

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**NOTIFICATION OF FOSTER CARE LEVEL OF CARE
AND ROOM AND BOARD RATE PAYMENT**

NOTICE DATE: / /		NAME AND ADDRESS OF LOCAL SOCIAL SERVICES DISTRICT OR VOLUNTARY AUTHORIZED AGENCY:		
CASE NUMBER:		CHILD'S CIN NUMBER:		
FOSTER PARENT'S NAME AND ADDRESS				
To Request a Conference () -				
To Request Record Access Once a Fair Hearing has been Requested () -				
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO. () -

Listed below is the level of care determination and the room and board rate payment that will be made to you on behalf of the child placed in your care. The effective date is listed below.

Name of child _____ Date of placement of the child in your foster home ____ / ____ / ____

Level of care and rate of foster care room and board payment:

The rate of the foster care room and board rate payment for your child in foster care is based on the level of care determination checked below (basic, special, exceptional, or extraordinary). If you disagree with the level of care determination checked below for the child in your care, you have a right to appeal the decision by using the procedures listed on page three of this notice. You are entitled to a new notice if the level of care determination for the child is changed.

- Basic** – The child has no diagnosed physical or mental condition requiring special, exceptional, or extraordinary care, although the child may have problems relating to neglect, maltreatment, or lack of care.
- Special** – The child has a pronounced physical condition certified by a physician as requiring a high degree of physical care; OR is awaiting a family court hearing on a Person in Need of Supervision (PINS) or Juvenile Delinquency (JD) petition or has been adjudicated as a PINS or JD; OR has been diagnosed by a qualified psychiatrist or psychologist as moderately developmentally disabled, emotionally disturbed, or with a behavior disorder requiring a high degree of supervision; OR is a refugee or Cuban/Haitian entrant and is unable to function successfully in their communities because of factors related to that status; OR entered foster care directly from inpatient hospital care within the past year; OR the local social services commissioner has determined that the child has a condition equal to the criteria above and the equivalent condition(s) have been approved by OCFS as eligible for special foster care services. (Note: Not less than four hours of training required annually)
- Exceptional** – The child requires 24-hour-a-day care by a qualified nurse or someone supervised by a qualified nurse or physician, as certified by a physician; OR has severe behavior problems involving violence and has been certified by a qualified psychiatrist or psychologist as requiring a high level of individual supervision in the foster home; OR has been diagnosed by a qualified physician as having severe mental illness, severe developmental disabilities, brain damage or autism; OR has been diagnosed by a physician as having AIDS or HIV-related illness (up to one year if child tests positive for HIV and then subsequently tests negative for HIV); OR the local social services commissioner has determined that the child has a condition equal to the criteria above and the equivalent condition(s) have been approved by OCFS as eligible for exceptional foster care services. (Note: Not less than five hours of training required annually)
- Extraordinary** – The child requires placement in a qualified residential treatment program (QRTP) OR requires 24-hour-a-day care by a qualified nurse or someone closely supervised by a qualified nurse or physician, as certified by a physician, AND has severe behavior problems involving violence on themselves, other persons or their physical surroundings, and who has been certified by a qualified psychiatrist or psychologist as requiring a high level of individual supervision in the foster home; OR has been adjudicated as a PINS or JD; OR has been diagnosed by a qualified physician as having severe mental illness, brain injury, intellectual or developmental disability; OR the child tests positive for HIV and then subsequently tests negative for HIV; OR has been released from in-patient psychiatric hospital care within the last year; OR has been temporarily placed in a QRTP but is not eligible to stay due to an assessment determination by a qualified individual and is identified as eligible for extraordinary level of care; OR is a survivor of or at high risk of commercial labor or sexual exploitation; OR the local social services commissioner has determined that the child has a condition equal to the criteria above and the equivalent condition(s) have been approved by OCFS as eligible for extraordinary foster care services. (Note: Not less than eight hours of training required annually)

Amount of foster care room and board rate payment is \$ _____ per day, effective ____ / ____ / ____ .

The actual rate you will receive may be different than the rate listed above. The rate amount may change over time due to circumstances other than the child's level of care determination. These rate amounts may change due to the child's age, state rate changes and other changes allowed by law.

For special, exceptional, and extraordinary rates, the child's qualifying condition or circumstance is identified as: _____

The regulation that governs the special, exceptional, and extraordinary rate setting process is 18 NYCRR 427.6.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION. BE SURE TO READ PAGE THREE OF THIS NOTICE ON HOW TO APPEAL THIS DECISION.

Worker Signature/Date: _____ / ____ / ____

Supervisor Signature/Date: _____ / ____ / ____

CLIENT/FAIR HEARINGS COPY

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made an incorrect decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the conference number on the first page of this notice or by sending a written request to us at the address listed at the top right of the first page of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing.** If you ask for a conference, you are still entitled to a fair hearing. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is incorrect, you have 60 DAYS from the NOTICE DATE, located on the front page of this notification to request a fair hearing to appeal the determination of the local department of social services. You may request a State fair hearing by:

- (1) **Calling:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)
Statewide Toll-Free **1-800-342-3334** for fair hearing requests and inquiries.
- (2) **Online:** To send your fair hearing request online, go to <https://otda.ny.gov/hearings/>, click on the link to request a fair hearing using the online form, and follow the instructions to complete and submit the form online.
- (3) **Writing:** By sending a **completed** copy of this notice to NYS Office of Temporary and Disability Assistance, Office of Administrative Hearings, P.O. Box 1930, Albany, New York 12201-1930. **Please keep a copy for yourself.**
- (4) **FAX:** Complete the information below and fax both sides of this form to (518) 473-6735.
- (5) **In Person:** A request for a fair hearing may be made in person at the following locations:
New York City: 14 Boerum Place, 1st Floor, Brooklyn, New York 11201 ([Directions to 14 Boerum Place](#))
Albany: 40 North Pearl Street, Albany, New York 12243

Please include the following information when requesting a fair hearing:

Child's name	Child's date of birth / /	Child's case number
The birth mother's name	Local social services district or voluntary agency name	

I want a fair hearing. The Agency's action is incorrect because:

Signature of Foster Parent(s): _____ Date _____ / _____ / _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney, or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, receipts, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:

To help you get ready for the hearing, you have a right to look at certain portions of your child's foster care case file. If you call or write to us, we will provide you with free copies of the pertinent documents which we will give to the hearing officer at the fair hearing.

If you want copies of the pertinent documents from your child's foster care case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed. To ask for documents or to find out how to look at the pertinent documents in your child's foster care case file, please contact the Record Access telephone number listed on the first page of this notice.

INFORMATION:

If you want more information about your child's foster care case, how to ask for a fair hearing, how to see relevant records, or how to get additional copies of documents, call us at the telephone numbers listed on the first page of this notice, or write to us at the address printed on the first page of this notice.