 Department of Children & Family Services <i>Building a Stronger Louisiana</i>	Division/Section	Child Welfare
	Chapter No./Name	6 – Foster Care (FC)
	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
	Effective Date	October 1, 2021

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

Residential placements are managed through the child's health plan when treatment is needed to address a child's behavioral health issues. These residential levels of care are Psychiatric Residential Treatment Facility (PRTF) and Therapeutic Group Home (TGH). Payment for behavioral health services is billed to child's health plan then DCFS when services are no longer authorized by the health plan. Non-Medical Group Homes (NMGH) * and Qualified Residential Treatment Program (Q RTP) ** are managed by DCFS. Payment for room and board is billed to DCFS.

B. PROCEDURE FOR PAYMENT TO RESIDENTIAL FACILITIES

1. Psychiatric Residential Treatment Facility (PRTF) – The child's health plan 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 Behavioral Health and Residential Services for any non-Medicaid reimbursable days the child is placed at the facility.
2. Therapeutic Group Home (TGH) – The child's health plan 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 directly to DCFS Behavior Health and Residential 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 Behavioral Health and Residential Services for any non-Medicaid reimbursable days the child is placed at the facility.
3. Non-Medical Group Home (NMGH) – DCFS is responsible for paying room and board payments ***. Therapeutic services required for the child's treatment are obtained through community resources. * If a child is IV-E eligible and remains in a NMGH past 14 days IV-E funds are not to be claimed for the child.

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4. Qualified Residential Treatment Program (QRTP) – DCFS is responsible for paying room and board payments. Therapeutic services required for the child's treatment are obtained through community resources. Therapeutic services include out-patient behavioral health services, primary care services, and services provided through a child's Statement of Approval from the Office of Citizens with Developmental Disabilities.

C. PAYMENT DURING TEMPORARY ABSENCE FROM RESIDENTIAL FACILITY


The health plan will not pay for services at a PRTF or TGH residential facility during a child's temporary absence 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 health plan of the child's absence from the facility.

DCFS may retain the residential placement in NMGHs **QRTPs **** and TGHs 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 Congregate Care Specialist (CCS) or the Treatment Specialist (TS). TIPS code 020 022 is used for this authorization. If an extension is needed beyond 15 days, a request is made to State Office Behavioral Health and Placement Services Unit for approval. 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

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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 by completing the Form [435](#), Caregivers Supplementary Expenditure Affidavit. Costs are billed per trip rather than per child. Mileage costs shall be documented according to the current 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 and documentation shall be submitted to the child's case worker for payment on a monthly basis.

2. Medical Expenses


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

3. Clothing and Personal Allowance

PRTF, TGH NMGH * and QRTP 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: \$4.30 (\$3.07 daily/clothing & \$1.23 daily/personal allowance)	\$37.00	\$92.18	\$129.18
Age 13-Up: \$5.28 (\$3.34 daily/clothing & \$1.94 daily/allowance)	\$58.32	\$100.38	\$158.70 **

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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 worker shall enter the placement authorization on the TIPS 106 screen and the clothing/personal allowance code of 030/036 will be system generated. Once the authorization is entered, the payment to the provider is system generated. When a child changes placements, once the placement service authorization is ended the clothing/personal allowance authorizations will automatically be ended.

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 replacement clothing is needed after the child has been placed in a residential facility, the CCS and TS 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

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residential placement, only if not covered through Medicaid. The request for these services is approved through DCFS State Office Foster Care Unit.

B. Behavioral Intervention

One to one intervention staffing in a NMGH *** and QRTP **** may be requested when the behavior of the child requires additional supervision. 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-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 worker 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 worker shall request approval through the CCS and/or TS for the facility to provide one to one intervention. The approval for one to one must be approved by State Office. One-to-one staffing in Therapeutic Group Homes (TGHs) and/or Psychiatric Residential Treatment Facilities (PRTFs) are requested through the child's health plan by the provider.

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](#), Care Setting Preservation

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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.

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 CCS or TS and/or the bill is not submitted within 60 days, the billing will be subject to disallowance based upon the availability of funds. The CCS/TS will forward the bill to State Office Behavioral Health and Residential 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
Form [435](#) / [Instructions](#) Caregivers Supplementary Expenditure Affidavit

IV. REFERENCES

[PPM 49, Louisiana State Travel Regulations](#)

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