

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2003.11

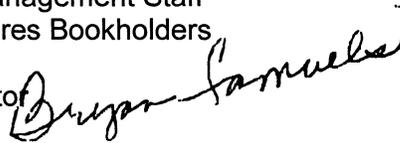
Distribution: X and Z

BED HOLD PAYMENTS WHEN CHILDREN ARE ABSENT FROM A LIVING ARRANGEMENT PLACEMENT

DATE: December 1, 2003

TO: All DCFS and Purchase of Service Agency Caseworkers, Supervisors, and Managers
All Purchase of Service Residential Care Providers
Independent Living Providers
Transitional Living Providers
All DCFS Financial Management Staff
All Rules and Procedures Bookholders

FROM: Bryan Samuels, Director



EFFECTIVE: December 1, 2003

I. Purpose

The purpose of this Policy Guide is to implement revised procedures governing the request and approval of bed holds when children who are placed in a living arrangement (institution, group home, transitional living program, or independent living arrangement) are absent from their usual living arrangement due to certain reasons specified in this Policy Guide.

Child Absences Covered by this Policy: Children covered by this policy include any child who is absent from his/her living arrangement due to: hospitalization for psychiatric or medical reasons; runaway; placement in a county-operated detention center; or admission to an inpatient alcohol or other drug abuse treatment program licensed by the Illinois Department of Human Services.

Compliance with Other Controlling Policy and Procedures: Nothing in this policy relieves a caseworker of her/his responsibilities described in any other Department policy or established procedures concerning children who are psychiatrically hospitalized and procedures concerning children who are thought to have run away, been abducted and/or are missing. These absences must be reported within an hour to the Child Location Unit. Also, caseworkers are responsible for promptly reporting a child's absence from and return to the child's placement by contacting the appropriate downstate regional 906 Hotline or the Cook County Case Assignment and Placement Unit (CAPU) as required by Department procedures.

Discharge of Children Who Are Absent from a Residential Care Placement: A provider of residential care services may unilaterally discharge a child who is absent from the residential care placement upon written notice to the assigned Department caseworker. The provider will be paid for the last day the child was present in the residential care placement when there is an approved bed hold episode in effect on the

date the provider notifies the Department of the child's discharge from the residential care placement.

Additionally, a provider of residential care services who is determined by the Department to have a pattern of discharging children while children are absent from the placement may be subjected to a referral hold and/or an independent utilization review at the discretion of the Department.

II. Primary Users: The primary users of this Policy Guide are caseworkers assigned to children who are placed in residential care, a transitional living program, an independent living arrangement, and staff members of the residential care placement, transitional living program, and independent living arrangement from which children are absent.

III. Key Words

Approved bed hold day, approved bed hold episode, psychiatric hospitalization, alcohol or other drug treatment, runaway, whereabouts unknown, reimbursement rates

IV. Definitions

“Approved bed hold day” means a day during a child's absence on which the provider provided one or more services to or on behalf of the absent child **and** the day on which the service was provided is within the period for which a bed hold has been approved in compliance with these procedures.

“Approved bed hold episode” means a period of time that shall not exceed 30 consecutive days during which a child is absent from a living arrangement placement and for which the Department has approved payment to the provider for each day during the child's absence on which the provider provided one or more services to or on behalf of the child and documented the provision of the service in the child's treatment record. For the purpose of this Policy Guide, one approved bed hold episode may include a child experiencing more than one of the types of absences covered under the policy guide (e.g. runaway and detention) as long as the child does not return to the living arrangement placement at any time during the approved bed hold episode.

An approved bed hold episode begins on the date the child was first absent or two working days prior to the provider reporting the child's absence to the appropriate downstate regional 906 Hotline or the Case Assignment and Placement Unit (CAPU) in Cook County, which ever is later.

An approved bed hold episode ends when one of the following events occurs:

- The provider notifies the appropriate downstate regional 906 Hotline or the CAPU in Cook County that the child returned to the placement from which the child was absent; or
- The child does not return and the provider notifies the assigned caseworker the child has been discharged from the living arrangement; or
- The child returns but the assigned caseworker determines that it is not in the child's best interest to return to the living arrangement from which the child was absent.

Except as provided in Section VII, Exceptions, of this Policy Guide, an approved bed hold episode will be limited to a maximum of 30 consecutive days. The 30 days maximum begins on the date on which the child was first absent and ends 30 days later. However, payment for an approved bed hold episode that is approved pursuant to these procedures will begin on the date the child was first absent or two working days prior to the date on which the provider reported the child's absent to the appropriate downstate regional 906 Hotline or the CAPU in Cook County, **which ever is later** and end no later than 30 days after the date on which the child was first absent.

V. General Requirements

A residential care, transitional living, or independent living provider must report a child's absence from and return to the living arrangement to the appropriate downstate regional 906 Hotline or the Cook County CAPU within 48 hours (two working days) after the day on which the child was first absent. If the provider does not comply with the 48 hour (two working days) notification and if a bed hold episode is subsequently approved, the provider will receive payment beginning 48 hours (two working days) prior to the date the provider notified the Department of the child's absence and ending on the last day of the approved bed hold episode or the date on which the child returns to the living arrangement, whichever is earlier. For example, the provider notifies the Department of a child's absence 4 days (96 hours) after the child was first absent and returned to the placement 40 days later. A bed hold episode is subsequently approved. The approved bed hold episode is a maximum of 30 days from the date on which the child is first absent from the program; however, payment for the approved bed hold episode would be for a maximum of 28 days, as long as the provider complies with all the requirements of this Policy Guide.

Except as explained in Section VII, Exceptions, of this Policy Guide, a child must return to the provider from which the child was absent as a condition of payment for an approved bed hold episode. Additionally, the provider will **ONLY** receive payment for a day during an approved bed hold episode on which the provider provided one or more services to or on behalf of the child and the provision of service is documented in the child's treatment record. Any day during an approved bed hold episode on which the provider provides NO service to or on behalf of the child will not be reimbursed.

All requests for bed hold payments must be submitted and approved on the **CFS 906-5, Bed Hold Payment Request**, that is an attachment to this Policy Guide.

VI. Approval Procedures

A. Staffing

Within 3 working days (72 hours) of the date on which a child is absent from her/his living arrangement because the child has run away, has been placed in detention by a judge, has been admitted to a hospital for psychiatric reasons, or has been hospitalized for medical reasons, there must be a case staffing involving, at a minimum, the Department or agency caseworker assigned to the child **or** the caseworker's supervisor, and a representative of the provider who is knowledgeable about the clinical needs of the child. The purpose of the staffing is to determine whether it is in the best interest of the child to return to the living arrangement when the child returns from the absence. The staffing must be

documented by the caseworker or by the caseworker's supervisor on a **CFS 492, Case Entry** form or the appropriate contract case entry form and by the living arrangement provider in the child's treatment record.

If the case staffing does not occur within 3 working days, no bed hold payment will be made without the approval of the Deputy Director of the Division of Placement/Permanency or the Division of Field Operations.

B. Child Will Not Return to Previous Placement

If it is determined by the staffing that it is **not** in the child's best interest to return to the previous living arrangement, the provider shall complete the **CFS 906-5** to document services provided to or on behalf of the child on each day on which the child was absent and the assigned caseworker or the caseworker's supervisor will sign the **CFS 906-5**. The provider will fax the **CFS 906-5** to the Department's Central Office Client Payment Unit (CPU) at 217-557-0639. The CPU will compare the **CFS 906-5** data to CYCIS information concerning the date on which the child's absence was reported. The CPU will process a "**case management only**" payment in the amount of \$ 19.04 per day for the dates on which the provider provided one or more services beginning on the date of the child's absence or 48 hours (two working days) prior to the provider reporting the child's absence, whichever is later, and ending on the date of the staffing at which it was determined that the child would NOT return to the previous living arrangement.

C. Child Will Return to Previous Placement

If it is determined by the staffing that it **is** in the best interest of a child to return from the absence to the previous placement, the following procedures apply:

1. If the child returns to the provider before the 72 hour staffing, the provider shall promptly notify the appropriate downstate regional 906 Hotline or the Cook County CAPU of the child's return. The provider shall also complete the **CFS 906-5** to document what service was provided to or on behalf of the child each day during the child's absence. The DCFS or agency caseworker and the caseworker's supervisor shall sign and date the **CFS 906-5**. The provider will fax the **CFS 906-5** to the Central Office Client Payment Unit (CPU) at 217-557-0639. The CPU will compare the **CFS 906-5** data to CYCIS information concerning the date on which the child's absence was reported. The CPU will process payment for the dates on which the provider provided one or more services beginning on the date of the child's absence or 48 hours (two working days) prior to the provider reporting the child's absence which ever is later and ending on the date that the child returned to the previous living arrangement.
2. If the child returns to the provider after the 72 hour staffing but before 30 consecutive days from the date on which the child was first absent, the provider shall promptly notify the appropriate downstate regional 906 Hotline or the Cook County CAPU of the child's return. The provider shall also complete the **CFS 906-5** to document what service was provided to or on behalf of the child each day during the child's absence. The assigned DCFS or agency caseworker and the caseworker's supervisor

shall sign and date the **CFS 906-5**. The provider shall fax the **CFS 906-5** to the Central Office Client Payment Unit (CPU) at 217-557-0639. The CPU will compare the **CFS 906-5** data to CYCIS information concerning the respective dates on which the child's absence and return were reported. The CPU will process payment for the dates on which the provider provided one or more services beginning on the date of the child's absence or 48 hours (two working days) prior to the provider reporting the child's absence, whichever is later, and ending on the date that the child returned to the previous living arrangement.

VII. Exceptions

A. No Staffing Occurs (Only in cases in which DCFS holds case management responsibility)

If the assigned DCFS caseworker or the caseworker's supervisor fails to participate in the staffing required by these procedures, the residential care, transitional living, or independent living provider shall, upon the child's return, promptly notify the appropriate downstate regional 906 Hotline or the Cook CAPU of the child's return. The provider shall also complete the **CFS 906-5** to document what service was provided to or on behalf of the child each day during the child's absence. At the bottom of the form in the space for the caseworker's signature, the provider will write "**DCFS caseworker and supervisor were contacted about the staffing and failed to participate in the required staffing.**" A representative of the provider will then sign and date the **CFS 906-5** in the space for the "supervisor's signature." A provider's submittal of the **CFS 906-5** in this circumstance is considered a statement of intent of the provider to accept the child back for care upon the child's return from the absence.

The provider shall fax the **CFS 906-5** to the Central Office Client Payment Unit (CPU) at 217-557-0639. CPU will compare the **CFS 906-5** data to CYCIS information concerning the respective dates on which the child's absence and return were reported. The CPU will process payment for the dates on which the provider provided one or more services beginning on the date of the absence or 48 hours (two working days) prior to the date the provider reported the child's absence, whichever is later, and ending on the date that the child returned to the previous living arrangement.

B. Consecutive Approved Bed Hold Episode

A consecutive bed hold episode may be approved by the Deputy Director of the Division of Placement/Permanency or the Deputy Director of the Division of Field Operations and only when a child is hospitalized for medical or psychiatric reasons or is detained in short-term incarceration (county operated detention facility), and:

1. the child will return to the previous provider; and
2. the child's discharge date is after the date on which the initial "approved bed hold episode" ends.

The assigned DCFS or agency caseworker's supervisor and the residential care, transitional living, or independent living provider must jointly request approval of a consecutive approved bed hold episode in writing via a decision memorandum to the Deputy Director of the Division of Placement/Permanency or the Deputy Director of the Division of Field Operations. The DCFS or agency supervisor and living arrangement provider must explain in detail why the consecutive approved bed hold episode is required and the date on which it is planned that the child will return to the previous placement.

The provider shall promptly notify the appropriate downstate regional 906 Hotline or the Cook County CAPU when the child returns to the previous living arrangement. The provider shall complete the **CFS 906-5** to document what service was provided to or on behalf of the child each day during the child's absence. The assigned DCFS or agency caseworker and the caseworker's supervisor shall sign and date the **CFS 906-5**. The provider shall fax the **CFS 906-5 AND** a copy of the decision memo for the Deputy Director of the Division of Placement/Permanency or the Deputy Director of the Division of Field Operations to the Central Office Client Payment Unit (CPU) at 217-557-0639. The CPU will compare the **CFS 906-5** data to CYCIS information concerning the respective dates on which the child's absence and return were reported. CPU will forward the **CFS 906-5** and decision memo to the Deputy Director for approval. If approved, CPU will process payment for the dates on which the provider provided one or more services beginning the first day of the absence or 48 hours (two working days) prior to the date the provider reported the child's absence, whichever is later, and ending on the date that the child returned to the previous living arrangement.

C. Child Does Not Return to Previous Living Arrangement As Planned

If, based on the staffing required by these procedures, the intent was for a child to return to the previous living arrangement, but the supervisor of the assigned caseworker decides subsequently that it is NOT in the best interest of the child to return to the previous living arrangement, the supervisor shall, within one working day of the decision, notify the provider in writing that the child will not return to the placement. The date on the written notice will be the effective date of the child's discharge from the living arrangement placement. The Department will pay the provider under this bed hold policy each day of a documented service up to the notification date of the child's discharge from the living arrangement placement, not to exceed 30 days. Thereafter, if case management responsibility is retained by the living arrangement provider, the provider will need to request from the Department a "case management only" payment for each day the provider provided and documented one or more services to or on behalf of the child and remains the case manager of record. The provider shall complete the **CFS 906-5** to document what service was provided to or on behalf of the child each day during the child's absence. The assigned caseworker and the caseworker's supervisor shall sign and date the **CFS 906-5**. The provider shall fax the **CFS 906-5 AND a copy of the memorandum from the supervisor** to the Central Office Payment Unit (CPU) at 217-557-0639. The CPU will compare the **CFS 906-5** data to CYCIS information concerning the date on which the child's absence was reported. The CPU will process the different payments, if appropriate, for the dates on which the provider provided one or more services

beginning on the first day of the child's absence or 48 hours (two working days) prior to the date the provider reported the child's absence, whichever is later, and ending on the date of the notice from the caseworker to the provider that the child would not return to the provider and/or remained the case manager of record.

VIII. Reimbursement Rates for Approved Bed Hold Episode

If an absent child **does** return to the previous placement, Medicaid-certified and non-Medicaid certified residential care providers will be reimbursed at the provider's established per diem rate for each day within an approved bed hold episode on which the provider provides one or more services to or on behalf of the absent child as documented in the child's treatment record and on the **CFS 906-5**.

If the child **does NOT** return to the previous living arrangement, the Department will pay the provider a "case management only" payment for each day during an approved bed hold episode that the provider provided one or more services to or on behalf of the absent child as documented in the child's treatment record and on the **CFS 906-5**.

IX. Questions

Questions about this Policy Guide should be directed to the Department's Central Payment Unit at 217-782-7043.

X Attachments

Attachment A - Frequently Asked Questions

CFS 906-5, Bed Hold Payment Request

These can be ordered in the usual manner. A template is also available on the T Drive.

XI. Filing Instructions

Remove Policy Guide 2002.14 in its entirety from behind Procedures 359.40 – 359.46 (16) and replace with this Policy Guide.

This page intentionally left blank

Policy Guide 2003.11

Bed Hold Payments When Children are Absent from a Residential Care, a Transitional Living, or an Independent Living Placement

Attachment A – Frequently Asked Questions

1. Does the bed hold policy apply to foster care and Pregnant and Parenting Teen (PPT) programs?

- Foster care bed holds will be completed as in previous fiscal years through the completion of a **CFS 906-4, Special Service Fee and Extension** form, but it **MUST** be faxed to the CPU for entry. Formal policy of foster care bed holds will be forthcoming during this fiscal year.
- If a pregnant or parenting teen is in a residential, independent living, transitional living, or group home setting, the bed hold policy applies.

2. How does the bed hold policy apply to ILO/TLP Programs in light of the Department runaway protocols?

For the purpose of the bed hold policy and submittal of a **CFS 906**, a youth in ILO/TLP will be considered as continually in placement and not require special bed hold payment approval when absent from placement for 24 hours. The one hour guideline for initiating the runaway protocol should still be observed. If the child is absent for more than 24 hours, a CFS 906 should immediately be called in to the Case Assignment Placement Unit or the appropriate downstate regional 906 hotline effective the date of the run.

3. If the private agency attempts to perform a service, such as an off-site visit to a detention facility, and the ward refuses to see them, can they put that down as a service since they did actually go to the facility and were unable to visit?

Yes, as long as the agency documents the attempted contact in writing in the child's treatment record or on a **CFS 492, Case Entry** form. The **CFS 492** should NOT be sent with the **CFS 906-5** to the Central Office Client Payment Unit.

4. In the past, the private agency claim voucher included any paid bed hold days. How does a provider reflect on the claim voucher the bed hold that hasn't been approved or entered on the system yet?

In most cases an agency's claim voucher will be submitted to the Department prior to the bed hold being approved and entered. The agency should submit the claim without the bed hold days. The agency will be paid for the actual placement days until the bed hold goes on. The bed hold days will no longer be required to be a part of the claim voucher process. Submission of the **CFS 906-5** and subsequent approval replaces the claim voucher process.

5. **What about a child who is absent from placement for reason of whereabouts unknown or abduction, the staffing occurs, and the intention is for the child to return to the same facility, but the child stays absent for an extended period of time (beyond 30 days). When should the agency send in its 906-5?**

The **906-5** should be submitted once the child has returned to the facility.

If the child is absent due to hospitalization for medical or psychiatric reasons or detention more than 30 days from the initial date of absence, a consecutive bed hold episode must be approved by the Deputy Director of the Division of Placement/Permanency or the Deputy Director of the Division of Field Operations (See Sec. VII. B. of the Policy Guide).

6. **What about a child who is absent from placement for reason of whereabouts unknown or abduction, the staffing occurs, and subsequently it is determined by the Department and the facility that the child will NOT be returned to the facility. When should the agency send in its 906-5?**

The **906-5** should be submitted immediately upon the determination that the child will not be returned to the facility. There has to be verification/documentation that the Department and the facility have jointly agreed that the child will not be returned.

The **906-5** should contain the signature of the DCFS or agency case manager or supervisor along with a signed memo indicating the date the decision was made for the child not to return

7. **What about a child who is absent from placement for reason of whereabouts unknown or abduction and the facility unilaterally decides that the child will be discharged. When should the agency send in its 906-5?**

Payment for a bed hold will NOT be made when a facility unilaterally decides to discharge a child, therefore a **906-5** should not be submitted.

8. **What if the service performed by the living arrangement staff doesn't fit into any of the services listed on 906-5.**

The services listed on the **906-5** are Medicaid mental health services. When a non-Medicaid agency provides a service or when a Medicaid certified agency performs a non-Medicaid service, staff should choose the service that most closely reflects the task that was actually performed. If the task does not fit into the given services, call CPU at 1-800-525-0499 option 2.

9. **If a youth returns to the facility within 72 hours and prior to the completion of a staffing, does a staffing with DCFS still need to occur?**

Since the purpose of the staffing is to determine if it is in the child's best interest to return to the living arrangement and the child has already returned to the living arrangement, a staffing need not be held. Procedures for this situation are found in Sec. VI. Part C. (Child Will Return to Previous Placement) of this Policy Guide.

10. **If a child is absent from placement for reasons of whereabouts unknown or abduction then returns in 25 hours, then leaves again for another 25 hours, how should this be reflected?**

When a child is gone for less than 72 hours and a staffing has not occurred and the facility performed services for any of the days of absence beyond the required notifications of the run protocol found in Rule Part 329, a **906-5** must be submitted reflecting the services in order to receive payment. If the child returns to the facility and then is absent again, each incident will be treated as a separate discrete absence.

11. **Are only business days counted when determining when the 72-hour staffing must occur?**

The staffing must take place within three State of Illinois working days.

12. **Does the facility fax the initial 906-5 to the Central Office Client Payment Unit (CPU) before the staffing has occurred, before services have been provided, or before the child has returned to the agency?**

The **906-5** will always be faxed to CPU **after** the services have been provided and **after** the child has been returned to the agency. If it is determined that the child will not be returned to the agency through the staffing, then a **906-5** can be completed and faxed to CPU because that agency is finished providing services to the child/family.

The **906-5** should contain the signature of the DCFS or agency case manager or supervisor along with a memo that the child is not returning.

OR

The **906-5** should be submitted along with a copy of the written notice to the assigned DCFS case manager that they are discharging the child from the facility.

13. **Can the facility fax a 72 hour staffing request to DCFS and will all DCFS staff agree to this? Or does the facility need to call to request the staffing?**

The facility should contact the appropriate DCFS staff via telephone or email in order to schedule a staffing. The agency may also fax a request; however, an agency should not rely **ONLY** on faxing since a worker or supervisor may inadvertently not receive the request.

- 14. Can the facility set or suggest the staffing time or do DCFS and the facility have to agree on a time (which could place agencies over the 72 hour limit at no fault of their own)?**

The facility can suggest a time for the staffing with DCFS, but the staffing will take place by mutual agreement. All parties should work together to ensure that the staffing takes place in a timely manner.

- 15. Will an agency be paid for a bed hold if there are not any services identified on the CFS 906-5 form when submitted to CPU?**

An entry must be made for every day during which a service was performed. Only those days in which a service was performed are eligible for bed hold payments.