

# **Foster Care Maintenance Payments**

## **Policies and Procedures Manual**

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Service Chapter 623-05

**North Dakota Department of Human Services  
600 East Boulevard Dept. 325  
Bismarck, ND 58505-0250**

# **FOSTER CARE MAINTENANCE PAYMENTS POLICY MANUAL**

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### **Foster Care Maintenance Payments Policies and Procedures 623-05**

**(Revised 4/25/16 ML #3469)**

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All concepts of this chapter apply to Title IV-E (Title IV-E of the Social Security Act), regular match, and emergency assistance foster care payments. Payments may only be issued to a licensed or approved provider who meets full compliance with licensing standards. Eligible and reimbursable maintenance and irregular expenditures as outlined in this chapter are reimbursed with Title IV-E and/or state funds depending on the funding match determined through the eligibility process. Foster care reimbursement for children under the custody of a ND Tribal Social Service Agency in which there is an agreement with the NDDHS is limited to Title IV-E children only.

An eligibility determination must be completed for all children in foster care to determine if they are entitled to state or federal benefits. The AFDC requirements of July 16, 1996 are used when determining North Dakota foster care eligibility.

County Eligibility staff will determine eligibility for the foster care program. The case manager from a county, DJS, or Tribe is responsible for obtaining the information needed to determine eligibility. Detailed policy reflecting the eligibility criteria a child must meet before eligibility can be established and Title IV-E funds claimed is found in Policy Manual Chapter 447-10 "IV-E Foster Care Eligibility".

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### **Definitions 623-05-05**

**(Revised 4/20/20 ML #3579)**

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**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 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 county social service board, the Division of Juvenile Services, tribal social services, or the Executive Director of the North Dakota Department of Human Services.

**Direct Recoupment** - The process by which the Human Service Zone will 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 in foster family homes, group homes, residential child care facilities, residential treatment centers, and psychiatric residential treatment facilities.

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**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 four children. Exception: unless all 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. There is a relative waiver option that can be considered for relatives only specific to non-safety related licensing compliance.

**Psychiatric Residential Treatment Centers (PRTF's)** - Accredited residential treatment centers that provide inpatient psychiatric services for eligible individuals under age 21. Foster youth placed in PRTF's will be processed under regular Medicaid rules. In order for Medicaid to pay for the individual's care, a certificate of need will be required.

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**Qualified Residential Treatment Program** - 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 in-state 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** – is a licensed or approved setting providing supervision and service delivery to a child that has attained age 18 years of age 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



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equivalent and such standards have prior approval of the Department of Human Services.

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### **Authority References 623-05-10**

**(Revised 8/15/06 ML #3025)**

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1. Chapter 50-11 of the North Dakota Century Code (Foster Care Homes for Children and Adults)
2. Chapter 50-09 of the North Dakota Century Code (Aid to Dependent Children)
3. Chapter 27-20 of the North Dakota Century Code (Uniform Juvenile Court Act)
4. Chapter 50-06-15 of the North Dakota Century Code (The Department of Human Services - Confidentiality)
5. Title IV-E of the Social Security Act
6. Title IV-B of the Social Security Act
7. Title XIX of the Social Security Act

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### **General Information 623-05-15**

#### **Purpose of Payment 623-05-15-05**

**(Revised 4/25/16 ML #3469)**

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A foster care maintenance payment is to reimburse fully licensed foster care providers for care, protection, and other material necessities needed for an eligible foster child.

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### **Confidentiality 623-05-15-15**

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Information related to foster care and subsidized adoption is confidential. Refer to NDCC [50-06-15](#) of the North Dakota Century Code, and to NDDHS Manual Chapter 110-01 for further information.

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### **Retroactive Payments 623-05-15-20**

**(Revised 4/25/16 ML #3469)**

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It is the responsibility of the custodial agency to obtain and submit the required documents for eligibility determination to the administrative county within 45 days of a foster care placement. See Policy Manual Chapter 447-10 regarding application.

Retroactive payments in excess of 90 days are not allowed. When payments cannot be made due to the custodial agency failing to provide the necessary eligibility documents timely, the custodial agency is responsible for the foster care expenditures in excess of the 90 days from the date the eligibility worker received all eligibility documentation enabling them to complete the eligibility determination.

Example: Child enters foster care on 4/1/2015. Eligibility worker does not receive all of the necessary documents to determine eligibility until 7/15/2015; 106 days after the child was placed in foster care. Counting back 90 days from 7/15/2015 will allow payments to begin on 4/17/2015. Payments for 4/1/2015 to 4/16/2015 are not payable with foster care funds and are the custodial agency's responsibility.

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### **Financial Responsibility for Foster Care Payment 623-05-15-30**

**(Revised 1/26/07 ML #3051)**

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The county of financial responsibility may arrange with another county to perform certain activities such as provision of on-going services, and payment management. This will always be done through a written agreement, "Placement Agreement Between Counties," which is negotiated between the involved counties and pertains to financial or service activities. This is a county form used whenever a child is placed by the financial county into family foster care in a different county. It is not used in therapeutic family foster care or group/RCCF/RTC/PRTF care.

The "county having financial responsibility" means the county where the child's parent has or had residence at the time of court intervention. The county of financial responsibility could change after a 60-day lapse in placement. If the parents do not have residence in North Dakota, then the financial responsibility exists in the county where the child resided at the time of court intervention.

(Definition developed by County Directors, 1997).

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### **Responsibilities of County of Financial Responsibility 623-05-15-30-05**

**(Revised 10/1/08 ML #3158)**

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Financial responsibility for the case always rests with the “financial county.”

The financial county generates the Foster Care Payment information on the appropriate CCWIPS screen unless an agreement to do so is negotiated with another county. If an agreement exists with another county, refer to CCWIPS Manual.

The county of financial responsibility maintains all case management responsibility not vested in the custodian. In cases where the financially responsible county is also the custodian, the county has complete responsibility for the case, including eligibility and payment and all activities associated with placement and supervision of the child.

In certain circumstances, the financial/custodial county may negotiate an agreement with another county to provide specific services, such as placement and supervision. In such an instance, the financial/custodial county remains responsible for ensuring that permanency planning takes place, and that the case is documented, for example, in preparation for audit.

Therapeutic Family Foster Home, Group/RCCF/RTC/PRTF Facility:

1. Therapeutic Family Foster Home:

In therapeutic family foster care, the financial county for purposes of therapeutic family foster home cases is similar to the procedure for children in group/RCCF/RTC/PRTF care. The custodian refers the child, ensures that permanency planning takes place, maintains the county case file for purposes of ensuring that custodial duties are carried out and compliance issues met. Therefore, for purposes of therapeutic family foster care, the county of financial responsibility

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for eligibility and payment in most cases is the custodial county. In special circumstances there may be exceptions to this. Please refer questions to the regional human service supervisor.

### **2. Group/Residential Child Care Facility**

The county of financial responsibility for children and youth in foster care in group and/or residential child care facilities, in or out of state, is the county where the child's parent has residence at the time of court intervention. Financial responsibility will remain with that county as long as the individual remains in care.

### **3. Subsidized Adoption**

Prior to adoption, follow above guidelines for family foster care. Refer to Subsidized Adoption Manual Service Chapter 617-05 for further information.



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### **Payment in CCWIPS 623-05-15-30-20**

**(Revised 4/25/16 ML #3469)**

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FRAME will automatically upload foster care placement information into the payment authorization screen in CCWIPS.

Payment authorization is dependent on:

1. A current court order,
2. A current provider license, and
3. An approved care plan (Child & Family Team meetings).

In state provider payments are automatically calculated based on:

1. Placement duration dates,
2. Provider licensing dates, and
3. Court order dates.

Out of state and therapeutic provider payments do not automatically calculate. An itemized bill is required prior to payment authorization and the payment amount must be manually entered into the payment system.

Refer to CCWIPS User Manual for technical assistance related to entering foster care payments on the CCWIPS system.

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### **Interstate Compact: Children Receiving Foster Care Payments 623-05-15-35**

**(Revised 4/25/16 ML #3469)**

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When a child is placed for foster care in another state the placement will be made through Interstate Compact on the Placement of Children (ICPC) and the child does not by such absence lose legal residence in North Dakota.

If parents move from North Dakota, eligibility for foster care payment with respect to residence continues in North Dakota.

When North Dakota is the receiving state in an Interstate Compact placement and the child is placed with a licensed family foster home in North Dakota, the sending agency must reimburse the provider at a rate consistent with North Dakota's foster care prevailing reimbursement rate.

When North Dakota is placing (sending) a child in another state through Interstate Compact, North Dakota will reimburse the provider in the receiving state at the receiving state's prevailing rate, not the North Dakota rate. ICPC approval is necessary prior to making any foster care payments. Foster Care funds cannot be used to fund an illegal placement.

Foster care funds cannot be used to fund an unlicensed provider or a placement that does not meet ICPC compliance/approval from Children & Family Services. For more information, see the ICPC Manual Chapter 619-01.

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### **Payment Eligibility Requirements 623-05-15-40**

**(Revised 11/1/19 ML #3566)**

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Foster care payments are available to any foster child under 21 years of age who:

1. Is determined eligible based on the AFDC eligibility criteria,
2. Is under the care and control of a public agency with placement authorization,
3. Is placed with a fully licensed provider,
4. Is removed from the home as a result of contrary to the welfare and the court made a judicial determination in the initial order, and
5. The court made a judicial determination of reasonable efforts to prevent removal from the home or the reasonable efforts were not required.

NOTE: Policy allows sixty days to obtain the reasonable efforts judicial determination for eligibility purposes. However, reimbursement cannot begin until the first day of the month in which the reasonable efforts to prevent removal judicial determination is obtained. Lastly, the judicial determination must be obtained within sixty days for the entire foster care episode to remain eligible for reimbursement.

No foster care reimbursement can be made on behalf of any case until all of the above requirements are met.

### **18+ Continued Care Payment Eligibility Requirements**

An 18+ Continued Care child is eligible for foster care payments who:

1. Has entered into an 18+ Continued Foster Care Agreement
2. Is determined eligible based on the AFDC eligibility criteria
3. Maintains reimbursability
4. Is under the placement and care of a public agency and permanency findings are obtained timely
5. Is placed with a fully licensed provider

Foster care maintenance payments are authorized to the foster care provider in efforts to meet the needs of the child.

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### **Child Support: Parental Responsibility for Children in Foster Care 623-05-15-45**

**(Revised 4/25/16 ML #3469)**

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N.D.C.C. Section [50-09-06.1](#) applies to all foster care for children.

An application under this chapter is deemed to create and affect an assignment of all rights to support, which a family member or foster child may have or come to have, to the state agency. The assignment:

1. Is effective as to all current and accrued support obligation and periods of eligibility;
2. Is limited to the total cost of benefits provided to the family or foster child; and
3. Terminates when eligibility ceases, except with respect to any support obligation unpaid at that time.
4. Is not effective as to any child subject to a benefit cap imposed under section 50-09-29.

Federal law requires states to take all necessary steps to enforce the assignment of support rights and, if necessary, establish support orders on behalf of children receiving foster care. N.D.C.C. Section 50-09-06.1 provides that all support obligations are automatically assigned to the state when it is determined that a child is eligible for foster care. The assignment is not conditioned upon the consent of the parents. See Manual Chapter 447-10 for policy and procedures relating to child support referrals.

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

(Revised 4/25/16 ML #3469)

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County Social Service Boards (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 a and b 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

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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 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 custodian will be sent any child support collected that is 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 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. 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.

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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.

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### **Notice of Closing of Foster Care Case 623-05-15-45-15 (Revised 4/25/16 ML #3469)**

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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.

This notice of 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 non-paid placement, or a child entering a PRTF.



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### **Certification 623-05-15-50**

**(Revised 8/15/06 ML #3025)**

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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 SFN 641, 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.

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### **Child & Family Team Meeting Reports 623-05-15-60 (Revised 4/25/16 ML #3469)**

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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.

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### **Voluntary Placement Agreement 623-05-15-65**

**(Revised 4/25/16 ML #3469)**

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Voluntary placement agreements between the parent and an agency are the sole responsibility of the county or tribal social service agency. 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 supervisor.

NDDHS Children & Family Services does not participate in payment 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 NDDHS Behavioral Health Division Voluntary Treatment Program in an effort to avoid unnecessary relinquishment of parental custody.

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

**(Revised 4/25/16 ML #3469)**

[View Archives](#)

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 fully licensed foster care provider. Eligibility is determined and payments are authorized by 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.

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.

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### **School Lunch Program Eligibility 623-05-15-80 (Revised 4/25/16 ML #3469)**

[View Archives](#)

The School Lunch Program is administered by the Department of Public Instruction and supervised by the local school administrator.

The Healthy, Hunger-Free Kids Act of 2010 provides categorical eligibility for free meals to foster children. The school or child care must be notified that the child is a foster child. Once notified, the school/child care must serve meals to those children free of charge. Proof that the child is in foster care may be requested.

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### Matching Symbols 623-05-15-90

(Revised 4/25/16 ML #3469)

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Match symbols are a result of the eligibility determination for the child made by following Policy Manual Chapter 447-10. Every foster care payment must have a match symbol identified in order to authorize payment.

FOSTER CARE	SYMBOL	SOURCE OF FUNDS FOR MAINTENANCE
Federal Matching	FM	Federal participation with 100% state sharing of non-federal funds (same as former AFDC formula)
Federal Matching Non-reimbursable (Title IV-E eligible/not reimbursable)	FN	100% state
Federal Matching Indian	NA	Federal participation and 100% state funds for non-federal share
Emergency Assistance (10/1/1999)	EA	75% federal and 25% state
Regular	RM	100% state
Regular Match Indian	NR	100% state

The payment system has additional codes (SA, SF, SR, SN) if the child is in receipt of sub-adopt payments. Please see Policy Manual Chapter 617-05.

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### **FM/FN Match Symbol 623-05-15-95**

**(Revised 4/25/16 ML #3469)**

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When a child is Title IV-E eligible, not in receipt of SSI, and in a primary placement, the match symbol of "FM" must be used in the payment authorization.

Children Title IV-E eligible in receipt of SSI, or in a secondary placement will remain Title IV-E eligible, but are non-reimbursable with Title IV-E funds. Both Title IV-E and SSI are federally funded programs. Policy prohibits claiming reimbursement from two separate federally funded programs for the same foster care expenditures. Secondary placements are non-reimbursable with federal funds as federal funds are already claimed through the primary placement authorization. The match symbol of "FN" must be used for the payment authorization for months in which SSI is received and for all secondary placements for Title IV-E eligible children.

Example: Mom with 2 children, one child receives SSI. Mom and other child are in receipt of TANF benefits. Child with SSI is placed in foster care. The SSI is more than the cost of care, in turn the county continues to receive the SSI payment. In this example, the foster child is Title IV-E eligible, however not reimbursable due to the continued receipt of the SSI and the proper match code in this example would be "FN."

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### **NA/NR Match Symbol 623-05-15-100**

**(Revised 4/20/20 ML #3579)**

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The NA, Native American Title IV-E reimbursable, and NR, Native American Title IV-E non-reimbursable, match symbols are limited to IV-E eligible children for whom the Tribe has court ordered custody and/or placement and care authority. Currently, there are ten counties of financial responsibility as noted in Policy Manual Chapter 447-10 with the authority to authorize payments for NA and NR cases.

The "NR" code should only be used in cases when there is a secondary placement of an "NA" eligible foster care case.

A child under tribal custody coded "NA" will lose reimbursability in any month they are in receipt of Social Security Disability (SSI). The tribe becomes financially responsible for the case. If at any point the child is no longer SSI eligible or the SSI payment is suspended, the placement will become reimbursable starting the first day of the month in which there is no SSI payment distributed.

Tribal Cases ~ Age 18

1. A child under tribal custody who is coded Native American Federal Match "NA" will lose Title IV-E eligibility when s/he turns 18 years of age and will not graduate prior to age 19. The case must be closed as of the last day of the month in which s/he turns 18, so long as the tribe retains custody of the child and the child does not enter the 18+ Continued Care program. At this point, the tribe becomes financially responsible for the case.
2. If a Title IV-E tribal youth ages out of North Dakota foster care, he/she is eligible to remain in or return to or apply for the 18+ Continued Foster Care program. Tribal children eligible for 18+ will remain eligible under the "NA" match symbol.



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### **Match Symbol for Secondary Placements 623-05-15-105 (Revised 4/25/16 ML #3469)**

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For a Title IV-E eligible foster child, "FM" who is placed into a secondary placement (i.e. pre-placement visits), the secondary placement must be coded "FN."

For a Title IV-E eligible foster child, "NA" who is placed into a secondary placement, the secondary placement must be "NR".

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### **Payment Factors 623-05-20**

#### **Payment - General Principles 623-05-20-05**

**(Revised 7/23/18 ML #3534)**

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All foster care standard maintenance payments must be authorized the last week of the month prior to the scheduled standard check write. NDDHS has an established payment schedule for various programs. The calendar of payment dates is sent to all foster care providers the end of each calendar year, showing which date of the month the foster care standard maintenance payment will be issued from NDDHS and either mailed or direct deposited into the account of the provider.

#### Overlapping Payments

In general, when a child moves from one foster care placement to another during a month, payment should be made to each provider for the day of the move. The overlapping date can be paid when a child's placement changes from:

- Facility to another facility not under the same umbrella agency.
- Facility to a family foster home or to a PATH home.
- Therapeutic agency home to a family foster home or facility.
- Family foster home to a facility or therapeutic provider agency.

The exception to this rule is when the placements are within the same provider or umbrella agency (ex: PATH). Therapeutic agencies and dual-licensed facility providers fall under the overlapping date exception.

Examples:

1. When a child moves from one provider to another provider within the same agency, only one provider is paid for the move date.
2. When a child moves from one level of care to a higher or lower level of care within the same facility; the umbrella facility is only paid for one day.

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	<b>Start Date</b>	<b>End Date</b>
DBGR – PRTF	1/1/03	6/14/03
DBGR – RCCF	6/15/03	

Features of the system are:

1. Providers will receive one payment during the regular monthly check write, for all children placed in their care.
2. The monthly payment will be accompanied by a remittance advice showing each segment of every payment included for each child's care.
3. The main check write will be the second to the last working day each month, with the opportunity to issue weekly supplemental payments as needed.
4. All maintenance payments will be paid at a daily rate. This means that payment amounts will vary from month to month. The remittance advice accompanying the payment will provide a detailed explanation.
5. County social services, Division of Juvenile Services, and Regional Human Service Centers are responsible for entering court order, placement, provider and care plan information into FRAME and CCWIPS in order to generate a payment to the applicable provider.
  - a. A full payment will calculate when a court order, provider license, placement date, and care plan is current for the payment month.
  - b. A partial payment will calculate when a court order, provider license, or placement date expires or ends prior to the last day of the payment month.
  - c. No payment will calculate when a court order, provider license, placement ends, or no current care plan is entered prior to the payment month.
  - d. Over or under payments may occur when additional information is entered, which effect the payment calculation. Once all information has been updated in the case management system, a payment may be issued during the next supplemental check write.

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6. Questions about the timeliness or amount of a foster care payment will be directed to the county office responsible for processing the payment.
7. Questions regarding subsidized adoption payments can be directed to the central office, CFS Adoption Administrator.
8. Deductions from foster care maintenance payments cannot be withheld from unpaid obligations incurred by the foster care provider on behalf of the foster child, such as child care, etc. Such obligations are the responsibility of the foster care provider.
9. Providers are encouraged to set up direct deposit to receive maintenance payments more quickly (typically within 24 working hours of the date in which NDDHS issues payment). If a provider chooses to get a paper check sent in the mail, NDDHS is not responsible for timeliness of the US Postal Service.
  - a. Direct Deposit information can be sent to CFS. A provider must show third party verification by providing a bank direct deposit form or a voided check indicating the bank routing number and account number. The provider should indicate if the account is savings or checking and also if they are a subsidized adoption or a foster care provider.

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### **Reimbursement by County 623-05-20-10**

**(Revised 8/15/06 ML #3025)**

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County responsibility for reimbursement to the state regarding foster care is handled according to N.D.C.C. Section 50-09-21.1, for all periods after January 1, 1998.

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### **Remitting Overpayments/Reimbursements 623-05-20-15 (Revised 4/25/16 ML #3469)**

[View Archives](#)

Any payments to the state for foster care refunds and reimbursements must be submitted to NDDHS/Fiscal Administration with a completed credit form, [SFN 827](#). The client name and foster care case number must be included to ensure proper credit.

**Example One:** County worker receives 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 [447-10](#). Refer to the CCWIPS User Manual for procedures regarding accounts receivable.

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### **Recoupment of Foster Care Overpayments 623-05-20-20 (Revised 4/20/20 ML #3579)**

[View Archives](#)

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 overpayment) specific to a foster care provider. If auto recoupment of overpayments is not possible, the Human Service Zone 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.
3. When an overpayment has occurred, CFS must be notified by the eligibility worker by use of the SFN 839, Foster Care Overpayment Notification, once 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 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 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). NDDHS Fiscal Administration will satisfy the overpayment in the payment system.

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

<b><u>Provider Type</u></b>	<b>Checkwrite</b>
Family Foster Home (FA, AF, YW,)	Auto recoupment only allowed during the standard check write (end of the month).
Treatment Foster Home (PATH and LSS)	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).

The Department will grant 90 days for the Human Service Zone eligibility worker to 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 in efforts to satisfy the payment system.

### Collections:

If recoupment from a foster care provider cannot be accomplished, NDDHS will work to collect the overpayment through a collection agency. If the agency does collect 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 collecting the overpayment, state law requires the collection agency to return the account to NDDHS.

NDDHS can make the determination to review and terminate a foster care overpayment account and the overpayment amount does not exceed a value approved by Fiscal Administration.



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### Payment Rates 623-05-20-25

(Revised 9/15/20 ML #3592)

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The family foster care rates are reviewed and revised annually, based on legislative action. The standard family foster care maintenance rate includes the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, and liability insurance with respect to a child.

The family foster care maintenance rate is computed by month and includes an amount for clothing and incidentals. Maintenance rates effective July 1, 2020:

<b>July 2020 ND Child Age</b>	<b>Basic Rate</b>	<b>Clothing &amp; Incidentals</b>	<b>Avg. Monthly</b>	<b>Daily Rate</b>
0 - 4 years	\$ 745	\$ 55.00	\$ 800	<b>\$ 26.65</b>
5 - 12 years	\$ 851	\$ 65.00	\$ 916	<b>\$ 30.55</b>
13+ year	\$ 931	\$ 75.00	\$ 1,006	<b>\$ 33.52</b>

Note: The "monthly" rate is provided for your reference. The child's foster care reimbursement is paid at a daily rate, specific to the actual number of days in the service month. Reminder the clothing and incidentals are embedded into the rate to secure basic clothing upgrades and personal incidentals for the child. Irregular payments are not included on this chart and continue to be permitted with pre-approval, not to exceed the annual maximums notes in policy manual 623-05.

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### **Absences from Placement 623-05-20-30**

**(Revised 11/1/19 ML #3566)**

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If a child is out of a placement for 14 days or less under a plan which meets the approval of the custodian, and the intention is for the child to return to that same provider, there will be no reduction in the standard maintenance payment. Placement must be ended on the date it is determined that the child will not or is unable to return to the same primary provider. Foster care payments cannot be made to the primary provider for any days exceeding the 14 days in which the child was absent from the placement.

An absence that extends past the 14th day will require a change in placement. For example; a child has a primary placement in a foster home, they become hospitalized. The case manager will enter a secondary placement of hospitalization. Once the 14th day passes, the primary and secondary placements must be closed and the "Non-foster care" hospitalization will become the primary placement.

18+ Cases: Secondary placements from one primary foster care provider to another such as pre-placement visits are not allowed in 18+ Continued Care. If an 18+ Continued Care client must be hospitalized and the primary foster care provider agrees to remain engaged with the case and continues to offer support to the foster child during that time, the primary foster care provider is entitled to reimbursement. An 18+ case that required hospitalization beyond 14 days will require the foster care case manager to staff options with the central office.

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### **Trial Home Visits 623-05-20-31**

**(New 4/25/16 ML #3469)**

[View Archives](#)

Foster care maintenance payments are not made when a child is placed on a trial home visit.

The trial home placement ends when the child is removed from the home and placed 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.

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### **Placement Approvals 623-05-20-32**

**(New 4/25/16 ML #3469)**

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The regional supervisor must approve all placements when a child is placed in a;

- Therapeutic Foster Home,
- Group Home or Residential Child Care Facility, or
- Psychiatric Residential Treatment Facility

The approval request must be submitted by the case manager via the Group/Therapeutic/PRTF Placement Request in FRAME. 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 provide the eligibility worker the SFN 45 – “Notice of Change” form each time a change occurs with the case, this will ensure payment is correctly authorized to each provider and will assist in avoiding overpayments.

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### **18+ Continued Care Secondary Placements 623-05-20-33 (NEW 11/1/19 ML #3566)**

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Secondary placements from one primary foster care provider to another, such as pre-placement visits in a family home, are not allowed in 18+ Continued Care. Payments are limited to the primary foster care provider only, as the 18+ Continued Foster Care Agreement (SFN 60) does not include any placement resource other than the primary foster care provider. If an 18+ child must be hospitalized and the primary foster care provider agrees to remain engaged with the case and continues to offer support to the foster child during that time, the primary foster care provider is entitled to reimbursement. An 18+ child that require hospitalization beyond 14 days will require the foster care case manager to staff options with the central office. \*\*The data management system does not allow for a secondary placement to be entered for 18+ cases.

Additional 18+ Policy: 18+ eligibility policy can be found in 447-10 and 18+ maintenance payment policy can be found in 624-05.

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### Nexus-PATH Foster Care Rates 623-05-20-35

(Revised 9/15/20 ML #3592)

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PATH ND is a private non-profit child and family services agency that began operations in North Dakota in 1994. PATH has provided evidenced-based services and supports to children and families in North Dakota as a child placing agency. PATH is accredited by the Council on Accreditation for Services to Children and Families (COA).

Billing Address:

PATH, Inc. ND  
1202 Westrac Dr S, Suite 400  
Fargo, ND 58103

Maintenance rates effective July 1, 2020:

<b>NEXUS-PATH RATES BY PROVIDER TYPE &amp; LEVEL</b>	<b>Avg. Monthly Rate (30 day)</b>	<b>Daily Rate</b>
<b>PATH TREATMENT FOSTER CARE PROVIDERS</b>		
<b>Intensive Treatment Foster Care (ITFC)</b>	\$6,263	\$208.76
<b>Treatment Foster Care (TFC)</b>	\$3,393	\$113.10
<b>Step Down from TFC</b>	\$2,077	\$69.24
<b>Flow Through</b>	\$ VARIED \$	\$ State Rate \$
<b>PATH REGULAR PROVIDERS</b>		
<b>Regular Foster Care</b>	\$2,077	\$69.24

Resources: [PATH Program Components](#)  
[PATH Payment Chart](#)

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NOTE: 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. The custodian and the child's team will evaluate the child’s progress at quarterly meetings to determine the appropriate level of care. If a child begins as a treatment foster care (TFC) placement, it may be determined that PATH Step Down is necessary and appropriate over time. If so, the custodian and PATH will sign the needed documentation at the Child & Family Team meeting. The foster care case manager will be responsible to notify the county eligibility worker of any changes in placement level/rate, inclusive of completing a new SFN 45 immediately.

### **PATH MONTHLY BILLING**

Payments to PATH should not be authorized until a billing statement has been received for the appropriate month. The amount billed is based on the level of care (ITFC rate, TFC Rate, Step Down 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 PATH provider to another is not allowed.

- Example: A child changes placement from one PATH home to another on the 3rd of the month, only one PATH 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. The payment amount is not automatically calculated by the payment system and will require manual data entry by the county eligibility worker. The bill must be kept in the foster care eligibility file for auditing purposes.

Itemized Bill:

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1. Child specific - one bill per child
2. Provider specific - 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. 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 treatment placement are not reimbursable (PATH to PATH). However, if the child is transitioning to a PATH home from a non-PATH provider (county home, residential, etc.) the "pre-placement" can be reimbursed as a secondary placement.
4. Irregular Payments pre-approved by the primary case manager. Receipts and signed approval form will be submitted for verification purposes.
5. The county will authorize reimbursement to PATH as the designated payee on behalf of the licensed provider.

### **PATH Overpayments**

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.

### **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 eligible and pre-approved as set forth in policy; monitored by the primary foster care case manager.
2. Foster care case managers must provide the eligibility worker with documentation of the approved irregular expenses.
3. After approval to purchase, the PATH provider will deliver receipts to a designated PATH case worker. The PATH case worker will distribute the



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receipts to the county case manager for reimbursement to PATH.

4. The PATH case worker will distribute the receipts to the PATH billing office to request reimbursement for the provider.
5. PATH will bill the county itemizing the standard maintenance rate for the specific level of care placement dates and any pre-approved irregular expenses. PATH will submit a copy of the required irregular payment receipts along with the bill for reimbursement.
6. PATH, the agency, will directly reimburse the foster parents.
7. 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 PATH ITFC or TFC providers:

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

All other allowable irregular payments for PATH Step Down, County Flow Through offered by a TFC provider must be added to the maintenance payment amount for the billable month.

PATH Regular Foster Care: Eligibility workers must authorize irregular payments separately when a child is placed in a PATH Regular foster home. If a child is considered a "PATH Regular" placement but is in a PATH TFC home due to specific circumstances, any irregular payments for the child will need to be added manually to the standard maintenance payment. The payment system limits which irregular payments can be authorized for a TFC provider.

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### **Lutheran Social Services Foster Care Rates 623-05-20-37 (Revised 9/15/20 ML #3592)**

[View Archives](#)

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:

<b>Lutheran Social Services Foster Care Rates</b>	<b>July 2020 Avg. Monthly Rate (30 day)</b>	<b>July 2020 Daily Rate</b>
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.

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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.

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### **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

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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.

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### **Residential Facility Rates 623-05-20-40**

**(Revised 9/15/20 ML #3592)**

[View Archives](#)

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 in-state 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.

### **ND Daily Maintenance Residential Facility Rates**

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<b>Qualified Residential Treatment Program Facilities (QRTP)</b>	<b>PROVIDER NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>DAILY RATE</b>
<b>Charles Hall Youth &amp; Family Services</b> P.O. Box 1995, Bismarck, ND 58502-1995	7356	07-01-20	<b>\$ 425.42</b>
<b>Dakota Boys Ranch Assn. - Minot Campus</b> Box 5007, Minot, ND 58702-5007	7357	07-01-20	<b>\$ 438.65</b>
<b>Dakota Boys Ranch Assn. - Fargo Youth Home</b> 1641 31st Ave S, Fargo, ND 58103	7358	07-01-20	<b>\$ 438.65</b>
<b>Home on the Range</b> 16351 I-94, Sentinel Butte, ND 58654-9500	7359	07-01-20	<b>\$ 452.57</b>

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### **Supervised Independent Living Rate 623-05-20-45 (Revised 9/15/20 ML #3592)**

[View Archives](#)

A supervised independent living setting is an approved foster care setting detailed in Family First Prevention Services Act (PL 115-123) federal legislation, NDCC 50- 11 and NDAC 75-03-41 administrative rules. The Department establishes a daily rate for all licensed/approved North Dakota SIL's. 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. Irregular payments are available for a foster child living in a supervised independent living setting. An invoice/ bill must be received before reimbursement can be made to the SIL agency.

#### **Maintenance Rates for Supervised Independent Living (SIL)**

<b>Supervised Independent Living (18+)</b>	<b>PROVIDER NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>DAILY RATE</b>
Dakota Boys Ranch Assn. - HOME at Northgate	7362	07-01-20	\$126.09
Nexus-PATH: Accommodated SIL	7384	07-01-20	\$125.05
Nexus-PATH: Supported SIL	7385	07-01-20	\$63.55



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### **Out-of-State Placements in Foster Care Group Home or Residential Child Care Facility 623-05-20-50**

**(Revised 4/25/16 ML #3469)**

[View Archives](#)

An itemized bill is required from the out of state facility for all North Dakota foster children placed out of state following the ICPC approval. 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.

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### **Ongoing Reimbursability 623-05-20-65**

**(Revised 7/23/18 ML #3534)**

[View Archives](#)

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 provider license, Placement with a fully licensed provider
3. An approved care plan (FC Child & Family Team meetings), and
4. A current group home approval for placements that require prior approval (Ex: Therapeutic foster care, group home, or RCCF placements).

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### **Irregular Payments 623-05-25**

**(Revised 11/1/19 ML #3566)**

[View Archives](#)

Irregular payments are specific to a foster child and can only be authorized to a licensed or approved (Tribal Affidavit) foster care provider. Reimbursement is only allowed for expenditures incurred during the dates the child is placed with the licensed or approved (Tribal Affidavit) provider.

It is the responsibility of the foster care case manager to determine which expenditures are necessary and appropriate, and to budget the age appropriate expenditure limit so irregular payments can be available throughout the year to meet the child's needs.

With appropriate approval, the eligibility worker will authorize individual irregular payment expenditures. Irregular payments must be approved by the custodial agency, with some categories requiring the approval of the Regional Supervisor. Irregular payments can be documented in the Child & Family Team meeting notes. Documentation of the approval for payments must be provided to the eligibility worker and maintained in the child's eligibility file.

Irregular payments are separated into categories, and assigned various codes. Age limits are consistent with foster care payment age categories; however, expenditure limits may vary by category. Some categories are without limit. Expenditure limits will reset:

1. Every twelve months from the initial date of foster care entry
2. When a child has been discharged from foster care for more than 12 months.

The administrative county must review the receipts, if applicable, and approval to ensure the expenditure is in full compliance with state policy. The administrative county will authorize by "pinning" the irregular payment

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information in the payment system. Receipts must be retained in the child's eligibility file for audit purposes.

Each eligibility file must track irregular payment totals to ensure the limit is not exceeded.

### **18+ Continued Care Irregular Payments**

Irregular payments are available for a child in 18+ Continued Care. Reimbursement must follow the irregular payment policy, be pre-approved and authorized directly to the licensed provider.

Although excess maintenance payments (EMP's) are allowed in certain placement settings. EMP's require prior approval and completed SFN 904, Agreement to Furnish Specialized Family Foster Care Services form on file.

### **Eight categories of irregular payments include:**

Category 10	Activities & Incidentals
Category 20	Clothing
Category 30	Emergency Placement
Category 40	Child Care for Foster Child
Category 50	Travel for Foster Child (Limited)
Category 60	Difficulty of Care/Excess Maintenance Payment (EMP)
Category 70	Parent/Infant Payment
Category 80	Extra Supervision

Within each category are various codes related to specific items.

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### **Irregular Payment Specific to Placement Setting 623-05-25-05**

**(Revised 2/1/19 ML #3545)**

[View Archives](#)

#### 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 Other Approved Foster Care Settings:

1. Intensive Therapeutic/Treatment Foster Care
  - a. Code 53: Travel for foster parents to transport to school, and
  - b. Code 71: If the foster child has their own child
2. Therapeutic/Treatment Foster Care (TFC): 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
3. Step Down from TFC
  - a. All irregular payments for family foster care placements, with the exception of Category 20 and Category 60. Initial clothing will not be required as a "step down" level of care will not occur during the child's first five months of placement. Annual clothing allowance is offered by PATH to the foster child.
4. County Flow Through
  - a. All irregular payments for family foster care placements apply.
5. PATH Regular Foster Care

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- a. All irregular payments for family foster care placements apply, with the exception of Categories 30 and 60.

### 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.

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### **Charts - Irregular Payments 623-05-25-10**

**(Revised 11/1/19 ML #3566)**

[View Archives](#)

Charts are helpful tools used to reiterate policy and offer quick reference to allowable versus unallowable payment options. Below are two charts summarizing what is available to children placed in family foster care and residential facility foster care placements.

#### **Irregular Payment Categories & Codes (Family)**

The chart entitled "[Irregular Payment Categories & Codes \(Family\)](#)" outlines the categories, ages, expenditure limits, approval process, and a brief summary of what is allowable. Note that several categories are without expenditure limit, such as child care for foster child. This is due to factors which make setting expenditure limits for certain categories unrealistic. The custodian and others involved must base expenditure approvals on prevailing rates and local factors.

#### **Irregular Payment Categories & Codes (Residential Care)**

The irregular payment policy has very limited application for residential care, as rates for those facilities are governed by N.D.A.C. Rate Setting 75-03-15. The chart entitled "[Irregular Payment Categories & Codes \(Residential Care\)](#)" outlines the categories, ages, expenditure limits, approval process, and a brief summary of what is allowable. Not all irregular payment categories are eligible for this level of care.

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### **Irregular Payments - Explanation by Selected Categories 623-05-30**

#### **Category 10 - Activities & Incidentals 623-05-30-05 (Revised 4/21/17 ML #3501)**

[View Archives](#)

Foster children placed in a licensed or approved (Tribal Affidavit) family foster home, group home or residential settings are eligible for irregular payments related to limited school supplies, extra-curricular activities, and personal incidentals. The foster care case manager is responsible to identify the needs of the child and provide prior approval for the foster care provider to purchase the item/s.

General school supplies (tablets, folders, binders, markers, crayons, pens, pencils, etc.) are included in the standard maintenance payment offered monthly to the provider. However, at times there are school fees above and beyond the routine school supply requirement. See the codes for Category 10 "Activities & Incidentals".

#### **Codes under Category 10:**

Code 11

- Field Trips,
- Specialized School Supplies; shop/art/lab fees, scientific calculator,
- School Pictures,
- Senior Pictures, Announcements, Cap/Gown, Class Ring

Code 12

- Non clothing related athletic equipment including sport shoes
- Gym class required attire (shirt and shorts)
- Sports related personal incidentals

Code 13



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- Prom Dress
- Tux Rental

### Code 14

- Camp Registration and Fees
- Extra-Curricular Activity Fees (swimming lessons, karate, bowling club, gymnastics, dance, girl scouts, boys scouts, 4H, etc.)
- Summer school or after school programming provided by the school district; when the program is not licensed as a ND child care provider.

### Code 15

- Music Lessons
- Lease or Purchase of Instrument

### Code 16

- Personal Incidentals
  - School Backpack,
  - Personal Hygiene Items,
  - Cosmetics,
  - Over the counter medications,
  - Special dietary foods, and
  - Infant and toddler supplies, including high chairs, formula, diapers and miscellaneous items.

The above irregular items must be explained, documented, approved and subject to the maximum limit per age category. There will be **no exceptions** to the maximum limit.

All Category 10 expenditures require receipts.

The age limit coincides with the standard foster care maintenance rate age limits as follows:

<b>Age Limits</b>	<b>Expenditure Limit/Year</b>
0-4	\$300
5-12	\$500

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13+	\$700
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The year is computed from the first date of entry into a paid foster care setting. If a child enters and leaves care during the same year, the yearly limit remains the same. The "expenditure limit/year" is a maximum amount per child regardless of multiple entries to foster care during that year.

Expenditures cannot exceed the age appropriate limit during a one-year time period. A quarterly maximum can be determined for each child to ensure that spending does not exceed the annual limit. For example: The 3 year old child is allocated \$50 per quarter, not to exceed \$200 per year.

The following is a case example of the "Expenditure Limit Date" and the "expenditure time period" for a child who enters foster care, leaves, and re-enters care:

### **Enters foster care**

Child Age 11, Limit \$500

Enters paid foster care setting 6/1/15\*

Expenditure Limit Date Begins = 6/1/15

Expenditure time period = 6/1/15 - 5/31/16

Child returns home 12/1/15 with total expenditures in Category 10 =\$450

Expenditures in Category 10 = \$450.

The remaining balance in Category 10 = \$50.

- A. Same child returns to foster care BEFORE the "expenditure time period" ends:

Child returns to foster care setting = 3/1/16.

Expenditure time period = 6/1/15 - 5/31/16.

Balance available under Category 10 until 5/31/16 = \$50.

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- B. Same child returns to a paid foster care placement AFTER the prior "expenditure time period" ends:

Child returns to foster care setting = 6/14/16.

Expenditure time period renews= 6/1/16 – 5/31/17.

Amount available under Category 10 = \$500.

- C. Same child was discharged from foster care and returns to a paid foster care setting after a lapse of one year.

Child returns to a paid foster care setting = 12/5/17

Expenditure time period = 12/5/17 – 12/4/18.

Amount available under Category 10 = \$500.

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### Category 20 Clothing for Foster Children 623-05-30-10 (Revised 4/21/17 ML #3501)

[View Archives](#)

Foster children placed in a licensed or approved (Tribal Affidavit) family foster home, group home, or residential settings are eligible for a clothing allowance. The foster care case manager is responsible to identify the clothing needs of the child. Clothing purchased specifically for the child does become the property of the child and must accompany the child upon leaving the placement. An inventory must be conducted of a child's clothing prior to any placement or change in foster care placement.

#### Category 20: Clothing

Ongoing Clothing Needs	Ongoing Clothing Needs An ongoing clothing allowance is built into daily* rate reimbursed to foster parents monthly.	
	Age 0 - 4	\$55/month
	Age 5 - 12	\$65/month
	Age 13+	\$75/month
	NOTE: In state Group Home/RCCF rate has some clothing costs built into the daily rate established by NDDHS through provider audit rate setting process.	
	For out of state RCCF's, foster care case managers must verify if the daily rate has clothing built in.	

#### Codes under Category 20

##### 21 Initial Clothing Allowance:

- The initial clothing allowance is available to a child when he/she enters their first paid foster care placement.
- Prior approval from the foster care case manager must be obtained before the purchase of clothing.

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- During the first five months after the child’s initial entry into a paid foster care placement, the child’s clothing needs can be met with an initial clothing allowance, if needed.
- Clothing must be purchased within the first five months of initial placement.
- Receipts must be submitted to the county before reimbursement to the licensed provider can be authorized.
- Payments should be authorized timely; the payment system will only allow reimbursement for the initial clothing allowance (Code 21) through the sixth month. Reimbursement requests received after the sixth month will require Help Desk assistance to authorize.
- In order for a child to receive the initial clothing allowance again, the child must have been discharged from foster care for a 12 month period (this is a date specific period).

<b>Age Limits</b>	<b>Expenditure Initial w/ in first 5 months</b>
0 - 4	\$400
5 - 12	\$400
13 - Over	\$400

### **22 Special Clothing Allowance:**

- A special clothing allowance may be authorized to replace clothing lost in a fire, flood, theft, other type of disaster, or for sudden growth spurts.
- The special clothing allowance rate is for emergency and extraordinary extenuating circumstances and should never be used to meet the ongoing clothing needs of the foster child.
- The special clothing allowance cannot be used to supplement the initial clothing purchases.
- The special allowance is not an entitlement.

<b>Age Limits</b>	<b>Expenditure Limit/Year</b>
0 - 4	\$300

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5 - 12	\$350
13 - Over	\$400

### **Out of State Providers:**

The clothing allowance for children placed out-of-state will be determined based on the rate of the receiving state. The rates are set by the receiving state and clothing may or may not be included in the out of state maintenance rate. If clothing is not included in the out of state rate, the ND irregular payment may be utilized.

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### **Category 30 - Emergency Placements 623-05-30-15 (Revised 9/15/20 ML #3592)**

[View Archives](#)

Foster children placed in a licensed or approved (Tribal Affidavit) family foster home may be eligible for emergency expenditures as a result of a crisis. A family foster care provider that incurs additional expenses or provides initial placement specialized care of a foster child with medical, mental health, or special needs, may be eligible for additional compensation for the first 15 days of the child's placement in foster care. The additional expenses cannot be covered under any other irregular payment category or under the daily standard maintenance payment. The foster care case manager is responsible to identify the needs of the child and foster parents. Approval of the emergency rate must be made by the foster care case manager or agency designee and provided to the eligibility worker for the file. The emergency rate is not an entitlement or a required supplement for initial placement into a family home.

Code under Category 30

31 – Emergency Foster Care Placement:

- This code is specific to and may only be applied when a child is initially placed in a licensed or approved (Tribal Affidavit) family foster home.
- The emergency payment will increase the daily foster care maintenance rate for a maximum of \$38 per day to meet the additional extenuating expenditures as a result of the child's emergency placement.

This irregular payment is automatically calculated by subtracting the age appropriate standard maintenance rate from \$38.00. The difference will be paid as an irregular payment for no more than 15 days. If care extends for more than 15 days, the age appropriate standard maintenance rate will apply beginning with the 16th day of placement.

This irregular payment must be approved by the custodian in order to authorize the payment. If a child within the first 15 days of placement is moved from one family foster home to another the irregular payment must be approved and can be paid if the emergency need has not been resolved

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and 15 days has not lapsed. If a child is on a trial home visit and is in need of emergency placement during that time, code 31 may be considered upon return to placement in a family foster home.



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### **Category 40 Child Care for Foster Children 623-05-30-20 (Revised 2/1/19 ML #3545)**

[View Archives](#)

This irregular payment category is specific to and may only be applied when a foster child is:

1. Placed in a licensed or approved family foster home, and
2. In need of child care.

The foster care case manager is responsible to identify the needs for child care and is to assist the family in securing reimbursable child care options. In order to claim reimbursement for any child care expenditure, the need must be approved by the case manager, discussed ongoing by the Child and Family Team and documented in the foster child's case plan.

A new written approval is required from the case manager when a foster child's:

1. Placement changes to a new licensed provider home or
2. Child care provider changes.

Foster care case managers must verify if the child care provider meets the state Early Child Care licensing regulations. The county child care licenser may be able to assist in verification prior to approval. A copy of the irregular payment approval form must be provided to the eligibility worker and placed in the child's eligibility file.

#### **Code under Category 40**

**41 – Child Care for Foster Children (Working Parents)**

**43 - Child Care for Foster Children (Non-working Parents)**

**Code 41** can be applied when:

1. A foster parent is working and child care supervision is required during scheduled working hours when a foster child is not in school, or

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2. A foster parent is enrolled in and attending post-secondary education to obtain a degree or meet educational requirements for their current employment, or
3. A foster parent is actively seeking employment; reimbursement for child care can be approved for a reasonable amount of time (Ex: Up to eight weeks) to allow for a proper employment search.

**Code 43** can be applied when

1. The foster parent is not working, but is required to attend activities which are beyond the scope of "ordinary parental duties" such as
  - a. Child & Family Team meetings without the child, or
  - b. Court hearings without the foster child, etc.

### **Reimbursable Child Care Options**

Irregular payments can only be authorized if the child care provider is licensed, certified, self-declared, or has some other formal status approved under the state Early Child Care regulations. The child care provider must meet eligibility for reimbursement standards of the state Child Care Assistance Program, even though criteria for foster care reimbursement is different than the Child Care Assistance Program.

Informal, episodic child care (an evening out, volunteering, babysitting, etc.) is not reimbursable with an irregular payment as these costs are included in the basic foster care maintenance rate.

### **Claiming Child Care Expenses**

The reimbursement rate for child care expenses is based on community standards. Foster care will reimburse the full amount billed by a child care provider who meets the Early Child Care licensing regulations. Child Care Assistance Program percentage reductions **do not apply** to foster children. **The SFN 616 Child Care Request For Payment billing form is specific to the Child Care Assistance Program and is not acceptable** for foster care reimbursement. The child care provider should complete the SFN 920 Foster Care - Child Care Invoice for reimbursement of child care expenses for a foster care child under the care of a licensed foster care provider.

Child care expenses for a foster child cannot differ from the cost of any other child enrolled in the child care setting. (Ex: Every fulltime 4 year old

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regardless of if they are in foster care must be charged the same rate). A bill for a foster child cannot exceed the standard community rate identified in the child care agreement or annual child care contract. If eligibility workers identify discrepancy of any kind, the foster care case manager is responsible to assist in remedying the solution.

### **Fees (Deposits, Transportation, etc):**

Child care fees such as a deposit, supplies, transportation cost to pick up or drop off from school, as well as the standard daily, weekly, or monthly rates are allowed to be itemized for reimbursement on the child care bill for foster care reimbursement. Fees charged on behalf of care for the foster child can be covered as an irregular payment.

Child care costs are reimbursable, meaning the service has to have been provided (completed). Foster care **cannot**:

1. Pre-pay for child care service; and
2. Pay for charges incurred outside of the licensed foster care placement dates; child care dates in need of reimbursement must match dates the child was placed in a licensed foster home.

**Bill/Invoice:** A child care bill or the SFN 920 Foster Care - Child Care Invoice must be signed by both the foster care provider and child care provider.

When a child changes foster care placements, but remains with the same child care provider, an invoice must be completed for the timeframe the child was in care with each provider. Child care billed at a monthly or weekly rate must be prorated for each foster care provider, not to exceed the child care provider's total monthly or weekly rate.

For child care providers that bill a weekly rate, the weekly rate is payable only one time for any week of child care that spans two months.

When a child is no longer in need of child care supervision or is moved to a different child care provider due to a change in foster care placement and received child care for any portion of a month, reimbursement must be made based on the child care provider's discharge policy.

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A copy of the bill/invoice must be retained in the child's eligibility file for audit purposes.

### **Required Training:**

The cost of child care for the foster parent's attendance at mandatory foster parent training is an allowable foster care expenditure. Children and Family Services Training Center (CFSTC) at the University of North Dakota facilitates child care reimbursement for approved foster parent training. Reimbursement is capped at an hourly rate per child/ per day.

### **Child Care Expense Not Allowed under Foster Care Maintenance**

The federal regulations (P.L. 96-272) state "payments for the costs of providing care to foster children are not intended to include reimbursement in the nature of a salary for the exercise by the foster family parent of ordinary parental duties." Accordingly, child care provided to a foster child to facilitate a foster parent's participation in activities that are within the realm of "ordinary parental duties" or child care activities which are deemed a social service are not reimbursable under foster care maintenance.

Not reimbursable requests through the irregular maintenance payment.

<b>WHO</b>	<b>REIMBURSEMENT REQUEST</b>	<b>NOT IRREGULAR PAYMENT REIMBURSEMENT</b>
<b>Foster Child</b>	Informal episodic child care for foster child (Ex: an evening out, volunteering, etc.)	Not an irregular payment option, as it is included in the basic maintenance rate.
<b>Foster Child</b>	Child care for the sole purpose of social skills building, peer relationships/socialization, social services or child therapy.	Not an irregular payment option.
<b>Foster Child</b>	Care to facilitate a foster parent's participation in activities within the realm of "ordinary parental duties".	Not an irregular payment option, as it is included in the basic maintenance rate.

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<b>Foster Child</b>	Child care – not employment related	Not an irregular payment option.
<b>Foster Child</b>	Child care during illness of foster parent	Not an irregular payment option.
<b>Foster Child</b>	Relief/Respite care for foster parents	Not an irregular payment option.
<b>Foster Child</b>	Child care to allow foster parents to attend school teacher conferences	Not an irregular payment option, as it is included in the basic maintenance rate as episodic child care.
<b>Foster Child</b>	Child care to allow foster parents visit to a foster child temporarily out of the foster home (hospital, camp, etc)	Not an irregular payment option, as it is included in the basic maintenance rate.

### Reference Chart

“Child Care – Quick Reference Related to Foster Care.”

### **Foster Care Provider is a Child Care Provider:**

Providers who are dual licensed for foster care and child care are not eligible to receive both a foster care maintenance payment and child care reimbursement for a foster child they are caring for in their own home. If the foster care provider identifies child care for the foster child outside of the foster home, an irregular payment Category 40: Code 41 may be utilized.

### **Interstate Compact:**

A foster child placed out of the state of North Dakota through Interstate Compact would be eligible for Category 40 child care reimbursement if the foster child is:

1. In need of child care,
2. Placed in a licensed or approved family foster home, and
3. Enrolled or attending a child care setting licensed or approved as authorized by the state in which the licensed foster family resides.

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### **Foster Child's Dependent Child:**

A foster child with a dependent child who is not in public custody, living with the foster child in the foster home, must apply for child care assistance to determine eligibility to cover the costs for the dependent child. If the child does not qualify, an irregular payment of Category 70 could be applied for the dependent child's cost of child care.

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### **Category 50 - Transportation Costs 623-05-30-25 (Revised 2/17/17 ML #3493)**

[View Archives](#)

Transportation for a foster child is necessary to maintain connections and assist with reunification efforts. Arranging for and paying costs of necessary transportation for a child or parent to the foster home or a RCCF/group home is the responsibility of the County Social Service Board. Parents unable to pay for transportation, may be eligible to receive assistance through the County for their travel costs.

#### **Parent Responsibility- Visitation/ Travel Costs**

Parents, if able, have a responsibility to be involved in their child's case plan and pay their own travel expenses related to visitation of their child placed in foster care. This is separate from any amount they pay to child support.

A parent requesting financial assistance must complete the SFN 1023, "Foster Care Transportation Reimbursement Budget Sheet." The form is designed to determine eligibility for transportation reimbursement and is only required to be completed once; no redetermination is required. Based on the information on the completed form, the parent(s) are either "eligible" or "not eligible" for transportation reimbursement. Parents may reapply if their financial status changes or they are experiencing a financial hardship.

#### **Category 50, Transportation**

Transportation reimbursement is specific to foster children placed with a licensed/approved (Tribal Affidavit) foster care provider. The foster care case manager is responsible to identify transportation needs that support the case plan. Transportation costs must be evaluated based on family need, family contribution, and travel schedule.

When a child is placed in a group/residential child care facility, the team must consider what a facility will provide to a parent or guardian upon

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arrival for visitation at the facility (Ex: lodging and meals). In order to claim reimbursement for travel, transportation costs must be calculated, documented, approved by the Child & Family Team and provided to the eligibility worker for payment prior to reimbursement. Reimbursement cannot exceed the current state rate for mileage and per diem. If changes occur between Child & Family Team meetings, written approval must be obtained from the Regional Supervisor.

A copy of the approval to authorize an irregular payment must be provided to the eligibility worker and placed in the child's eligibility file.

**NOTE:** The basic foster care maintenance rate issued to the foster care provider includes the costs of transporting a foster child locally to and from sporting events, extra-curricular activities, school functions, etc. An irregular payment cannot be authorized to accommodate day-to-day transportation needs.

### Code under Category 50

- **51 – Travel for foster child:** Home visits/reunification or other visitation to maintain family connections.
- **52 – Travel for parent/guardian to RCCF:** Visits to the foster child placed in a Group/Residential Facility (RCCF) only.
- **53 – Travel for foster parents:** To transport a foster child to school in which the child is enrolled at the time of placement.

**Code 51** (Travel for foster child only) can be applied when:

1. The foster child travels to a home visit, or
2. The foster child travels to another location to visit their parents, siblings, relatives, or other caretakers for reasons of reunification or maintaining family connections.

### Code 51 Documentation

Transportation costs must be calculated and determined by planning the trip for the child. Documentation must be placed in the eligibility file for auditing purposes with consideration given to mileage, public/ commercial transportation, and lodging and meal expenditures. Meal and mileage reimbursement must follow North Dakota guidelines and cannot exceed the



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established in-state per diem rates, even if the travel is to another state. The child's foster care case manager is expected to seek the lowest possible rate when public or commercial transportation is required. Lastly, receipts for tickets and lodging must be presented for reimbursement and retained by the county in the eligibility file for auditing purposes.

### Code 52 can be applied when:

1. Visitation to a foster child in a Group/ Residential Facility (RCCF) by the child's parent/guardian/other designee to maintain family connections or achieve permanency,
  - a. Participation in treatment activities (Ex: family week) provided by the facility requiring attendance from the family/designee to achieve the permanency goal.

The costs for additional family members to participate in the facility visit with the foster child are not reimbursable.

### Code 52 Documentation

Transportation costs must be evaluated based on family need, travel schedule, and understanding of what the facility will provide upon arrival. If determined eligible for reimbursement, transportation costs must be calculated by planning the trip for the approved parent/s or guardian. Documentation must be placed in the child's eligibility file for auditing purposes. Lodging and public/commercial transportation needs must be approved and receipts provided for reimbursement. The facility and foster care case manager are expected to seek the lowest possible rate when commercial transportation is required. Reimbursement for meals and mileage must follow North Dakota guidelines and cannot exceed the established in-state per diem rates, even if the travel is to another state.

### Code 53 can be applied when:

1. The foster parent provides reasonable travel for the child to remain in their school of origin upon placement into the provider's home, located outside the established school boundaries\*.

### Code 53 Documentation

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Transportation costs must be calculated, documented, approved by the Child & Family Team and provided to the eligibility worker for payment purposes prior to reimbursement. Reimbursement cannot exceed the current state rate for mileage or the established school/city bus transportation costs.

Foster care irregular payment reimbursement for excess school transportation is available for children placed into a licensed or approved (Tribal affidavit) foster home. If the child is placed in an unlicensed home, transportation reimbursement to the school of origin cannot be accommodated with foster care funds.

\*Reimbursement of expenses to transport a foster child to and from school located within the established school boundaries of the foster parent's home is part of the standard foster care maintenance rate.

The foster child's school of origin may change depending on their foster care placement. If a foster child's placement changes, the school of origin would be considered the school in which the child was enrolled at the time of the placement change.

### **Travel for Foster Child's Medical**

Transportation costs for medical services and appointments are not allowable expenditures with foster care funds. Medical travel questions should be referred to the County Medical Services eligibility staff.

### **Administrative Costs – SFN 119**

Reunification or placement costs not covered through irregular or standard maintenance payments may be allowable as administrative costs claimed for reimbursement on SFN 119, "Monthly Summary of CSSB Operating Expenditures." The purpose of SFN 119 is to create cost pools by program classifications. The data from the SFN 119 is used to prepare reports for the federal and state government, the legislature and the general public. Administrative expenditures reported by classification are used to claim federal and state administrative reimbursement at various percentages.

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The SFN 119 must be completed by the County and submitted to NDDHS Fiscal Administration each month by the 10th. Reasonable transportation costs are reimbursed to the County after submitting the SFN 119.

### Allowable Administrative Expense (SFN 119)

Allowable administrative transportation costs for foster care include:

1. The foster child's travel costs
  - a. To attend court hearings, Child & Family Team meetings, etc.
  - b. To and from a foster care placement.
  - c. To and from pre-placement visits (secondary).
2. The foster child's Parent/Sibling travel:
  - a. To visit the foster child in the family foster home.
  - b. To visit the foster child in a Psychiatric Residential Treatment Facility (PRTF).
3. The foster child's Foster Parents travel:
  - a. To attend court hearings, Child & Family Team meetings, mandatory case conferences, etc.
  - b. To visit the foster child who is out-of-home, inclusive of placement in a Psychiatric Residential Treatment Facility (PRTF).

Total transportation costs are billable only once.

### **Quick Reference Chart - Transportation**

A chart is included to assist staff in determining what transportation costs are reimbursable, and in what manner those costs will be reimbursed.

1. Transportation Reimbursement – Quick Reference.

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### **Category 60 - Excess Maintenance Payments (EMP) 623-05-30-30**

**(Revised 4/20/20 ML #3579)**

[View Archives](#)

An Excess Maintenance Payment (EMP), also known as a specialized family foster care irregular payment, may apply when undue demands to care for a child are present. An EMP may be approved for a licensed or approved (Tribal Affidavit) family foster home due to physical, emotional, and/or material resources in excess of the demands expected in normal foster parenting.

The Specialized Family Foster Care/Adoption Assistance Level of Care Evaluation Form (SFN 1865) is to be completed by the case manager when an EMP is being considered. The child's behavior and needs must be carefully assessed prior to completing the rating form. The total score will assist in determining the appropriate EMP level of care. The EMP level must be discussed at every Child and Family Team meeting and approved in advance for payment purposes. Each time a child has a placement change, the EMP must be re-evaluated and a new approval is required to authorize payment. Retroactive payments are not allowed.

For all excess maintenance payments, the Regional Representative must sign the SFN 904 "Agreement to Furnish Specialized Foster Care Services, Excess Maintenance Agreement" approving an EMP to a specific provider. The amount of payment is determined by the evaluation level. The agreement must have a start and end date, which cannot exceed six months in duration, the end of the court order, or the end of the primary placement, whichever comes first. Approvals must be placed in the eligibility file for auditing purposes.

If a placement change occurs for a child in care and the approval is granted for the receiving family foster home, the foster parents are entitled to payment reimbursement for each full day within the approved duration of time for which they provide care. Duplication of the EMP reimbursement is not allowed for the date the child is transferred from one home to the next.

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### The EMP levels are:

Level	Code	EMP Rate/Day
Level I	Code 61	\$1.67/day <i>(estimated \$50/mo.)</i>
Level II	Code 62	\$3.33/day <i>(estimated \$100/mo.)</i>
Level III	Code 63	\$5.00/day <i>(estimated \$150/mo.)</i>

The payment system will only calculate the EMP per day, the range from \$50 to \$150 is based off a 30 day calculation. CCWIPS will automatically generate the value based on the EMP daily rate. Approval for a level I, II, or III EMP can be approved through the Child & Family Team meeting process and Regional Representative. A copy of the approval must be maintained in the child file as well as the eligibility file for auditing purposes.

### **Level IV Code 64**

Excess maintenance payment for level IV requires additional approval from the Regional Representative and Children & Family Services Foster Care Administrator. The total amount of the EMP is determined based on the SFN 1865 and must exceed level I, II, and III maximum amounts. The EMP total for level IV must be manually entered into the payment system once determined. A partial month of payment must be prorated. A copy of the approval from Children and Family Services must be maintained in the child file as well as the eligibility file for auditing purposes.

### **Out of State Providers:**

Out-of-state placements are reimbursed at the rate of the receiving state. The receiving state may have a rating scale to determine if an excess maintenance payment is needed to accommodate the child in placement, if not the SFN 1865 can be used to determine need. If a North Dakota child is

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placed in an out of state family foster home, which receives direct reimbursement from the Department, and the need of the child exceeds the out of state maintenance rate, an EMP may be approved. Out of state therapeutic foster care agencies that bill for costs including a difficulty of care rate along with their standard daily rate, are not required to have excess maintenance payments approved through Category 60. North Dakota will reimburse the therapeutic agency as billed.

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### **Category 70 - Minor Parent/Infant Foster Care 623-05-30-35**

**(Revised 2/17/17 ML #3493)**

[View Archives](#)

Category 70 irregular payments are specific to and may only be applied when a foster child is placed in a licensed or approved (Tribal Affidavit) family foster home with their dependent child. The dependent child has not been adjudicated deprived. The intent of the irregular payment is to provide financial reimbursement to the foster child and/or foster parents in an effort to support the costs of caring for the dependent child.

The approval from the Regional Supervisor must be placed in the child file and eligibility file for auditing purposes.

#### **Code under Category 70**

##### **71 – Minor Parent/Infant Foster Care:**

- This code will cover the maintenance costs for the dependent child living with the minor foster child at the age specific ND standard maintenance rate.

If the minor parent and their dependent child are later separated, the needs of the dependent child can no longer be included in the minor parent's foster care maintenance payment as a category 70 irregular payment.

**TANF**: The state is prohibited from including in a TANF assistance unit, any dependent child of a minor parent receiving foster care maintenance payments. Meaning the minor parent (foster child) is not eligible to apply for TANF until he/she is discharged from foster care.

**Dependent Child Medical Assistance**: The minor parent must apply for Medical Assistance for their dependent child. However, a dependent child whose costs in a foster family home or child care institution are covered by

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the Title IV-E foster care maintenance payments being made with respect to his/her minor parent is categorically eligible for medical assistance under Title XIX because of the IV-E eligibility determination. Refer to Manual Chapter 510-05 (Medicaid Eligibility Factors), or contact Medical Services if you have questions.

**Child Care Assistance:** A minor parent may be eligible and should apply for Child Care Assistance for their dependent child. If not eligible for child care assistance, foster care irregular payment code 41 may be utilized if appropriate. A copy of the approval to reimburse child care for such circumstance must be maintained in the child file as well as the eligibility file for auditing purposes.



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### **Category 80 - Extra Supervision 623-05-30-40**

**(Revised 11/1/19 ML #3566)**

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A Category 80, Code 80, irregular payment may be considered if a child requires extra one-on-one supervision in a residential facility (QRTP). The irregular payment option is specific for a limited period of time to stabilize or transition the child to a setting that may better address the child's needs.

Prior to considering a request for extra supervision in a QRTP, the foster care case manager must thoroughly review the situation to ensure that the current setting is indeed an appropriate care situation for the child for the time being.

The Child & Family Team, Regional Office, and Children & Family Services Foster Care Administrator must approve the irregular payment prior to payment authorization. Approval is for a specified one-on-one caregiver, for a set number of hours per day at a specified rate, and for a limited period of time. This irregular payment option is rarely used, but available in special, limited circumstances. The approval must be placed in the eligibility file for auditing purposes.

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### **Education 623-05-35**

**(Revised 1/15/12 ML #3306)**

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When the care of a child is paid through foster care funds, it will ordinarily be expected that the child will attend a public school. **Foster care funds are not used for educational services** including correspondence courses. Education needs of the child either in North Dakota or out-of-state are the responsibility of the local school district and/or the Department of Public Instruction (DPI). Education placements (Boarding Care) are the total responsibility of the local school district and/or DPI. Discuss funding for any educational needs for foster care children with the local school district.

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### **Boarding Care for Special Education Students 623-05-35-10**

**(Revised 11/1/10 ML #3250)**

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Funds for children who require board and room to attend special education classes are available through the local school district in cooperation with the Department of Public Instruction. This service is considered boarding care, and is not foster care. The foster care payment program is not available to children who need board and room (boarding care) to be able to attend special education classes to meet their educational needs and who otherwise would be living at home. Questions regarding boarding care should be referred to the local special education director at the public school system.

Children who are under the care, custody, and control of a public agency, or the North Dakota Department of Human Services in foster care and in need of special education classes continue to be eligible for foster care payments for the days the child is physically in the foster home.

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### **Purchase of Foster Care Services From Other Agencies 623-05-45**

#### **Approved Agencies for Payment 623-05-45-05 (Revised 4/21/17 ML #3501)**

[View Archives](#)

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 LCPA, Tribe, or County Social Service working with the Department to license a family foster home for children.
2. 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

- PATH - ND
- Lutheran Social Services
- 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. Group and Residential Child Care Facilities (RCCF): The Department, Children & Family Services Division licenses/approves (Tribal) ND facilities to provide residential services. RCCF's are reimbursable and

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specific contact information and rates can be found in 623-05-20-40.

ND RCCF's include:

- Charles Hall Youth Services - Bismarck, ND
- Dakota Boys & Girls Ranch Youth Home – Fargo, ND
- Dakota Boys & Girls Ranch (Main Campus) – Minot, ND
- Eckert Youth Home – Williston, ND
- Harmony House – Devils Lake, ND
- Home on the Range – Sentinel Butte, ND
- Lake Oahe Group Home – Ft. Yates, ND (Approval)
- Prairie Learning Center – Raleigh, ND
- Prairie Learning Center – Raleigh, ND
- Pride HOPE Home - Bismarck, ND
- 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
- Dakota Boys & Girls Ranch – Western Plains - Bismarck, ND
- 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 dual licensed to provide both RCCF 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: <http://www.nd.gov/dhs/info/pubs/docs/cfs/foster-care-out-of-state-providers.pdf>

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

**(Revised 11/1/19 ML #3566)**

[View Archives](#)

Medicaid eligibility questions regarding 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 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 [DN 1475](#) "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 financial county, 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 [DN 1476](#) "Former Foster Youth – Medicaid" for quick reference.

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### **Medicaid Identification Card 623-05-45-15**

**(Revised 2/17/17 ML #3493)**

[View Archives](#)

A Medicaid Identification Card is issued to each Medicaid recipient shortly after Medicaid eligibility has been established.

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 a family foster home, group home, or residential facility.

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### **Differential Roles of Staff 623-05-55**

**(Revised 4/21/17 ML #3501)**

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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:**



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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;
  - Updated case plan (quarterly CFTM notes, etc.).
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 624-05.

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### **Forms 623-05-60**

#### **Credit Form, SFN 827 623-05-60-10**

**(Revised 4/21/17 ML #3501)**

[View Archives](#)

Any payments to the State for foster care refunds and reimbursements must be submitted with Credit Form, [SFN 827](#) by the financial county. 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 with payment to the Department. Fiscal Administration will use the service month, match code, and description of payment provided on the form to properly apply the payment.

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### **Foster Care - Child Care Invoice, SFN 920 623-05-60-15 (New 2/1/19 ML #3545)**

[View Archives](#)

The Foster Care – Child Care Invoice, [SFN 920](#), is available for child care providers and foster care providers to use when claiming child care reimbursement for foster care children in paid foster care placements under their care.

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### **Notice of Change Form, SFN 45 623-05-60-20 (Revised 4/21/17 ML #3501)**

[View Archives](#)

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.

Eligibility staff must forward a copy of the completed form to Child Support if there is a change in health information or parent information.

## **FOSTER CARE MAINTENANCE PAYMENTS POLICY MANUAL**

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### **Charts 623-05-65**

#### **Child Care Quick Reference 623-05-65-05**

**(Revised 4/21/17 ML #3501)**

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Click [here](#) to view and/or print the Child Care/Day Care - Quick Reference.

## **FOSTER CARE MAINTENANCE PAYMENTS POLICY MANUAL**

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### **Transportation Quick Reference 623-05-65-10**

**(Revised 4/21/17 ML #3501)**

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Click [here](#) to view and/or print the Transportation Reimbursement - Quick Reference.

**FOSTER CARE MAINTENANCE PAYMENTS POLICY MANUAL**

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**Irregular Payment Categories & Codes (Family)**

**623-05-65-28**

**(Revised 4/21/17 ML #3501)**

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**FOSTER CARE MAINTENANCE PAYMENTS POLICY MANUAL**

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**Irregular Payment Categories & Codes (Residential Care)  
623-05-65-35**

**(Revised 11/1/19 ML #3566)**

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## **FOSTER CARE MAINTENANCE PAYMENTS POLICY MANUAL**

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### **Court Order Hard Cards 623-05-65-37**

**(New 4/1/17 ML#3506)**

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Two resources have been created to assist in reviewing foster care court orders.

- [Foster Care DN 751 \(Red\)](#)
- [18 plus Foster Care DN 752 \(Yellow\)](#)

## **FOSTER CARE MAINTENANCE PAYMENTS POLICY MANUAL**

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### **PATH Program Components 623-05-65-39**

**(NEW 7/1/19 ML #3556)**

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Click [here](#) to view and/or print the PATH Program Components.

## **FOSTER CARE MAINTENANCE PAYMENTS POLICY MANUAL**

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### **PATH Payment Chart 623-05-65-41**

**(NEW 7/1/19 ML #3556)**

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## **FOSTER CARE MAINTENANCE PAYMENTS POLICY MANUAL**

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### **LSS Payment Chart 623-05-65-43**

**(NEW 7/1/19 ML #3556)**

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Click [here](#) to view and/or print the PATH Payment Chart.