

	Department of Human Services <b>CHILDREN, ADULTS &amp; FAMILIES</b>	<b>NUMBER:</b> I-E.5.1 <b>OAR:</b> 413-090-0000 thru 0050
	<b>CLIENT SERVICES INDEX</b>	<b>SECTION:</b> E. Substitute Care
	<b>ISSUED BY:</b> Office of Safety and Permanency for Children  <b>TEMPORARY:</b> 10-13-06	<b>SUBSECTION:</b> 5. Payments
<b>SUBJECT:</b> 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 payment for maintenance and treatment services for all children placed in substitute care with certified or licensed providers of care that 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 and/or medical coverage, an Agreement Only, or special payments.
- (2) "CAF" means the Children, Adults and Families Division of the Department.
- (3) "Department" means the Child Welfare Program in the Children, Adults and Families Division of the Department of Human Services.

- (4) "District" means a geographic area of one or more counties served by the Department and managed by a District Manager.
- (5) "Foster parent" means a person who operates a home that has been approved by the Department to provide care for unrelated children or young adults who are placed in the home by the Department.
- (6) "Provider" means a person approved by a licensed private child-caring agency to provide care for children or an employee of a licensed private child-caring agency approved to provide care for children.
- (7) "Relative caregiver" means a person who operates a home that has been approved by the Department to provide care for a related child or young adult who is placed in the home by the Department.
- (8) "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.

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 who is eligible under the conditions described in Department Policy I-E.6.1, "Title IV-E-FC and General Assistance", OAR 413-100-0000 to 413-100-0360 --- for a child's room, food, clothing, incidentals and cash allowance (known as the regular foster care rate) will be made on a monthly basis, or prorated for portions of a month, after the period during which care has been provided. It will include the day the child enters the home, but exclude the day the child leaves the home. Costs of special care or service in accordance with a written Department service plan may also be provided if essential for the child's well being and if specifically authorized by the Department. See DHS 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 and the type of program services they are receiving; Family Foster Care, Family Shelter Care, Family Group Home. The rate structure is established by the Department subject to the availability of funds and are uniformly applied throughout the state. The current monthly reimbursed rates effective April 1, 2006.

## (A) Monthly Family Foster Care Rates

(i)	Child's Age	0-5	6-12	13 - 18
(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 will be made as stipulated in signed contracts.

## (3) Payments Prohibited:

- (a) Payment will 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 at the same time.
- (b) Neither payment nor utilization credit will be given for duplicate simultaneous contracted treatment services, such as day treatment and residential treatment.
- (c) Payment by the Department will not be authorized for the care of children 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 418.470

**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's temporary absence when:
    - (A) The plan is for the child 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 during the period of the absence.
  - (b) Payment may be authorized by the case worker for up to seven days after a child is temporarily absent from the home of the foster parent, relative caregiver, or provider for a home visit, vacation, or special activity or when the child is on runaway.
  - (c) Authorization for payment after a child is absent from the home of the foster parent, relative caregiver, or provider for more than seven days must be approved by the District Manager or designee.
  - (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 child caring responsibilities in anticipation of the child's return. (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 children are on home visits or planned visits to another provider in the following circumstances:
    - (A) The visit is part of planned activities identified in the child's BRS service plan. Workers 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 Department Policy I-E.4.3, "Residential Services", OAR 413-080-0200 to 413-080-0270.
    - (B) The assigned Department staff is informed prior to the visit taking place. It is the responsibility of providers to inform workers of scheduled visits.

- (C) The child has no more than eight total visit days per month.
- (b) Children may be allowed more visit days than the 4 consecutive days or 8 total days per month. However, payment or utilization credit will not be given for such visit days, and Department workers cannot authorize such payments or utilization credit under any circumstances;
- (c) Payment or utilization credit will not be made for days children are on runaway, days prior to when the child physically enters a provider's facility or therapeutic foster home, and days after the child physically leaves a provider's facility or therapeutic foster home as discharged. Department workers cannot authorize such payments or utilization credit;
- (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 child caring responsibilities in anticipation of the child's return. (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 visiting resource at a reasonable rate agreed upon by both parties. The Department may not make maintenance payment to two providers 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) A foster care payment shall not be authorized when 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 through 413-130-0130 for the eligibility requirements of the Adoption Assistance Program.
- (2) The Department will not make foster care payments to foster parents who plan to adopt the child when a child's status changes from foster care to adoptive placement or from a legal risk adoptive placement to an official adoptive placement. A reasonable period of time shall be allowed to determine adoption assistance eligibility. If an application for adoption assistance is in process, foster care payments may continue

to be paid for a period of up to 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 foster child placed in their home may continue to receive foster care reimbursement for that foster child for up to 180 days or until licensed or certified in the receiving state, whichever is earlier.
- (2) Once licensed or certified in the receiving state, the reimbursement rate will be paid at the receiving state's established rates for foster care.
- (3) When extenuating circumstances exist an exception may be granted to extend payments beyond 180 days. The CAF Administrator or Foster Care Program Manager may grant the exception.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005