	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 16: Financial Services/Support	**Effective Date**: October 1, 2019
	Section 4: Placement Referrals	**Version:** 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will utilize an Individual Child Placement Referral (ICPR) generated through KidTraks for a child placed in a:

1. DCS contracted residential facility (i.e., child caring institution, private secure facility, group home, or emergency shelter care [ESC] facility);
2. Foster home licensed through DCS;
3. Foster home licensed through a Licensed Child Placing Agency (LCPA); or
4. Collaborative Care (CC) Host Home.

A separate ICPR must be completed for each child within one (1) business day of placement. The placement must be entered in the case management system prior to completing an ICPR.

> **Note**: A Child and Adolescent Needs and Strengths (CANS) Assessment must be completed for each child to assist with determining the appropriate category of supervision. See separate policies, 8.50 Determining and Reviewing Category of Supervision and 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for further guidance.

A new ICPR must be created when:

1. A child moves from one licensed or residential placement or CC host home to another;
2. A child moves from one age group to another; and/or
3. A child's category of supervision changes (a change in CANS Placement Recommendation).

> **Note:** See separate policy, 8.50 Determining and Reviewing Category of Supervision for additional information regarding age groups and categories of supervision.

DCS has set rates with the above listed placement provider types. The rate will auto-populate when completing the ICPR in KidTraks. In certain situations, a negotiated rate may be needed. See Procedure for additional information on obtaining a negotiated rate.

Examples of a situation which may be appropriate for a negotiated rate include:

1. The child is placed in a foster home and the therapeutic plus category of supervision does not adequately address the child's needs. The Regional Manager (RM) may approve a negotiated rate. See separate policy, 8.50 Determining and Reviewing Category of Supervision for additional information;
2. The child is placed with a contracted DCS residential provider and the DCS Clinical Consultant agrees the child has a need for 1:1 staffing. The Deputy Director of Services may approve a negotiated rate; or

3. The child's placement with a non-contracted placement provider has been requested or court ordered and the stay is not covered by Medicaid. The recommendation of the DCS Clinical Consultant must be included in the request.

DCS may approve an increase to the number of Behavioral Health Units included in the ICPR when requested by the provider. See Procedure for additional information on the approval process.

An ESC stay is limited to 20 days. The ICPR will have an automatic end date of 20 days. If an extension of time is needed, the ESC facility should complete the Extension of Emergency Shelter Care (ESC) (SF55738) explaining the rationale and explanation of circumstances, which justifies the extension for an ESC stay beyond 20 days. The Extension of Emergency Shelter Care (ESC) (SF55738) must be submitted to the Deputy Director of Services or designee by emailing ESCExtensions@dcs.in.gov no later than day 15. If approved, the Deputy Director of Services or designee will extend the original ICPR in KidTraks. See Separate policy, 8.4 Emergency Shelter and Urgent Residential Placement Review and Approval for additional information on ESC and Residential Placements.

> **Note:** The case information and CANS Assessment recommendations must be reviewed with the Family Case Manager (FCM) Supervisor and DCS Local Office Director (LOD) within five (5) calendar days of placement to determine an appropriate subsequent placement recommendation based upon the needs of the child.

A Diagnostic and Evaluation (D&E) stay is limited to 30 days. The ICPR will have an automatic end date of 30 days. If an extension of time is needed, the assigned FCM or the facility must send a request justifying the need for an extension to ESCExtensions@dcs.in.gov for consideration by the Deputy Director of Services or designee. If approved, the Deputy Director of Services or designee will extend the original ICPR in KidTraks.

> **Note:** A new ICPR should not be completed if the child is remaining in the same ESC or D&E Placement.

Code References

N/A

PROCEDURE

The FCM will:

1. Enter the child's placement in the case management system;

   Note: If a child is placed in an LCPA foster home, the FCM should choose the foster parent as the placement in the case management system. The FCM should not place the child in the LCPA resource.

2. Ensure a CANS Assessment has been completed;

   Note: The CANS Assessment is utilized to determine foster care rates and must be completed prior to creating an ICPR for foster care.

3. Generate an ICPR for the child's placement in KidTraks;
4. Discuss situations which may require a negotiated rate for foster care with the RM;

Note: If a negotiated rate is approved by the RM, a RM Appeal must be completed.

5. Discuss situations which may require a negotiated rate concerning contracted residential placement 1:1 staffing with the DCS Clinical Consultant to determine if 1:1 staffing is appropriate, and forward the recommended decision and request to the Deputy Director of Services or designee at residential.licensing@dcs.in.gov for approval of a 1:1 staffing negotiated rate;

   Note: Requests for 1:1 staffing sent to residential.licensing@dcs.in.gov should include the child's name, residential unit name, and number of hours needed.

6. Discuss requests for non-contracted placements such as Acute Psychiatric care stays that go beyond what is covered by Medicaid, with the DCS Clinical Consultant, LOD, and RM. See separate policies, 8.1 Selecting a Placement Option and 8.4 Emergency Shelter and Urgent Residential Placement Review and Approval for additional guidance;
7. Forward requests for additional Behavioral Health Units to the DCS Clinical Consultant.
8. Document approval for all non-standard or negotiated rates for residential placements or acute hospitalizations;

   Note: The Deputy Director of Services or designee will modify the ICPR to reflect any approved changes. The FCM should ensure the ICPR is received by the placement when an email address is not on file.

9. Verify the completion of ESC or D&E extensions in the case management system; and
10. Create a new ICPR for a child in foster care, residential placement, or a CC host home when the child moves from one licensed or residential placement or CC host home to another, moves from one (1) age group to another, or the category of supervision changes.

    Note: FCMs should complete a new ICPR when a child moves from one placement to another, even when a child moves from one foster home to another within the same LCPA.

The FCM Supervisor will review and approve all foster care ICPRs.

The LOD will:

1. Examine each request for review of a child's category of supervision and:
   a. Thoroughly assess the child's needs and determine if the category of supervision should be higher than the CANS Assessment recommendation for foster care placements. See policy 8.50 Determining and Reviewing Category of Supervision for additional information, and
   b. Forward all negotiated rates for foster care to the RM for approval;

2. Forward all non-standard or negotiated rates for all placements in Acute Psychiatric care that go beyond what Medicaid covers to the RM for review; and
3. Approve all residential ICPRs sent for approval in KidTraks.

The DCS Clinical Consultant will:

1. Participate in discussions and make recommendations regarding:
   a. Acute Psychiatric care stays that go beyond Medicaid coverage,

   b. Requests to the Deputy Director of Services for 1:1 staffing, and
   c. Placement situations for which it may be appropriate to submit a request to the Deputy Director of Services for a negotiated rate; and

2. Process a residential provider's request for "Other Behavioral Health Units" included in the ICPR by:
   a. Evaluating whether the request is appropriate and in the best interest of the child,
   b. Staffing the request and his or her recommendation with the DCS Clinical Services Manager, and
   c. Making necessary changes to the ICPR for approved units which do not qualify for Medicaid reimbursement.

The RM will:

1. Review all negotiated rates for foster care to determine the appropriate rate; and
2. Participate in discussions regarding Acute Psychiatric care stays that go beyond what Medicaid will cover and may send the request and the DCS Clinical Consultant's recommendations to the DCS Residential Licensing Unit at residential.licensing@dcs.in.gov.

The Deputy Director of Services or designee will:

1. Review and make an approval determination regarding:
   a. Non-standard or non-contracted negotiated rates for residential placements or acute hospitalizations, and
   b. Extensions of ESC and D&E stays; and

2. Create and/or modify the ICPR, as needed, to reflect any approved changes.

PRACTICE GUIDANCE

Completing an ICPR

An ICPR is created and approved through KidTraks. Information will pull from the case management system into the ICPR housed in KidTraks. It is important to ensure the accuracy of the ICPR by entering the correct placement information in the case management system and completing a CANS Assessment prior to completing the ICPR. The ICPR will not populate correctly if the case management system information is incorrect. Once an ICPR is approved, the ICPR will be sent electronically to the placement.

> **Note:** The FCM should print and deliver the ICPR to the placement when the placement does not have an email address listed in KidTraks.

Timely Completion of ICPR

It is critical to complete the ICPR in a timely manner. In order for a provider to accurately invoice DCS and Medicaid for a placement the ICPR must be completed with all relevant information.

KidTraks Statuses for a Foster Care ICPR

1. Submitted: An ICPR will be in submitted status when it has been completed by an FCM and submitted to the FCM Supervisor or LOD for approval.
2. Approved: An ICPR will be in approved status when it has been approved by an FCM Supervisor or LOD.
3. Superseded: An ICPR will be in superseded status when an ICPR has been created with overlapping effective dates. The first ICPR would be good up to the effective date of the

second ICPR (e.g., ICPR 1 is effective 1/1/14 – 6/30/14. ICPR 2 is created effective 5/15/14. The vendor would bill for 1/1/14 – 5/14/14 using ICPR 1 and would bill 5/15/14 onward using ICPR 2).

4. Expired: An ICPR will be in expired status following the expiration date (e.g., the ICPR is effective 1/1/14 – 6/30/14. On 7/1, the ICPR will show as expired. The vendor would bill for dates of service 1/1/14 – 6/30/14 using this ICPR).
5. Closed: An ICPR will be in closed status 60 days after it expires.
6. Voided: An ICPR will be in voided status when an FCM or FCM Supervisor voids the ICPR. This means that the ICPR cannot be used for billing purposes for any dates of service. This status essentially deletes the ICPR.
7. Denied: An ICPR will be in denied status when an FCM Supervisor or LOD denies a submitted ICPR.

Wards who have Children

When a ward has a child who is also a ward, the child would require his or her own ICPR. If the ward's child is not a ward, the child should be added to the ward's (parent) ICPR. When completing the ICPR there is a drop down box to add a non-ward baby to the ICPR.

Cross-System Care Coordination

When a child is receiving cross-system care coordination and he or she is placed out-of-home, the cross-system care coordination provider is responsible for completing the placement referral. The FCM should enter the out-of-home placement in the case management system but should not complete an ICPR for a child involved in cross-system care coordination.

ICPR for an LCPA Licensed Home with Therapy Referral

An FCM has the opportunity to attach a therapy referral when completing an ICPR for an LCPA licensed home. If the FCM wishes to utilize the LCPA to provide therapy for the child, the FCM should create the referral through the ICPR process. The FCM should not create a community-based referral to the LCPA.

FORMS AND TOOLS

1. ICPR – Available in KidTraks
2. Extension of Emergency Shelter Care (ESC) (SF55738)
3. CANS Assessment – available in the case management system

RELATED INFORMATION

N/A