

	Case Service Payments	
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	Attachment	

INTRODUCTION

Case service payments (formerly referred to as non-scheduled payments) are for services that are not included in the child's daily maintenance rate. The following procedures are for case service payments entered into the electronic case management system.

CASE SERVICE AUTHORIZATION

Several services may be authorized for payment as specified in this policy item. In most cases, payments for these items will be made to the paid placement, the agency providing care for the child, or provider of the service and are to be authorized in the electronic case management system.

All case service authorizations **must** be created **prior to case closure**. Once payment documentation is received, the manual payment can be created. West Michigan Partnership for Children (WMPC) does not pay late fees, finance charges or interest on the unpaid balance. Service dates after case closure are not eligible for payment even if authorized while the case remained open.

Time Limit on Foster Care Payments

Payment must be submitted within 12 months from the date of service in order to be paid. In rare cases an exception to this policy can be granted. To request an exception a policy exception request must be submitted to WMPC's CFO for approval.

CLOTHING PAYMENTS

A [DHS-3377, Clothing Inventory Checklist](#), must be completed within the first 30 calendar days of every placement and again at every placement change. The worker must make every effort to obtain available clothing from the child's own home or previous placement. **Clothing payments are only to be made to providers who are also receiving maintenance payments.**

Initial Clothing Payment

Initial clothing payments supplement a child's existing wardrobe and are **not** an automatic allowance for every child entering care. The DHS-3377 must be completed, uploaded to the

documents hyperlink on the service authorization, and filed in the child's case file to document need.

An initial clothing allowance is to provide needed clothing one time per removal episode for a child in a paid placement to maintain the standards listed on the DHS-3377. The initial clothing allowance is available for children in foster homes, paid relative placements, child caring institutions (CCI), and independent living placements. If the DHS-3377 reflects that the child needs clothing items, an initial clothing allowance case service must be created for the effective date on the DHS-3377. The initial clothing allowance is only paid for the child's first 30 calendar days of the removal episode.

Example: A child is removed and placed with a paid provider on 6/1. The DHS-3377 is completed and signed by the provider on 6/5 which is the effective date entered on the DHS-3377. The worker would create an initial clothing allowance case service for the effective date, 6/5, on the DHS-3377. The case service is expected to be created within the child's first 30 calendar days of placement.

Example: A child is removed and placed with a paid provider for three days. The child is then replaced to a different paid provider. If the first placement did not receive the initial clothing allowance the second placement may be paid if the DHS-3377 completed in the child's first 30 calendar days of the removal episode indicates a need.

The amount of the clothing allowance request must not exceed the maximum found in [WMPC FOM 905-03, Foster Care Rates](#), and listed below. The correct service code based on the age of the child must be selected. The maximum clothing allowance will be issued unless a lesser amount is determined by the DHS-337.

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

Incidental clothing needs are included as a portion of the placements daily maintenance rate throughout the year; see [WMPC FOM 905-3, Foster Care Rates](#) for amounts.

The Semiannual Clothing Payment

The semiannual clothing payment is made automatically twice per year on February 28 and August 31 to provide for seasonal clothing needs for children in family foster care/relative placements. Both payments have been established on the premise that a child has a basic wardrobe. Semiannual clothing payments are sent with the regularly scheduled foster care payment. Each child in foster family care whose board and care payment is authorized for February 28 and August 31, respectively, will receive this clothing allowance in the first payroll following these dates.

Semiannual clothing payments are not made to children in an independent living arrangement or in residential care. Their basic daily rate includes funds to maintain their clothing.

The semi-annual clothing allowance does not require a clothing inventory to be completed nor receipts provided.

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

Youth in Adult Foster Care (AFC) placements are eligible for this clothing allowance; a case service and manual payment are required in the electronic case management system will not automatically create a case service for this living arrangement.

Special Clothing Authorization

Special clothing authorizations are approved only in exceptional situations and for emergencies. A special clothing allowance is available for children placed in foster homes, with a paid relative, receiving residential services, AFC homes, and all independent living placements. Some allowable circumstances are:

- Fire, flood, or other natural disaster.
- Excessive weight gain or loss with a documented explanation. 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 (AWOLP) episode.
- Required school uniforms.

Note: Growth spurts and wear and tear on clothing are expected reasons that children will require upkeep of their clothing. These clothing needs are met in the incidental portion of the board and care rate.

The DHS-3377 must be uploaded to the documents hyperlink on the service authorization and filed in the child's case file. The case service authorization must be created for the effective date at the top of the DHS-3377. The beginning **and** end date should be the same. The case service authorization must also contain the reason for the special need. The service authorization must be routed to WMPC in the electronic case management system for final approval. The worker can then add the manual payment.

Special clothing authorizations must not exceed the maximum amounts listed in [WMPC FOM 905-03, Foster Care Rates](#) and listed below. The correct code must be selected based on the child's age.

Age of Child	Special Clothing Allowance Maximum	Service Description
00 - 05 years	\$210	1821
06 - 12 years	\$310	1822
Ages 13 +	\$500	1823
Child of a youth parent	\$210	1824

Note: CCIs and placement agency foster care (PAFC) providers must assure that each child has an adequate wardrobe which includes at least those items listed on the DHS-3377 while in placement and upon leaving placement. **Appropriate clothing is the property of the child, and a concerted effort must be made to transfer all clothing with the child when a replacement occurs.**

HOLIDAY ALLOWANCE - Service Description 1898

The holiday allowance payment is available to placement providers who are also receiving maintenance payments. A child in a 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 automatically be paid to the child's provider on the first payroll following December 1 each year.

This payment is made for all children in a paid placement including but not limited to foster families, paid relatives, residential service providers, and independent living placements.

The payment is not automatically generated for the child of a youth parent who is placed in the same home with them. This can be added as a case service and a manual payment can be entered.

SCHOOL TUTORING - Service Description 1805

School tutoring cannot be paid from title IV-E funds. School tutoring payments are available to caregivers who are also receiving maintenance payments.

Caseworkers and caregivers must continue to work closely with school staff, including the school district foster care liaisons to first utilize any available school or community resources.

The local school district must provide educational services.

Tutoring that the school district is not required to provide under the Special Education Act may be provided to children in family foster care. All resources provided by the school or required in the child's Individualized Educational Plan (IEP), or 504 Plan must be utilized before authorization of case service payments for tutoring.

Authorizations for tutoring must not exceed ten hours per week, with a maximum rate of \$30 per hour. The foster parent/relative caregiver or the teacher recommending the service cannot be the person providing the tutoring. For a tutor not connected to the school or district to be approved, they must have, at minimum, a high school diploma and their name checked on central registry.

A request must be submitted by a foster parent/relative or PAFC provider for the case service authorization of tutoring. This case service is not allowable for children placed in a CCI.

Tutoring must be pre-approved by the supervisor.

Once approval is obtained, one case service must be authorized for the approval time period with the child's maintenance funding source. Manual payment must be added upon receipt of a bill or invoice from the tutor that itemizes dates, hours of tutoring and rate. The bill or invoice must be uploaded to the documents hyperlink on the manual payment and maintained in the case file.

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

Tutoring services may be approved for a maximum of one school term or semester at a time.

Private school tuition and advanced placement fees are not tutoring and therefore are not eligible for tutoring case service authorization. If these education-related expenses are beyond the financial scope of the child and the provider, efforts must be made to obtain funding through community resources or [FOM 950, The Youth in Transition \(YIT\) Program](#).

SUMMER SCHOOL - Service Description 1836

Summer school cannot be paid from title IV-E funds.

Summer school payments are available to placement providers who are receiving maintenance payments.

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 child's school, detailing the subject and/or credit the student needs.

The supporting documents must be uploaded to the documents hyperlink in the case service authorization in the electronic case management system and routed to WMPC for approval.

Upon receipt of a bill or invoice from the school, a manual payment would be added. The bill or invoice must be uploaded to the documents hyperlink on the manual payment and maintained in the case file.

Reimbursement is made directly to the foster parent/relative, PAFC provide, or the CCI.

DRIVER'S EDUCATION

[Service Description 1832](#)

Driver's education cannot be paid from title IV-E funds.

Driver's education payments are available to caregivers and providers who are receiving maintenance payments.

Payments for driver's education cannot be authorized directly to the driving school. The maximum amount a PAFC can authorize is \$300. The PAFC may complete only one case service authorization for driver's education. The documentation from the driving school detailing the cost of the service must be uploaded in the documents hyperlink on the case service authorization and filed in the child's case file.

Note: If the PAFC completes an authorization for \$250 for segment one and now needs to authorize \$50 for segment two, route the case service authorization for segment two to FCD in the electronic case management system with documentation regarding the cost.

Additional funds for driver's education may be available through other community resources or YIT funds after all other potential resources have been exhausted, and the youth meets the eligibility requirements; see [FOM 950, The Youth in Transition \(YIT\) Program](#).

SENIOR EXPENSES

Service Description 1806

The school district should provide most, if not all, educational needs. However, senior expenses such as class rings, senior pictures, prom attire, and announcements, may be reimbursed by entering the case service authorization in the electronic case management system. Each of the following requests are completed separately. Only two separate requests can be submitted for a maximum of \$100 per request.

- **Tuxedo rentals and dress purchases** are reimbursable for youth attending their senior prom. This can be processed by the PAFC in the electronic case management system for up to \$100. For expenses over that amount, YIT funds may be utilized provided the youth meets the eligibility requirements; see [FOM 950, The Youth In Transition \(YIT\) Program](#).
- **Senior cap and gown rental/purchase and other incidental graduation expenses**, including announcements, can be reimbursed. This can be processed by the PAFC in the electronic case management system for up to \$100. For expenses over \$100, YIT funds may be utilized provided the youth meets the eligibility requirements; see [FOM 950, The Youth In Transition \(YIT\) Program](#).

Service Code 1803

- **Class rings** are reimbursable for a youth in grades 10-12. This can be processed by the PAFC in the electronic case management system for up to \$100. YIT funds may be utilized for amounts over \$100, provided the youth meets the eligibility requirements; see [FOM 950, The Youth In Transition \(YIT\) Program](#).
- **Senior pictures** may be reimbursable under YIT funds provided the ward is YIT program eligible; see [FOM 950, The Youth In Transition \(YIT\) Program](#).

MEDICAL EXPENSE

Service Code 1825

Most medical treatment for children in foster care is covered through Medicaid health insurance.

Medical expenses not covered by MA insurance cannot be paid from title IV-E funds. Medical expense payments are available for children who are also receiving maintenance payments.

Prior to submitting requests for reimbursement of medical expenditures, other resources such as private medical insurance, Children's Special Health Care, or MA should always be pursued.

Prior approval from WMPC is required for expenses exceeding \$250 by submitting an email to WMPC's Care Coordinator prior to the service. These are two examples of common medical expenses:

- **Glasses** - (and other non-MA approved corrective appliances). This is not to be used for frames that MA does not cover, contact lenses, etc. This can be used for replacement glasses needed beyond the number that MA will supply.
- **Prescriptions** - Reimbursement is available for individual prescriptions of over \$15 and other incidental medical costs unavailable through MA or other resources. The efforts to try an alternative prescription or obtain an MA exception by the prescribing doctor must also be documented in the case service authorization. This is not intended to be a monthly expense or include over-the-counter medications; see [WMPC FOM 903-03, Payment for Foster Family/Relative Care](#). Efforts must be made to utilize MA covered prescriptions.

Documentation of the following must be uploaded to the documents hyperlink on the case service authorization routed to WMPC in the electronic case management system and maintained in the case file:

- Need for the medical service and/or item.
- Reason for MA denial/rejection reason notice.
- Receipt for item purchased or estimate detailing cost is uploaded to the manual payment.

The preferred avenue of payment is to issue the payment to the medical provider or PAFC directly.

DENTAL TREATMENT

Service Code 1826

Dental treatment payments are available for children who are receiving maintenance payments.

Most dental treatment for children in foster care is a benefit of the MA health insurance program.

Dental needs not covered by MA cannot be paid from title IV-E funds.

When needed dental services are not covered by MA insurance prior approval from WMPC is necessary for expenses that exceed \$250. Submit the following documentation to WMPC's Care Coordinator prior to the start of the service if feasible:

Brief explanation of the dental need:

- Documentation from the dental provider identifying the need for the dental service and/or item.
- MA denial/rejection reason.
- Estimate detailing cost.

ORTHODONTIC TREATMENT (STATE WARDS ONLY)

[Service Code 1826](#)

Orthodontic treatment payments are available for children who are receiving maintenance payments.

Orthodontic treatment cannot be paid from title IV-E funds.

Orthodontic treatment may be a benefit of MA if the child is enrolled in the Michigan Department of Health and Human Services Children's Special Health Care Program.

Payment for the cost of obtaining an estimate and/or records for orthodontic treatment does not require prior approval in the electronic case management system. Once the estimate and/or records have been obtained, payment is made by creating a case service authorization and routing to FCD. This cost needs to be separated from the total amount of the orthodontic treatment if the costs are itemized to show this expense.

- A treatment plan from the proposed orthodontic provider must be provided that includes:
 - The presenting dental condition.
 - How the treatment will correct the presenting condition.
 - Timeline for treatment.
 - The expected treatment outcome.
- A [MDHHS-5855, Orthodontic Payment Agreement](#), must be submitted to FCD.

Payment arrangements must be negotiated with the orthodontist and included.

Example: The total cost of the orthodontic treatment is \$4,500 in addition to \$250 records charge. The treatment is expected to take two years. Once the bill is received for the \$250 records charge, this payment can be authorized in the electronic case management system with a manager's approval even if the orthodontic treatment is not approved. The orthodontist should be asked to agree to the following payment plan:

- \$250 records charge to be authorized by the MDHHS worker and supervisor with the bill.
- \$1,000 down payment following the appliances being placed.
- Seven quarterly payments of \$500.

Do not initiate orthodontic treatment until written approval is given. Once approved, no payment should be authorized without the receipt of a bill that details services provided for the previous quarter.

If the request is \$4,999 or lower, the MDHHS-5855 must be approved by WMPC's Director of Care Coordination.

If the request is for \$5,000 or higher, the MDHHS-5855, treatment plan and estimate must be submitted to WMPCs CEO.

- The dental provider must be enrolled in Bridges by submitting [DHS 2351, Provider Enrollment/Change Request](#), to FCD prior to payment(s) being authorized.
- A copy of the MDHHS-5855 must be given to the orthodontist, placement provider, potential adoptive parent (if different from current placement) and adoption worker if one is assigned, once approved.
- If a state ward is expected to be adopted during orthodontic treatment, the worker must consult with the adoption worker about the remaining payment. If the child is eligible for adoption assistance, the adoption medical subsidy program may cover the amount owed to the orthodontic provider, after the child is adopted, if the remaining amount does not exceed \$5,000 at the time of the adoption prior to the foster care case being closed. If the child's medical subsidy is approved to cover the orthodontic treatment, a case service authorization in the electronic case management system will need to be created to pay down the remaining balance to \$5,000. These discussions must occur at the beginning of orthodontic treatment to ensure that the necessary application is made and processed for medical subsidy. Otherwise, the foster care worker must continue to submit the remaining case service authorization requests, quarterly, even if the foster care case is close.

MENTAL HEALTH – PSYCHOLOGICAL EVALUATION FOR THE CHILD

Service Code 1808

Mental health - psychological evaluation payments are only to be made for children who are also receiving maintenance payments.

Note: This service code can only be used for psychological evaluations for the **child**.

Psychological evaluations cannot be paid with title IV-E funds.

The maximum allowable amount for a psychological evaluation is \$500. The case service authorization request must have the worker and supervisor approval. An exception to the \$500 maximum may be granted based on specific child needs and supervisor approval.

Note: The [DHS-93, Medical Service Authorization](#), may also be used for a child in an unpaid placement and other case members; see [SRF 800, DHS-93 Medical Service Authorization](#).

For YIT eligible youth seeking services after their foster care or juvenile justice case closed, but before age 21; see [FOM 950, The Youth In Transition \(YIT\) Program](#).

TRAUMA ASSESSMENT

Details regarding the payment process for a trauma assessment and the payment are found in [FOM 802, Mental Health, Behavioral and Developmental Needs of Children Under the Supervision of MDHHS](#).

TRANSPORTATION

Transportation reimbursements are available for children who are receiving maintenance payments.

Mileage rates have changed over time to align with state and now federal rates. This chart below shows the historical rates for older payments and case reviews:

Effective Date	End Date	Rate Per Mile
10/1/14	9/30/15	\$.39
10/1/15	9/30/17	\$.36
10/1/17	11/30/19	\$.34
12/1/19	12/31/19	\$.58
1/1/20	12/31/20	\$.575
1/1/21	12/31/21	\$.56
1/1/22	06/30/22	\$.585
07/01/22	12/31/2022	\$.625
01/01/23	Current	\$.0655

Medical Transportation

Medical transportation payments cannot be made from the electronic case management system as a transportation payment. To receive payment the transportation must meet the definition of Essential Medical Transportation to be funded by Medicaid and requires prior approval; see BAM 825, Medical Transportation.

When transportation does not meet essential medical transportation criteria or [BAM 825, Medical Transportation](#) is not followed, an exception may be requested by emailing WMPC's Care Coordinator.

Routine Transportation

Routine transportation, which a parent would normally provide for their own child, such as medical and dental appointments or school conferences, is covered in the age appropriate per diem reimbursement rate. No additional reimbursement is available.

Parent/Child Visitation for Parent Transportation Reimbursement

PAFC Supervised Cases

Payment of transportation costs for a parent to attend parenting time is the responsibility of the PAFC.

Multiple Child Placing Agencies Assigned

When more than one child placing agency is assigned to a case, payment of transportation costs for a parent to attend parenting time is the responsibility of the agency that has full family responsibility.

[Foster Parent/Relative Transportation Reimbursement](#)[Parent/Child Visitation Service Description 1809](#)[Sibling Visitation Service Description 1819](#)

Effective 12/1/19, all reimbursable transportation expenses and rates are based on Internal Revenue Service (IRS) premium mileage rate currently in effect.

The foster parent may be reimbursed for multiple trips in one day. The mileage claimed cannot exceed the miles from the home to the approved destination.

Example: The child's visit lasts for three hours on Mondays. The foster parent drives the child 15 miles from their home to the approved destination. The foster parent returned home and then later returned to pick up the child.

- Drive the child to the visit - 15 miles.
- Drive home - 15 miles.
- Drive back to get the child from the visit - 15 miles.
- Drive with the child home - 15 miles.
- The total is 60 miles.

The foster parent should submit monthly mileage reimbursement requests. One request can be made for siblings if they are visiting the same location(s). If the same trip involves the foster parent transporting multiple children, the miles cannot be claimed more than once.

Note: Pre-approval is required for all round-trip travel over 250 miles. All pre-approvals must be renewed every quarter (90 calendar days). Caseworkers must submit pre-approval requests by completing a MDHHS-5822 and submit to WMPC's Care Coordinator at least 24 hours prior to the anticipated date of travel. The email must include the subject line 'Visitation Mileage Exception Request'.

Note: Limited term/emergency funding must be utilized for a child with a CCF or SWBC fund source effective 12/1/19. Payment prior to 12/1/19 would be paid by the child's placement fund source. While the payment process for parent/child and sibling visitations are the same, they must be submitted separately in the electronic case management system as they are different service descriptions for each.

Caseworker Role in Mileage Reimbursement

- Determine the maximum number of visits according to the parenting time/sibling visit plan for a period of time in which the visits should remain the same frequency at the beginning of the period.
Example: For the next 90 days weekly visitation is to occur or there are 12 weeks scheduled in the next 90 days.
- Determine the maximum number of miles per round trip using MapQuest or Google Maps detailing round trip mileage expected for travel and document in the comments section of the case service.
- Enter the case service in the electronic case management system and route for supervisory approval.
- Transportation is a service that can be entered for any period of time, however, during the period of time selected, the frequency of units cannot change. The number of units in the service authorization is the maximum number of units that could potentially be used if every visit occurs. There may be units that remain unpaid if one or more of the visits do not occur.
- Transportation can be entered for a quarter, then the caseworker must complete the case service four times per year. The transportation can also be entered monthly, then the caseworker must enter the case service 12 times per year.
- Upon receipt of the request for mileage reimbursement, the caseworker must:
 - Review the foster parent's mileage documentation for accuracy.
 - Enter the manual payment for the period of reimbursement and upload the foster parent mileage reimbursement request to the document hyperlink that appears when you apply prior to save/close to support the payment being issued. A manual payment can be entered for a different period of time than the service authorization to pay the provider more frequently.
 - Reimburse the provider within 30 days from the receipt of the request.

Foster Parent Responsibilities

Mileage logs should be submitted monthly by the foster parent after the travel has occurred. The foster parent must include the following details in the log:

- Child(ren)'s name(s).
- Dates of travel.
- Addresses of starting location of travel and ending location of travel.
- Number of miles traveled.

Commented [BM(1)]: Please add-Note: Costs incurred for tolls or toll bridges are reimbursable. A receipt needs to be submitted by the foster parent after the travel has occurred.

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Note: Costs incurred for tolls or toll bridges are reimbursable. A receipt needs to be submitted by the foster parent after the travel has occurred.

School Transportation Payment Process

Service Description Code 0811

Limited term/emergency funding must be utilized for a child with a CCF or SWBC fund source. This is not a CWCC Service Code and MDHHS is responsible for School Transportation Payments.

If it is in the child's best interest to remain in their school of origin despite being placed in a foster home outside of the school district, and there is an additional cost for transportation, MDHHS may be responsible for some or all of this cost; see the [FOM 723, Educational Services](#). Options for transportation include, but are not limited to:

- Working with the school district to re-route school buses.
- Mileage reimbursement to foster parent or another approved volunteer driver.
- Public transportation.

Foster parent/caregiver expenses for reasonable travel accommodations, such as public transportation, will be reimbursed at actual cost. Effective 12/1/19, mileage rates will be reimbursed at the IRS premium mileage rate in effect at the time the transportation was provided.

The foster parent/caregiver must submit documentation of the costs associated with this special educational transportation monthly to the foster care worker. Documentation should include the following:

- Child(ren)'s name(s).
- Date(s) of birth.
- Dates of travel.
- Number of miles traveled.
- Amount to be reimbursed.
- A document with the actual cost of the alternate means of transportation (receipts required).

Once the caseworker receives the transportation reimbursement request, they must create the case service and obtain necessary approvals. Determine the maximum number of miles per round trip using MapQuest or Google Maps detailing round trip mileage expected for travel and document in the comments section of the case service. Upload supporting documentation to the documents hyperlink on the case service authorization and enter the manual payment once the invoice is received.

If payment is being made directly to the school or transportation company, they must be registered in SIGMA and enrolled in Bridges.

Child Caring Institution (CCI) Transportation

If the transportation is for a child receiving residential services, the CCI is responsible for all costs of transportation. The cost is included in the established per diem reimbursement rate; see [JJM 275, Transport and Ward's Meal Reimbursement](#).

Travel for Out-of-State Placement

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

ASSISTED CARE –1810

Assisted care services are available in situations where a foster parent or relative requires an additional individual to provide supervision and engage in activities of daily living for a child in a foster home. Assisted care is based on the care needs of the child.

Assisted care services may be approved for a foster parent, paid relative, or fictive kin caregiver to assist with a child's medical needs until ongoing care and/or service can be obtained through the Medicaid program. Assisted care can also be utilized to prevent hospitalization or residential services. This service may be needed for a child with a history of instability/replacements in care or ongoing behaviors that are not manageable by the foster family alone. Short-term educational assistance could also be included until it is available through the school district.

Assisted care is available for youth with a determination of care (DOC) Level II or above, including Enhanced Foster Care (EFC). This case service authorization can be entered into the electronic case management system by the PAFC and WMPC's Care Coordinator Manager's approval is required on the case service authorization. The case service authorization is to be linked directly to the foster parent or PAFC, not to the assisted care provider.

Note: The case service should be added at the time of approval. A written case plan must be in place which includes the:

- Supervision and daily living needs of the child.
- How the assisted care is meeting the needs of the child.
- Narrative description of the success or failure of the assisted care.
- Process and procedures used to phase out assisted care.

Assisted care is **not** an appropriate substitute service for childcare needed, because the foster parent or licensed relative works, goes to school or volunteers. Childcare payments may be available through MDHHS's Child Development and Care (CDC) program for employment or education leading to a high school diploma when a completed application is submitted, and all eligibility criteria are met.

Examples of other situations in which payment would **not** be appropriate:

- For a caregiver who provides care while the foster parent runs errands or other activities outside of the home.
- Foster home **A** provides temporary relief to foster home **B**. This could be a day,

night, weekend, or week. This situation would be handled by foster home **B** paying foster home **A** the daily rate for the time involved.

- Planned foster parent vacation, such as a scheduled two-week period per year.
- Duplication of activities being provided for through other funds such as a DOC rate.

Payment for Assisted Care

The criteria for approval of assisted care is as follows:

- The child scores level II or above on the appropriate DOC assessment [form \(DHS-470, DHS-470A or DHS-1945\)](#).
- Prior approval by the WMPC Care Coordination Manager (not designee) has been obtained.
- Payments for assisted care are **not** to be included in the DOC supplement.
- The foster parent must submit an invoice to the local PAFC worker monthly. The invoice must contain the daily total of hours the assisted care supervision was provided each day.
- Proof that assisted care payments were made by the foster family to the assisted caregiver must be uploaded to the manual payment.
- Upload the invoice to the manual payment.
- Payment 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.
- A review for assisted care is to be completed every six months or at the time of the DOC review **and** at every placement change. If the services last longer than four months, the USP must include justification. Reviews must be approved by WMPC's Care Coordination Manager.

Exception to the maximum allowable payment amounts and hours per day require prior WMPC's Director approval.

ONE-TO-ONE SUPERVISION

Service Code 1834

One-to-one supervision is increased supervision and monitoring of a child at a ratio of one supervising individual to one child to ensure the safety of the child and others. This staffing ratio is expected to be short-term and provides supervision needed to assure a child does not engage in behavior that is unsafe to self or others. The one-to-one staff person is in addition to the CCIs current contracted staff to youth ratio; see [FOM 722-03E, Placement Exception Requests and Approvals](#).

The CCI must submit a memo on agency letterhead to the PAFC describing the child's behaviors and the need for one-to-one supervision. The memo should include the number of hours being requested. The PAFC must upload the letter in the electronic case management system to the document hyperlink in the placement. The residential/one-to-one placement exception request (PER) or one-to-one supervision PER (if less than 90 days) can then be created.

Any request for one-to-one supervision **MUST** be approved by consortium/lead agency **PRIOR** to implementing this service.

- If a residential facility is requesting one-to-one supervision, they must provide this request in writing on agency letterhead.
- If the request is received prior to completion/routing of the next PER, the one-to-one supervision request should be included in that PER.
- If the PER period is already approved and the residential facility requests one-to-one supervision, a separate one-to-one supervision PER may be completed and routed for approval.

The one-to-one supervision timeframes should line up with the PER timeframes. For example, if the 6-month PER is ready to submit for 10/25/2016-01/22/2017 and the facility requests (in writing) one-to-one supervision, the caseworker will select the one-to-one supervision checkbox within the 6-month residential PER and outline in the narrative the dates requested, number of hours per day, hourly rate, and need for service.

If the PER for 10/25/2016 – 01/22/2017 has already been approved and a one-to-one supervision request is received on 11/05/2016, complete a standalone one-to-one supervision PER with a time period of 11/05/2016 – 01/22/2017 and outline in the narrative the dates requested, number of hours per day, hourly rate, and need for service.

The CCI must submit a monthly invoice to the WMPC Accounting Department at accounting@wmpc.care. The invoice must contain the daily total of hours the one-to-one supervision was provided each day.

Upload the approval memo/email from The Division of Child Welfare Licensing (DCWL) and route the case service authorization to WMPC in electronic case management system for approval.

QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) AFTERCARE PAYMENTS

Qualified residential treatment program (QRTP) residential providers provide discharge planning and family-based aftercare support for at least six months post discharge.

Payments for aftercare are made as a case service. The service codes used in the electronic case management system are:

- 1813 QRTP - Aftercare Level 1.
- 1814 QRTP - Aftercare Level 2.

[FOM 912-1, Residential Services: Residential Provider Requirements](#), detail the differences between the aftercare level 1 and 2.

The QRTP must submit a monthly invoice to the PAFC worker and WMPC Account Department at accounting@wmpc.care. The invoice must contain the number of days the aftercare services were

provided. Upload the invoice to the case service and route requesting approval from the WMPC's Care Coordinator Manager.

Note: Aftercare Level 1 daily payment rate is \$27.35, and Aftercare Level 2 daily payment rate is \$50.98.

ADULT FOSTER CARE (AFC) PLACEMENT (STATE WARDS ONLY)

[Service Description 1837](#)

AFC placements cannot be paid from title IV-E funds.

Payment for the basic AFC rate will be made for youth placed in AFC homes. Payments that exceed the AFC rates established in [ASM-077, ACP SSI/SDA Provider Rates](#) need to be approved by WMPC's Director of Care Coordination. A memo will be signed by WMPC's CEO as well as by the AFC home reflecting the rate and services to be provided. Route the case service authorization with a monthly bill from the provider to WMPC in the electronic case management system for approval.

EXCEPTIONAL REQUEST

[Service Description 1827](#)

This service description can be used to authorize case service payments for other unique situations which require WMPC approval, such as psychiatric hospital overstay, medical transportation not covered by Medicaid, or payment for AFC providers that exceed the established rate. This does not include home remodeling, damages, etc. Email WMPC's Care Coordinator with a detailed memo requesting approval and attach all supporting documents. **Many of these expenses cannot be paid from title IV-E funds; the alternate fund source must be used.**

REIMBURSEMENT TO FOSTER PARENTS OF PRIVATE ATTORNEY FEES

Reimbursement to a foster parent for private attorney fees cannot be paid from title IV-E funds.

WMPC may reimburse a licensed relative or foster parent for the costs of legal counsel (such as attorney fees) when legal action is taken against the licensed relative or foster parent for injury or damage which:

- Resulted from an action(s) of the foster child.
- Was sustained by the foster child.

The relative or foster parent must be licensed under 1973 PA 116 and must be acting within the scope of their authority as a licensed relative or foster parent.

Payment may be made:

- In a civil action only if a judgment for damages is not awarded against the licensed relative or foster parent(s).
- In a criminal action if the licensed relative or foster parent:
 - Is not convicted.
 - Does not plead nolo contendere.

- Is not found guilty but mentally ill or guilty by reason of insanity.

This provision does not apply to administrative hearings or the appeal of an administrative hearing decision.

The funding is 100 percent state funded through the limited term/emergency/general foster care funding. A copy of the acquittal order or civil court decision, the bill for the attorney fee(s), and a written justification of the reasons for the request must be attached. Email WMPC's Care Coordinator with a detailed memo approved by WMPC's CEO.

OUT-OF-STATE SCHOOL TUITION

[Service Description 1831](#)

Out-of-state school tuition cannot be paid from title IV-E funds.

Some states require payment of school tuition for non-resident children placed in CCIs or foster care. Tuition for children 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 child's education. These requests must be done in the electronic case management system as a case service authorization with manager approval, then routed to WMPC Care Coordinator. This case service should be approved for the entire time approved (usually 90-180 days).

REIMBURSEMENT FOR COUNSELING/ THERAPY

Counseling/therapy cannot be paid from title IV-E funds.

For each child under their supervision, PAFC providers must provide treatment services, if indicated, after an assessment of a child's needs. The PAFC may utilize Medicaid or private insurance reimbursable services to meet this requirement. If a service is not available or accessible, the PAFC is responsible for the direct provision of the treatment services including counseling or therapy.

Reimbursement is not paid through the electronic case management system; invoices must be sent to accounting@wmpc.care. No-Show appointments will not be reimbursed by WMPC.

REIMBURSEMENT FOR BIRTH CERTIFICATES

Birth certificates are obtained by local office staff directly from the state where the child is born; see [FOM 910, Obtaining Vital Records](#).

Birth certificates are available free of charge for children born in Michigan. MDHHS PBFS assigned to the case should have access to the Michigan Birth Registry within MILogin.

The cost of birth certificates from other states may be paid using the following process. Such costs are not paid through the electronic case management system.

- PAFC submits a MDHHS-5602, with a copy of the application to accounting@wmpc.care.

- Checking the agency local print box 'yes' will ensure that a check will be printed and sent back to the requester.
- The return address should be included in the extended description of the body of the email request.