rate Denial Letter
- 07-65 Placement Information and Payment Authorization (CWS/CMS Template)
- SOC 158A Foster Child Data Record/AFDC-FC Certification (CWS/CMS)
- SOC 835 Supplement to the Dual Agency Rate - Multiple Questionnaire Worksheet
- SOC 836 Supplement to the Rate Eligibility Form
- SOC 837 Supplement to the Rate Questionnaire

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## Dual Agency clients

A dual agency child is a child who:

- is in receipt of AFDC-Foster Care or AAP benefits and
- resides in the approved home of a “foster home provider” (see definitions below)
- is concurrently receiving services from California Regional Center for a developmental disability, as defined by the Lanterman Act, and/or is receiving services under the California Early Start Intervention Services Act.

For purposes of dual agency rate setting, a foster care provider receives a per child, per month, AFDC-FC rate for providing care and supervision to a foster child placed with that provider in one of the following:

- the approved home of a relative;
- the licensed family home of a non-relative;
- the approved home of a non-relative extended family member; or
- the home of a non-related legal guardian or former non-related guardian when the guardianship of a child otherwise eligible for AFDC-FC has been dismissed due to a child attaining 18 years of age. (W&IC Sections 11402, 11461, and 362.7).

**NOTE:** Children who are active to California Early Start or Regional Center should have an active IFSP or IPP. The SW can obtain a copy of the plans from the child’s SDRC representative.

**Dual Agency clients  
(cont.)**

This table displays the rates paid under various circumstances:

Types of Children	Rate Effective 07/01/19
* Birth up to 3 years * Under three years of age, if eligible, per WIC 11464.	\$1,171
3 years and older	\$2,617

See Regional Center Placement payment procedures.

**Dual Agency  
payment procedure**

Follow these steps to authorize payment:

Step	Who	Action
1	SW	<ul style="list-style-type: none"><li>Identify children who are active to California Regional Center and placed in one of the authorized placements:<ul style="list-style-type: none"><li>Enter appropriate information to the CWS/CMS Health Notebook Summary Page:<ul style="list-style-type: none"><li>Answer "Yes" to "Has this child been clinically diagnosed as having a disability(ies)?"</li><li>Fill out all mandated fields in the Dual-Agency Services Received box</li></ul></li></ul></li><li>Complete and send the 07-65 (Placement Information and Payment Authorization [CWS/CMS Template]) and attachments to the Registrar:<ul style="list-style-type: none"><li>Sections E1, E2, E3, and E4:<ul style="list-style-type: none"><li>Check the box that says "Dual Agency"</li><li>Only mark Regional Center Placement in section E3 if vendorized Regional Center Home.</li></ul></li><li>Section G:<ul style="list-style-type: none"><li>Write "Regional Center Child" and include the dates the child resided in placement, the Regional Center effective date, and amount to be paid.</li></ul></li></ul></li><li>The following documents are needed for payment authorization:<ul style="list-style-type: none"><li>For children who are placed in:<ul style="list-style-type: none"><li>San Diego or Imperial County, SDRC will automatically send a rate authorization letter (SDRC #077 or SDRC #076) to CWS Fiscal. <b>NOTE:</b> SWs are not required to attach the SDRC #077 or SDRC # 076 to the 07-65.</li></ul></li></ul></li></ul>

**Dual Agency  
payment procedure  
(cont.)**

Step	Who	Action
1 (cont.)	SW	<ul style="list-style-type: none"><li>• The following documents are needed for payment authorization:<ul style="list-style-type: none"><li>○ For children who are placed in:<ul style="list-style-type: none"><li>▪ out-of-county, SWs will ask the serving county's Regional Center to provide a letter to confirm the child's eligibility, which will be attached to the 07-65. The letter must contain information, such as:<ul style="list-style-type: none"><li>➤ Child's name and DOB</li><li>➤ Effective date with Regional Center/ Services</li><li>➤ Regional Center Service Coordinator's name and contact info.</li></ul></li></ul></li></ul></li></ul>
2	Registrar	<ul style="list-style-type: none"><li>• Add comment to the SOC 158A.</li><li>• The comment will state, "Dual Agency Child" and provide the date that the child was active to Regional Center and dates child resided in home.</li><li>• Keep a copy of the SOC 158A and SDRC #077 or SDRC #076 or Regional Center letter in hard file.</li><li>• Forward the SOC 158A to HSS.</li><li>• Go to ongoing request tab in the Placement Notebook.</li><li>• In the Ongoing Requests tab of the Placement notebook, choose 'Regional Center Services' as Additional Payment Type.</li><li>• Enter the appropriate Rate/Service Level and "Regional Center in CA" in the Regional Center drop-down menu.</li></ul>

**Supplement to the  
Dual Agency Rate**

SCPs who receive an AFDC-FC or AAP rate of \$2,617 for a dual agency child may qualify for a supplemental rate. WIC Section 11464 (c)(2)(a), gives a county sole discretion to authorize a supplement to the rate, not to exceed \$1,000 for dual agency **children three years of age and older**, if it is determined that the child has extraordinary care and supervision needs that cannot be met with the \$2,617 rate. The supplemental rate levels are \$250, \$500, \$750, and \$1,000 and are based upon the assessed severity of the dual agency child's condition.

The effective date of the supplement is:

- the date the request for the supplement was made, or
- the date of regional center referral of the child to the county for a determination for the supplement to the rate, whichever date is earlier.

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**Supplement to the  
Dual Agency Rate  
(cont.)**

If Regional Center subsequently determines that a child **under** three years of age is an individual with a developmental disability, as defined by the Lanterman Act, the rate to be paid from the date of determination is \$2,617. **There is no supplement to this rate.**

Several questionnaires/forms must be completed prior to the supplement rate being authorized. Dual Agency children will be assessed for the supplemental rate based on the presence of at least one of the following:

1. Severe deficits in Self-Help Skills
2. Severe impairment in physical coordination and mobility
3. Severe medical conditions
4. Severely disruptive or self-injurious behaviors.

The CWS Special Care Increment (SCI) Coordinator will use the completed Questionnaire(s) and any other information to complete the eligibility form in order to determine eligibility and the appropriate level of any supplement to the rate.

A supplement to the rate may be requested directly by a dual agency child's SCP or adoptive parent, or through a referral from Regional Center. Determination of eligibility for the supplemental rate must take place within 90 days of receipt of the request.

The SCI Coordinator and Regional Center worker will consult to determine the appropriate supplemental level.

A supplement to the rate, once determined, will remain in effect until the dual agency child is no longer eligible to receive regional center services or is no longer eligible for AFDC-FC or AAP benefits.

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**Supplement to the  
Rate forms**

The following forms are located in the forms repository and will be used to determine a supplemental rate:

Form	Description
Supplement to the Rate Questionnaire (SOC 837)	The Questionnaire is used to gather information about a dual agency child's condition, as well as extraordinary care and supervision needs, so that a county can determine the child's eligibility to the supplemental rate. The county will request information from Regional Center to facilitate determination of a dual agency child's eligibility for a supplement to the rate.
Supplement to the Rate Eligibility Form (SOC 836)	The Eligibility Form is used by a county to determine a dual agency child's eligibility for and to approve the level of any supplemental rate.

**Supplement to the  
Rate forms (cont.)**

Form	Description
Supplement to the Dual Agency Rate – Multiple Questionnaire Worksheet (SOC 835)	The Multiple Questionnaire Worksheet was developed to assist when multiple questionnaires have been used in determination of eligibility for the supplemental rate. The worksheet will allow the SW to “see” the results of each questionnaire on one document and will assist in the determining and documenting the supplemental rate.

**NOTE:** Do not purge these forms. The completed Questionnaires, Eligibility form and Worksheet should be placed in the child’s CWS Case File/Adoptions Case File and in the Eligibility File.

**Supplemental Rate  
process**

This table displays the process for authorizing a supplemental rate for foster children.

**NOTE:** The process for children who have been adopted is different and has been issued separately to the appropriate AAP staff.

Step	Who	Action
1	Dual Agency Child’s SCP or Regional Center	Request a supplement to the rate.
2	SCI Coordinator	<ul style="list-style-type: none"> <li>Send out the Supplement to the Rate Response Letter (04-57) letter to the requestor acknowledging the date of the request.</li> <li>Initiate consultation with Regional Center or other professional.</li> <li>Complete required forms.</li> <li>Request additional information from assigned SW, if necessary.</li> <li>Approve or deny rate.</li> <li>Submit paperwork to assigned SW and Registrar.</li> <li>Send approval/denial letters to SCP and SW.</li> </ul>
3	Assigned SW	<ul style="list-style-type: none"> <li>Schedule any needed medical appointments or psychological evaluations to obtain additional information.</li> <li>Provide a copy of all completed Questionnaire(s) and the completed Eligibility Form to the caregiver <b>upon request</b>.</li> <li>File copies of the SOC 836 and 837 in the child’s case file under the placement.</li> </ul>

## Supplemental rate procedures

The following table displays the procedures for authorizing a supplemental rate for foster children when a request is made.

Step	Who	Action						
1	SCR Coordinator	<ul style="list-style-type: none"><li>Send the Supplement to the Rate Response Letter (04-57) to the requestor.</li><li>Complete the SOC 837 based upon the most current information on the child and consultation with Regional Center or other individual.</li><li>If the Questionnaire <b>lacks adequate information</b> crucial to an assessment of the child’s health or has not been completed accurately and additional medical and/or psychological information is needed to process for eligibility, the SCR Coordinator will send the Supplement to the Rate Rejection Letter (04-58) to the SCP and the SW, notifying them that additional information is required for determining eligibility.</li><li>If the child does not qualify for the Supplement to the Rate, send them the Supplement to the Rate Denial Letter (04-59) and submit the SOC 836 with the date of denial to the Registrar for processing.</li><li>Once all information is received, write in the Regional Center Representative’s full name, telephone number, fax number, agency name and the date of the consultation, on the SOC 837 Supplement to the Rate Questionnaire. If other individuals have submitted input, obtain their signatures on the SOC 837.</li><li>Complete the SOC 836 or if multiple SOC 837 forms have been used, complete the Supplement to the SOC 835 to determine the rate.</li><li>Transfer the circled answers from each questionnaire onto the Worksheet.</li><li>Is there enough information to grant a supplemental rate?</li></ul> <table><tr><th>If</th><th>Then submit SOC 836...</th></tr><tr><td>Yes</td><td>to the Registrar for processing.</td></tr><tr><td>No</td><td>with the denial date to the Registrar for processing.</td></tr></table> <ul style="list-style-type: none"><li>Send copies of the SOC 836 and 837 to the assigned SW to file in the child’s hard file under the placement tab.</li><li>Send copies of the approved and/or denied SOC 835, 836, 837 to the HSS.</li></ul>	If	Then submit SOC 836...	Yes	to the Registrar for processing.	No	with the denial date to the Registrar for processing.
If	Then submit SOC 836...							
Yes	to the Registrar for processing.							
No	with the denial date to the Registrar for processing.							

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**Supplemental rate procedures (cont.)**

Step	Who	Action
2	Registrar	<ul style="list-style-type: none"><li>Once the SOC 836 is received, process the rate or denial. In the Placement Notebook:<ol style="list-style-type: none"><li>1. Select the "Ongoing Requests" tab.</li><li>2. Check the "Specialized Care Increment (SCI) Rate" radio button.</li><li>3. Enter the appropriate rate (\$250.00 to \$1,000.00) in the "SCI Rate" box.</li><li>4. Under "Payment Type", select "Developmentally Disabled Children" from the dropdown menu.</li></ol></li><li>File the SOC 836 in the Registrar's file.</li></ul>

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**Eligibility Determination**

WIC section 11464, subdivision (c)(2)(C) requires the county to issue an eligibility determination within 90 days from the receipt of the request for a supplement to the rate. The failure of the regional center to sign the SOC 837 or to provide information for the assessment of the child's needs shall not relieve the county from timely completion of the assessment. Counties shall continue with and finalize their assessment and eligibility determination for a supplement to the dual agency rate and appropriate level of the supplement based on the extraordinary care and supervision needs of a dual agency child in consultation with California Regional Centers.

If after ten (10) business days a regional center has not provided information to assist a county in their completion of the SOC 837, the county shall continue to process the request using other available information. The county must collect information from other professionals and the caregiver or adoptive parent for the completion of the SOC 837 and issue an eligibility determination for a supplement to the rate within the 90-day timeframe based on the most current information available about the dual agency child. The county must notify the CDSS Foster Care Rates Bureau when a regional center refuses to sign the SOC 837 or provide information regarding the child in a timely manner.

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**Documenting in CWS/CMS**

The Registrars will enter the following in the Placement Notebook:

- the appropriate Rate/Service Level, based on what is approved on the SDRC #076 and SDRC# 077
- "Regional Center in CA" in the Regional Center drop-down menu.

SWs will forward a copy of the child's IFSP and/or California Children's Services NOA to the regional PHN, who will enter the appropriate information in the child's Health Notebook for a complete history of the dual agency services.

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**Special Care  
Increments**

Supplemental to the dual agency rate is different from Special Care Increments, sometimes referenced as Supplemental Care Rate. SWs may refer to the Specialized Care Increments policy for additional information.

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**Alignment with SET  
Values**

This file aligns with SET [Value 3](#) “Helping Children And Youth Achieve Their Full Potential And Develop Lifelong Relationships” by continually focusing on children’s well-being while they are in our care.

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