NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES BISMARCK, NORTH DAKOTA April 9, 2021

PI 21-10

- TO: Human Service Zones Division of Juvenile Services Tribal Social Services Field Service Specialists
- **FROM:** Kelsey Bless, CFS Permanency Administrator Deb Lachenmeier, CFS Eligibility Unit Supervisor
- **SUBJECT:** Foster Care Maintenance General Updates 623-05

PROGRAMS: Definitions 623-05-05 Child Support Referrals 623-05-15-45-05 Notice to Child Support 623-05-15-45-15 Voluntary Placement Agreement 623-05-15-65 Division of Juvenile Services (DJS) Foster Care Payments 623-05-15-75 Remitting Overpayments/Receivables 623-05-20-15 Recoupment of Foster Care Overpayments 623-05-20-20 Trial Home Visits 623-05-20-31 Placement Approvals 623-05-20-32 Residential Facility Rates 623-05-20-40 Out-of-State Residential Placements 623-05-20-50 Ongoing Foster Care Reimbursement623-05-20-65 Approved Agencies for Payment 623-05-45-05 (NEW Section Title/Name) ND Medicaid - Eligible Foster Children 623-05-45-10 Medicaid Identification/Notification 623-05-45-15 Forms 623-05-60 (NEW)

RETENTION: Until Manualized

EFFECTIVE: Immediately

Children and Family Services updated the 623-05 maintenance chapter to accommodate revisions specific to updating language specific to redesign efforts and specific to the CFS Eligibility Unit, details surround child support, accounts receivables, overpayments, updates to definitions and facility names, provider's approved for payment, the creation of a forms section and more!

Policy updates are in <u>red/underline</u>. If you have questions or need technical assistance, contact Deb Lachenmeier at <u>dlachenmeier@nd.gov</u> or Kelsey Bless, <u>kmbless@nd.gov</u>.

Definitions 623-05-05

Applicant - A parent(s), person or agency having the custody of a dependent child making application for aid for such child under the provisions of Chapter 447-10. A foster child that reaches the age of 18 years may make an application in his or her own behalf.

Auto-Recoupment - The process by which the NDDHS payment system will automatically reduce a future reimbursement if the foster care provider, with an <u>overpayment entered in the system</u>, has a current placement or a payment due.

Correction Facility – An institution where juvenile offenders can be temporarily held and are usually under the supervision of a juvenile court. Examples include a Detention Center, Youth Correction Center, etc. A child is not considered to be in foster care and no foster care payments can be expended for a youth in a correctional placement.

Custodian or Custodial Agency - The agency to which the court has given responsibility for care, custody and control, or for placement and care of the child. This may be a <u>Human Service Zonecounty social service board</u>, the Division of Juvenile Services, <u>or</u> <u>Tribal Social Services</u>tribal social services, or the Executive Director of the North Dakota Department of Human Services.

Direct Recoupment - The process by which the Human Service Zonecustodial agency and CFS Eligibility Unit work collectively to directly contact the foster care provider to request reimbursement for a foster care payment made in error.

Foster Care - Hereafter in this chapter, the general term foster care may include care <u>and placement</u> in foster family homes, group homes, residential child care facilities, <u>qualified</u> residential treatment <u>program (QRTP) facilities or supervised independent</u> <u>living (SIL).</u> <u>centers, and psychiatric residential treatment facilities.</u>

Foster Care Maintenance Payment - Payment to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. In residential care, reasonable costs of administration are included. In addition to maintenance payments, certain administrative and service payments are allowable. Hereafter in this chapter when the shorter terms "foster care payment" or "maintenance payments" are used, it means the foster care maintenance payment.

Family Foster Home - An occupied private residence in which foster care for children is regularly provided by the owner or lessee thereof to no more than <u>four six</u> children. Exception: unless <u>all</u> the children in foster care are related to each other by blood or marriage, or unless the department approves otherwise for the placement of siblings, in which case the limitation shall not apply.

Irregular Payment - Reimbursement with foster care fund for fees/expenses that meet the irregular category definition and criteria incurred by a foster care provider on behalf of a foster care child. The irregular categories reimburse for expenses over and above the standard maintenance payment which covers the basic care and needs of the foster care child.

Licensed Relative Homes - A relative may request to have his or her home licensed or approved in order to receive a foster care maintenance payment. If the home meets the standards for licensure or approval and if the child(ren) in question otherwise meets all requirements of foster care, the appropriate foster care daily rate must be paid. When a relative is granted a license, the date of licensure will initiate the start of foster care reimbursement. If needed, there There is a relative waiver option that can be considered for relatives only specific to non-safety related licensing compliance.

<u>Relative Caregiver – An identified relative authorized by the child's custodial agency to</u> <u>care for the foster child while he/she is in public custody. If the home is not a licensed</u> <u>or approved (tribal affidavit) foster home, the relative caregiver is not eligible for</u> <u>reimbursement for the care of the child.</u>

Psychiatric Residential Treatment <u>Centers Facilities</u> (PRTF's) - Accredited residential treatment <u>centers facilities</u> that provide inpatient psychiatric services for eligible individuals under age 21. Foster <u>youth children</u> placed in PRTF's will <u>be processed have</u> <u>placement costs authorized</u> under regular Medicaid rules. In order for Medicaid to pay for the individual's care, a certificate of need <u>will beis</u> required.

Qualified Residential Treatment Program (<u>QRTP</u>)- A licensed or approved residence providing an out-of-home treatment placement for children in a facility that has a trauma informed treatment model designed to address the needs of children with serious emotional or behavioral disorders or disturbances and a program able to implement the treatment identified for the child after receiving an approved assessment.

Residential Treatment Center for Children - A licensed facility that provides residential treatment for mentally ill persons who are children within the meaning of NDCC section 27-20-02 or who are minors. Effective July 1, 2006, residential treatment facilities instate and some out of state, that are accredited and providing inpatient psychiatric services will be referred to as Psychiatric Residential Treatment Facilities (PRTF's).

Standard Checkwrite - The Department of Human Services payment schedule will issue reimbursement to foster care providers with authorized expenditures for the current month and irregular payments authorized since the last supplemental check write. Standard check write is scheduled to run the second to last working day of the month.

Supervised Independent Living <u>(SIL)</u> – is a licensed or approved setting providing supervision and service delivery to a child that has attained age 18 years of age <u>and</u> <u>participating in the 18+ Continued Care program</u> transitioning into adulthood.

Supplemental Checkwrite - The Department of Human Services payment schedule will issue reimbursement to foster care providers with authorized expenditures from prior months and irregular payments authorized since the last supplemental check write. Supplemental check write is scheduled to run weekly on Wednesday night, unless there is a standard check write scheduled.

Tribal Title IV-E Care Payments - ND Tribal Social Service Agencies have access to Title IV-E funding through an agreement with NDDHS to receive payment on eligible Title IV-E foster care cases. Foster care payment to providers licensed or approved by the Tribe can only be made if the provider meets the Department of Human Services standards or equivalent and such standards have prior approval of the Department of Human Services.

Child Support Referrals 623-05-15-45-05

<u>Custodial case managers must enter pertinent relationship data into the case</u> <u>management system to trigger an automatic County Social Service Boards</u> (Administrative County) must submit a child support referral on each parent whose child is in foster care. There are two exceptions to making a child support referral. A referral will not be made against either parent;

- 1. If one of both parents receive a subsidized adoption payment on behalf of a child in foster care, or
- 2. If the child's placement was short-term. For purposes of this exception, "short-term" is defined as follows:
 - a. The child exited the placement by the time the referral would be sent, and
 - b. The child was in the placement for 60 days or less.

Both criteria <u>a and b</u> must be met in order for the referral to be eliminated (i.e., not made). If the child is in placement at the time of referral, a referral is made regardless of the amount of time the child has been in placement.

Special circumstances may also apply when submitting the referral; those include:

- 1. DA = Donor Assisted Conception
- 2. OT = Other special circumstances reason

- 3. SP = Single parent adoption
- 4. TR = Terminated Parental Rights

The Department of Human Services uses automated systems to transmit and receive referrals. Child support referrals must be completed and transmitted in CCWIPS. The referral information sent to the Child Support Division is used to establish paternity, locate the absent parent(s), and establish and enforce a support order. The referral may be transmitted by the County Social Service Board to Child Support at any time following foster care placement, but is required to be transmitted at the time of initial payment authorization.

Once a child support referral is in an open status, child support collected on behalf of the child will automatically be allocated <u>via our systems interface</u> to the North Dakota Department of Human Services to offset the amount expended for foster care while the child is in a paid placement. When a child's placement is closed/ended, the child support referral will revert to "close pending" and remain in a monitor status until the child's foster care program is closed or a new placement is entered.

Excess Child Support Payments:

The legal custodiancustodial agency will be sent any child support that is collected child support funds in excess of the foster care expenditures for any month in which the child was in a paid placement. In months in which a child transitions between paid and non-paid placements, the collected amount in excess of the foster care expenditures for that month will be sent to the custodial agency. The custodial agency should verify with the Administrative county and Child Support the reason for the direct payment to the agency. Several circumstances will impact how the money is allocated:

- 1. Child Support sent-will send collected child support funds to the custodian while a foster child is placed in an unpaid or unlicensed family setting.
 - a. Custodian must verify with child support the reason for the direct payment.
 - b. Arrearages collected for the time a child was in a paid placement or a medical placement must be reallocated as outlined in #2 and #3 below.
- 2. Child Support collected to cover medical expenses for a foster child's medical placement in a psychiatric residential treatment facility or hospitalization.
 - a. Custodian must reallocate the amount collected to Medical Assistance to be applied to the amount expended for the medical placement.
 - b. The custodial agency must complete an SFN 828 "Medicare Premium Repayment/Credit Report" and send the Child Support collected amount to the NDDHS Fiscal Administration detailing how to reallocate the funds.
- 3. Child Support collected when a foster child is placed with a licensed provider (family, therapeutic home, group home, residential child care facility):

- a. Custodian must verify with Child Support the reason for the direct payment.
- b. Child Support collections exceeding the amount of foster care expenditures for a specific month is unearned income for the foster care child. The excess amount should be put into a savings in the child/custodian's name. The custodian should determine how to reallocate the money to best meet the needs of the child while the child is in foster care.

Notice of Closingto Child Support of Foster Care Case 623-05-15-45-15

If the case has been referred to Child Support, the County Social Service Board shall notify the Regional Child Support Unit when the referral should be closed.

<u>Child Support is notified when a placement change is made in the data management</u> system from a paid to unpaid placement. Child support referrals will be set to a close pending status until a new placement setting is entered or the foster care program is closed. CFS Eligibility Unit will submit a copy of the SFN 45, Notice of change, to Child Support.

<u>The notice of a foster care program</u> closing is transmitted through the automated system used by the Department of Human Services. Placement information must be entered timely into the case management data system to ensure adverse action is not taken on a closed foster care case and any payments received by Child Support are disbursed to the appropriate payee.

Reasons for a notice of closing include a child returning home, a child entering a nonpaid placement, or a child entering a PRTF.

Certification 623-05-15-50 (move to 447-10)

The county social service board is legally responsible for providing assistance to persons in need. Certification of eligibility for Foster Care Maintenance Payment is the responsibility of the county social service board that has financial responsibility for the foster care payment. When <u>SFN 641</u>, Title IV E/Title XIX Application Foster Care, is completed, the county social service board determines eligibility for foster care payments. When the county enters and authorizes a payment on CCWIPS, the county is certifying that all information is true and correct and according to policies of the North Dakota Department of Human Services and federal HHS related to foster care payment. The authorization (PINs) is your electronic signature validation of the above.

Child & Family Team Meeting Reports 623-05-15-60

The custodial case manager is responsible for co-facilitating the initial Child & Family Team meeting within 30 days of placement and must prepare and enter the initial case plan into FRAME. Child and Family Team Meetings are done on a quarterly basis.

Approval of irregular payments and the foster care maintenance rate for an out of state placement should be documented in the Child & Family Team Meeting notes. The case manager must provide the eligibility worker with a copy of the Child & Family Team Meeting notes in order for authorization of such payments to occur.

Voluntary Placement Agreement 623-05-15-65

Voluntary placement agreements between the parent and <u>an a public</u> agency are the sole responsibility of the <u>county or tribal social service agencyhuman service zone or</u> <u>tribal social service office</u>. The voluntary placement agreement is limited to 45 days of placement for children under the age of 18 and requires the approval of the regional <u>supervisor</u>.

NDDHS Children & Family Services does not participate in paymentreimburse for voluntary placements when a public agency **does not** have care, custody, and control of the child. If voluntary treatment is a desire of the family, the families are to be redirected to the family must contact NDDHS Behavioral Health Division Voluntary Treatment Program in an effort to avoid unnecessary relinquishment of parental custody.

Division of Juvenile Services (DJS) Foster Care Payments 623-05-15-75

The Division of Juvenile Services (DJS) through an agreement with the NDDHS is able to access foster care payments for children under the custody of DJS that are placed with a <u>fully</u>-licensed <u>or approved (tribal affidavit)</u> foster care provider. Eligibility is determined and <u>eligible</u> payments are authorized by <u>the CFS Eligibility Unit</u>the administrative county.

The DJS representative is responsible for:

- 1.-Obtaining and providing the administrative county with the necessary placement/application forms and court orders required to determine eligibility.
- 2.-Maintaining the FRAME case.
- 3.-Notifying the Eligibility Worker timely of any placement changes (SFN 45).

- 4.-Providing the Eligibility Worker with copies of the current court orders.
- 5.-Closing a placement timely when the child exits foster care.

MOVE TO 624-05 Case Management: Children under the custody or supervision of DJS who are removed from their home and initially placed in the Youth Correctional Center (YCC), or non-foster care arrangement, are not entered into

FRAME. If at a later point the child enters a paid foster care placement, the case is then entered into FRAME by the DJS case manager effective the date of the paid placement. Subsequently when a child leaves a paid placement, the DJS case manager must update the placement setting as soon as possible. If the placement change is into a non-foster care setting, but the child is expected to return to foster care, the foster care program will remain open and the placement setting updated. If the child is not expected to return to a paid foster care placement, the foster care program and case must be closed by the DJS case manager.

Remitting Overpayments/Reimbursements Receivables 623-05-20-15

Overpayments occur when a foster care reimbursement is issued to a licensed provider in error. Receivables occur when a foster child is in receipt of unearned income or insurance benefits that may be applied toward the costs of foster care expenditures. The custodial case manager is responsible to identify the type of payment and determine how to apply the funds for each child's case. The CFS Eligibility Unit is responsible to update the payment system and process reimbursements received to NDDHS Fiscal Administration.

Overpayments:

Overpayments occur when a payment is issued and later it is identified there is a:

- 1. Change in placement dates,
- 2. Court order lacks necessary findings,
- 3. Change to a provider license,
- 4. Billing error,
- 5. Incorrect data entry as result of a worker error.

Payment errors that result in an overpayment require reimbursement to the department. When an overpayment is identified, the CFS Eligibility Unit will generate a letter to the provider and the child's custodial case manager providing details of the error and how to issue repayment. Repayment must be submitted to the CFS Eligibility Unit along with the copy of the request for reimbursement.

Receivable's:

Account receivables occur when a child is in receipt of unearned income including, but not limited to:

- 1. Child Support,
- 2. Social Security benefits (SSA or SSI),
- 3. Insurance,
- 4. Trust disbursements,
- 5. Indian Monies,
- 6. Savings Accounts.

Receivable's require the CFS Eligibility Unit to generate SFN 827 and create a "receivable" in the payment system prior to submission of any funds to Fiscal Administration. The custodial case manager must provide details of the receivable. Any money in excess of the care costs must be managed by the custodial agency.

Example One: County workerreceives a check from the facility for reimbursement of care costs by BC/BS. This would be entered as accounts receivable in CCWIPS and coded as "other" as per CCWIPS User Manual. The county would then send the BC/BS payment to the NDDHS Fiscal Administration office for credit towards the overpayment.

Example Two: The child in foster care receives monthly income of Social Security Survivors benefits. This would be entered as income for the child and the amount of care costs forwarded to the NDDHS Fiscal Administration office to be credit towards the care costs. Keep in mind, any money in excess of the care costs will be handled as per Policy Manual Chapter <u>447–10</u>. Refer to the CCWIPS User Manual for procedures regarding accounts receivable.

Recoupment of Foster Care Overpayments 623-05-20-20

The Department's payment system has the ability to recoup overpayments from foster care providers. The payment system can automatically reduce any debits (such as the overpayments) specific to a foster care provider <u>license</u>. If auto recoupment of an overpayments is not possible, the Human Service Zone <u>CFS Eligibility Unit will</u> generate a letter to the provider and the child's custodial case manager providing details of the error and notification of how the overpayment will need to be satisfied (auto-recoup or direct recoupment). The custodial agency foster care case manager is responsible to assist the CFS Eligibility Unit in working to collect will seek a direct recoupment from the foster care provider.

The procedure for overpayment recoupment is as follows:

1. The eligibility worker must create an overpayment in the system specific to the child and provider.

- 2. The eligibility worker must review the provider placement history to see if there is a current placement with the provider.
- When an overpayment has occurred, CFS must be notified by the eligibility worker by use of the<u>completes a</u> SFN 839, Foster Care Overpayment Notification, once <u>after</u> the overpayment is created.
- 4. Overpayments can be auto recouped if the provider has a placement or payment due. The payment system will allow the reduction if the auto recoupment is set up in advance. The payment system auto-recoupment function can only be entered by <u>the Children and Family Services (CFS) Eligibility Unit supervisor or</u> <u>permanency</u> administration from Children and Family Services.
- 5. Overpayments will require a direct recoupment when the provider does not have a placement or payment due. The Human Service Zone collects the overpayment from the foster care provider by requesting a refund. The eligibility worker must<u>CFS Eligibility Unit will</u> send the provider a formal letter detailing the reason for the overpayment and directions on how to return the funds to the Department. Upon receipt of the refund, the Human Service Zone must return the funds to NDDHS Fiscal Administration with a completed credit form (SFN 827). Upon receipt of the refund, the CFS Eligibility Unit will complete the SFN 827 and process forward to NDDHS Fiscal Administration. will satisfy the overpayment in the payment system.

The payment system has restrictions regarding when an auto recoupment can occur specific to a provider type:

Provider Type	Checkwrite
Family Foster Home (FA, AF, YW,)	Auto recoupment only allowed during the standard check write (end of the month).
Treatment Foster Home (PATH and LSSNexus PATH)	Auto recoupment allowed during all check writes (weekly).
QRTP Facility (Various)	Auto recoupment allowed during all check writes (weekly).
SIL Agency (DBGR and PATH)	Auto recoupment allowed during all check writes (weekly).

When an overpayment is the result of a custodial case manager's delay in notification of a placement change, the omission of necessary court order findings or other issue otherwise corrected by the custodial agency, the department The Department-will grant 90 days for the <u>custodial agency to Human Service Zone eligibility worker</u> to assist in the collection of collect the overpayment directly from the foster care provider. After the 90 days, the child's custodial agency will be responsible to reimburse the overpayment <u>to the department</u> in efforts to satisfy the payment system<u>and return necessary funding to the federal government</u>.

Collections:

Prior to September 2019, unsatisfied overpayments were sent to a collection agency for direct recoupment. If recoupment from a foster care provider cannot be accomplished, NDDHS will work to collect the overpayment through a collection agency. If the collection agency does collects the overpayment from the provider, the money will be paid to NDDHS and the CCWIPS payment record will be adjusted accordingly. If the collection agency holds the account for six years and does not have success in collectingcollect the overpayment, state law requires the collection agency to return the account to NDDHS.

NDDHS <u>Children and Family Services will review all closed collection cases and can</u> make the determination to review and terminate a foster care overpayment account and <u>if</u> the overpayment amount does not exceed a value approved by <u>NDDHS</u> Fiscal Administration.

Trial Home Visits 623-05-20-31

Foster care maintenance payments are not made when a child is placed on a trial home visit. The primary placement with a licensed provider will end along with all reimbursement to the licensed provider. Foster care case managers must notify the CFS Eligibility Unit when a child has a change of placement, including a trial home visit.

The trial home placement ends when <u>custody ends or if</u> the child is removed from the home and placed <u>back</u> in an out of home placement. The case manager must notify the administrative county of the change in placement. Trial home placements cannot exceed 6 months unless ordered by the court.

Placement Approvals 623-05-20-32

The regional supervisorcustodial case manager is granted court ordered placement and care authority for children in public custody. However, additional placement approval for specific levels of care is required by a Children and Family Services Field Services Specialist - must approve all placements when a child is placed in a;

- Therapeutic Foster Home,
- Group Home or Residential Child Care FacilityQualified Residential Treatment
 Program, or

• Psychiatric Residential Treatment Facility (medical placement)

The approval request must be submitted by the case manager via the Group/Therapeutic/PRTF Placement Request in <u>the case management data</u> <u>management system.FRAME</u>. To avoid payment issues, **each** provider with whom the child is placed requires an approval and the placements must be entered in the appropriate date sequence in FRAME.

The custodial case manager should <u>must submit provide the eligibility worker</u> the SFN 45 – "Notice of Change" form <u>to the CFS Eligibility Unit</u> each time a change occurs with the case, <u>this will_to</u> ensure payment is correctly authorized to each provider and will assist in avoidingto avoid overpayments.

Lutheran Social Services Foster Care Rates 623-05-20-37

LSS ND is a private non-profit agency offering therapeutic foster care as well as refugee services inclusive of foster care. LSS provides evidenced based services and supports to children and families in North Dakota as a child placing agency. LSS is accredited by the Council on Accreditation for Services to Children and Families (COA).

Billing Address: Lutheran Social Services Administrative Office 3911 20th Avenue South Fargo, ND 58103

Maintenance rates effective July 1, 2020:

Lutheran Social Services Foster Care Rates	July 2020 Avg. Monthly Rate (30 day)	July 2020 Daily Rate
Therapeutic Foster Care (TFC)	\$3,293.00	\$109.78
TFC Sibling Placement	\$2,016	\$67.21

Resource: LSS Payment Chart

The "monthly" rate is provided for reference. The child's foster care reimbursement is paid at a daily rate, specific to the actual number of days in placement for the service month. The payment is made to the licensed child placing agency, inclusive of administrative costs embedded into the rate for the agency. LSS reimburses the licensed foster parents after removing administrative and service fees from the established maintenance rate. ND foster care rates are reviewed and revised annually, based on legislative action.

LSS MONTHLY BILLING:

Payments to LSS should not be authorized until a billing statement has been received for the service month. The amount billed is based on the level of care (TFC or Sibling 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 LSS 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 LSS therapeutic provider can be reimbursed for the 3rd.

The LSS billing office will send separate child specific bills to the financial county monthly. The county should receive the bill by the 10th of the month following the month of service. The payment amount is not automatically calculated by the foster care payment system and will require manual data entry by the eligibility worker. The bill must be kept in the foster care eligibility file for auditing purposes.

LSS Itemization Bill

- 1.-Child specific one child per bill.
- 2.-If multiple providers served the child in one month, the placement dates will be itemized and the provider information. Do not authorize a lump sum payment to only one of the providers if multiple placements with LSS exist during the service month. Each provider is reimbursed based on placement dates of service.
- 3.–Secondary placements in a therapeutic home when a child is in a primary therapeutic placement are not reimbursable (LSS to LSS). However, if the child is transitioning to a LSS home from a non-LSS provider (county home, group home, etc.) the "pre-placement" can be reimbursed as a secondary placement.

LSS Irregular Payments

Allowable irregular payment reimbursements are authorized as follows:

- 1.-All eligible irregular payments must be pre-approved as set forth in policy by the foster care case manager.
- 2.–Foster care case managers must provide the eligibility worker with documentation of the approved irregular expenses.

- 3.-After pre-approval to purchase, the TFC provider will deliver receipts to the LSS case manager.
- 4.—The LSS case manager will distribute the receipts to the LSS billing office and the primary foster care case manager.
- 5.-The foster care case manager will provide information to the eligibility worker with a copy of the receipt's for approved reimbursement.
- 6.–LSS will reimburse the foster parents the amount of standard maintenance and irregular expenses for the billing cycle.
- 7.–LSS will bill the county itemizing the standard maintenance rate for the specific level of care placement dates and any pre-approved irregular expenses. LSS will submit a copy of the required irregular payment receipts along with the bill for reimbursement.

Authorizing Irregular Payments in the payment system:

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

- 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 consistent with placement dates.

Sibling placements: Sibling placements not receiving therapeutic services must have applicable irregular payments added to the maintenance payment for the billable month. Authorization to the TFC provider will include the combined total of the standard maintenance + irregular payment.

Overpayments to LSS

If there is an overpayment made to an LSS provider, the overpayment must be entered in the payment system. Children & Family Services (CFS) can auto-recoup the overpayment during either the supplemental or standard check write so long as the provider where the overpayment took place has a current foster care placement.

Residential Facility Rates 623-05-20-40

A qualified residential treatment program (QRTP) is an approved foster care facility setting detailed in Family First Prevention Services Act (PL 115-123) federal legislation, NDCC 50-11 and NDAC 75-03-40 administrative rules. The Department establishes a daily rate per NDAC 75-03-15, "Rate Setting", for all licensed/approved North Dakota qualified residential treatment programs.

The daily foster care maintenance rates include resident room and board, food, care, clothing, personal supplies, education, recreation, child service related transportation, liability insurance coverage, utilities, etc.

During a child's placement in a residential facility, reimbursement may be available for eligible families to facilitate reunification efforts. Funding may be provided to cover the costs of the family expenses, meals, lodging, occasionally mileage, or commercial transportation as outlined in the irregular payment categories. North Dakota will reimburse allowable travel expenses to the facility with consideration of actual costs, not to exceed state per diem rates. Costs will be reimbursed based on North Dakota instate rates, even if travel is to another state facility. Commercial transportation will be reimbursed at the actual rate. The facility and custodial case manager are expected to seek the lowest possible rate when commercial transportation is required.

- For foster care billing purposes, these costs are considered a reunification cost and entered as an irregular payment in CCWIPS, Category 50, Code 52.
- Verification of expenditures are required and must be retained for audit purposes.

A bill must be received before reimbursement can be made to the facility.

Qualified Residential Treatment	PROVIDER	EFFECTIVE	DAILY
Program Facilities (QRTP)	NUMBER	DATE	RATE
Charles Hall Youth & Family Services	7356	07-01-20	\$ 425.42 -
P.O. Box 1995, Bismarck, ND 58502-1995			
Dakota Boys Ranch Assn	7357	07-01-20	\$ 438.65
Minot Campus		<u>01-01-2021</u>	<u>488.72</u>
Box 5007, Minot, ND 58702-5007			
Dakota Boys Ranch Assn	7358	07-01-20	\$ 438.65
Fargo Youth Home		<u>01-01-2021</u>	<u>488.72</u>
1641 31st Ave S, Fargo, ND 58103			

ND Daily Maintenance Residential Facility Rates

Home on the Range	7359	07-01-20	\$ 452.57
16351 I-94, Sentinel Butte, ND 58654-9500		<u>04-01-2021</u>	<u>494.68</u>

Out-of-State <u>Residential</u> Placements in Foster Care Group Home or Residential Child Care Facility 623-05-20-50

An <u>interstate compact on the placement for children (ICPC) approval is required for</u> <u>any child placed out of state. The CFS Eligibility Unit will process the</u> itemized bill<u>/invoice received and submitted by the custodial case manager or agency designee.</u> <u>is required from the out of state facility for all North Dakota foster children placed out</u> <u>of state following the ICPC approval.</u> The eligibility worker must manually enter the standard maintenance payment into the payment system upon receipt of the bill. A copy of the bill must be retained in the foster care eligibility file.

Ongoing Reimbursability Foster Care Reimbursement 623-05-20-65

Ongoing foster care maintenance payments require:

- 1. A current court order, containing judicial determinations of "contrary to the welfare" and "reasonable efforts to prevent removal or return the child home" and timely judicial determination that the agency has made "reasonable effort to finalize the permanency plan".
- 2. A current licensed foster care provider, license with a fully licensed provider
- 3. An approved care plan (FC Child & Family Team meetings), and
- 4. <u>If applicable, a</u> current group home approval <u>entered in the data management</u> <u>system</u> for <u>placements that require prior approval (Ex:</u> Therapeutic foster care_7 <u>group home, or RCCF_QRTP or PRTF</u> placements).

Approved Agencies for Payment 623-05-45-05 (New Section Name)

North Dakota Department of Human Services has the authority to license providers on various levels. In order for a provider to receive foster care payment, the agency and/or provider must be licensed/ approved (tribal affidavit). Below are the listed providers:

1. Family foster homes for children: An authorized licensing agent includes any approved Licensed Child Placing Agency (LCPA), Tribe, or Human Service Zone

<u>(County)</u> LCPA, Tribe or County Social Services office working with the Department to license a family foster home for children.

 Licensed Child Placing Agencies (LCPA): The Department licenses ND agencies to assist in licensing ND foster and/or adoptive homes. If the licensed or approved (tribal affidavit) home is providing foster care, the agency and/or provider is reimbursable. ND LCPA's include:

Foster Homes

- <u>Nexus</u> PATH ND
- Youthworks

Adoptive Homes

- ⊖—Catholic Charities North Dakota (AASK)
- ← PATH ND (AASK)
- ← Christian Family Life Services
- ← The Village Family Service Center
- ⊖ God's Children Adoptions
- ⊖—All About U Adoptions
- ⊖ Building Forever Families Adoption & Family Services
- 3.-Qualified Residential Treatment Program (QRTP): The Department, Children & Family Services Division will issue a license/approve (Tribal) ND facilities to provide residential treatment services. QRTP's are reimbursable and specific contact information and rates can be found in 623-05-20-40. Group and <u>Residential Child Care Facilities (RCCF)</u>: The Department, Children & Family Services Division licenses/approves (Tribal) ND facilities to provide residential services. RCCF's are reimbursable and specific contact information and rates can be found in 623-05-20-40. ND RCCF's include:
 - 3. Charles Hall Youth Services Bismarck, ND
 - 4. Dakota Boys & Girls Ranch Youth Home Fargo, ND
 - 5. Dakota Boys & Girls Ranch (Main Campus) Minot, ND
 - 6.—Eckert Youth Home Williston, ND
 - 7. Harmony House Devils Lake, ND
 - 8. Home on the Range Sentinel Butte, ND
 - 9. Lake Oahe Group Home Ft. Yates, ND (Approval)
 - 10.-Prairie Learning Center Raleigh, ND
 - 11.-Prairie Learning Center Raleigh, ND
 - 12.–Pride HOPE Home Bismarck, ND
 - 13.-Serenity Christian Home Fargo, ND
- 4. Psychiatric Residential Treatment Facilities (PRTFs): The Department Behavioral Health Division licenses ND PRTF's. ND Medical Services provides reimbursement for the placement, as foster care funding is not utilized in the medical/psychiatric setting. ND PRTF's include:

- Ruth Meiers Grand Forks, ND
- o Dakota Boys & Girls Ranch Western Plains Bismarck, ND
- o Dakota Boys & Girls Ranch Fargo, ND
- Dakota Boys & Girls Ranch Minot, ND
- Luther Hall Fargo, ND
- Pride-Manchester House Bismarck, ND

Dual Licensed Facility: North Dakota has two provider's dual licensed to provide adolescent residential care. Dakota Boys and Girls Ranch as well as PRIDE Inc. HOPE Home and Manchester House are is dual licensed to provide both RCCF QRTP and PRTF levels of care in state.

5. Out of State Approved Vendors: The Department, Children & Family Services Division oversees the out of state vendor list. If services are not available in state for the foster child, an out of state placement may be secured. The **only** vendors/providers approved for reimbursement are listed on the Out of State Placement Option sheet located on the NDDHS website at: <u>http://www.nd.gov/dhs/info/pubs/docs/cfs/foster-care-out-of-stateproviders.pdf</u>

ND Medicaid - Eligible Foster Children 623-05-45-10

Medicaid eligibility questions regarding foster children should be referred to county of financial responsibility the CFS Eligibility Unit. If the child is eligible for Title IV-E benefits, this child becomes "categorically" Medicaid eligible. The eligibility worker will authorize Medicaid coverage 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 Medicaid eligibility policy. See <u>DN 1475</u> "Foster Children - Medicaid" for quick reference.

Foster care case managers and foster care providers must inform the medical provider of the foster child's Medicaid eligibility status. Foster children entering placement with a therapeutic/treatment foster care provider 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. Excess medical expenses billed to the <u>custodial agency</u>financial county</u>, not reimbursable by Medicaid or other insurance, are not a foster care expense and cannot be paid with foster care funding. It is important case management assist foster care providers in identifying and utilizing medical providers who accept ND Medicaid or who are willing to enroll as ND Medicaid providers.

Medicaid eligibility for young people aging out of ND foster care must meet the requirements of Medicaid eligibility policy in order to obtain and maintain Medicaid until the age of 26. See <u>DN 1476</u> "Former Foster Youth – Medicaid" for quick reference.

Medicaid Identification/Notification-Card 623-05-45-15

Upon entry into ND foster care, the child's Medicaid eligibility will be determined. The custodial case manager will be notified of the child's Medicaid case number. A Medicaid Identification Card is <u>only</u> issued <u>upon request</u>. to each Medicaid recipient shortly after Medicaid eligibility has been established.

The foster carecustodial case manager should receive the Medicaid Identification Card or issued number. Thisprovide the Medicaid information must accompany the foster child fromto the child's placement caregiver or foster care provider.

Differential Roles of Staff 623-05-55

Foster Care and Medical Assistance eligibility and payment authorization require planned and coordinated activities between the income maintenance/eligibility staff and foster care case managers (County, DJS, Tribal). Despite their interrelatedness with foster care cases, there are clearly defined distinction in roles, activities, and responsibilities.

Eligibility worker duties for foster care cases include, but are not limited to:

- 1.-Determining a child's eligibility based on information provided by case management, with information obtained by parents, on the Title IV-E/Title XIX Application;
- 2.-Entering payment and other information in the payment system.
- 3.-Conducting comprehensive, periodic reviews of eligibility;

- 4.-Determining court orders contain the appropriate language and are still in full effect;
- 5.–Ensuring that the child in foster care meet all the eligibility requirements pursuant to the July 16, 1996 AFDC/FC (IV-E) guidelines (P. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 and the Adoption and Safe Families Act of 1997;
- 6.–Determining that financial need is in compliance with AFDC and Medical Assistance standards;
- 7.–Ensuring that the irregular payment approvals and necessary case plan information is in the eligibility file or cross-referenced to the appropriate service file;
- 8.-Submitting placement application and court orders to Child Support.
- 9.-Ensuring all required paperwork is complete when filed;
- 10. Ensuring file information is submitted timely, when drawn for a file review by the central office;
- 11. Following the Foster Care Eligibility Policy Chapter 447-10.

Foster Care Case Managers (County, DJS, Tribal) duties for foster care eligibility include, but are not limited to:

- 1.-Engaging families to complete all required eligibility forms. All forms must be complete – no blanks when submitted to eligibility. The eligibility worker will then be able to determine initial and on-going foster care and Title XIX (Medicaid) eligibility;
- 2.-Referring seriously disabled children to SSI;
- 3.-Ensuring court orders contain the appropriate and required language;
- 4.-Identifying and arranging for a foster care placement in a least restrictive, most appropriate setting;
- 5.–Ensuring the eligibility worker is aware of the foster child's placement including any changes throughout the duration of the case (SFN 45);
- 6.–Initiating group home placement/payment approval in the case management data system;

- 7.-Completing data entry requirements accurately and timely in the case management data system;
- 8.–Reviewing and updating the care plan for foster care (this is a factor drives payment for the placement);
- 9.–Determining and negotiating irregular and excess maintenance payments at the Child and Family Team;
- 10. Ensuring the eligibility worker gets a copy of:
 - The original court order and all subsequent court orders for the duration of the case;
 - The family foster home license and background check results for auditing purposes;
 - •—The irregular payment information and payment approvals;
 - Receipts and payment information submitted from family foster homes; which require reimbursement timely;
 - ← Updated Notice of Change (SFN 45) timely;
- 11. Ensuring file information is submitted timely, when drawn for a file review by the central office;
- 12. Following the Foster Care Permanency Policy Chapter <u>624-05</u>.

Forms 623-05-60

Foster care payment related forms include:

1. Credit Form, SFN 827

Any payments to the Department for foster care refunds and reimbursements must be submitted with Credit Form, SFN 827. The child's name and foster care case number must be included to ensure proper credit. An overpayment or a receivable must exist in the payment system before the SFN 827 is submitted to Fiscal Administration. Fiscal will use the service month, match code, and description of payment provided on the form to properly apply the payment. 2. Foster Care - Child Care Invoice, SFN 920

<u>The Foster Care – Child Care Invoice, SFN 920, is required for child care providers and</u> <u>foster care providers when claiming child care reimbursement for foster care children in</u> <u>paid foster care placements.</u>

3. Notice of Change, SFN 45

The Notice of Change, SFN 45, is a required form which must be completed by the foster care case manager when changes occur in the child's case; including placement, foster care status, and parent information. The intent of this form is to quickly update/alert the eligibility worker to make payment authorization adjustments accordingly. Overpayments will occur if the eligibility worker is not notified by the foster care case manager of a placement/status change.

<u>CFS Eligibility Unit staff must forward a copy of the completed form to Child</u> <u>Support if there is a change in health information or parent information.</u>

4. Irregular Foster Care Payments, SFN 1042

Foster care case managers must complete this form when the irregular payment requires special instructions, (ex: max mileage vs gas receipt), payment limitations or the irregular payment category does not require a receipt. Receipts for foster care expenditures that are not subject to special instructions or limitations will be authorized by the CFS Eligibility Unit without the requirement of prior approval. All irregular payments are subject to category maximums for every foster child in a licensed setting. The custodial agency will be responsible for any reimbursement exceeding the child's annual maximums.

DELETE these SECTIONS

- Credit Form, SFN 827 623-05-60-10
- Foster Care Child Care Invoice, SFN 920 623-05-60-15
- Notice of Change Form, SFN 45 623-05-60-20