



Financial Policy and Procedures

August 2018

Introduction

West Michigan Partnership for Children (WMPC) is a nonprofit organization in Kent County that is facilitating a performance-based funding model through a contract with the Michigan Department of Health and Human Services (MDHHS). Our mission is: Empowering communities to create better futures for children and families through innovation and collaboration. Contact us at:

WMPC
213 Sheldon Avenue Southeast, Suite 2A
Grand Rapids, MI 49506
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WMPC's Financial Policies and Procedures are aligned with our Strategic Goal 02: Be a sustainable organization that attracts sufficient revenues, executes sound fiscal practices, marshals community support, and is led by transparent and inclusive governance practices. Policies and procedures are designed to ensure that all assets are properly protected and all resources properly accounted.

WMPC 903 – 1: Paid Service Authorization Policy

WMPC will utilize the services of individual families, placement agency foster care (PAFC) providers, private child caring institutions, court-operated facilities, DHHS-operated facilities, mental health facilities and other facilities such as hospitals and adult foster care homes, as appropriate, to meet the needs of an individual child. A combination of the child's legal status, family financial circumstances and placement needs strictly determines which fund source is used to pay for placement and other related services.

Paid service authorizations include but are not limited to board and care, case service payments, bed hold payments, foster family care, institutional care, independent living shelter care and after-care services

I. Board and Care

WMPC will pay board and care for the first day of placement. WMPC will not pay board and care for the last day of placement.

- **Family foster home daily rate** – the daily rate paid to licensed foster families, including Determination of Care (DOC) is detailed in MDHHS FOM 905-3. Level I and II DOC will be approved by the PAFC. Level III and IV DOC will require WMPC approval. PAFC providers will pay foster families directly and will bill WMPC for these costs monthly
 - **NOTE:** When the child is a state ward (MCI, Act 220, Act 296, or Delinquent, Act 150) funding may be used to pay the cost of care in an unlicensed relative placement including the treatment/administration rate. (see MDHHS FOM 903-4, Relative Placement)
- **PAFC daily rate and administrative rate** – The WMPC contract with each PAFC provider will include an identified staffing/treatment rate to be paid by WMPC to the PAFC provider on a monthly basis. This rate will be calculated based on the

capacity of each PAFC (established per child per day rate, multiplied by the established PAFC capacity, divided by 12).

- See WMPC PAFC Contract Payment Schedule
- WMPC will monitor capacity within its system and adjust congregate and individual PAFC administrative/staffing rates as necessary. The review will occur at a minimum of every six months.
- PAFC providers will be required to submit detailed cost reports to WMPC no less than quarterly and as required by WMPC. These cost reports will identify costs for each individual child and will be used by WMPC for cost reporting to DHHS as required.
- **Child Caring Institutions (CCI) Maintenance and Treatment rate**
 - WMPC will establish a contract with each Child Caring Institution (CCI) providing care and services to children under its authority. The contract between WMPC and each CCI will include the established daily Maintenance and Treatment rate to be paid for each placement.
- CCI rates paid by WMPC will be consistent with the rates established and published in MDHHS FOM 905-5 – RFC tab.
- See WMPC Placement Resources: WMPC Residential Care Contract Policy
- WMPC may use non-traditional pay structures to incentivize outcomes and when doing so, will categorize those payments into maintenance and non-maintenance payments, and will provide documentation to support this.

NOTE: Placement service authorizations must be initiated, changed and terminated in MiSACWIS when a paid placement is created, approved and authorized. Service authorizations end when a placement has been ended in MiSACWIS

II. Case Service Payments

Case service payments include but are not limited to clothing allowances, educational and graduation expenses, enrichment expenses, medical and dental expenses not covered by Medicaid, transportation expenses, assisted care, one-to-one supervision, adult foster care placements, foster parent legal fees, mental health services not covered by Medicaid, and costs associated with obtaining birth certificates.

- Workers will request approval for case service payments via MiSACWIS. PAFC or WMPC (as appropriate) will provide approval
- See WMPC Case Service Payment Policy.

III. Detention Care

Following policy and procedures outlined in MDHHS FOM 903-02, WMPC will request payment from DHHS for allowable expenses for youth in Detention Care.

IV. Shelter Care

WMPC will establish a contract with each Shelter Care Provider. The Shelter provider will be licensed as a Child Caring Institution (CCI) and will bill WMPC monthly for each WMPC child in its care. Payments for shelter care may vary according to the contract type and license.

- See WMPC Placement Resources: WMPC Residential Care Contract Policy

V. Independent Living

WMPC will approve Independent Living payments for eligible youth.

- For a description of independent living policy see MDHHS FOM 722-07.
- For additional independent living funding resources, see MDHHS FOM 950, Youth in Transition (YIT) Program.
- For payment options available to former MCI wards, see MDHHS FOM 901-8.
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WMPC 903 – 3: Payment for Foster Family Care

Payments for the care of a youth in a placement are initiated, changed, and terminated in MiSACWIS. For age appropriate rates; see West Michigan Partnership for Children (WMPC) 905-3, Foster Care Rates.

All payments for Board and Care, clothing allowance and any determination of care (DOC) shall be paid by the Placement Agency Foster Care (PAFC) provider to the caregivers providing the family foster care.

I. When a Foster Parent Moves

When a PAFC provider is notified by foster parents that they are moving and want to continue being foster parents, a referral to the licensing worker must be made immediately requesting the new location be licensed.

II. Maintenance Rate for Foster Care

The maintenance rate refers to the scheduled uniform rate which is to be paid for a child who requires no extraordinary care in relation to age other than what is normally expected of children placed in foster care.

The amount of the maintenance rate was established based on the U.S.D.A. study of the average cost of raising a child in the Midwest for a low-income family. Thus, it is reimbursement for the extra expense an additional child in the home causes to the family's budget such as the extra electricity used, the additional food, the additional gasoline needed for the family car, the child's clothing, miscellaneous medical expenses not covered by medical insurance,

and the child's recreation/enrichment activities. The maintenance per diem payment is to cover all ongoing, routine, normally expected activities in raising a child. It is not a wage or salary paid to the foster parent.

- The room and board portion of the maintenance rate is intended for food, shelter, personal care, transportation and sundry medical supplies not available through Medicaid or health insurance.
- The allowance and personal incidentals portion is intended to cover the child's weekly allowance and out-of-pocket expenses such as magazines, books, recreation, gifts, contributions, expendable school supplies, etc. The exact determination of how much and on what basis the foster family provides the allowance to the youth is a matter for joint family and worker determination, as well as the allowance policy. (Child Placing Agency Rule 400.12410.)
- The portion of the maintenance rate intended for clothing is for incidental clothing needs throughout year. The semi-annual clothing payment made each August 31 and February 28 is to provide for seasonal clothing needs for children in foster family care. Both rates have been established on the premise that a child has an average wardrobe at the onset of foster care.

Semi-annual clothing payments are not made to children in independent living or in a child caring institution. The basic daily rate includes the full clothing allowance.

The semi-annual clothing checks will be sent with the regularly scheduled foster care payments. The check stub will list the name and amount of the clothing allowance for each child whose clothing needs are included in the check. Each child in foster family care for whom payment is authorized on February 28 and August 31 respectively will receive this clothing allowance.

The child's age as of February 28 and August 31 will determine the amount of the clothing allowance; see WMPC 905-3, Foster Care Rates.

Policy recognizes that there are instances in which the maintenance payment will not cover unique situations of foster children; most common is the child who enters foster care from his/her own home without adequate clothing. A provision is made to purchase an initial clothing supply by means of a case service payment. It is not expected that the foster parent would have to purchase an entire wardrobe from the per diem; however, it is expected that the foster parent will maintain that wardrobe with necessary replacement clothing through using some of the per diem rate and the semi-annual clothing allowance; see WMPC 903-09 Case Service Payments.

Whenever children must be placed outside their parental home, foster family care is to be considered prior to restrictive settings such as residential or institutional care. To make this consideration practical for children with special treatment needs, WMPC will ensure the development of foster families who are prepared to accept and work with children who have been adjudicated as delinquent, have significant emotional, behavioral, or mental health impairments. Foster parents who have developed special skills in preparing adolescents to function independently should be included in this grouping.

III. Determination of Care (DOC) Supplements for Foster Care

A determination of care (DOC) supplement may be justified when extraordinary care or expense is required of the foster parents or licensed relative who is eligible for a foster care payment. The appropriate DOC form is to be completed in MiSACWIS for every child in a paid foster home or relative placement. The supplement must be based on one or more of the following case situations where additional care is required of the foster care provider or an additional expense exists:

- Physically disabled children for whom the foster care provider must provide measurably greater supervision and care.
- Children with special psychological or psychiatric needs which require extra time and measurably greater amounts of care and attention by the foster care provider.
- Children requiring special diets which are more expensive than a normal diet and which require extra time and effort by the foster care provider to obtain and prepare.
- Children whose behavior requires a measurably greater amount of care and attention of the foster care provider.

Note: The receipt of Social Security Income (SSI) benefits by a child in a paid placement requires a DOC assessment. The child does not automatically qualify for a DOC due to receipt of SSI.

When a determination of care supplement is due to a physical or mental disability, screen the youth for SSI eligibility; see MDHHS FOM 902-10, SSI Benefits Determination.

To assess the need for a determination of care supplement, complete the DOC form that most closely fits the case situation:

- WMPC-470 for children ages one day through 12 years requiring extraordinary care or expense.
- WMPC-470A for children age 13 and over requiring extraordinary care or expense.
- WMPC-1945 for children who are medically fragile (all ages) or who have a documented medical condition which threatens health, life or independent functioning.

Note: Documentation supporting the need for the DOC supplement must be in the case service plans, which are supported by the documents contained in the case file; see MDHHS FOM 722-05, Foster Care-Case Record.

A DOC assessment must be completed in MiSACWIS at the initial case opening and at least every six months or if the child's care needs or level changes or the child moves. This includes all children in purchased foster care programs. This applies to all foster care caregivers eligible for payment, regardless of the funding source. Each DOC assessment must be filed in the child's case record. The foster parent or relative caregiver must also be provided with a copy of the DOC assessment once it has been signed by the PAFC supervisor if a level I or II or the WMPC if a level III or IV. The DOC assessment contains the information regarding the foster parent or relative caregiver's right to an appeal if they do not agree with the approved DOC.

DOC rates are not to be authorized for any time period that exceeds six months. On a case by case basis, WMPC may authorize annual review of DOC for children who are medically fragile. If a DOC supplement continues to be necessary at the end of the authorized time period, a new assessment must be done, appropriate approval obtained, and the payment authorization completed.

Justify the continuation of the level for a determination of care on the WMPC-470, WMPC 470-A, or WMPC-1945. Since the DOC rate is based on the extraordinary care required of the foster care provider, all tasks and additional expenses must be documented in detail under the caregiver activities section of the DHHS-441 or 442, Children's Foster Care Parent Agency Treatment Plan and Service Agreement. These needs and activities must be consistently addressed in the child's current status section of all service plans.

The DOC supplement must not include activities provided by a third party (person) for child care, nursing care, respite care, assisted care, etc.

Example: The child day care program is to be used for child day care needs, the medical assistance program for nursing care, etc.

An assessment of the need for a DOC supplement is required for every child age 0-21 in a paid foster home or relative placement every six months or more often if needed, regardless of the outcome of the initial assessment.

The total reimbursement provided to the foster care provider is to be based on the above criteria and process. In all case situations, the foster care worker is to involve the foster care provider in completion of the form and the foster care provider must sign the assessment form. The form with the foster care provider's signature must be attached to the placement service authorization in MiSACWIS.

IV. Determination of Care (DOC) (Level III and IV)

DOC Level III

DOC supplement requests of level III or IV require WMPC approval. Approval must be based on the results of the appropriate Assessment for Determination of Care report, and documentation submitted with the request.

Note: Reauthorization requests for DOC Levels III and IV must be submitted 30 calendar days in advance of the expiration of the prior authorization to ensure adequate review time.

DOC Level IV

If the caregivers care or expense exceeds a DOC level III, child's DOC level meets or exceeds level III on the appropriate Assessment for Determination of Care report, the foster care provider, PAFC provider and WMPC may request an exception for a level IV child specific DOC supplement.

DOC supplement requests above level III are used to reimburse the foster care provider for meeting the child's extraordinary care needs. The DOC level IV is a rate approved by the WMPC.

The request for approval must be submitted in MiSACWIS using the WMPC-470, WMPC-470A or WMPC-1945, documenting the extraordinary care and supervision required, and detail how the reimbursement amount was determined. The request must include a description of any other services and payments being provided for the child's care; for example, assisted care, nursing services, day care, etc. Copies of the documentation supporting the DOC supplement must be scanned into MiSACWIS and attached to the service authorization and in the youth's case record.

Note: Documentation may include any of the following:

- Hospital/medical records/doctor's statement(s).
- Psychiatric evaluation.
- Psychological evaluation.
- Trauma assessment.
- Initial service plan/updated service plan.
- Foster care provider logs.
- School records/evaluations/individual education plan.
- Institutional discharge summaries.

The WMPC's decisions regarding requests for a DOC supplement above a level III are final and are not eligible for the administrative review process.

Note: Reauthorization requests for DOC Levels III and IV must be submitted 30 calendar days in advance of the expiration of the prior authorization to ensure adequate review time.

V. Request for Review of DOC

A foster care provider or PAFC staff or WMPC staff may initiate a request for review of a DOC at any time. The request must be made by the foster care worker in MiSACWIS. PAFC provider will notify WMPC of the submission of a DOC. Action must be taken by the PAFC provider (if level I or II) or WMPC (if level III or IV) within 30 calendar days of the date the request is entered in MiSACWIS.

Note: The requestor (such as the caregiver or foster care worker) must be notified in writing by the PAFC provider or WMPC of the disposition of the DOC request within 30 calendar days of the receipt of the request (60 calendar days if the requested DOC is level III or IV). If approved, the DOC supplement is effective on the begin date as outlined below.

VI. Effective Date of Request

- The begin date for an initial DOC request if submitted in MiSACWIS within the first 30 calendar days of a child's placement with a specific foster family is the first day of that placement.
- The begin date for a renewal request is the day following the end date of the last DOC approval if the request is submitted in MiSACWIS within 30 calendar days of the last DOC approved end date.
- The begin date for a request for escalation or de-escalation of the DOC that is not made at the time of renewal, is the date the foster parent signed the DOC request if it is submitted in MiSACWIS within 30 calendar days of that signature.
- The end date is six months after the begin date. No DOC request is to be approved for longer than six months.

Note: If the DOC request is not submitted in MiSACWIS within these time frames, the begin date will be the date the request is submitted in MiSACWIS.

When the resolution of a request for a change in level occurs, the DOC rate is retroactive to the begin date on the DOC. A copy of the DHHS-659-MiSACWIS, Foster Care Payment Authorization and the approved DOC is to be sent to the foster care caregiver and the PAFC provider if applicable. The requestor may initiate an administrative review if not notified timely.

If the appropriate DOC assessment does not justify an initial or continuation of the DOC level, the level is to be reduced 30 calendar days following the date the completed assessment is received and notification of a decreased level must be provided in writing within five working days.

VII. Administrative Review Process

If the foster care provider or the agency disagrees with the level of care determination or is not notified in a timely manner, an administrative review process may be initiated within 30 calendar days of the decision.

The agency must initiate the request for the administrative review on behalf of the foster parent or relative placement. It is the foster parents or relative caregiver's right to the administrative review. The request must be submitted even if the PAFC provider agrees with WMPC's decision. Administrative review decisions by WMPC regarding DOC requests up to and including level III are final. Once a WMPC decision is received, the PAFC must implement any change in DOC, as determined by WMPC. If an administrative review is requested, payment will not be reduced until the administrative review is complete.

Note: The WMPC's decision on a DOC level IV is final and not eligible for the administrative review process.

VIII. Placement Agency Foster Care (PAFC) Supervised Process

- PAFC supervisor requests an administrative review on behalf of the foster care provider by submitting the DHS-668, Administrative Review Request for Determination of Care (DOC) Denial form, to the eligibility specialist at WMPC. In addition, the PAFC will submit the Parent Agency Treatment Plan and Service Agreement, most recent service plan, therapy reports, school documentation, and/or medical reports as relevant to the request.
- WMPC has 14 calendar days to review the administrative request from the PAFC. The WMPC will immediately notify the agency of the decision using the WMPC-670, WMPC Decision to Administrative Review Request for Determination of Care (DOC) Denial form.
- Once a WMPC decision is received, the PAFC must implement any change in DOC, as determined by WMPC.

IX. PAYMENT POLICY FOR TEEN WARDS WITH CHILDREN

Payments to the foster family for the care of children of teen wards placed in the same setting are to be included in the parent's placement service authorization. A separate placement service authorization is not to be initiated.

- Ward's maintenance rate: \$20.59
- Ward's child's maintenance rate: \$17.24
- Ward's determination of care supplement

(if one is necessary)	\$00.00
• Department's treatment/administration rate (if purchase of care case):	\$00.00
TOTAL daily rate	\$37.83

Note: A child's maintenance rate is included for each child of the ward if there is more than one child. A Family Independence Program (FIP) grant for the child's personal needs cannot be established.

Note: The addition of a ward's child's maintenance rate is not a determination of care supplement and does not require any special approvals.

X. Child's Medical Assistance Eligibility

It is necessary to establish a medical assistance (MA) case for the ward's child(ren). Bridges Eligibility Manual (BEM) item 145 states that a newborn is automatically eligible for MA the month of birth if, on his/her date of birth, his mother is eligible for MA and receives MA coverage. Automatic eligibility may continue through the month of the newborn's first birthday; see MDHHS BEM 145, Newborns.

A newborn who meets the above criteria is eligible for MA without an application or eligibility determination. Thus, a MA case is to be opened by the children's services worker as soon as the minimum information needed is received.

After the child becomes one year old, the ward must apply for MA on behalf of her child.

XI. Child Care Services

If the ward is in school, or employed and the foster parent is not providing the child care services for the child(ren), payment for child care may be available through MDHHS' child care services program or the Youth in Transition program. The ward must complete the application process for that program and meet the eligibility criteria.

XII. Independent Living for wards age 18 or older with children

Independent living (IL) payments cannot be authorized to the parent ward if he/she is receiving FIP assistance for themselves. If a ward, age 18 or older, and his/her child(ren) are living independently or with an adult who has no supervisory responsibility for the ward, the ward may apply for a FIP grant for his/her child(ren). If MiSACWIS shows an error and will not allow FIP and IL

payments in the same month, route the placement service authorization to the Federal Compliance Division in MiSACWIS.

XIII. Minor Parents under the age of 18

Independent living (IL) payments cannot be authorized to the minor parent if he/she is receiving FIP assistance for themselves. This policy, located in MDHHS BEM 201, applies to wards under the age of 18 with dependent children in their care. If the ward and his/her child(ren) are not living in a licensed foster care situation, they must reside in an adult supervised setting to qualify for FIP. The ward may apply for a FIP grant for their child(ren). If MiSACWIS shows an error and will not allow FIP and IL payments in the same month, route the placement service authorization to the Federal Compliance Division in MiSACWIS.

XIV. Case Service Payments

When case service payments are needed for the ward's child, the case service must be authorized using the ward's information in MiSACWIS.

XV. Clothing Allowance for Child of a Minor in Foster Care

The semiannual clothing allowance for the ward's child is done automatically and is payable to the foster parent (or agency if appropriate). If initial clothing is necessary, a case service authorization for the initial clothing allowance can also be requested in MiSACWIS.

The case service authorization for the initial clothing order is to be issued to the foster parent with the notation in the comments section that this is the semiannual (or initial) clothing allowance for the child of the ward.

WMPC 903 – 4: Purchased Care Payment Authorization Policy

West Michigan Partnership for Children (WMPC) will ensure that a DHS 3600 (Individual Service Agreement) is completed for each child accepted from DHHS for placement by WMPC. The 3600 must be completed within one day of placement and must include the effective date (date of placement with WMPC). Payment by DHHS of a Case Rate to WMPC for each child is dependent upon completion and timely submission of a DHS 3600 for each child.

Within one business day of placement of a child from DHHS to WMPC, WMPC will generate a WMPC-3600 and provide to the assigned Private Agency Foster Care (PAFC) provider. The PAFC provider will sign and return the WMPC 3600 to WMPC, including the effective date of placement with the agency, within one business day of placement.

PAYMENTS TO PAFC PROVIDERS:

WMPC will contract with each PAFC for a determined number of placements annually, and will pay each PAFC a staffing/treatment rate monthly, based on the established capacity of the PAFC.

- This rate will be calculated using a per-child per-day cost, multiplied by the established capacity of the PAFC, divided by 12. WMPC will monitor capacity within its system and adjust congregate and individual PAFC staffing/treatment rates as necessary. The review will occur at a minimum of every six months.
- See WMPC – PAFC Contract Payment Schedule

The rate paid to each PAFC is to be used for staffing and treatment costs including:

- Social services costs – social work, clerical, supervisory and administrative salaries and benefits (social security, retirement, insurance). Included are the salaries of supportive services including but not limited to: bookkeeping, statistical procedures, planning, staff development and data processing.
- Operational costs – including but not limited to travel, supplies, utilities, equipment, rent, professional fees, postage, conferences, subscriptions, and organization dues.
- Goods and/or services to support foster children, birth families and foster families.
- PAFCs will track all expenditures for each child/family, and costs per child will be detailed on cost reports submitted by each PAFC to WMPC no less than quarterly and as required by WMPC. Expenditures for goods and services to support foster children, birth families and foster families will be identified separately.

The rate paid to PAFC providers cannot be used for:

- Costs resulting from fundraising, religious services, parochial school tuition, chaplain services, donated goods or services, and payments to parent organizations.

Case Service Payments: expenses not included in the treatment/administrative rate paid to PAFC's, but which are available to children placed with WMPC for care and supervision will be considered for authorization and are outlined in WMPC Case Services Policy 903-9.

UNLICENSED RELATIVE PLACEMENTS/PAYMENTS

An unlicensed relative will not receive a daily board and care payment. The PAFC will work with the unlicensed provider to become licensed. Once licensed, the relative caregiver must ensure that FIP payments are stopped before daily board and care payments begin, as the provider is prohibited from receiving payments from both FIP and daily board and care payments for the same time period.

Exception: When the child is a state ward (MCI, Act 220, Act 296, or Delinquent, Act 150) funding may be used to pay cost of care in an unlicensed relative placement including the treatment/administration rate. (see MDHHS FOM 903-4, Relative Placement)

PURCHASED RESIDENTIAL CARE

WMPC will establish a contract with each Child Caring Institution (CCI) providing care and services to children under its authority. The contract between WMPC and each CCI will include the established daily Maintenance and Treatment rate WMPC will pay for each placement.

- CCI will be paid by WMPC, not the PAFC.
- CCI rates paid by WMPC will be consistent with the rates established and published in MDHHS FOM 905-5 – RFC tab.
- The rate paid to CCI providers will include all institutional costs, including administrative, social service and child maintenance expenses. Additional case service payments will generally not be authorized for children in institutional residential placements as these items are considered included in the institutional rate.
 - **NOTE:** special clothing allowances may be approved. Additional support services intended to prevent placement disruption, such as one-on-one may be available. See WMPC Case Services Payments (formerly MDHHS FOM 903-9)
- See WMPC Residential Care Contract Policy.
- WMPC may use non-traditional pay structures to incentivize outcomes and when doing so, will categorize those payments into maintenance and non-maintenance payments, and will provide documentation to support this.

NON- LICENSED, NON-CONTRACTED PLACEMENTS:

- WMPC will not approve or provide payment for placement of a child in a non-licensed CCI.
- WMPC will only approve and provide payment for placement of a child when there is a contract in place between the placement provider (CCI) and WMPC.
- WMPC does not approve or provide payment for placement of a child in detention. If an abuse/neglect ward is exhibiting delinquent behaviors, but has not been adjudicated as a delinquent and the local DHHS local office, or County court, is pursuing a juvenile justice placement for the youth, the local DHS office must obtain consent for the JJ placement from the youth’s Lawyer-Guardian Ad Litem (L-GAL) and the court. A statement must be included in the DHHS-396, Residential Placement Exception Request, regarding the required consents. Any request for placement in a residential juvenile justice facility must follow JJ7 700, Juvenile Justice Assignment Unit Placement Process.

WMPC 903 – 7: Temporary Breaks and Bed Hold Payments

West Michigan Partnership for Children will consider continuity of placement a priority. Placement with a provider is on a seven-day per week basis. When there is a temporary break from a placement for reasons such as: absent without legal permission (AWOLP); detention; jail; medical hospitalization or psychiatric hospitalization, the goal should generally be return to the most recent placement.

Approval for Bed Hold Payments for Temporary Breaks:

- A. Up to and Including five (5) days:
 - Can be approved by the PAFC.
- B. Six (6) to Fourteen (14) days:
 - Requires WMPC approval
 - Must be requested by the PAFC worker using a WMPC 5406, Bed Hold Payment Request form. Once approved, WMPC will add the manual payment request into MiSACWIS.

- The foster /relative care provider, Private Agency Foster Care provider (PAFC) or Child Caring Institution (CCI) must remain actively involved with the child and/or child's family during the temporary break.
- The most recent placement provider (foster / relative care provider, and/or CCI) must be willing to accept the youth back after the temporary break

C. Fifteen (15) days or More:

- Payments for a CCI or DOC supplement will not be approved beyond 14 calendar days.
- PAFC worker must submit request to WMPC using WMPC 5406, Bed Hold Payment Request Form every 14 calendar days to ensure continued payments to provider during an extended temporary break/bed hold.

A new placement must be entered for the following temporary breaks. Exceptions must meet the criteria outlined below for distinct types of temporary breaks:

Absent without legal permission (AWOLP), Jail and Detention:

- AWOLP includes all truanancies and escapes
- Placement in MiSACWIS must be updated to AWOLP, Detention or Jail as appropriate, effective the first day of the AWOLP, or detention or jail placement
- The most recent placement Provider must be willing to accept the youth back after the temporary break for a bed hold payment to be approved.
- The bed hold payment can include the DOC, administrative or CCI daily rate as applicable
- Bed hold payments for AWOLP, Detention and Jail are limited to five days

Medical and Psychiatric Hospitalization

- The placement in MiSACWIS must be updated effective the date the child is admitted into the hospital.
- The foster /relative care provider, PAFC provider staff and/or the CCI must continue active involvement during hospitalization.
- The reason for the hospitalization must be documented in the child's service plan.

WMPC 903 – 8: Payments Requiring Special Processing

Occasionally there are placement situations which require special processing. This section provides guidelines for payment of those situations.

MDHHS will not pay title IV-E funds to for-profit placement agency foster care (PAFC) providers.

MDHHS can pay title IV-E funds to for-profit child caring institutions (residential).

I. **Psychiatric Hospitalization**

Psychiatric hospitalizations require prior Community Mental Health approval, and are paid by Medicaid. In the event payment is denied by Medicaid, approval

from WMPC's COO must provide written approval for payment. Payment will be made by WMPC directly to the hospital.

II. **Youth in Out-of-State Child Care Institutions**

Out-of-state placements must be approved by the Interstate Compact Placement Unit, which includes completion of the DHHS-4333, Interstate Compact Report on Child's Placement Status, before payments may be made.

Payments may be made for state wards, and in exceptional situations for MDHHS supervised court wards eligible for title IV-E funding, placed outside the state in a child caring institution.

Any new request to fund an out-of-state residential placement from state ward board and care or title IV-E funds must be accompanied by a memo of certification from the WMPC that a search of Michigan residential programs has been conducted and that no appropriate program could be located which would accept the youth for placement. The memo must include a listing of the agencies contacted and their responses; see MDHHS ICM 140, Interstate

Residential Care Procedures. Completion of the placement requirements of the DHS-4333, Interstate Compact Report on Child's Placement Status, alone is not sufficient.

In addition to the certification requirement, the memo must attest that a plan has been developed to address the foster care or delinquency case management requirements; see MDHHS ICM 140, Interstate Residential Care Procedures. Further, parent/child visitation (parenting time) must also be considered in the plan when appropriate per MDHHS FOM 722-06, Developing the Service Plan.

WMPC staff are to:

- Authorize the placement service in MiSACWIS and route it to the Federal Compliance Division (FCD). If the placement is licensed, a copy of the license must also be attached to the placement service authorization. If the provider number is unknown, complete a DHHS-2351X, Provider Enrollment/Change Request, and submit it to FCD at MDHHS-Federalcompliance@michigan.gov.
- Extend the end date in MiSACWIS once the initial authorization has been completed by Federal Compliance Division (FCD).
- Ensure that the placement service authorization has been ended when the youth leaves the facility.

Note: Out-of-state tuition costs are authorized for state wards only as a case service authorization in MiSACWIS. Tuition is not to be included in the maintenance rate and cannot be paid with title IV-E funds; see WMPC 903-09, Case Service Payments.

III. **State Wards in Out-of-State Family Foster Care**

Foster care payments may also be made for state wards, and in exceptional situations for MDHHS supervised court wards eligible for title IV-E funding, such as court wards in a permanent placement with a fit and willing relative or placement in another planned permanent living arrangement, placed in family foster care outside the state. Payments for out-of-state placements must comply with the rate structure for family foster care in Michigan.

WMPC will process the placement service in MiSACWIS and route it to FCD. If the placement is licensed, a copy of the license must also be attached to the placement service authorization. If the provider number is unknown, complete Provider Enrollment/Change Request (DHHS-2351X) and submit to:

MDHHS-federalcompliance@mdhhs.gov.

Once the initial authorization has been completed by FCD, WMPC can extend the end date in MiSACWIS.

IV. **Youth in Adult Foster Care Home**

Title IV-E funding cannot be used for youth placed in an adult foster care home. Payment for wards 16 years of age and older in adult foster homes is made from the appropriate child foster care funding source; such as state ward board and care funds for state wards and county child care funds for court wards. Payments are made monthly as approved by WMPC in consultation with Federal Compliance Division. Unless the child is already receiving SSI, an SSI application is to be initiated following the instructions in MDHHS FOM 902-10, SSI Benefits Determination.

The rate to be paid is to equal the total rate (including the personal care allowance, if appropriate) paid for adults in the home with similar care needs, and is based on the SSI amount paid (Personal Care Rate) for adults in foster care, see MDHHS [ASM 077, ACP SSI/SDA Provider Rates](#). The personal spending allowance is included in the rate to the adult foster care home and is to be made available for the youth's clothing and spending allowance. Determination of care, assisted care and semiannual clothing payments will not be made for youth in adult foster care homes.

State wards attaining age 18 must have plans formulated for an orderly transfer to the Adult Foster Care program no later than the mandatory discharge age of 19. Payments for youth in adult foster care facilities should not continue after the youth's 19th birthday. In limited circumstances, to facilitate the transition, exceptions can be made with prior approval from WMPC.

V. **State Wards Living with Relatives**

For the definition of a relative; see MDHHS FOM 721, Foster Care. Payments may be made for state wards living with relatives without the relative obtaining a foster home license. The rate for care is the foster care age appropriate rate; see WMPC 905-3, Foster Care Rates. A determination of care (DOC) supplement

may be authorized, provided the need is justified and documented through the appropriate DOC assessment process.

Note: Unrelated caregivers must be licensed as foster parents to receive foster care payment unless approved by WMPC Director of Care Coordination and Chief Operating Officer.

If the relative lives in Michigan, complete a DHHS-2351X, Provider Enrollment/Change Request, to request enrollment of the relative as a provider. A DOC supplement may be paid to a relative in compliance with the policy and procedures found in WMPC 903-03, Payment for Family Foster Care.

If the relative lives out-of-state, follow the directions for out-of-state placements, including sending a DHHS-2351X and DHS-659 MiSACWIS to the Federal Compliance Division. To initiate payment, the youth must be coded as a state ward in MiSACWIS prior to initiating payment. Also, the relative cannot receive both FIP and foster care payments for the youth for the same time period. If the relative has received a FIP payment for the month in which the youth becomes eligible for state ward board and care payments, close the FIP grant at the end of that month and start the placement service authorization payment effective the first of the next month. The relative can also enter into a repayment agreement for the FIP grant and the foster care payments can begin the date the youth became a state ward.

To complete this process, attach the repayment agreement to the placement service authorization which will be routed to the Federal Compliance Division.

For a youth who is living with a relative and eligible for or receiving RSDI, SSI or other benefits, MDHHS is to receive these benefit payments if foster care payments are being made. A placement cannot be paid from both SSI or RSDI and foster care payments. If a relative chooses to accept the SSI or RSDI instead of the foster payments, no foster care payments can be made. This includes case service payments.

VI. **Title IV-E Eligible Temporary Court Wards over Age 18**

A temporary court ward who is title IV-E eligible and turns 18 years old may continue to receive payment for a foster care placement, provided he/she is in school/training and reasonably expected to complete the graduation requirements before his/her 19th birthday. Title IV-E eligibility continues for those eligible wards until the end of the month of graduation, not until their 19th birthday. However, if the youth is expected to complete the graduation requirements after his/her 19th birthday, eligibility ends at age 18. Documentation of the youth's status in school or training must be in the case record and documented in the education section of MiSACWIS. A new title IV-E age determination is required at age 18.

VII. **State MCI Wards over Age 18**

The statutory discharge date for MCI wards is 19 years of age. Payment for state wards over age 18 is not dependent on graduating prior to the 19th birthday,

unless the ward is title IV-E foster care funded. Only then is age a factor in funding the placement. The ward can be switched to state ward board and care at any time title IV-E foster care eligibility ends (prior to age 19).

VIII. **Former MCI Wards**

Former MCI wards who have reached the statutory discharge age (19 years) can receive foster care payments for foster care or independent living until age 20.

The payment source for MCI wards ages 19-20 is limited term and emergency foster care. Only the foster family age appropriate rate or the independent living allowance is paid. There is no payment for determination of care (DOC) supplements. Youth in IL are included in the established capacity of the PAFC as detailed in FOM 903-4 attachment, Private Agency Payment Authorization Policy.

IX. **Pre-ten Waiver**

Pre-ten waivers must be requested for any child under the age of 10 placed in a Child Caring Institution (CCI). The Residential Placement Exception Request must be completed by the PAFC worker and approved by the supervisor. It is then routed and approved by WMPC in MiSACWIS prior to payment being made.

X. **Waiver for Children with Serious Emotional Disturbance (SED Waiver)**

Refer to MDHHS FOM 915B, Continuum of Child Welfare Model-Financial and Payment Requirements - Serious Emotional Disturbance (SED) Waiver.

XI. **Enhanced Foster Care**

XII. **Independent Living Payments**

PAFC issues the independent living allowance checks, which are made payable to the youth. They may be mailed to one of the following:

- The actual location where the youth resides.
- The supervising placement agency foster care (PAFC) provider.

WMPC will reimburse PAFC for the independent living allowance payments.

Title IV-E funds cannot be used for youth in independent living placements.

XIII. **Youth over age 18 with Unearned Income**

MDHHS can continue to be the payee for Social Security payments beyond age 18 if the department is paying for the youth's cost of care.

If a youth is directly receiving unearned income it must be budgeted as income and the maintenance rate reduced accordingly in MiSACWIS. To convert the monthly payment to a per diem rate, divide by 30.

Example: Monthly payment is \$62. $\$62 \div 30 = \2.07 daily maintenance rate.

It will be necessary for the worker to reduce the maintenance rate and enter the amount as budgetable income in MiSACWIS. The foster care provider and youth must be made aware of this new arrangement and an acceptable plan made for payment to the placement.

Note: If the youth is in a training school, institution or other facility for which the placement service authorization cannot be reduced, the youth is to endorse the check and make it payable to MDHHS. Such checks are to be sent to MDHHS Cashier's Unit in central office.

WMPC 903 – 9: Case Service Payments

Several special services may be authorized for payment as specified in this policy item. Payments for these items will in most cases be made to the foster parents, agency providing care for the child, or provider of the service and are to be authorized in MiSACWIS. See each case service description below for required approvals.

Note: Most case service authorizations require a maintenance or placement service authorization for the same time period to be authorized.

1. Clothing Payment Authorization

A DHHS 3377, Clothing Inventory Checklist, must be completed within 30 calendar days of the youth's entry into foster care and at every placement change. The foster care worker must make every effort to obtain available clothing from the child's own home or previous placement. If the clothing inventory reflects that the child is in need of clothing items, an initial clothing allowance may be authorized within the first six months of the child's first out-of-home placement. The amount of the clothing allowance request must not exceed the maximum found in WMPC 905-3 and listed below. MiSACWIS will compute the child's age and generate the correct service code based on the age of the youth. The maximum clothing allowance will be issued unless a lesser amount is authorized.

	Initial Clothing Allowance Maximum	Service Description
Age of Child		1800
00 - 05 years	\$210	1801
06 - 12 years	\$310	1802
Ages 13 +	\$500	1803
Ward child	\$210	1804

Initial clothing payments are to be a supplement only. It is not an automatic allowance for every youth entering care. The DHS-3377, Clothing Inventory Checklist, must be completed, attached to the case service authorization and filed in the youth's case record to document need.

The portion of the placement's daily maintenance rate intended for clothing is for incidental clothing needs through the year; see WMPC 905-3 for amounts. This amount is provided to the placement to maintain the standards listed on the DHS-3377, Clothing Inventory Checklist.

2. **The Semiannual Clothing Payment**

The semiannual clothing payment is provided to licensed caregivers each March and September to provide for seasonal clothing needs for children in family foster care. Both rates have been established on the premise that a child has a basic wardrobe established.

- Semiannual clothing payments are not made to children in an independent living arrangement or in residential care. Their basic daily rate includes the full clothing allowance.
- Semiannual clothing payments are sent with the regularly scheduled foster care payments. The statement of payments lists the name and amount of the clothing allowance for each child whose clothing needs are included on the payment.

Each child in foster family care whose maintenance payment is authorized for February 28 and August 31, respectively, will receive this clothing allowance in the first payroll following these dates. The PAFC will provide an invoice to WMPC to request reimbursement for these payments.

Note: The worker does **not** need to initiate a case service authorization in MiSACWIS for this authorization.

3. **Special Clothing Authorizations**

Special clothing authorizations are approved only in exceptional situations and for emergencies. Some allowable circumstances are:

- Fire, flood or other natural disaster.
- Significant weight gain or loss. This includes due to pregnancy and/or following the birth of a child.
- Re-removal or placement change without sufficient clothing. This requires a new DHS-3377 to be completed within 30 calendar days of the new placement begin date.
- Loss of clothing during an absent without legal permission.
- Required school uniforms.

Note: Growth spurts in children and wear and tear on clothing are expected; costs for clothing purchased for these reasons are included in the incidental portion of the board and care rate.

The DHS-3377, Clothing Inventory Checklist, must be attached to the case service authorization and uploaded in MiSACWIS. The case service authorization must also contain the reason for the special need.

Special clothing authorizations must not exceed the maximum amounts listed in WMPC 905-3, and require WMPC approval. MiSACWIS will compute the

youth's age and assign the correct code. Attach the DHS-3377 and route the case service authorization to WMPC in MiSACWIS for approval and processing.

Age of Child	Special Clothing Allowance Maximum	Service Description
0 - 05 years	\$210	1821
6 - 12 years	\$310	1822
Ages 13 +	\$500	1823
Ward child	\$210	1824

Note: Clothing purchased or obtained for the child is the property of the child and a concerted effort must be made to move all clothing with the youth when a change in placement is made.

4. School Tutoring (Service Description 1805) (cannot be paid from title IV-E funds)

Educational services must be provided by the local school district. Some tutoring that the school district is not required to provide under the Special Education Act may be provided to children, age seven and older, in family foster care. This tutoring must be for the purpose of assisting a student with a class(es) he or she may be at risk of failing and recommended in writing by the child's teacher. The teacher must identify the subject(s) in which the student needs assistance and an estimate of the length of time tutoring will be needed.

The foster parent or placement cannot be the person providing the tutoring. For a tutor not connected to the school or district to be approved, he/she must have, at minimum, a high school diploma and some college courses in the area he/she is tutoring and clear a Central Registry check.

A request by a foster parent or PAFC provider for the case service authorization of tutoring must be submitted and approved by a PAFC supervisor. Payment is authorized in MiSACWIS. The billing document must be filed attached to the case service authorization and uploaded.

Reimbursement is made directly to the foster parent or PAFC provider, not the person providing the tutoring.

Tutoring services may be approved for a maximum of one school term/semester at a time. A progress report from the child's teacher which evaluates the results of, and need for, continued tutoring must be provided to the WMPC. Additional tutoring services may be approved if the teacher's progress report indicates the need for continued remedial assistance and an estimate of the additional amount of time needed.

The costs of private school tuition, advanced placement fees, etc. are not tutoring and are not a reason to complete a case service authorization. If the expense is beyond the financial scope of the child and the provider, efforts must be made to obtain funding through community resources or FOM 950, Youth in Transition.

5. Summer School (Service Description 1836) (cannot be paid from title IV-E funds)

All children are eligible for summer school. Summer school must be for the purpose of making up a failed class or to gain the appropriate credits for grade completion and/or graduation. This must be recommended in writing by the youth's school, detailing the subject and/or credit the student needs.

Payment is authorized in MiSACWIS. The supporting documents must be attached to the case service authorization in MiSACWIS and be routed to WMPC.

Reimbursement is made directly to the foster parent, placement agency foster care provider or the child caring institution.

6. Driver's Education (Service Description 1832) (cannot be paid from title IV-E funds)

The driver's education service is requested in MiSACWIS and is approved by the PAFC supervisor. The payment will be made to the foster parent, placement agency foster care provider or the youth. Payments for driver's training cannot be authorized directly to the driving school. The documentation from the driving school detailing the cost of the service must be attached to the case service authorization and uploaded.

7. Graduation Expenses

Most if not all, educational needs should be provided by the school district. However, graduation expenses, such as class rings, senior pictures, prom attire, and announcements, may be reimbursed by authorizing the case service in MiSACWIS. Each of the following requests are completed separately. Only two requests can be completed for a maximum of \$100 per request.

- **Senior cap and gown rental and other incidental graduation** expenses, including announcements, can be reimbursed up to a total of \$100. Case services. For expenses over \$100, Youth in Transition (YIT) funds may be utilized provided the youth meets the eligibility requirements; see FOM 950, Youth in Transition (YIT) Program.
- **Tuxedo rentals and dress purchases** under \$100 are foster care fund reimbursable for wards attending their senior prom. For expenses over that amount, Youth in Transition (YIT) funds may be utilized provided the youth meets the eligibility requirements; see FOM 950.
- **Service Description 1830 Class rings** are reimbursable for a youth in grades 10-12 up to \$100. Youth in Transition (YIT) funds may be utilized for amounts over \$100, provided the youth meets the eligibility requirements; see FOM 950, Youth in Transition (YIT) Program.

- **Note: Senior pictures** are covered under Youth in Transition funds provided the ward is YIT program eligible; see FOM 950, Youth in Transition (YIT) Program.
8. For **Medical or Dental Expenses not covered by Medicaid**, the WMPC must consult with the local MDHHS office for payment procedures.
 9. **Behavioral Health**
 The following case service authorization request must have the worker and supervisor prior approval and routed to WMPC for the following assessments. Service will be authorized at a negotiated/reasonable market rate.
 - A. **Psychological Evaluation for the Child (Service Description 1808)**
 - B. **Trauma Assessment for the Child**
 - C. **Sex Offender Assessment for the Child**
 - D. **Neuropsychological Evaluation for the Child**
 10. **Transportation - Service Description 1809**
 - A. **Parent Child Visitation**
 Mileage reimbursement for foster parents is available upon request for transporting children to parent/child visitations.
 - Mileage will be reimbursed for round-trip travel from the foster parent's home to the location of the parent/child visitation at the agency or other community location, within 120 miles.
 - Any mileage reimbursement request over 120 miles must be pre-approved by WMPC. Pre-approval requests must be submitted to WMPC 10 days in advance of the scheduled parent/child visit.
 - Mileage will be reimbursed at the current State standard rate, as published in The Department of Technology, Management & Budget Vehicle and Travel Services Schedule of Travel Rates. The rate schedule can be accessed at: http://www.michigan.gov/documents/dmb/Travel_Rates_Jan2013_405569_7.pdf.
 - Mileage reimbursement is paid per mile and may only be claimed once per trip, regardless of the number of children transported.
 - The route or routes taken to and from the destination must be the shortest and most cost effective.
 - Mileage reimbursement requests should be submitted monthly by the foster parent and the foster parent must include the following information and supporting documentation:
 - A memo including the child(ren)'s name(s), date(s) of birth, dates of travel, miles traveled, and amount to be reimbursed.
 - A copy of the authorized, pre-approved travel over 120 miles, if applicable.
 - A Map print-out showing distance to the approved destination.
 - Upon receipt of the request for mileage reimbursement, the caseworker must:

- Review the foster parent's memo and supporting documentation for accuracy.
- Enter the request as a case service in MiSACWIS and route for supervisory approval.
- Upload the foster parent request and supporting documentation to the Case Service Authorization Document hyperlink.

Predictable ongoing transportation costs are covered through the process of completing a Determination of Care (DOC) Supplement form, WMPC-470, 470A or 1945. Transportation expenses related to the child are detailed below.

B. Sibling Visit Transportation

Mileage reimbursement for foster parents is available upon request for transporting children to sibling visitations.

- Mileage will be reimbursed for round-trip travel from the foster parent's home to the location of the parent/child visitation at the agency or other community location, within 120 miles.
- Any mileage reimbursement request over 120 miles must be pre-approved by WMPC.
- Mileage will be reimbursed at the current State standard rate, as published in The Department of Technology, Management & Budget Vehicle and Travel Services Schedule of Travel Rates. The rate schedule can be accessed at: http://www.michigan.gov/documents/dmb/Travel_Rates_Jan2013_405569_7.pdf.
- Mileage reimbursement is paid per mile and may only be claimed once per trip, regardless of the number of children transported.
- The route or routes taken to and from the destination must be the shortest and most cost effective.
- Mileage reimbursement requests should be submitted monthly by the foster parent and the foster parent must include the following information and supporting documentation:
 - A memo including the child(ren)'s name(s), date(s) of birth, dates of travel, miles traveled, and amount to be reimbursed.
 - A copy of the authorized, pre-approved travel over 120 miles, if applicable.
 - A Map print-out showing distance to the approved destination.
 - Upon receipt of the request for mileage reimbursement, the caseworker must:
 - Review the foster parent's memo and supporting documentation for accuracy.
 - Enter the request as a case service in MiSACWIS and route for supervisory approval.
 - Upload the foster parent request and supporting documentation to the Case Service Authorization Document hyperlink.

Predictable ongoing transportation costs are covered through the process of completing a Determination of Care (DOC) Supplement form, WMPC-470, 470A or 1945. Transportation expenses related to the child are detailed below.

C. **School Transportation**

When it has been determined to be in the child's best interest to remain in this/her current school despite being placed in a foster home outside of the school district, and there is an additional cost for transportation, WMPC is responsible for this cost. Options for transportation include, but are not limited to:

- Working with the school district to re-route school buses
- Mileage reimbursement to foster parents
- Public transportation

Foster parent expenses for reasonable travel accommodations, such as public transportation or taxi will be reimbursed at actual cost. Mileage will be reimbursed at the current State standard rate, as published in The Department of Technology, Management & Budget Vehicle and Travel Services Schedule of Travel Rates. The rate schedule can be accessed at: http://www.michigan.gov/documents/dmb/Travel_Rates_Jan2013_405569_7.pdf.

The foster care provider must submit documentation of the costs associated with this special school transportation on a monthly basis to the foster care worker.

The foster parent must include a memo with the following information:

- Child(ren)'s name(s).
- Date(s) of birth.
- Dates of travel.
- Number of miles traveled.
- Amount to be reimbursed.
- A map printout indicating the distance to the approved destination or the actual cost of the alternate means of transportation (receipts required).

Once the caseworker receives the foster parent request, they must complete the following:

- Review the foster parent's memo and supporting documentation for accuracy.
- Enter the case service in MiSACWIS and route for supervisory approval.
- Upload the foster parent request and supporting documentation to the documents hyperlink on the case service authorization.

Payment to the school or transportation company for the cost of this transportation will be made by WMPC.

D. Medical transportation

Medical transportation must meet the definition of Essential Medical Transportation to be funded by Medicaid; see BAM 825, MA transportation.

E. Bus and Air Tickets

When appropriate, public transportation must be used. If bus or air tickets are deemed appropriate by WMPC, prior to purchasing a ticket, a case service authorization with the service description 1827, Exceptional Request, must be routed to WMPC with attached documentation of the estimated costs.

F. Travel for Out-of-State Placement

This travel must be arranged through the Interstate Operations and Assignment Unit in the Children's Services Agency; see Interstate Compact Manual.

11. Assisted Care (Service Description 1810) (cannot be paid from title IV-E funds)

Assisted care payments may be available for crisis intervention and stabilization in situations where a foster parent or relative requires help in managing a child's medical care or behavior. Assisted care is to be based on the care needs of the child. When a determination is made that assisted care is needed, the PAFC providers will contact the WMPC to facilitate a referral to the local CMH prior to requesting other payment assistance.

Assisted care payments may be authorized to assist a foster parent or licensed relative to provide care for a child with complex and continuing medical maintenance issues until ongoing care and/or service can be obtained through the Medical Assistance program. Assisted care can also be utilized to prevent hospitalization or a residential care placement of the child.

Assisted care is available for youth with a determination of care (DOC) Level II or above. The PAFC worker will complete the case service authorization in MiSACWIS, and the supervisor can route this to WMPC for approval. Payment is to be authorized directly to the foster parent or placement agency foster care agency, **not** to the assisted care provider.

Unlicensed relatives may receive assisted care payments when they meet all the eligibility criteria.

Other examples of a child's needs that would be appropriate for assisted care are:

- A pattern of broken placements or indications that a child may have a pattern of broken placements.
- Severe attachment issues.
- Severe oppositional/defiant behaviors.

- Ongoing risk of destruction of property.
- Self-injury.
- Severe enuresis, encopresis, or fecal smearing.
- Fire-setting.
- Violence toward foster parents or other children.
- In school educational assistance until available through the school district.
- Other ongoing behaviors not manageable by only the foster family.

A written case plan must be in place which explains the:

- Care needs of the child and the services provided to meet those needs.
- How the assisted care is meeting the needs of the child.
- A log of times and places of the assisted care activity.
- Narrative description of the success or failure of the assisted care.
- Process and procedures used to phase out assisted care.

Payment for Assisted Care

The criteria for approval of assisted care is as follows:

- The child scores level II or above on the appropriate determination of care (DOC) assessment form (DHS-470, DHS-470A or DHS-1945).
- Prior approval by WMPC has been obtained.
- Payments for assisted care are **not** to be included in the determination of care (DOC) supplement.
- The case service is authorized in MiSACWIS upon receipt of billing statement(s) and the daily logs from the assisted care provider and written confirmation from the foster parent of the actual dates and hours of assistance. This documentation must be attached to the case service authorization.
- Payment(s) is made to the provider receiving a maintenance payment. Assisted care payments cannot be made directly to the assisted care provider.
- Maximum allowable payment amounts are \$15 per hour for up to eight hours per day.
- WMPC review for assisted care is to be completed every six months or at the time of the determination of care (DOC) review and at every placement change.

12. **One-to-One Supervision (Service Description 1834) (cannot be paid from title IV-E funds)**

One-to-one supervision is expected to be short-term in order to maintain a residential placement and stabilize the youth's behaviors. The one-to-one staff person must track the child's behaviors and activities on an hourly basis, document the information in writing and provide to the PAFC worker monthly. The case service is authorized monthly in MiSACWIS upon receipt of billing statement(s) from the residential provider. The PAFC will route the case service authorization to WMPC on a monthly basis.

13. **Adult Foster Care (AFC) Placement (Service Description 1837) (cannot be paid from title IV-E funds)**
 Payment for the basic AFC rate will be made for youth placed in adult foster care (AFC) homes. Payments that exceed the AFC rates established in ASM-077, ACP SSI/SDA Provider Rates, are **not** covered.

14. **Exceptional Request (Service Description 1827)**
 This service description can be used to authorize case service payments for other unique situations which require WMPC approval. Route the case service authorization with details in the comments section and any supporting documentation attached.

15. **Out-of-State School Tuition (Service Description 1831)**
 Some states require payment of school tuition for non-resident children placed in child caring institutions or foster care. Tuition for state wards placed out-of-state may be paid only if the child's current local school district requests a tuition payment. In most cases the school district the child resides in (out-of-state) covers the cost of the youth's education. These requests must be done in MiSACWIS as a case service authorization with PAFC approval and then routed to WMPC with a bill from the school district attached. WMPC must pre-approve this.

WMPC 903 – 14: Payment Systems Procedures

The WMPC will pay the PAFC scheduled board and care maintenance payments on a weekly basis for a two-week pay period (or portion thereof). (Scheduled maintenance payments are paid to the foster parents on a monthly or bi-weekly basis by the Placement Agency Foster Care providers (PAFC)). The provider must verify the child was in his/her care through the roster approval process to receive payment through WMPC.

- In all cases the service authorization must be completed in a timely manner in MiSACWIS.
 - WMPC will issue payments weekly. Each payment will cover maintenance for any verified previous bi-weekly period(s) and case service payments.
 - Details on service authorizations, payment requests, rosters and payments can be found in MiSACWIS.
 - Maintenance payments delayed 30 days or more due to the case not being set-up in MiSACWIS will be paid off-line by the WMPC to the PAFC. This will assure permanence is not delayed due to funding delays around paperwork issues. Once the case is created in MiSACWIS the WMPC will update the off-line payments.
- I. **INCORRECT PAYMENTS**
 Corrective action must be taken when payment errors are identified. If an underpayment has occurred, the PAFC must complete the transaction to correct the underpayment, such as by modifying the placement service authorization to add a determination of care (DOC).

A. Recoupment of Overpayments to Foster Care Providers

Recoupment action is necessary when a provider is overpaid for services and the funds must be returned to WPMC. When an error is identified by either WPMC or the PAFC, the child’s payment history must be closely researched to ensure that all payments made in error are processed for recoupment. Payment recoupment includes both the placement service and case service payments.

B. Independent Living

The PAFC worker must ensure accuracy for all independent living placements and service authorizations in MiSACWIS to ensure correct payments to the youth are made. PAFC will issue independent living payments directly to the youth. WPMC will reimburse the PAFC for all independent living payments. PAFC may bill WPMC on a bi-weekly or monthly basis, which is to be determined by the PAFC.

II. TIME LIMIT ON FOSTER CARE PAYMENTS TO PAFC PROVIDERS

Requests for payment exceeding two years from the date of service will **not** be honored. To process untimely or late billings (more than 90 calendar days old and under two years) the PAFC provider must document that the payment was approved, the service was provided, and any past attempts to resolve the issue.

WMPC 905 – 3: Foster Care Rates

Foster Family Care and Independent Living

The following are the approved maintenance payment rates for youth placed in foster family care or independent living:

Note: Title IV-E **cannot** be used to fund independent living or supervised independent living (SIL).

Age Group	Room & Board	Daily Rates Personal Incidentals & Allowance	Paid Biweekly Clothing	Daily Total	Biweekly Total	Semiannual Clothing
00-12	\$13.08	\$2.84	\$1.32	\$17.24	\$241.36	\$107
13-18	\$15.57	\$3.54	\$1.48	\$20.59	\$288.26	\$122
Independent living				\$21.27	\$297.78	NONE

Note: The \$21.27 daily total for independent living includes the semiannual clothing allowance.

Effective on the child’s 13th birthday, the maintenance rate is automatically increased.

DETERMINATION OF CARE (DOC) SUPPLEMENTS - EFFECTIVE 10/1/2017

Age or Special Need	Use Form	Level I	Level II	Level III
AGE 0-12	WMPC-470	\$5	\$10	\$15
AGE 13-18	WMPC-470	\$6	\$11	\$16
Medically Fragile	WMPC-1945	\$8	\$13	\$18

Note: Refer to WMPC FOM 903-3, Payment for Foster Family Care.

Note: DOC IV is a negotiated rate up to \$200 per day and approved between West Michigan Partnership for Children (WMPC) and Placement Agency Foster Care (PAFC) provider.

Initial Clothing Allowance

Maximum allowable initial clothing supplements for children first entering department foster care have been established as follows:

Note: This initial clothing allowance is a supplement only, based upon determined need, and is not an automatic allowance provided to every child entering care.

Age Group	Maximum Initial Clothing Allowance
00-05	\$210
06-12	\$310
13-18	\$500

Holiday Allowance

Each foster child in state paid placement on November 30 of each year is eligible to receive a holiday allowance of \$25. This is a personal incidental for the child. This allowance will be paid to the placement provider on the first payroll following December 1 each year.

WMPC 905 – 5: CCI and PAFC Provider Rate Policy

Rates for Child Caring Institution (CCI) Providers

West Michigan Partnership for Children (WMPC) will establish a contract with each CCI providing care and services to children under its authority. The contract between WMPC and each CCI will include the established daily Maintenance and Treatment rate to be paid for each placement.

- CCI rates paid by WMPC will be consistent with the rates established and published in MDHHS FOM 905-5 – RFC tab. <http://www.mfia.state.mi.us/OLMWeb/exf/CFS-Rates/CFS-Rates.xls>
- See WMPC Residential Care Contract Policy
- WMPC may use non-traditional pay structures to incentivize outcomes and when doing so, will categorize those payments into maintenance and non-maintenance payments, and will maintain documentation to support this.

Rates for Private Agency Foster Care (PAFC) Providers

WMPC will establish a contract with each PAFC Provider. The WMPC contract with each PAFC provider will include an identified staffing/treatment rate to be paid by WMPC to the PAFC provider on a monthly basis. This rate will be calculated based on the capacity of each PAFC (established per child per day rate, multiplied by the established PAFC capacity, divided by 12).

- See WMPC PAFC Contract Payment Schedule
- WMPC will monitor capacity within its system and adjust congregate and individual PAFC administrative/staffing rates as necessary. The review will occur at a minimum of every six months.
- PAFC providers will be required to submit detailed cost reports to WMPC no less than quarterly and as required by WMPC. These cost reports will identify costs for each individual child and will be used by WMPC for cost reporting to DHHS as required.

WMPC 912 – 1: Residential Care Contract Policy

Basic Residential Care

The following maintenance elements are considered essential to the physical and emotional well-being of children in out of home care and must be provided by the Contractor. If, in the opinion of WMPC these are not provided by the Contractor, WMPC may consider immediate termination of the contract:

Food, shelter, ongoing clothing needs, personal incidentals such as personal allowances and school supplies, routine health, medical and dental care, routine transportation (defined as any travel, including family visitation, required by the child and family for treatment which may not reasonably be provided by the parents or other funding source), supervision of the child, emotional nurturing, and discipline which must not be punitive but must be relevant to the growth and development of the child. Each of these maintenance items must be provided in a degree to which the child and family can experience an environment that is

inviting, clean, well-maintained, and meets each child's physical, sustenance, and emotional needs.

Related Services

These are defined as a comprehensive and coordinated set of activities (except for Emergency Shelter Services) concerned with the investigation and resolution of the problems which necessitated the child's out of home placement. The Contractor must provide the following in accordance with the treatment plan for an individual youth:

Psychological Services

Various professional activities or methods provided by a licensed psychologist or a limited licensed psychologist, including individual or group therapy, consultation with staff, administering and interpreting psychological tests, and working with parents.

Psychiatric Services

Various professional activities or methods performed by a medical doctor certified by the Michigan Medical Board in psychiatry. Activities include individual or group therapy, diagnostic interviews with children and consultation or supervision of department staff.

School Support Services

Individual education assistance to youth, as a supplement to their on-going educational programs, to assist their participation in either basic or educational programs (e.g. tutorial services, educational assessments).

Emergency Shelter Service

These are unique services provided by the Contractor on a short-term basis following a youth's removal from their own home or on-going out of home placement. In addition to Basic Residential Care, services must include a written behavioral assessment of the youth, an assessment of the family and family alternatives, and recommendations for the type of subsequent placement.

Legal or Court Related Services

WMPC will involve the Contractor in matters relating to any legal or court activity concerning a youth in the Contractor's care. If the Contractor is to be involved, the department must provide the Contractor with written reports for court use upon request in accordance with WMPC and DHHS Confidentiality policies.

Note: The Contractor must provide trained staff and must demonstrate a good faith effort to recruit and employ staff which reflect the racial, ethnic and cultural composition of the Contractor's client population.

WMPC 922: FP Training

Overview

The purpose of preplacement training is to provide foster parents with the initial skills prospective foster parents will need to work with children placed into their home. Some topics covered during orientation will be covered in greater detail as the focus of the training changes from assisting individuals with making a decision about applying for a license to increasing the base of knowledge needed to work with foster children.

Preplacement Training Requirements

After the foster home licensing application has been signed and returned, the private agency is to begin the initial licensing process. Using the 12 units defined in the Pressley Ridge Treatment Parent Training model, for non-relative foster home applicants, 30 hours of training must be completed by each non-relative applicant prior to any children being placed into the home. This represents Units 1-12. The three (3) hours of orientation may not be counted toward the requirement for 30 hours of training.

For relatives in the licensing process (with or without placement), 22.5 hours (Units 1-9) must be completed before submission of the 3130 home assessment to Division of Child Welfare Licensing (DCWL). The remaining 7.5 hours of training (Units 10-12) must be completed by the end of the first 6-month provisional license period.

Note: When relatives who already have children placed with them apply for licensure, 22.5 hours of training are required prior to making any payments using Title IV-E funding.

Licensing Rule	Training Topics are Addressed in the Following Sections
R400.12307 Orientation Rule 307, (a)– (o)	All topic areas are covered by each PAFC agency.
R400.12312 Foster Parent Training	
(3) The training specified in subrule (2)(a), and (b) of this rule shall address all of the following areas:	
(a) Characteristics and needs of children who may be placed in the home.	Characteristics-Agency Orientation

	Needs-Pressley Ridge, Units 4 and 5
(b) Safe Sleep	Addressed during licensing process
(c) Effective parenting	Pressley Ridge, Units 1 – 12
(d) Behavior management, including de-escalation techniques	Pressley Ridge, Units 3 and 8
(e) Importance of the foster child’s family	Pressley Ridge, Unit 3
(f) Concurrent planning	Pressley Ridge, Unit 1
(g) Role of the agency	Orientation and Pressley Ridge, Unit 3
(h) Emergency procedures, first aid and fire safety First aid is covered by subrule (4)	Emergency procedures and fire safety are covered during the initial licensing process.
i) Preparation of the foster child for permanence and independence	Pressley Ridge, Unit 10
(j) The role of the court and lawyer guardian ad litem in permanency planning	Pressley Ridge, Unit 1
4) At least 1 adult member of the household shall have training in and maintain current certification in first aid from the American Heart Association or the American Red Cross or other institution approved by the department.	

Adoption Training

Adoption topics covered in PRIDE (noted in Sessions 1, 2, 5, 7 and 8) will be primarily covered in Unit 1 of the Pressley Ridge training, and will be interspersed throughout the Pressley Ridge curriculum, as appropriate per training content. PRIDE training materials will be used when training on adoption topics as identified below.

PRIDE topics not specifically covered in Pressley Ridge Training

PRIDE Session and Topic (not part of Pressley Ridge curriculum)	Pressley Ridge training – Unit topic will be covered
Session 1 – describe how foster parenting has changed in its 150-year history	Unit 1 – Introduction to Treatment Foster Care
Session 2 – describe how child protective services are delivered to families	Unit 1 – Introduction to Treatment Foster Care
Session 2 – describe how the agency uses assessment and service planning to help support and strengthen families	Unit 2 – Professional Parenting I
Session 2 – identify the difference between the child’s emotional sense of family, and legal definitions of family based on custody determination	Unit 3 – Professional Parenting II

Session 4 – define and explain the three major categories of loss	Unit 6 – Developing Healthy Relationships
Session 4 – identify the eight factors that influence how someone experiences loss	Unit 6 – Developing Healthy Relationships
Session 5 – demonstrate the use of an ecomap to better understand family connections	Unit 6 – Developing Healthy Relationships
Session 5 – explain the concept of “time traveling” and identify specifically how this can be used to promote family continuity	Unit 6 – Developing Healthy Relationships
Session 5 – identify examples of parents’ rights and responsibilities when their child is in foster care	Unit 3 – Professional Parenting II
Session 5 – identify reasons why separating siblings through foster care or adoption adds to their emotional trauma	Unit 6 – Developing Healthy Relationships
Session 6 – list the good health care practices needed for children’s growth and development	Unit 4 – Understanding Childhood Development I
Session 7 – identify the circumstances that would contribute to the selection of each permanency goal	Unit 1 – Introduction to Treatment Foster Care
Session 7 – identify the activities of foster parents and concurrent planning families that support the reunification process	Unit 1 – Introduction to Treatment Foster Care

WMPC PAFC Contract Payment Schedule as of July 1, 2018

PAFC	CAPACITY	PER CHILD/DAY	ANNUAL PAYMENT	MONTHLY PAYMENT
BETHANY	189	\$50	\$3,449,250	\$287,437.50
CATHOLIC	201	\$50	\$3,668,250	\$305,687.50
DABSJ	160	\$50	\$2,920,000	\$243,333.33
SAMARITAS	132	\$50	\$2,409,000	\$200,750.00
WELLSPRING	139	\$50	\$2,536,750	\$211,395.83

NOTE: The above listed capacity and payment amounts will be reviewed every six-month, unless an agency experiences a 10% or greater increase/decrease in capacity, based on the number of kids in foster care at month's end. A collaborative WMPC-PAFC process will be utilized subject to changes based on actual system census.

NOTE: Each PAFC will submit detailed cost reports to WMPC no less than quarterly and as required by WMPC. These cost reports will identify costs for each individual child/family and will be used by WMPC for cost reporting to DHHS as required.