

DEPARTMENT OF CHILDREN AND FAMILY SERVICES


Distribution: X and Z

POLICY GUIDE 2007.03

CHANGES IN BED HOLD POLICY

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TO: DCFS and Purchase of Service Staff
Residential Care Providers
Rules and Procedures Bookholders

FROM: 
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EFFECTIVE: Immediately

I. PURPOSE

This Policy Guide replaces Policy Guide 2006.05, correcting the Department’s policy on bed hold payments when a child who is placed in a foster or relative home, including specialized foster care, is absent from the living arrangement. Section V describes the requirements.

The Department’s policies on Case Transfers and Case Management Only Services (0118), as described in Policy Guide 2006.05, are unchanged.

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS Financial Management, and Agency Performance Team Staff, DCFS and POS Administrators, Residential, Independent, and Transitional care providers, and caseworkers assigned to children who are placed in foster care, residential care, a transitional living program, or an independent living arrangement.

III. GUIDE TO DCFS ACRONYMS USED IN THIS POLICY GUIDE

- “HMR/Trad Foster Care”; means a Home of Relative or a Traditional Foster Care placement.
- “ILO/TLP”; means Independent Living Placement Services or a Transitional Living Program Services placement.
- “Spec”; means a Specialized care foster home placement.



- “DET/IDC”; means that the child is either in Juvenile Detention or under the jurisdiction of the Illinois Department of Corrections.
- “CAYIT”; means Child and Youth Investment Team.
- “ABD”; means that the child has been abducted from his or her approved placement.
- “WCC”; means that the child’s whereabouts are unknown, however the child maintains periodic contact with his or her worker.
- “WUK”; means that the child’s whereabouts are unknown and the child is not known or believed abducted.
- “UAP”; means that the child’s whereabouts are known, but the child is living in a unauthorized/unapproved placement.
- “UAH”; means unapproved home of parent.
- “APT”; means Agency Performance Team.
- “PCD”; as used in this Policy Guide means Private Agency Foster Home Downstate Performance Contract.
- “PCS”; as used in this Policy Guide means Private Agency Foster Home Cook Small Agency Performance Contract.
- “PCC”; as used in this Policy Guide means Private Agency Foster Home Cook Large Agency Performance Contract.

IV. ADMINISTRATIVE PROCEDURES #9, CASE TRANSFERS

a) HMR/Trad Foster Care entering Residential

Case management of children coming out of HMR/Traditional Foster Care contracts into residential placement will stay with the POS Foster Care Agency for continuity of service. (Spec and ILO/TLP cases entering Residential must be transferred back to the Department.)

b) ILO/TLP entering Residential

ILO/TLP providers that have cases coming out of ILO/TLP placement into Residential should transfer case management back to the Department.

c) HMR/Trad Foster Care, Spec Foster Care or ILO/TLP entering DET/IDC

Cases for youth in Detention/IDC should be scheduled for a CAYIT. The case assignment should stay with the POS Agency unless and until a placement is made with another full service agency. If the child/youth is subsequently placed in residential care, the POS Agency must maintain case assignment responsibility under the foster care or ILO/TLP contract.

- d) HMR/Trad Foster Care or ILO/TLP entering ABD, WCC, WUK, UAP or UAH

If a child is abducted (ABD), whereabouts unknown with caseworker contact (WCC), whereabouts unknown (WUK), unapproved home of parent (UAH), or in unapproved placements (UAP), a staffing will be held at 60 days. The case should be transferred back to the Department at 90 days, unless it is determined by APT that it's contrary to child's best interest.

- e) HMR/Trad Foster Care or Spec Foster Care entering Emergency Shelter

A CAYIT is convened on any disruption case and for any child remaining at the Children's Reception Center (CRC) over 7 days. The CAYIT Action Plan will be forwarded by the CAYIT Team to the APT Supervisor for follow-up to ensure the action plan is monitored and implemented. POS Agencies must retain case management for a child in an Emergency Shelter, unless APT determines the case should be transferred back to the Department.

- f) ILO/TLP entering Emergency Shelter

For ILO/TLP youth entering an emergency shelter, the ILO/TLP provider will retain case management.

- g) HMR/Trad Foster Care or Spec Foster Care entering Diagnostic Shelter

POS Agencies must retain case management for a child in a Diagnostic Shelter.

V. TYPE SERVICE CODE 0118 CASE MANAGEMENT ONLY SERVICES (POLICY GUIDE 2003.12)

This section only pertains to HMR/Trad and Spec Foster Care. ILO/TLP providers should refer to Section VI of this Policy Guide for procedures regarding appropriate case management only billings. Case Management only payment for ILO/TLP providers is defined within Policy Guide 2003.11, Bed Hold Payments When Children Are Absent From A Living Arrangement Placement.

Type service code 0118, Case Management Only Services, is now also applicable to cases out of PCC (Large Cook Performance) Contracts in addition to PCD, PCS and Spec Contracts.

Reimbursement for case management only services may now also be requested when the following living arrangement changes occur:

- a) HMR/Trad Foster Care entering Residential

POS Agencies are now required to maintain case management of HMR/Trad cases entering Residential. The agencies retaining case management can now request reimbursement for case management services as defined in Policy Guide 2003.12, 0118 Case Management Only Services. The rate will be the base administrative rate, prorated by the number of days of service.

b) Spec Foster Care entering Residential

Spec Foster care cases entering residential should be transferred back to the Department. If the Department is responsible for the delay in accepting case management back, case management can be paid on an exception basis only. Exception requests must be sent to the Central Payment Unit (CPU) along with documentation of efforts to transfer the case, a properly completed CFS 902, Exceptional Payment Request and the CFS 1042. The CPU will forward the above documentation to the Deputy Director of Placement/Permanency for a decision. Once the CPU receives a decision, payment will be processed or denial notification sent to agency.

c) HMR/Trad Foster Care and Spec Foster Care entering DET/IDC

If case management is retained by the POS agency, case management can be billed for up to 90 days. At 90 days, the case should be transferred back to the Department unless it is determined by Agency Performance Team (APT) that it is contrary to the child's best interest. If the APT determines that case management should be retained by the POS Agency, the Agency can continue to bill for case management services at the base administrative rate of the contract in which the child is being served. The APT supervisor will sign an APT approval form showing approval for the POS to continue payment for case management. The APT approval to extend case management must be renewed every 90 days, and submitted to the CPU along with the CFS 1042 billing summary.

d) HMR/Trad Foster Care and Spec Foster Care entering ABD, WCC, WUK, UAP or UAH

If case management is retained by the POS agency, case management can be billed for up to 90 days. At 90 days, the case should be transferred back to the Department unless it is determined by the APT that it is contrary to the child's best interest. If the APT determines that case management should be retained by the POS Agency, the Agency can continue to bill for case management services at the base administrative rate of the contract in which the child is being served. The APT supervisor will sign an APT approval form showing approval for the POS to continue payment for case management. The APT approval to extend case management must be renewed every 90 days, and submitted to the CPU along with the CFS 1042 billing summary.

e) HMR/Trad Foster Care or Spec Foster Care entering Emergency or Diagnostic Shelter

POS Agencies may bill for case management on an exception basis. A CFS 1042 billing summary must be submitted to the CPU, with a note stating that the child is placed in an emergency or diagnostic shelter. The CPU will forward exception request to Deputy Director of Placement/Permanency for approval/denial.

- f) HMR/Trad Foster Care or Spec Foster Care entering Substance Abuse Treatment Program

If case management is retained by the POS agency, case management can be billed for up to 90 days. At 90 days, the case should be transferred back to the Department unless it is determined by the APT that it is contrary to the child's best interest. If the APT determines that case management should be retained by the POS Agency, the Agency can continue to bill for case management services at the base administrative rate of the contract in which the child is being served. The APT supervisor will sign an APT approval form showing approval for the POS to continue payment for case management. The APT approval to extend case management must be renewed every 90 days, and submitted to the CPU along with a CFS 1042 billing summary.

- g) HMR/Trad Foster Care or Spec Foster Care entering Medical or Psychiatric Hospital

POS Agencies may bill for all days of a medical hospitalization as long as they are providing case management. POS Agencies may only bill up to 30 days for a psychiatric hospitalization.

VI. BED HOLD PAYMENTS WHEN CHILDREN ARE ABSENT FROM A LIVING ARRANGEMENT PLACEMENT

- a) Foster or Relative Homes

The Department may approve a bed hold when a child placed in a foster home, specialized foster care or a relative home is absent from the living arrangement for any of the following reasons: hospitalization; placement in a detention center for less than 14 days; or admission to an inpatient alcohol or substance abuse treatment program. Bed hold payments will be made only if both of the following criteria are met:

- The foster parents remain involved with the child or youth; and
- The child or youth returned to the foster home, including specialized foster care, or relative home upon discharge from detention or a treatment facility.

Requests for bed hold payments that meet the criteria listed above must be submitted on a completed and properly signed CFS 906-4 to the Central Payment Unit. The reason for the request must be explained in the narrative section of the form. The CFS 906-4 may be faxed to 217-557-0639, attention Central Payment Unit.

b) ILO/TLP

Reimbursement for bed hold days and case management only services for ILO/TLP providers may now be requested when the following living arrangement changes occur:

1) ILO/TLP entering Residential

ILO/TLP providers should transfer case management back to the Department when a child enters a Residential facility as previously stated in Section III of this Policy Guide. If the Department delays accepting the transfer, Case Management Services Only payment(s) may be requested on an exception basis by sending documentation of efforts to transfer the case back to the Department, and a completed CFS 906-5, Bed Hold Payment Request form showing the days of service. The above documentation must be submitted to the CPU. The CPU will forward the request for payment and supporting documentation to the Deputy Director of Placement and Permanency for review and approval/denial. Approved cases will be reimbursed at the rate of \$19.61 per day of service.

2) ILO/TLP entering Emergency Shelter

The ILO/TLP provider will retain case management when a youth enters an Emergency Shelter as previously stated in Section III of this Policy Guide and may submit a request for Case Management Services Only payment(s). The ILO/TLP provider must submit a CFS 906-5 Bed Hold Payment Request form, indicating days of service to the CPU. The CPU will forward the request for payment to the Deputy Director of Placement and Permanency for review and approval/denial. Approved cases will be reimbursed at the rate of \$19.61 per day of service.

3) ILO/TLP entering DET/IDC

Cases for youth in a Detention or IDC facility should be scheduled for a CAYIT if the youth is not expected to return to the ILO/TLP within 90 days. If the youth is expected to return to the ILO/TLP program, the ILO/TLP provider may request a Bed Hold as outlined in Policy Guide 2003.11. A Consecutive Bed Hold may be requested as an exception if the youth's detention exceeds 30 days and the intent remains for the youth to return to the ILO/TLP program.

If a determination is made that the youth will not be returning to the ILO/TLP program, either after a Bed Hold or at the initial staffing, and the ILO/TLP provider retains case management, the ILO/TLP provider may bill for Case Management Only as outlined in Policy Guide 2003.11, Sections VI, B and VI, C. A CAYIT to determine whether the case should be transferred back to the Department should be convened within 90 days unless it is determined by the Agency Performance Team (APT) that case

transfer is contrary to the youth's best interest based on an identified Targeted Discharge/Release date. The APT supervisor will sign an APT approval form showing approval for the ILO/TLP provider to continue payment for case management. The APT approval to extend case management must be renewed every 90 days, and submitted to CPU along with the 906-5 indicating days of service. Approved cases will be reimbursed at the rate of \$19.61 per day of service.

4) ILO/TLP entering ABD, WCC, WUK, UAP, or UAH

If a determination is made that the youth is expected to return to the ILO/TLP program, the ILO/TLP provider may request a Bed Hold for up to 30 days as outlined in Policy Guide 2003.11.

If the ILO/TLP provider retains case management after day 30 of the absence, or if a determination is made prior to day thirty of the absence that the youth will not be returning to the ILO/TLP program, the ILO/TLP provider may bill for Case Management Only as outlined in Policy Guide 2003.11, Sections VI, B and VI, C. The case should be transferred back to the Department at 90 days unless it is determined by the Agency Performance Team (APT) that it is contrary to the youth's best interest. The APT supervisor will sign an APT approval form showing approval for the ILO/TLP provider to continue payment for case management. The APT approval to extend case management must be renewed every 90 days, and submitted to CPU along with the 906-5 indicating days of service. Approved cases will be reimbursed at the rate of \$19.61 per day of service.

5) ILO/TLP entering Substance Abuse Treatment (SAB)

If a determination is made that the youth is expected to return to the ILO/TLP program, the ILO/TLP provider may request a Bed Hold as outlined in Policy Guide 2003.11. A Consecutive Bed Hold may be requested as an exception if the youth's stay in the substance abuse treatment program exceeds 30 days and the intent remains for the youth to return to the ILO/TLP program.

If a determination is made that the youth will not be returning to the ILO/TLP program, either after a Bed Hold or at the initial staffing, and the ILO/TLP provider retains case management, the ILO/TLP provider must schedule a CAYIT and may bill for Case Management Only as outlined in Policy Guide 2003.11, Sections VI, B and VI, C. The case should be transferred back to the Department at 90 days unless it is determined by the Agency Performance Team (APT) that it is contrary to the youth's best interest. The APT supervisor will sign an APT approval form showing approval for the ILO/TLP provider to continue payment for case management. The APT approval to extend case management must be

renewed every 90 days, and submitted to CPU along with the 906-5 indicating days of service. Approved cases will be reimbursed at the rate of \$19.61 per day of service.

6) ILO/TLP entering Medical or Psychiatric Hospitalization

Case Management is retained by the ILO/TLP provider. If a determination is made that the youth is expected to return to the ILO/TLP program, the ILO/TLP provider may request a Bed Hold as outlined in Policy Guide 2003.11. A Consecutive Bed Hold may be requested as an exception if the youth's stay in the hospital exceeds 30 days and the intent remains for the youth to return to the ILO/TLP program.

If a determination is made that the youth will not be returning to the ILO/TLP program, either after a Bed Hold or at the initial staffing, and the ILO/TLP provider retains case management, the ILO/TLP provider must schedule a CAYIT and may bill for Case Management Only as outlined in Policy Guide 2003.11, Sections VI, B and VI, C. Approved cases will be reimbursed at the rate of \$19.61 per day of service.

VII. QUESTIONS

Questions about this Policy Guide should be directed by telephone to the Office of Child and Family Policy at 217-524-1983.

VIII. FILING INSTRUCTIONS

Replace Policy Guide 2006.05 filed immediately following Procedures 359.40 – 359.45 with this Policy Guide.

Agency Performance Team staff should file this Policy Guide immediately following Administrative Procedures # 9, Case Transfers.