

## DEPARTMENT OF SOCIAL SERVICES

## CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

April 11, 2016

**What's Inside:**  
**Residential  
Treatment  
Contract  
Highlights**

## M E M O R A N D U M

TO: REGIONAL DIRECTORS, FIELD SUPPORT MANAGERS,  
CIRCUIT MANAGERS AND SUPERVISORS

FROM: TIM DECKER, DIRECTOR

SUBJECT: Residential Treatment Services

## DISCUSSION:

The purpose of this memorandum is to introduce and highlight the main changes to the Residential Treatment contract that will become effective April 1, 2016. Current contracts have been extended through March 31, 2016. The overarching intent of the contract revision is to consolidate the current four contract documents into a single contract that incorporates the strengths of the pilot contracts which began in 2010 ([CD09-132](#)), as well as updated general boilerplate language. The new contract will be sent out to all existing providers. The Child Welfare Manual has also been updated to reflect these changes.

**Residential Treatment Services**

Payments for the room and board portion of the residential treatment rate will automatically generate from FACES for providers operating under the new contract similar to the process used to reimburse foster parents. It is critical to update residential placements in a timely manner to ensure prompt payment to providers. The following placement types will be used to identify youth placed in a residential treatment facility:

- RFE – Identifies children receiving emergency shelter services (30 days maximum). The vendor must be contracted to provide RFEM services.
  - Emergency placements (RFE) in excess of 30 days should be updated to the RFP placement type.
- RFP – Identifies children who have not yet been assigned a level of care. The vendor must be contracted to provide RFEM, RF2R, RF3R, or RF4R services.
- RF2 – Identifies children who will receive Level 2 services. The vendor must be contracted to provide RF2R- Moderate Need services.
- RF3 – Identifies children who will receive Level 3 services. The vendor must be contracted to provide RF3R – Severe Need services.

- RF4 – Identifies children who will receive Level 4 services. The vendor must be contracted to provide RF4R – Intensive Need services.
- RFT – Identifies children who will receive Aftercare services. The vendor must be contracted to provide RFTR services. Primary placement is at the residential facility and a temporary location should be entered to reflect where the child is physically placed.
- RFH – Identifies children who will receive Therapeutic Foster Care services. The vendor must be contracted to provide TFCM services. Primary placement is at the residential facility with a temporary location of FHT where the child is physically placed.
- RFM – Identifies children who will receive Maternity and Maternity with Infant services. The vendor must be contracted to provide RFMM services.
- RFI – Identifies children who will receive Infant/Toddler services. The vendor must be contracted to provide RFIM services.

Each placement type has a default maintenance level. It is not necessary to change the maintenance level when a temporary location is entered. Entering a temporary location will stop the maintenance from generating. Temporary placements should be entered when the child is temporarily located outside their primary placement.

Emergency, maternity, or infant residential placements do not need a service authorization. Reimbursement will generate based on the placement type.

Payments for the treatment services portion of the residential rates are paid through a separate invoice process and must have prior authorization. Costs associated with Intake and Quarterly assessments are now included in the daily service rate and will no longer require a separate invoicing process. Service authorizations will need to be entered in FACES utilizing the following codes to indicate the appropriate service level:

- RF2R – Residential Level 2 Rehabilitation Services
- RF3R – Residential Level 3 Rehabilitation Services
- RF4R – Residential Level 4 Rehabilitation Services
- RFTR – Residential Facility Transition Services (Aftercare)
- TFCM – Therapeutic Foster Care Maintenance

If a child moves from an emergency shelter placement to another residential facility they need to be authorized at a higher level of services. They will not be authorized for emergency residential services.

### **Absences**

When a child is absent from a residential provider due to run, hospitalization, or detention, a temporary location should be entered accordingly in FACES. The contractor may be paid for up to seven (7) days of the child's absence due to run, hospitalization, or detention if the child returns to the facility within 30 days. If a child is absent from the facility for another reason (e.g., family visit), a temporary location should also be entered into FACES to account for the child's physical location. The contractor may be paid up to five (5) days per month if the absence is part of the child's treatment plan. More than five (5) days in a month must receive prior approval from the RCST Coordinator in writing. Payment for absences will need to be issued via a Payment Request (PR).

Payment entry staff should override the absence payment error “vendor not contracted for this service.”

### **Aftercare Services**

The new contract shifts away from the use of Family-Focused Residential Services to the use of Aftercare, as introduced in [CD09-132](#). Aftercare is a transition service designed to help children to move from a residential facility to a home or community setting. Aftercare authorization begins upon a child’s exit from the residential facility and is authorized for three months. Previously, under the pilot agreement, Aftercare was not available to youth who had been at a facility longer than six months unless the youth was receiving treatment for sexual offending behavior. This restriction has been removed and all youth are eligible for Aftercare services as determined by the Family Support Team. Prior to the start of Aftercare, the contractor, in collaboration with the FST, shall create a plan for supportive and transition services the child will need. When the decision is made to utilize Aftercare services, the Children’s Service Worker should submit a copy of the service plan to the RCST Coordinator. The residential treatment provider will be contacted by the RCST Coordinator to determine the effective date for the Aftercare services. The RCST Coordinator will then enter the service authorization into FACES.

Aftercare includes the availability of Aftercare support funds to support the placement of the child in the community. The RCST Coordinator is responsible for approving Aftercare support funds for single requests under \$200.00 and cumulative expenses under \$500.00. Single requests over \$200.00 and cumulative expenses exceeding \$500.00 must receive **prior** approval from Central Office. The residential treatment provider will submit the request directly to the Central Office designee. If approved, an e-mail indicating such will accompany the request for reimbursement submitted to the RCST Coordinator.

Children who are currently authorized for Family-Focused Residential Services (FFRS) at the time that the new contract is implemented will be allowed to continue out this service. Payment for FFRS will need to be issued via a Payment Request (PR). Any child who is approved for transition services on or after April 1, 2016, shall be authorized for Aftercare services.

### **Transfer Meetings**

When a child moves from a residential placement to another placement (e.g., another residential provider, therapeutic foster home, resource home), a transfer conference should be held between the current provider and the next placement provider. The purpose of this conference is to share information about the child to aid in the child’s transition to their next placement. The conference shall be arranged by the Children’s Service Worker and/or supervisor, with the current and subsequent placement provider, as well as the youth (if developmentally appropriate) participating in the transfer meeting. This staffing can be completed either face-to-face or via conference call within the timeframes specified below:

- For a planned discharge, a transfer staffing shall be held prior to a youth’s move, but not to exceed the first five (5) days of a child’s placement move.

- After an emergency discharge, a transfer staffing shall occur at the 72 hour FST meeting or at a separate staffing conference within the first five (5) days of the placement change.

Transfer meeting notes should be documented in the contact communication log in FACES.

## **Special Expenses**

### Clothing

The residential provider may receive reimbursement for clothing with the amount of allowance based on rates established in the Child Welfare Manual [Section 4, Chapter 11, Attachment A, Standard Payment Rate for Foster Family Alternative Care](#).

### Transportation

The residential provider may receive mileage reimbursement for child specific travel at mile 201 and above. Mileage costs at mile 200 or below is paid by the provider. Allowable child specific travel includes:

- Medical Care
- Visits with caretaker(s), guardians(s), less restrictive placement providers
- Court
- FST and PPRT meetings

Additional allowable child specific transportation trips that are intended to support the case plan may be made on a case by case basis and as approved by the FST, RCST Coordinator, and their supervisor.

To receive reimbursement, providers will complete the Travel Expense Log, CD-107, and submit to the RCST Coordinator for approval within 30 days of the month that the trip occurred.

## **Special Procedures for Children Receiving Adoption or Guardianship Subsidy**

The appropriate residential treatment services need to be listed on the adoption or guardianship subsidy contract before they can be authorized. The adoptive parent(s) or legal guardian must request these services through their subsidy worker. The RCST Coordinator will determine if residential treatment services are appropriate and authorize the level of treatment that is to be provided after receiving approval to utilize subsidy funding for residential treatment services from the subsidy worker. A code of ASRT must be listed on the subsidy agreement. Children who were already placed in a residential treatment facility by their adoptive parent(s) or legal guardian prior to requesting such services through their subsidy worker cannot be authorized for emergency residential care services.

Previously, for subsidy youth recommended to receive Aftercare services all applicable service codes (i.e., RFTR, RTCR, and RTRS) had to be listed separately on the subsidy

agreement. With the new contract, this will no longer be necessary. The ASRT service code should be listed on the subsidy agreement for all residential care services.

**Procedures to Transition to New Contract**

Between April 1 and April 15th, the placement type and authorizations should be updated for children currently placed in residential treatment. These updates should reflect a begin date of April 1, 2016. RCST Coordinators will enter the new placement type effective April 1, 2016. After current cases are transitioned to the appropriate placement type, current field practice will dictate who will enter the placement type for children on an ongoing basis. However, case managers should not enter or update placement types which indicate the level of residential treatment services until the RCST Coordinator has determined the placement level.

**Special Procedures for Children Receiving FCCM and Specialized Care Services**

The placement types denoted in the Residential Treatment Services section of this memo should also be utilized for children who are case managed by a private agency through the FCCM or Specialized Care case management contract. The RFA placement type will no longer be applicable.

The FCCM and Specialized Care providers will be responsible for updating the placement screen in FACES to reflect the appropriate placement type for children placed in residential. The placement type will need to be updated for children currently placed in a residential facility. FCCM and Specialized Care providers will continue to have their own process to authorize residential treatment services. For youth case managed under the FCCM and Specialized Care contracts, the maintenance level should default to No Maintenance (3) in FACES.

<b>NECESSARY ACTION</b>  1. Review this memorandum with all Children’s Division staff. 2. All questions should be cleared through normal supervisory channels and directed to:	
<b>PDS CONTACT</b> Christine Wynn <a href="mailto:Christine.Wynn@dss.mo.gov">Christine.Wynn@dss.mo.gov</a> (573) 522-8620	<b>PROGRAM MANAGER</b> Wade McDonald <a href="mailto:Wade.S.McDonald@dss.mo.gov">Wade.S.McDonald@dss.mo.gov</a> (573) 751-2502
<b>CHILD WELFARE MANUAL REVISIONS</b> <a href="#">Section 4, Chapter 4.2, Guidelines for Placement Resource Selection</a> <a href="#">Section 4, Chapter 4.4.9, Residential Treatment</a> <a href="#">Section 4, Chapter 4.4.10, Emergency Shelter</a> <a href="#">Section 4, Chapter 4.5, Matching the Child’s Needs to the Placement</a> <a href="#">Section 4, Chapter 5.2, Placement in a Residential Treatment Facility</a> <a href="#">Section 4, Chapter 9.4.4, Another Planned Permanent Living Arrangement (APPLA)</a> <a href="#">Section 4, Chapter 11, Attachment C, Special Expenses Payment</a> <a href="#">Section 4, Chapter 11.1, Referral Process</a>	

[Section 4, Chapter 18.1, Mandate and Rationale](#)  
[Section 4, Chapter 18.2, Residential Treatment Referral \(CS-9\)](#)  
[Section 4, Chapter 18.3, Referral Process](#)  
[Section 4, Chapter 18.4, Residential Care Screening Team Coordinator Responsibilities](#)  
[Section 4, Chapter 18.5, Requirements for Licensed Residential Treatment Facilities](#)

**FORMS AND INSTRUCTIONS**

N/A

**REFERENCE DOCUMENTS AND RESOURCES**

N/A

**RELATED STATUTE**

N/A

**ADMINISTRATIVE RULE**

N/A

**COUNCIL ON ACCREDITATION (COA) STANDARDS**

N/A

**CHILD AND FAMILY SERVICES REVIEW (CFSR)**

N/A

**PROTECTIVE FACTORS**

N/A

**FACES REQUIREMENTS**

N/A