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	Chapter No./Name	6 - Foster Care
	Part No./Name	16 - Payments, Expenditures, and Approvals
	Section No./Name	Payments, Expenditures, and Approvals
	Document No./Name	6-1615 Board Rate for Residential Facilities
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I. STATEMENT OF POLICY

It is the policy of DCFS to implement procedures for the care and maintenance of children in private residential facilities, and to ensure these residential facilities receive payment for providing services for those children in a restrictive setting.

II. PROCEDURES

A. RESIDENTIAL FACILITIES


Louisiana participates in a statewide [Louisiana Behavioral Health Partnership \(LBHP\)](#) for at-risk children and youth. Residential placements are managed through the LBHP when treatment is needed to address a child's behavioral health issues. The residential levels of care are [Psychiatric Residential Treatment Facility \(PRTF\)](#), [Therapeutic Group Home \(TGH\)](#), and [Non-Medical Group Home \(NMGH\)](#). Payment for behavioral health services is billed to Medicaid or DCFS through the LBHP.

B. PROCEDURE FOR PAYMENT TO RESIDENTIAL FACILITIES

1. [Psychiatric Residential Treatment Facility \(PRTF\)](#) – The LBHP bills Medicaid for reimbursement of services provided by the PRTF as long as the child meets medical eligibility criteria. Once the child no longer meets medical necessity for PRTF services as determined by Medicaid, DCFS is responsible for payment to the provider from that point forward until an alternative placement is found to meet the child's needs. The provider is responsible for billing DCFS State Office Placement Services for any non-Medicaid reimbursable days the child is placed at the facility.
2. [Therapeutic Group Home \(TGH\)](#) – The LBHP bills Medicaid directly for any therapeutic services required during the child's placement. DCFS is responsible for reimbursement of room and board which is billed through the LBHP to DCFS State Office Placement Services. Once the child no longer meets medical necessity for TGH services as determined by Medicaid, DCFS is responsible for payment to the provider from that point forward until an alternative placement is found to meet the child's needs. The provider is responsible for billing DCFS State Office Placement Services for any non-Medicaid reimbursable days the child is placed at the facility.
3. [Non-Medical Group Home \(NMGH\)](#) – DCFS is responsible for room and board payment which is billed through the LBHP to DCFS State Office Placement Services. Therapeutic services required for the child's treatment are obtained through community resources.

C. PAYMENT DURING TEMPORARY ABSENCE FROM RESIDENTIAL FACILITY

The LBHP will not pay for services at a residential facility during a child's temporary absence

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from the facility for medical reasons, substance abuse treatment, psychiatric hospitalization, runaway, and/or extended family visits. It is the provider's responsibility to notify the LBHP of the child's absence from the facility.

DCFS may retain the residential placement during a child's temporary absence by providing payment directly to the provider for up to 15 days in the following circumstances, if the child is expected to return to the residential facility.


- When the child is absent from a residential facility for treatment or medical reasons, i.e., substance abuse or psychiatric hospitalization, the residential facility is expected to readmit the child to the program. The child's bed may be reserved for 15 days pending the child's return to the facility. Requests for authorization of retainer maintenance for a residential facility should be made to the RPS. There can be no extensions beyond 15 days. If the Department pays for bed retention, the provider agrees to maintain the placement for the child. Upon return to the residential facility, the provider shall maintain the child in the program for at least the minimum number of paid retainer days.
- If the child is on runaway status, payment may be made for up to 15 days from the date the child left. Refer to [Section 6-1215 Runaway, Missing, Kidnapped Foster Child](#).
- When the child visits his family or a placement resource or in accordance with case plan scheduled visits, the residential facility may be paid a retainer for up to 15 consecutive days of absence. The local office is responsible for the input of the retainer code 020/022 and processing payment.

D. INDIVIDUAL CHILD REIMBURSABLE EXPENSES NOT INCLUDED IN THE BOARD RATE FOR RESIDENTIAL FACILITY

The residential facility may be reimbursed for individual child expenses over and above the board rate. These reimbursable expenses include transportation, educational, and incidental items. Receipts must be presented by the provider upon request for reimbursement to the Foster Care case manager. For special reimbursable items, such as a musical instrument, graduation ring, etc. DCFS will make a vendor payment to the vendor providing the service or the store from which an item will be purchased, rather than the residential facility claiming reimbursement.

1. Transportation

The residential facility may be reimbursed for transportation expenses at the approved state rate. Costs are billed per trip rather than per child. Mileage costs shall be documented according to Louisiana State Travel Regulations, PPM 49, showing the name of all foster children who were passengers and the number of miles traveled, date of travel, purpose of the trip, and the odometer readings at the beginning and conclusion of the trip. The total cost per trip shall be divided by the number of children in DCFS custody. Costs

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and documentation shall be submitted to the child's case manager for payment on a monthly basis.

2. Medical Expenses

The residential facility shall obtain DCFS case manager approval prior to obtaining medical services not covered *** by **** Medicaid, unless a medical emergency requires immediate action and a DCFS case manager cannot be reached.

3. Clothing and Personal Allowance


TGH and NMGH providers receive the funds available for a child's clothing and personal allowance on a monthly basis.

The following is a breakdown of the monthly allowances based on a 30 day month.

Daily Clothing/Personal Allowance (per current FC Policy)	Monthly Total Personal Allowance (based on a 30 day month)	Monthly Total Clothing Allowance (based on a 30 day month)	Monthly Total Clothing/Personal Allowance (based on a 30 day month)
Age 6-12: \$3.45 (\$2.46 daily/clothing & \$.99 daily/personal allowance)	\$29.70	\$73.80	\$103.50
Age 13-Up: \$4.24 (\$2.68 daily/clothing & \$1.56 daily/allowance)	\$46.80	\$80.40	\$127.20

These allowances should be used when a child is placed in a Title 19 (non-DCFS payable facility) facility such as a PRTF, OCDD group home or any other non-payable facility for clothing and allowances. These would also be used for placements such as Job Corps, Youth Challenge, Louisiana School for the Visually Impaired, Louisiana School for the Deaf, and Thrive Academy. It should be verified with the provider prior to initiating the payments there will be a staff person designated to manage these funds on behalf of the child and provide opportunities for the child to utilize the funds. Hospitals should never be set up as providers for this service as there is no organizational capacity for handling this for the child. ******

When a child is placed in a residential facility, the Foster Care case manager shall enter the placement authorization and the clothing/personal allowance code of 030/036 on the child's TIPS 106 screen. Once the authorization is entered, the payment to the provider is system generated. When a child changes placements, the placement and clothing/ personal allowance authorizations shall be ended by the case manager.

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The residential facility is responsible for maintaining the child's clothing upon entry into the program and *** replacing **** items as needed during the child's stay. The residential facility shall utilize the DCFS clothing allowance to purchase needed items for the child. The total clothing allowance received and expended per child shall be documented in the child's record maintained by the residential facility and in the quarterly report with monthly and cumulative expenditures and balances kept. Clothing shall belong to the individual child to meet their needs and shall not be shared in common, purchased secondhand or in bulk, or be retained by the facility when a child leaves.

*** If a facility or program such as a PRTF does not have the capacity to transport and shop with a child to maintain a sufficient wardrobe, the 030 036 authorization should not be set up. In these situations the child's case manager will be responsible for using LaCarte with the 030 032 authorization as needed to maintain the child's wardrobe. The worker can provide the child a personal allowance in cash and be reimbursed using FC 800 800. The worker can have a staff person at the facility provide a written receipt for the cash and get the manager to sign the TIPS 213. ****

If replacement clothing is needed after the child has been placed in a residential facility, the RPS must authorize the purchase. Replacement clothing may be purchased in an amount up to \$300 based on the child's needs. Refer to [6-1210, Unusual Replacement Clothing Needs](#).

4. Educational Expenses and Supplies

Allowable expenses for the child include school supplies. Other educational expenses, such as on-campus classrooms, teachers and textbooks are expenses of the local school system. Refer to [6-1020, Expenses Allowed for Education](#)


5. Temporary One-to-One Services

A. Medical Intervention

Temporary one-to-one services may be approved if the child requires continuous observation to monitor the medical condition of the child while remaining in the residential placement, only if not covered through Medicaid. The request for these services is approved through DCFS State Office – Placement Services.

B. Behavioral Intervention

One to one intervention staffing is appropriate when the behavior of the child requires additional supervision to protect the child from endangering himself or others. The residential facility should use a trained staff person who is responsible for providing supervision to that child only. This staff person does not count in the ratio required by the licensing regulations. One-to-one staffing will be for a specified time period. One-

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to-one staffing does not always require 24 hour periods and may be approved in hourly increments in consideration of the child's school attendance, activities, sleeping hours, etc. Staffing approvals must be documented in case notes.

The DCFS case manager shall be notified and permission requested to add staff or provide other appropriate services to span the hours of the emergency until plans for movement are finalized or stabilization is achieved. The residential facility shall provide the following information when requesting to provide one to one staff:

- explanation of the need for the service;
- type of service (medical or behavior intervention);
- hours of proposed service delivery; and
- hourly rate to be paid.


The case manager shall request approval from the Regional Placement Specialist (RPS) for the facility to provide one to one intervention. The RPS can approve up to 30 days for Non-Medical Group Homes (NMGHs). Approval for one-to-one staffing in Therapeutic Group Homes (TGHs) and/or Psychiatric Residential Treatment Facilities (PRTFs) must be approved by State Office, Placement Services. The RPS shall contact State Office, Placement Services for authorization over 30 days.

The maximum hourly cost for one-to-one intervention staffing shall not exceed \$16.00 an hour. Payment shall be made using the TIPS code 800 841 Incidental Expense - Restrictive Staffing. One to one intervention is to be documented on a Behavioral Tracking Record/Antecedent Behavior Consequence (ABC) Chart. The Behavioral Tracking Record ABC Chart is to note:

- Antecedent: the events that occur immediately before the behavior;
- Behavior: a description of the behavior denoting the specific actions exhibited, the duration and intensity of the acts; and
- Consequences: the events that occur after the behavior following staff intervention, the resulting behavioral actions exhibited by the child.

Refer to [6-1205, Replacement](#)

The residential provider is responsible for assuring that all staff providing services in its program comply with all licensing requirements. Therefore, DCFS delegates authority to the provider agency for selecting and supervising the service deliverer of additional one-to-one staffing (medical or behavioral) for a child in a residential setting. The provider may subcontract this service from an independent provider or utilize other off-duty staff of its own program so long as the cumulative hours worked by any single employee are not such as would create a risk to the staff person's ability to competently perform his responsibilities.

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The provider will submit a monthly billing statement noting:

- the child for whom the staffing was provided;
- explanation for the need for the service;
- type of service (one-to-one staff intervention or sitter);
- itemized statement of the dates and hours of actual service delivery;
- the name of the person providing the service;
- the hourly rate paid (if this individual is a facility employee, also provide their usual hourly rate); and
- copy of the Behavioral Tracking Record/ABC Chart, if one-to-one staff intervention service was used. The ABC chart shall provide a detailed picture of the youth and the behaviors during the timeframe for which the one to one services are provided. Example: One to one provided on the 10:00 a.m. to 2:00 p.m. shift, the ABC note shall be made during this timeframe.

The separate monthly billing statement for one-to-one services must be submitted within 60 days of the end of the month of service delivery. If all the information is not provided to the RPS and/or the bill is not submitted within 60 days, the billing will be subject to disallowance based upon the availability of funds. When one to one is approved by State Office Placement Services, the RPS will forward the bill to Placement Services for payment.

Payment shall be made via TIPS 211, Provider Manual Payment, to the restrictive care provider.

III. FORMS AND INSTRUCTIONS

*** CW Form TIPS 211, Provider Manual Payment

IV. REFERENCES

*** CW Policy [6-1020, Expenses Allowed for Education](#)
*** CW Policy [6-1205, Replacement](#)
*** CW Policy [6-1210, Unusual Replacement Clothing Needs](#)
*** CW Policy [6-1215, Runaway, Missing, Kidnapped Foster Child](#)
[PPM 49, Louisiana State Travel Regulations](#)