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|  Department of Children & Family Services <i>Building a Stronger Louisiana</i> | Division/Section | Child Welfare |
| | Chapter No./Name | 25 – Forms Manual |
| | Part No./Name | 1 – 1000 |
| | Section No./Name | 490 Letter of Expectations Between DCFS and Hospital |
| | Document No./Name | 490 Letter of Expectations Between DCFS and Hospital Instructions |
| | Effective Date | March 2, 2026 |

➤ PURPOSE

The CW Form 490 sets clear expectations for DCFS payment for inpatient hospital services, both general acute care (medical) and psychiatric services, provided to children/youth in DCFS custody when not paid for by Medicaid.

The CW Form 490 should be completed for all inpatient hospital admissions.

➤ PREPARATION

The CW Form 490 should be completed on State Office stationery and addressed to Hospital staff.

➤ DISPOSITION

The child’s worker should complete the form and present to the hospital upon the child’s admission, if possible, or mail within three days of admission. A copy should be sent to DCFS.treatment@la.gov and filed in the child’s case record.

PAYMENT PROCESSING

Hospitals are to submit claims for payment to DCFS.providerbilling@la.gov.

Payments will not be made without sufficient supporting documentation, including copies of:

- Letter of Expectation between DCFS and Hospital (CW Form 490)
- Hospital Service Claim form (UB-04 CMS-1450)
- Service authorization request denials and/or claims payment denials from the Medicaid managed care organization (e.g., Denial Notice, Remittance Advice, Explanation of Payment, Explanation of Benefits, etc.) *NOTE: Documents should not contain any information unrelated to the child named on the CW Form 490, e.g., non-DCFS patient claims.*
- A statement of DCFS payment due from the hospital, which should include at a minimum:
 - Child name
 - Child TIPS number
 - Date of admission
 - Dates of service denied by the MCO
 - Number of units of service (days) denied by the MCO
 - Medicaid reimbursement rate (per diem) in effect on the dates of service
 - Total amount due from DCFS, equal to the number of units of service denied multiplied by the applicable Medicaid per diem