

### 3.18 Residential Services Policy and Procedure Effective 1/31/03

#### DEFINITIONS:

1. Department - means the Department of Human Services.
2. Bureau - means the Bureau of Child and Family Services.
3. Division of Operations - a division comprised of the Bureau is Budget, Data Processing, Interstate Compact on the Placement of Children, Legislative Affairs, and Residential Services.
4. Foster Home - means a private home that has been licensed by the Department as a family foster home.
5. Residential Child Care Facility (Group Home) - means a facility licensed by the Department which provides board and care to children in a group living situation. Care may be provided by live-in house parents or rotating staff members. Children living in group homes may attend public school.
6. Therapeutic or Professional Level Foster Home - means a private home that has been licensed by the Department as a family foster home but has children placed in the home through a licensed child placing agency licensed by the Department. The therapeutic or professional level foster home has received specialized child care training and receives additional support through the child placing agency which places the child into the home. The children placed in these homes need a more intensive or specialized level of care than in regular foster homes.
7. Residential Treatment Centers - means a residential child care facility licensed jointly by the Departments of Human Services, Education and Mental Health and Mental Retardation. Residential treatment programs provide a three component program: board and care; education; and mental health treatment. Residential treatment centers may only be accessed through the recommendation of a PET.
8. Special Project House - means a specialized program, with intensive supports, developed for a specific child in a community based setting similar to a foster home. Special Project Houses are licensed as Residential Child Care Facilities.
9. Diagnostic - Evaluation Program - means a facility licensed by the Department as a Residential Child Care facility. The average length of stay is 4 to 6 weeks while diagnostic tests are performed and evaluations completed.
10. Interstate Compact (I.C.P.C.) - means The Interstate Compact on the Placement of Children (I.C.P.C.) which has been enacted by all 50 states to ensure that all states work together to allow placement of children across state lines into appropriate homes and facilities while also allowing the children access to appropriate services. (Child and Family Services Manual, Section XV, Subsection D.)
11. One-to-One (1:1) - means the provision of care to a specific child by a staff person. The 1:1 is generally used to prevent the child from hurting him or herself or others.

12. Out-Of-State Placement - means a hospital or residential treatment facility located in another state.
13. P.E.T. - means a Pupil Evaluation Team which is established by the school in which the child is enrolled. The purpose of the PET is to identify the special needs of students, who are identified as special education students, and developing an appropriate individualized educational program for such students.
14. P.N.M.I. - means a private non-medical institution where clinical services are reimbursable by Medicaid.
15. Residential Services - means all of the directly and indirectly related tasks associated with the out-of-home placement, in therapeutic programs, of children in the Department's care or custody.
16. Family Foster Care Rates for Exceptional Board Care and Other Exceptional Circumstances - board rates paid, up to \$60.00 per day, to DHS foster homes who take a child needing a level of care normally available in a hospital or nursing home (tube fed, requires PT, OT, visiting nurses, respiratory therapists, etc.) The foster parents must be willing and able to take on responsibility for the needs of the child. Staff who have cases with other types of extreme, unusual circumstances may also submit a request.

The child's special circumstances require a level of care which exceeds that defined by Special Family Foster Care Rates. The situations referred to here are not commonplace but need to be addressed. Therefore, it will be the practice of the Bureau to pay \$60 per day for a child needing an exceptional level of medical care in a family foster home setting. The determination of whether or not such payment is warranted will be made by the Program Specialist who determines Specialized Family Foster Care Rates and approved by the Director of the Division of Child Welfare Services.

If a request is being made for the Exceptional Board Care rate, it should be done jointly by the appropriate caseworker and supervisor and should be sent to the Residential Services Specialist at Central Office. The request, if approved, will be effective as of the date the request is submitted. There will be no retroactive payment before that date.

NOTE: Children shall not be placed in unlicensed foster homes or programs.

#### **PROCEDURES:**

1. Central Office Approval for Placement, Referral and Payment - the following need approval from the Residential Services Unit in Central Office:
  - a. The funding of a 1:1 aide for a child when that child is considered (by the caseworker and/or caretaker) to be at risk of harming him or herself or others;  
NOTE: The Department will only fund 1:1 staff in a psychiatric hospital in the following situations:

When there is no bed available for a child on an age appropriate floor, the 1:1 will assure the child's safety; or

When a child is accepted over the units census.

- b. A child's continued stay in an acute psychiatric hospital beyond the date of decertification or beyond medical necessity;
  - c. Placement of a child in an out-of-state facility (including hospitals);
  - d. "Bed hold" extensions beyond the number of days allowed by policy (Section V, subsection G1) at a facility while the child is temporarily out of the program (example: if the child is at JBI);
  - e. Funding for any program for which there is not an established rate;
  - f. Increases in the number of respite days for therapeutic or professional foster parents;
  - g. Exceptional board care rates for children with severe medical needs or other exceptional needs and circumstances.
  - h. Any unusual funding arrangement.
2. Memo Requesting Central Office Approval - the following should be included in the memo to Central Office requesting Procedures, a. through f. above.
- a. Child's name;
  - b. Child's date of birth;
  - c. Child's identification number;
  - d. MaineCare status;
  - e. Child's IV-E Status;
  - f. Regional Office and Caseworker's Name;
  - g. Supervisor's Name;
  - h. Review date;
  - i. What is being requested;
  - j. Why is it needed: (e.g.: as evidenced by specific behaviors, recommended by current psychological evaluations, etc. - BE SPECIFIC)
  - k. What has been tried;
  - l. Name of foster parents (if applicable);
  - m. Target placement date (if applicable);
  - n. Date by when approval is needed;
  - o. Anticipated length of child's stay (if applicable);
  - p. Funding requests for 1:1's must state the anticipated length of time a 1:1 will be needed;
  - q. The cost of the request if known.
3. Documentation - In addition to the cover memo described in 2.a.-q., specific documentation for Exceptional Board Care Rates: These need to be requested on form

BCFSSC-044 N0196 and in most cases will require the attachment of medical, psychiatric or psychological documentation supporting the child's need for the Exceptional Board Care Rate.

4. Placement in an Out-of-State Facility

All Out of State (OOS) placements must be authorized by the BCFS Director or designated alternate. An OOS Placement Request must include the following components:

- a. Written confirmation (e-mail) from the Special Projects Team: that the child's residential treatment needs cannot be met using resources within the state of Maine.
- b. OOS Placement Request Memo: The Residential Services Specialist at DHS Central Office (CO) is responsible for coordinating the requests for out-of-state placements for children in the custody of DHS. (See Child and Family Services Manual Sec. V, D-6). At a minimum the following should be included in the memo to Central Office requesting the placement of a child in an out of state facility:
  - (1) Child's name,
  - (2) Child's date of birth,
  - (3) Child's MaineCare ID number,
  - (4) District Office,
  - (5) Caseworker's name,
  - (6) Supervisor's name,
  - (7) What is being requested and
  - (8) Any other pertinent information to be considered in the request not identified in other paperwork. This memo should be directed to the Residential Services Specialist at BCFS Central Office.
- c. OOS Placement Request Part 1: The BCFSSC-060 has three parts: Part 1 focuses on the information needed to comply with BCFS requirements for OOS residential treatment placement.
- d. OOS Placement Request Part 2: details the information needed to obtain MaineCare Prior Authorization (PA) for out of state placements at Hospitals and PNMI facilities. The information collected in Part 2 is primarily medical, and should be supplied by the physician. Part 1 must always accompany Part 2. MaineCare Prior Authorization (PA): MaineCare PA must be obtained before claims for OOS psychiatric treatment services will be paid. Each eligible recipient must be currently under the care of a licensed physician practicing in the State of Maine or within 15 miles of the ME/NH border or within 5 miles of the ME/Canada Border. A Maine physician must make the request for MaineCare PA, in writing. The request must be made at least thirty days prior to the date of

OOS medical care/service provision. The only exception would be in emergency cases.

- e. OOS Placement Request Part 3: This is the Local School Notification Form. The caseworker must contact the last Maine school the student attended for at least an academic quarter.
  - Inform the school of the planned residential placement
  - Request the school to send an EF-S-01, supporting the placement, to DOE.
  - Use this form to report the outcome of the contact.
- f. Physician's Letter: A physician must write a letter documenting the child's need for the specific hospital requested according to the requirements in the MaineCare Benefits Manual, 1.15-2.
- g. Primary Documentation: Court Order documenting custody, IV-E Certification and PET Minutes. MaineCare PA requires a Care Plan that describes the recommended treatment or further diagnostic work. This must be contained in either the Physician's letter or a separate document from the OOS facility to provide the services.
- h. Other supporting Documentation: (e.g. Facility Records, Diagnostic Evaluations, Physician Reports)
- i. Emergency Requests for Placement at OOS Residential Treatment Centers: Emergency OOS placements are those where the placement is in response to a medical emergency. The emergency is determined by a physician and should be stated in the physician's letter.

The initial procedure for an emergency placement is described below.

- (1) The caseworker must request the physician's letter. The letter should include:

- Patient's Name and "A" Number.
- Diagnosis and treatment completed to date.
- Recommended further treatment or diagnostic work.
- Names of physicians and facility outside Maine to provide services.
- Medical Emergency status, if it is indicated.

- (2) Prepare Memo requesting OOS placement and the circumstances of the emergency.

- (3) Complete BCFSSC-060, and obtain approval signatures.

- (4) Obtain authorization from DHS/BCFS Central Office.

- Call Residential Services Specialist – 287-5060
- After 4:00 PM and weekends call Director of Child Welfare – Pager:
- ACES: 800-452-1999

- (5) Fax Physician's Letter, Memo and BCFSSC-060 to C.O. 287-5282.

- (6) Caseworkers will be informed of the remaining paperwork which must be received at Central Office within 10 working days of the placement date.

- j. Compliance with Interstate Compact on the Placement of Children (I.C.P.C.) in Out of State Residential Treatment Centers as described in the Child and Family Services Manual, Section XV.D. For assistance, contact the Maine I.C.P.C. Deputy Administrator at Central Office.
- k. Whenever a child is moved from one placement to another, MACWIS must be updated immediately to assure payment to the correct facility from the appropriate funding source.
- l. MaineCare Prior Authorization: If a child is to be placed in an out-of-state psychiatric hospital, the Bureau of Medical Services must prior authorize the placement. To obtain a prior authorization a physician must write a letter documenting the child's need for the specific hospital requested including what the child's treatment needs are, and why the out of state hospital is the best option to meet the child's needs. The letter should be sent to the Residential Services Specialist with the rest of the material previously mentioned.
- m. IV-E Verification: When a child is placed out-of-state, verification of their IV-E eligibility is obtained, either from the eligibility screen in MACWIS or as some states require, the BSSSC-017 from the Financial Specialist, and is sent by the caseworker to the Interstate Compact Specialist who then forwards it to the receiving state's ICPC office for: a) approval and b) forwarding of a copy of the documents to the facility where the child is placed. That facility should then apply for Medicaid for the child in the state where the child is residing. Medicaid coverage will pay for covered medical services the child may need while placed out of state.
- n. Out of State PNMI: When a child is placed in an out-of-state facility that is also a Maine PNMI provider (and not PNMI reimbursable in their state), the child's Maine I.D. number must be given to the facility. The Maine I.D. number must be the number used by the facility when they bill Maine MaineCare for PNMI services provided to that child. The Residential Services Specialist will inform the caseworker when the out of state facility is a Maine PNMI.
- o. Utilization Review Process for BCFS Children Placed Out of State.  
Prior authorizations are required for children in BCFS custody who are being referred for out of state placement to receive psychiatric services (hospital and residential): BCFS authorization represents approval for the service to be provided and does not reflect approval for reimbursement rate.
  - (1) If the caseworker has exhausted all in-state options they may explore out of state options with preference given to New England based (closest to home) services.
    - i. Supervisory consult and approval is required.
    - ii. Packet is completed and forwarded to BCFS Residential Services Specialist.

- iii. OOS placement is supported by Special Projects Director
  - iv. BCFS Director reviews information packet and approves or denies placement.
  - v. Initial discharge plan developed for return to Maine.
  - vi. Caseworker (with support available from Special Projects Team) will assure treatment plan within 30 days of admission (retain copy in child's record).
- (2) Reauthorized/Extensions (Documentation methods need to be determined).
- i. Caseworker monitors individual treatment plan progress and updates at a minimum of every 30 days.
  - ii. Conducts on site visit and review every 90 days.
  - iii. The nature of continued placement and a plan for return is reviewed with casework supervisor upon return from 90 day site visit (within 30 days).
  - iv. Stays exceeding 150 days will be reviewed and approved by supervisor and District Program Administrator with consultative review of efforts to secure Maine placement from Director or Special Projects. Results of review will be shared with Residential Services Specialist at Central Office with a recommendation as to reauthorization time frame.
  - v. Stays exceeding 180 days will be reviewed and approved by BCFS Bureau Director, Regional Program Administrator and Director of Special Projects.
- p. Approval for Out of State Travel: The caseworker must complete the Out of State Travel Request form BP14 Rev. 1/00 for themselves and any others traveling with them. Also, form Non-employee.lxw, Rev. 2/02, for non state employees. Cost estimates must be received from two different travel agencies. The travel requests should be forwarded to the Bureau Director for approval.
- q. Visitation/Follow-up: The caseworker should coordinate with the facility on any visitation or follow-up communication. This should include visits or communication by parents, relatives or others.
- r. Reports: The caseworker should notify the facility of where to send reports (to the regions) and how often the caseworker wants to receive progress reports and treatment plans.
- s. Placements in Massachusetts: Any child placed in a residential facility (other than a hospital) in Massachusetts who need psychotropic medication must have a Massachusetts lawyer petition the probate court for permission for the facility to administer medication to the child. This issue should be noted in a cover memo if considering placement of a child in Massachusetts. The Residential Services

Specialist will coordinate the process between the facility and the lawyer. The regional office will process the legal bills through the legal account.

5. Emergency/Weekend Procedures

- a. Hospitalizations: When a child requires an emergency and/or weekend hospitalization (in-state or out of state), the Division Director, or if he/she cannot be reached, the Regional Program Manager may approve the placement. The Residential Services Specialist is to be notified and the appropriate documentation should be sent on the next working day. (See also: V.D-6. 4.a.-t.)
- b. 1:1 Staff: When a child requires 1:1 staff person on a weekend please follow the above procedure. The 1:1 staff may be hired through a hospital, mental health clinic, home health nursing agency, etc. The 1:1 staff should not be hired if he/she is not supervised by an agency which is licensed and has liability insurance.
- c. Emergency, out of state placements and any other placements or services made in an emergency after hours or on a weekend, which usually require Central Office approval, should be reported to the Residential Services Specialist the next work day. The appropriate documentation must be forwarded as usual.

6. Title IV-E and MaineCare Issues:

- a. Children who are IV-E eligible and are placed in "for profit" facilities lose their IV-E eligibility while in that facility. The Residential Services Specialist will approve placements in "For Profit" facilities as a last resort prior to out of state placement.
- b. The child must apply for MaineCare on or before his/her 18th birthday.
- c. "For Profit" out of state facilities will also be considered after appropriate "not for profit" facilities have been exhausted.