

	Department of Human Services CHILDREN, ADULTS & FAMILIES	NUMBER: I-E.5.1 OAR: 413-090-0000 thru 0050
	CLIENT SERVICES INDEX	SECTION: E. Substitute Care
	ISSUED BY: Office of Safety and Permanency for Children FINAL: 4-01-07	SUBSECTION: 5. Payments
SUBJECT: 1. Maintenance and Treatment Payments – OAR		

REFERENCES:

- ORS 418.005
- I-E.4.3, Residential Services
- I-E.5.1.2, Special Rates/Personal Care
- I-E.6.1, Title IV-E.FC and General Assistance
- I-G.3.1, Adoption Assistance

413-090-0000

Purpose

These rules (OAR 413-090-0000 to 413-090-0050) describe the requirements for payment for maintenance and treatment services for all children and young adults placed with substitute caregivers who are funded by the Department.

Stat. Auth.: ORS 418.005
Stats. Implemented: ORS 418.005

413-090-0005

Definitions

The following definitions apply to OAR 413-090-0000 to 413-090-0050:

- (1) "Adoption Assistance" means financial or medical assistance to adoptive families to assist them with costs associated with their adoptive child's needs. Financial benefits are funded by the Department's Adoption Assistance budget. Assistance can be in the form of cash, medical coverage, special payments, a combination of these, or "Agreement Only" as defined in OAR 413-130-0010(4).
- (2) "BRS" means Behavior Rehabilitation Services, which are Medicaid funded programs that provide behavioral intervention, counseling, and skill building services in professional, shelter, or residential (including therapeutic foster care formerly referred to as "proctor care") placement settings.

- (3) "CAF" means the Children, Adults and Families Division of the Department.
- (4) "Department" means the Department of Human Services, Child Welfare.
- (5) "District" means a geographic area of one or more counties served by the Department and managed by a District Manager.
- (6) "Foster parent" means a person who operates a home that has been approved by Child Welfare to provide care for an unrelated child or young adult placed in the home by the Department.
- (7) "Provider" means a person approved by a licensed private child-caring agency to provide care for a child or young adult, or an employee of a licensed private child-caring agency approved to provide care for a child or young adult.
- (8) "Relative caregiver" means a person who operates a home that has been approved by Child Welfare to provide care for a related child or young adult who is placed in the home by the Department.
- (9) "Sub-Acute Care" means psychiatric and mental health treatment under the direction of a psychiatrist provided as an alternative to hospitalization in a residential psychiatric treatment setting.
- (10) "Young adult" means a person aged 18 through 20 years, who remains in the care and custody of the Department, and lives in substitute care or lives independently through the Department's Independent Living Subsidy Program.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0010

Payments - General Guidelines

- (1) Family Foster Care
 - (a) Payment by the Department --- to foster parents or relative caregivers who care for a child or young adult who meets the eligibility standards prescribed by Child Welfare Policy I-E.6.1, "Title IV-E-FC and General Assistance", OAR 413-100-0000 to 413-100-0360 --- for a child or young adult's room, food, clothing, incidentals, and cash allowance (known as the regular foster care rate) is made on a monthly basis, or prorated for portions of a month, after the month in which the care has been provided. It includes the day the child or young adult enters the home, but excludes the day the child or young adult leaves the home. Costs of special care or service may also be provided if essential for the child or young adult's well being and if specifically authorized by Child Welfare. See

Child Welfare Policy I-E.5.1.2, "Special Rates/Personal Care" OAR 413-090-0100 to 413-090-0220.

- (b) Regular foster care rates are based upon the age of the child or young adult and the type of program services they are receiving; Family Foster Care, Family Shelter Care, or Family Group Home. The rate structure is established by the Department, subject to the availability of funds, and is uniform throughout the state. The current monthly reimbursed regular rates effective April 1, 2006 are --

(A) Monthly Family Foster Care Rates

(i)	Age of Child or Young Adult	0-5	6-12	13-21
(ii)	Room/Board/Other	\$ 334	\$ 331	\$ 395
(iii)	Clothing Replacement	\$ 45	\$ 51	\$ 73
(iv)	Personal Allowance	\$ 8	\$ 20	\$ 29
(v)	Total	\$ 387	\$ 402	\$ 497

(B) Family Shelter Care \$ 20.71 per day

(C) Foster Family Group Home \$1,218 per month

- (c) Payments to foster parents or relative caregivers certified by the Department shall be inalienable by any assignment or transfer and exempt from execution, levy, attachment, garnishment and other legal process under the laws of this state.

(2) Residential Treatment. Payment by the Department to purchase of care providers must be made as provided in signed contracts.

(3) Payments Prohibited.

- (a) Payment may not be made for two simultaneous 24 hour out-of-home care services, such as foster care, relative care, family group homes, or residential treatment.
- (b) Neither payment nor utilization credit may be given for simultaneous contracted treatment services, such as day treatment and residential treatment.
- (c) Payment by the Department may not be authorized for the care of children or young adults in a home or facility supported by public funds and maintained only as a secure facility under the jurisdiction of a juvenile court.

- (d) Any exceptions to these rules must be approved in writing by the director, or if for a Target Planning Child, by the CAF Target Planning and Consultation Committee. Exceptions will be considered only when federal funds will not be claimed.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005, 418.470

413-090-0030

Payment for Temporary Absences

(1) Family Foster Care:

- (a) Continued payment may be made to the foster parent, relative caregiver, or provider during a child or young adult's temporary absence when:
- (A) The plan is for the child or young adult to return to the care of the same foster parent, relative caregiver, or provider; and
- (B) No other foster parent, relative caregiver, or provider is receiving a maintenance payment for the child or young adult during the period of the absence.
- (b) The caseworker may authorize payment for up to seven days for a child or young adult's temporary absence from the home of the foster parent, relative caregiver, or provider for a home visit, vacation, or special activity or when the child or young adult is on runaway.
- (c) The caseworker must obtain authorization from the District Manager or designee for payment for more than seven days for a child or young adult's temporary absence from the home of the foster parent, relative caregiver, or provider.
- (d) Hospitalization. The foster parent, relative caregiver, or provider will continue to receive payment when 24-hour medical care is required for a short period of time and the foster parent, relative caregiver, or provider continues to exercise caregiving responsibilities in anticipation of the return of the child or young adult. (Hospitalization for medical treatment is not considered a substitute care placement with a duplicate maintenance or board and room payment.)

(2) Residential Treatment.

- (a) Payments or utilization credit may be made to contracted providers for days the child or young adult is on a home visit or planned visit to another provider in the following circumstances:
 - (A) The visit is part of planned activities identified in the BRS service plan of the child or young adult. Caseworkers will be aware of the inclusion of planned visits in the service plan due to their involvement in the service planning process as outlined in Child Welfare Policy I-E.4.3, "Residential Services", OAR 413-080-0200 to 413-080-0270.
 - (B) The assigned caseworker is informed prior to the visit taking place.
- (b) Although a child or young adult may be allowed more than four consecutive visit days or eight total days per month, Department workers may not authorize payment or utilization credit for more than four consecutive days or eight total visit days per month under any circumstances.
- (c) Department workers may not authorize payment or utilization credit for days a child or young adult has runaway before physically entering a provider's facility or therapeutic foster home or for days after the child or young adult has physically left a provider's facility or a therapeutic foster home as discharged.
- (d) Hospitalization and "Sub-Acute" Care. The provider will continue to receive payment when 24-hour medical care is required for a short period of time and the provider continues to exercise caregiving responsibilities in anticipation of the return of the child or young adult. (Hospitalization and "Sub Acute" Care for medical treatment is not considered a substitute care placement with a duplicate maintenance of board and room payment.)
- (e) Planned Visits to Another Provider. It is the responsibility of the purchase-of-care provider to reimburse the resource that the child or young adult visits at a reasonable rate to be agreed upon by both parties. The Department may not make maintenance payments to two providers for a child or young adult at the same time.
- (f) A purchase of service client invoice must be completed in accordance with Department billing procedures.

Stat. Auth.: ORS 418.005

Stats Implemented: ORS 418.005

413-090-0040**Payments During Adoptive Supervision**

- (1) The Department does not make a foster care payment after a child is free for adoption and placed in a home designated by the adoption manager as the child's adoptive placement. See OAR 413-130-0000 to 413-130-0130 for the eligibility requirements of the Adoption Assistance Program.
- (2) The Department does not make foster care payments to foster parents who plan to adopt the child after a child's status changes from foster care placement to adoptive placement or from a "legal risk adoptive placement" to an "adoptive placement". A reasonable period of time shall be allowed to determine adoption assistance eligibility. If an application for adoption assistance is in process, the Department will continue to make foster care payments for 120 days or until adoption assistance is in place, whichever occurs first.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005

413-090-0050**Family Foster Care and Relative Caregiver Out-of-State Payment Rates**

- (1) Foster parents and relative caregivers who receive Department approval to move out-of-state with a child that the Department has placed in their home may continue to receive current foster care payments for that child for up to 180 days or until licensed or certified in the receiving state, whichever is earlier.
- (2) The CAF Administrator or Foster Care Program Manager may extend the 180 day limit for continuing to receive current foster care payments when the licensure or certification process in the receiving state has not been completed due to circumstances beyond the control of the Department and the foster parents or relative caregivers.
- (3) Once the home is licensed or certified in the receiving state, the Department will authorize payment at the receiving state's established foster care payment rates.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005