

# TRANSITIONAL HOUSING PLACEMENT FOR NONMINOR DEPENDENTS (THP-NMD)

## BECOMING A THP-NMD PROVIDER

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This guide is intended to assist organizations wishing to become licensed to provide the Transitional Housing Placement for Nonminor Dependents (THP-NMD). \* THP-NMD providers serve nonminor dependent youth ages 18-21. This guide does not include information on how to become licensed to provide the Transitional Housing Placement for Minor Foster Children (THP-M), which serves youth ages 16-17.

THP-NMD providers are licensed by the Community Care Licensing (CCL) Division of the California Department of Social Services (CDSS) and certified by county agencies.

This document should not be used in lieu of any information provided by CDSS or individual county agencies.

Applicants should read CDSS [All County Letter No. 12-44](#) (2012), THPP regulations ([Title 22, Division 6, Chapter 7](#)), AB 12 Interim Regulations for THPP ([Title 22, Division 6, Chapter 7, Subchapter 1: Nonminor Dependents](#)), and general licensing regulations ([Title 22, Division 6, Chapter 1](#)) to ensure compliance with all licensing regulations.

Note: Providers already licensed to provide THP-M (the program for *minor* foster children) interested in also becoming THP-NMD providers do not need to complete all of the steps in this guide and should instead refer to [All County Letter 13-09](#) (2013) for instructions.

*\*THP-NMD was previously known as THP-Plus Foster Care (THP+FC) and THP-M was previously known as THPP until the names were formally changed by Senate Bill 612 (Mitchell, 2017), effective January 1, 2018.*

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### -STEP-BY-STEP GUIDE-

#### 1. CONTACT YOUR COUNTY CHILD WELFARE AGENCY DIRECTOR.

- Inform your county you are interested in applying to become a THP-NMD provider and would like to submit a Plan of Operation to them for review. Click [here](#) for a list of county welfare directors that oversee the child welfare program.
- Determine whether there is a need for THP-NMD in your community.
- Determine age, number and types of youth to be served.
- Investigate potential neighborhood obstacles.

**NOTE:** THP-NMD providers must obtain a letter of certification by the county where the provider's administrative or sub-administrative office is located ("applicable county") or by a primary placing county. A provider planning on operating THP-NMD in more than one county only needs one letter of certification from one county. *(For example, a provider may obtain a letter of certification from San Francisco but the provider may also provide THP-NMD services in Alameda, Santa Clara, Contra Costa, etc. without getting a new letter of certification from each of those counties).* However, the living unit(s) in which the youth participants reside cannot be more than two hours by car from the provider's administrative or sub-administrative office {CCR, Title 22, Section 86087.1(c)}. Therefore, providers that are planning to open new living units located more than two hours from their administrative sub-administrative office must establish a new sub-administrative office to provide support for these new living units in order to be located within the two-hour radius. *Each sub-administrative office must be independently licensed by CCL {Title 22, Section 86001(s)(2)}.*

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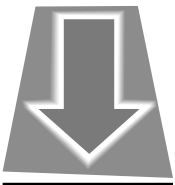
### 2. SUBMIT YOUR REQUEST FOR CERTIFICATION TO COUNTY CHILD WELFARE AGENCY.

- Submit a request to the applicable county for certification including a completed Plan of Operation and other relevant information as required by the applicable county. (**Further instructions on completing a Plan of Operation can be found on page 6 and in the accompanying document “THP-NMD Plan of Operation Template”**).
- Disclose to the applicable county in writing any revocation or disciplinary action in any CCL program.
- Once the Plan of Operation and any other requested information is received and approved, certification is issued by the county in the form of a letter on county letterhead, a certificate, or other appropriate document determined by the county signed by the child welfare director or designee.

### 3. ATTEND A CCL ORIENTATION FOR THE TRANSITIONAL HOUSING PLACEMENT PROVIDER LICENSING CATEGORY.

- Orientations are scheduled on an as-needed basis by CCL’s [regional offices](#).
- Orientations are \$50 per person, payable to Department of Social Services, mailed to the regional office where the orientation is being held. The organization’s administrator must attend.
- In order to prepare for the orientation, read [ACL No. 12-44](#), the [THPP regulations](#), the [interim AB 12 regulations for THPP](#), and attend the orientation equipped with any questions.
- You will be provided an affidavit for the completion of the orientation.

**NOTE:** An organization must submit their application for licensure within six months of attending an orientation. If an application is not submitted within that time period the organization must attend another orientation.



STEPS 4 & 5 CAN BE DONE SIMULTANEOUSLY ACCORDING TO GUIDANCE PROVIDED BY CDSS

### 4. COMPLETE A CCL APPLICATION FOR A TRANSITIONAL HOUSING PLACEMENT PROGRAM PROVIDER LICENSE.

- Refer to Title 22 General Licensing Requirements, Section 80000; and THPP Regulations, Sections 86000-88 to assist with Sections A and B (see page 6).
- The LIC 200 and all other required forms must be completed in Section A & B. (**A complete list of forms with a link to the webpage where they are located can be found on page 5**).
- Attach the Letter of Certification from the applicable or placing county with the Plan of Operation along with the other relevant information.

**NOTE:** The Plan of Operation submitted to the county can be used to fulfill the Plan of Operation requirement for licensure provided that requirements in Section 86022 are fulfilled, however it is important to note that approval of your Plan of Operation by the county *will not* guarantee approval of your Plan of Operation by CCL.

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- Submit the application fee. The list of application fees can be found here: <https://www.cdss.ca.gov/inforesources/Community-Care/Licensing-Fees>.
- Application may be accepted or returned by CCL for more information.

**NOTE:** According to ACL No. 12-44, it may take up to 90 days before a license is issued. Once it is issued, it is recommended that you check with CCL to ensure that they sent the license and Plan of Operation over to the Foster Care Audits and Rates Branch.

### 5. APPLY FOR THP-NMD RATE WITH FOSTER CARE AUDITS AND RATES BRANCH (FCARB).

**NOTE:** There is one THP-NMD rate for single-site and remote-site housing, and one THP-NMD rate for host-family housing. The rate is what the provider is paid per participant per month. This rate increases annually according to the California Necessities Index. An All County Letter (ACL) is issued in July with new rates each fiscal year. Find ACLs here: <http://www.cdss.ca.gov/inforesources/Letters-Regulations/Letters-and-Notices/All-County-Letters>

- Complete a THP-NMD Rate Application (SOC 179 - <http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC179.pdf>)
- Enclose the following documents with the application:
  - A. Transitional Housing Placement Provider license to serve Non-Minor Dependent, *or* application for license
  - B. County certification of THP-NMD program
  - C. Articles of Incorporation (Secretary of State)
  - D. Internal Revenue Service tax exempt letter
  - E. Job titles/descriptions
  - F. Organization chart
  - G. List of board members
  - H. Nonprofit declaration signed by the board of directors: *requires that the organization will operate during the fiscal year in the public interest for scientific, education, service or charitable purposes; is not organized for profit-making purposes; and uses its net proceeds to maintain, improve, or expand its operations.*
  - I. Lease agreement(s) in effect at the time of the application: *must be submitted with biennial rate applications for ongoing programs, as well as with rate applications for new THP-NMD programs.*
  - J. Statement of Information 100 (SI 100)
  - K. List of case management names and type of case manager degrees
- Submit the rate package to:

**California Department of Social Services Foster  
Care Audits and Rates Branch Rates Unit  
744 P Street, M.S. 9-6-74  
Sacramento, CA 95814**

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- Once all required documents are received and approved by CDSS, a rate letter will be issued to the provider and counties including a list of county placement agencies using this program. The rate letter is effective for two years.

**NOTE:** CDSS will provide information regarding biennial rate applications in a forthcoming ACL.

### 6. ATTEND A FACE-TO-FACE MEETING WITH CCL.

- This meeting is scheduled by CCL once an applicant reaches this point of the application process.

### 7. COMPLETE CERTIFICATES OF COMPLIANCE FOR LIVING UNITS

- Upon receiving a license and rate, the provider should begin issuing Certificates of Compliance for each living unit it operates. (*Certificates of Compliance may not be issued prior to receiving license and rate*).
- The Certificate of Compliance shall include the following:
  - A. The capacity for which the site has been certified
  - B. Any limitations, including ambulatory status
  - C. Any preferences requested by the site owner
  - D. Date of issuance
  - E. Date of expiration not to exceed one year from the date of issuance
  - F. The type of housing model (single-site, remote-site, host-family)

**NOTE:** In accordance with CCR, Title 22, Section 86030.5, a licensed transitional housing placement provider must complete and sign a Certificate of Compliance for each single living unit ensuring each unit meets the requirements of H&S Code §1501(b)(5). *The transitional housing placement provider shall secure and maintain for each THPP participant living unit any fire clearance required by and approved by the fire authority having jurisdiction.*

- A copy of the Certificate of Compliance for each living unit should be kept in the administrative office records maintained by the provider.

**NOTE:** A Certificate of Compliance is not transferable to any other living unit and shall be void upon a change of location or under emergency conditions. Providers may certify living units within and across county lines and has the responsibility to decertify previously approved sites.

## **-COMPLETING THE LICENSING APPLICATION-**

These forms can be located on the CDSS website at: <https://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-Alphabetic-List/I-L#lic>

### **Section A: Licensing Forms**

- ◆ **LIC 200** Application for a Community Care Facility or Residential Care Facility for the Elderly License, instructions included (2 pages)
- ◆ **LIC 215** Applicant Information (2 pages)
- ◆ **LIC 308** Designation of Facility Responsibility (1 page)
- ◆ **LIC 309** Administrative Organization (2 pages)
- ◆ **LIC 400** Affidavit Regarding Client/Resident Cash Resources (1 page)
- ◆ **LIC 401** Monthly Operating Statement, instructions included (2 pages)
- ◆ **LIC 401A** (2 pages)
- ◆ **LIC 402** Surety Bond (1 page)
- ◆ **LIC 403** Balance Sheet (2 pages)
- ◆ **LIC 403A** Balance Sheet Supplemental Schedule (4 pages)
- ◆ **LIC 404** Financial Information Release and Verification (1 page)
- ◆ **LIC 500** Personnel Report (2 pages)
- ◆ **LIC 501** CCL/Personnel Record (2 pages)
- ◆ **LIC 503** Health Screening Report – Facility Personnel (1 page)
- ◆ **LIC 508** Criminal Record Statement (2 pages)
- ◆ **LIC 610C** Emergency Disaster Plan for Children’s Residential Facilities (1 page)
- ◆ **LIC 999** Facility Sketch (Floor Plan) (2 pages)
- ◆ **LIC 9054** Local Fire Inspection Authority Information (1 page)

### **Section B: Supportive Documents**

- A.** Partnership Agreement/Articles of Incorporation/Articles of Organization
- B.** Verification of Administrator Qualifications and Certification
- C.** Verification of Social Worker Qualifications
- D.** Job Description – each position
- E.** Personnel Policies
- F.** In-service Training for Staff
- G.** Facility Program Description
- H.** Rules of Discipline/Personal Rights
- I.** Admissions Policies
- J.** Control of Property
- K.** Bacteriological Analysis of Private Water Supply (when water for human consumption is from a private source)
- L.** First Aid Card
- M.** Orientation Certification

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### -WRITING THE PLAN OF OPERATION-

The Plan of Operation (sometimes referred to as the “Program Plan” by county agencies) must include all sections described in the following regulations:

- ◆ General Licensing Requirements - Title 22, Division 6, Chapter 1, Article 3, Section 80022:  
<http://www.cdss.ca.gov/Portals/9/Regs/genman2.pdf?ver=2017-09-29-105603-463>
- ◆ Transitional Housing Placement Program - Title 22, Division 6, Chapter 7, Section 86022:  
<http://www.cdss.ca.gov/Portals/9/Regs/thppman1.pdf?ver=2017-09-29-102218-287>
- ◆ AB12 Licensing Regulations for Non-minor Dependents in Foster Care, Transitional Housing Placement Programs - Title 22, Division 6, Chapter 7, Sub-chapter 1, Section 86122:  
<http://cclid.ca.gov/res/pdf/AB12thpp.pdf>

The “**THP-NMD Plan of Operation Template**” is a template for a Plan of Operation that includes references to each section of the above regulations. Provided below is a link to an editable version of the template (Word), as well as a PDF version in case the Word version’s formatting becomes compromised:

- [Download Word version](#)
- [Download PDF version](#)

This template is merely a suggested format and is intended to be a starting point for a provider to draft a Plan of Operation. Providers must include their own content and information specific to their program and plan.

Please note that use of the template does not guarantee approval by CCL or certification by any county agency.

#### HOW TO USE THE TEMPLATE:

- Insert identifying information as indicated in the highlighted sections.
- Insert information as indicated in each section as it pertains to the language in the corresponding regulation section.  
*Note: All regulation language is enclosed in the blue boxes. It is helpful to pull language from the regulations to ensure compliance, but important to provide information as it pertains to your individual program.*
- You may consider renaming some of the sections in order to have shorter headings, however make sure you include all required information. (*i.e. in the template you will see that Section VII, “Grounds Sketch” has a much longer section heading in the regulations, but it has been shortened*)
- Be sure to delete the blue boxes and yellow highlighting prior to submitting your Plan of Operation.
- Many of the sections require additional information or documents that are usually best presented as attachments (as indicated in the template).
- As your last step, insert page numbers and attachment titles in the table of contents as they correspond to each section.

**Note: Sections I through XIV referenced in the template are the Plan of Operation requirements included in Section 80022 and 86122 of the regulations. Sections XV through XIX referenced in the template are the Plan of Operation requirements included in Section 86022 of the regulations.**