

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BISMARCK, NORTH DAKOTA
February 6, 2017**

PI 17-05

TO: Regional Supervisors
County Social Services
Division of Juvenile Services
Tribal Social Services
PATH

FROM: Kelsey Bless, Permanency Administrator
Deb Lachenmeier, Title IV- E Eligibility Specialist

SUBJECT: Irregular Payments by Placement 623-05-25-05
Therapeutic Foster Care Rates 623-05-20-35 (new title)
Medical Services Payment – Foster Children Eligible for
Title XIX 623-05-45-10 (new title)
Medicaid Identification Card 623-05-45-15

PROGRAMS: Foster Care

EFFECTIVE: **Immediately**

RETENTION: Until Manualized

Children and Family Services (CFS) continues to update Policy Manual 623-05 Foster Care Maintenance Payments. This policy issuance (PI) is specific to irregular payments by placements, PATH rates, and Medicaid for foster children. Changes made to policy are noted in red and all outstanding PI's will be manualized as soon as possible for easier online viewing.

If you have questions, contact Children & Family Services Title IV-E Specialist, Deb Lachenmeier, at 701-328-1710 or Permanency Administrator, Kelsey Bless, at 701-328-3581.

Irregular Payment specific to each placement setting 623-05-25-05

Irregular Payments Family Foster Care:

Foster children placed in a licensed or approved (Tribal Affidavit) family foster home are eligible for irregular **maintenance** payments.

Irregular Payments for a Non-Foster Care Placement:

Foster children placed in a non-foster care setting with an unlicensed provider, at the hospital, or in relative/kinship care do not qualify for irregular **maintenance** payments.

Irregular Payments in Therapeutic Foster Care:

- 1. Therapeutic Level:** Only 2 codes allowed.
 - a. Code 53: Travel for foster parents to transport to school, and
 - b. Code 71: If the foster child has their own child
- 2. PATH Regular (Step Down) Level**
 - a. Irregular payments for family foster care placements, with the exception of Category 20. A clothing allowance is offered by PATH to the foster child.
- 3. County (Flow Through) Level**
 - a. All irregular payments for family foster care placements apply.

Irregular Payments in Group & Residential Care:

The irregular payment policy has very limited application to children in group and residential care. **An RCCF has an established daily rate rate setting in those instances is dictated by N.D.A.C. 75-03-15 "Rate Setting".** Children placed in an RCCF are only eligible for:

- Category 10
- Category 20
- Category 50
- Category 80

Irregular Payments in PRTF's:

Foster care funds cannot pay for any portion of a child's cost of care in a PRTF, including irregular payments. Irregular payments may be included in the PRTF's direct rate based on historical costs as outlined in N.D.A.C 75-02-09-06.

~~Maintenance Rate~~ — Therapeutic Foster Care Rates 623-05-20-35

ND Therapeutic Providers:

1. PATH, Inc.
1202 Westrac Dr S, Suite 100
Fargo, ND 58103
Phone: 701-280-8545

Billing Address:

PATH, Inc. ND
Rice Creek Professional Building
5985 Rice Creek Pkwy, Suite 202
Shoreview, MN 55126

PATH Maintenance Rates (July 1, 2015) Payments are made using the daily rate times the number of days in care.

LEVEL OF CARE OFFERED BY THE THERAPEUTIC PROVIDER	DAILY RATE	MONTHLY RATE (30 days)
Therapeutic Treatment PATH provides case management	\$108.18	\$3,245.40
PATH Regular (Step Down) PATH provides case management	\$66.23	\$1,986.90
County (Flow Through) Sibling placement - Custodian provides case management to the child.	Family Foster Care Maintenance Rate (Based on Child Age)	Varied

Payments to PATH should not be authorized until a billing statement has been received for the appropriate month. PATH and the Department of Human Services shall review PATH foster care maintenance rates quarterly. Therefore it is possible that the daily rate could change on a quarterly basis.

The custodian and the child's team will evaluate the child's progress to determine the appropriate level of care. If placement in the **PATH Regular (Step Down)** option is appropriate, the custodian and PATH will sign the needed documentation at the Child & Family Team meeting. The custodial case manager will be responsible to notify the county eligibility worker of any changes **in placement level**.

PATH MONTHLY BILLING:

The amount billed is based on the **level of care (Tx rate, Regular rate, County rate)** and number of days in placement, not to exceed the number of days in the month. Reimbursement of overlapping days of placement from one therapeutic provider to another is not allowed. Example: A child changes placement from one therapeutic home to another on the 3rd of the month, only one therapeutic provider can be reimbursed for the 3rd.

The PATH billing office will send a separate bill **to the financial county** for each child monthly. The county should receive the bill on or around the 12th of the month **following the month of service**. Eligibility workers must wait for the bill prior to authorizing payments. The payment amount is **not** automatically calculated by the payment system and will require manual **data entry by the county eligibility worker**. The bill ~~should~~**must** be kept in the foster care eligibility file **for auditing purposes**.

The monthly bill from the agency must provide an itemization of each placement with each provider:

1. For bills containing multiple providers, each provider must have an approved placement in FRAME and payment authorization must be made to each provider based on the billed dates and amount specific to that provider.
2. Do not authorize a lump sum payment to only one provider if multiple placements exist during the billing cycle.
3. Secondary placements in a therapeutic home when a child is in a primary therapeutic placement are not reimbursable (PATH to PATH). **However, if the child is transitioning to a PATH home from a non-PATH provider (county home, group home, etc.) the "pre-placement" can be reimbursed as a secondary placement.**
4. **If there is an overpayment made to a PATH provider, Children & Family Services (CFS) can auto-recoup the overpayment during either the supplemental or standard check write so long as the provider has a foster care placement. If there is not a placement with the specified**

provider, CFS will generate a letter for PATH to reimburse NDDHS directly.

PATH Irregular Payments

Allowable irregular payment reimbursements per policy 623-05-25-05 are authorized through the county as follows:

1. All irregular payments must be approved as set forth in policy and should be documented in the Child and Family Team Meeting notes.
2. Case managers must provide the eligibility worker with documentation of the approved irregular expenses.
3. After approval to purchase, the PATH foster care provider will email/fax/mail receipts to a designated PATH case worker. The PATH case worker will distribute the receipts to the county case manager for reimbursement to PATH.
4. The county case manager will provide the eligibility worker with a copy of the receipts and the PATH worker will provide the PATH billing office with a copy of the receipts (unless other arrangements have been made between the PATH worker and the County case managers in regard to distribution of the receipts).
5. PATH **DOES NOT** bill the irregular expenses for PATH Regular (Step Down) or County (Flow Through) placements to the county. They will only bill the ~~standard~~ rate for the therapeutic level of care. It is the responsibility of the county to reimburse the irregular payments to PATH. In turn, PATH will reimburse the foster parents the amount of payment received from the county to cover the irregular expenses for the billing cycle.
6. If PATH's billing office has questions regarding the amount received over and above the standard foster care rate, the county worker will be contacted for clarification.

How to Authorize the Irregular Payments in the payment system:

The ND payment system allows only two irregular payment codes to be authorized to all therapeutic providers:

1. Code 53 - transportation to school
2. Code 71 – parent/infant care

These irregular payments must be authorized separately and on the irregular payment screen.

All other allowable irregular payments for PATH Regular (Step Down) and County (Flow Through) must be added to the maintenance payment amount for the billable month.

- Example: PATH Regular March 2016 for 15 days + daycare for 7 days.
 - \$66.23 (PATH Regular rate) x 15 days = \$993.45
 - Approved daycare bill was submitted charging \$27/day x 7 days for the month of March = \$189
 - Total Reimbursement= \$993.45 + \$189 = **\$1183.45**
 - The CCWIPS payment/rate for March 2016 would be entered as \$1183.45.

~~Payment procedures for medical assistance to medically eligible foster children are the same as for any other eligible Medicaid recipient. Providers have authorizations for payment and when services are rendered the medical provider can bill medical services division directly.~~

Medical Services Payment – Foster Children Eligible for Title XIX ~~**Under Care of Child Care Agencies and Family Foster Care Homes**~~ **623-05-45-10**

Medical Assistance Eligibility questions regarding particular foster children should be referred to county of financial responsibility. If the child is eligible for Title IV-E benefits, this child becomes “categorically” Medicaid eligible. The eligibility worker will authorize the Medicaid accordingly. If the child is not eligible for Title IV-E benefits, a Medicaid determination must be made according to policy set forth by ND Medical Services.

~~It is important to identify and utilize medical service providers who accept ND Medicaid. ND Medical Services policy states all medical procedures and services require prior approval in order for reimbursement to occur.~~

~~Foster care case managers and foster care providers must inform the medical provider of the foster child's medical assistance eligibility status. Foster children entering placement with a therapeutic provider (PATH, Inc.) must have their Medicaid eligibility determined prior to referral. The treatment (rehabilitation) amount may be paid by Title XIX, or some other resource. Rehabilitation costs CANNOT BE PAID THROUGH FOSTER CARE.~~

Medicaid Identification Card 623-05-45-15

A Medicaid Identification card is issued to each Medicaid recipient after Medicaid eligibility has been established. ~~The foster child will receive such a card.~~

The ~~foster care case manager should receive the~~ Medicaid Identification card ~~or issued number.~~ This information must accompany the ~~foster~~ child from placement to placement, whether the child is ~~in care~~ in a family foster home, group home, or residential facility.