

Section 4 Overview

This section pertains to the policy and procedures necessary when an out-of-home placement of a child is imminent or has occurred.

Chapter 11 Overview

This chapter will describe the policy and procedure to make payment for a child in Out-of-Home Care.

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11.1 Referral Process

The Children's Service Worker must make a referral to the eligibility specialist via the CS-IV-E/FFP-1 within ten (10) working days from the child's entry into Out-of-Home Care to determine eligibility for Title IV-E unless the child is in alternative care less than three days. The system automatically assigns Fund Code 12, Title XIX (FFP) to all children in CD custody depending upon placement. The system automatically alerts the Income Maintenance Worker via the daily SACCS 051-01 report when a child is removed from a Temporary Assistance household.

The children of youth in alternative care (CYAC) program allows for the payment of maintenance, infant allowance, and special expenses, as well as Medicaid, on behalf of a child in the physical and legal custody of his/her parent who is in the Division's custody.

Related Subject: Section 4 Chapter 11 Attachment F: [Children of Youth in Alternative Care](#)

11.1.1 Homeless, Dependent, and Neglected (HDN) or Status Offender

The Case Manager/Children's Service Worker must determine if the child is described as HDN or a status offender in the court order:

- a. Children in the custody of, and placed in a licensed placement resource of, the Juvenile Courts in Clay, Greene, Jackson, and St. Louis County and St. Louis City are eligible for HDN-Alternative Care funds, FFP, or State only Medicaid if described in the court order as HDN (Section 210.292 RSMo).

Related Subject: Section 4 Chapter 11 Attachment B: [Emergency Placement Payment](#)

- b. Obtain the SSN for the child, if it is not known, and complete the Alternative Care Client Information screen in FACES.

11.1.2 Service Needs

The Case Manager/Children's Service Worker will determine services needed by the child for which CD will pay. See Attachments of this Chapter for limitations or type and amount of payments. Services may include:

- a. Maintenance:

Related Subject: Section 4 Chapter 11 Attachment A: [Standard Payment for Foster Parents](#)

- b. Infant allowance: A child between the ages of 0 - 36 months, in qualifying placement types, is eligible for an additional \$50 per month to help meet the specialized needs of infants, such as diapers, formula, clothing, and supplies:

NOTE: Children eligible for this allowance include licensed foster/certified relative home placements, children in CD custody in court ordered placements, and CYAC. Infants in residential care facilities are **not** eligible to receive the additional allowance.

Related Subject: Section 4 Chapter 11 Attachment C: [Special Expense Payment](#)

- c. Clothing allowance: A child is eligible for a clothing allowance at the time of placement and on his/her placement anniversary. The amount of the allowance is based on his/her age at the time of placement or placement anniversary date. With Regional Director approval, individual cases may exceed this standard;

Related Subject: Section 4 Chapter 11 Attachment A: [Standard Payment for Foster Parents](#)

- d. Routine medical/dental care including services available through the Healthy Children and Youth (HCY) Treatment Program;
- e. Bureau for Children with Special Health Care Needs (BCSHCN) may cover a medical condition not covered by Medicaid. Refer child to the appropriate BCSHCN Regional Office;

Related Subject: Section 4 Chapter 24 [Medical/Mental Health Planning Issues](#)

- f. Emergency and extraordinary medical/dental care;
- g. Children's Treatment Services; and
- h. Other special services such as:
1. Legal services including court fees in a termination of parental rights or adoption proceeding; court fees to assist a grandparent establish legal guardianship of a child who is in CD custody;
 2. Transportation for visiting parent(s) or prospective placement resources;
 3. Child care services, if a part of the child's case plan if both foster parents are employed; and/or

4. Other needs, unique to a particular child, which have been approved by the Regional Director and which will support and enhance a child's case plan.

NOTE: Maintenance is not paid to state administered schools for the deaf or blind, medical and mental health facilities, or juvenile court closed or semi-closed (detention) facilities. However, some special expenses may be met through HDN funds.

Related Subject: Section 4 Chapter 11 Attachment C: Special Expense Payment

11.1.3 Funding Source

The Case Manager/Children's Service Worker will decide on the funding source or mix of funding sources to be used for meeting the child's Out-of-Home Care costs. Possible sources are:

- a. Parent's contributions and estates;
- b. Temporary Assistance;

Related Subject: Section 7 [Glossary/Reference for Definition of Temporary Assistance Non-Parent Caretaker Relative Payee](#)

NOTE: Determine funding available to a child placed in the custody and/or care of relatives. Also, determine funding available when a family makes their own plan and the child is determined eligible by Family Support Division (FSD) staff.

NOTE: The ES will determine Title IV-E or HDN funding.

- c. Licensed Relative and Kinship providers can receive Title IV-E or HDN maintenance, infant allowance, and special expenses.

Related Subject: Section 4 Chapter 12 Attachment B: [Options for Assisting Relatives and Kinships](#)

- d. IV-E or HDN - Adoption Subsidy/Subsidized Guardianship;

Related Subject: Section 4 Chapter 30 [Subsidizing an Adoption/Legal Guardianship](#)

- e. Old Age, Survivors, and Disability Insurance (OASDI) and Veteran's Assistance (VA);
- f. Supplemental Security Income (SSI);
- g. Missouri Medical/Dental Services Program (MM/DSP) including EPSDT;

Related Subject: Section 4 Chapter 24 [Medical/Mental Health Planning Issues](#)

NOTE: This program is also referred to as Title XIX or Medicaid. (See Definitions.)

- h. Title XIX-FFP Only;
- i. Other state agencies such as the Department of Mental Health (DMH) or the Missouri Crippled Children's Services (MCCS) of the Department of Health and Senior Services (DHSS);

Related Subject: Section 4 Chapter 24 [Medical/Mental Health Planning Issues](#)

- j. Child care funds. Only Protective Service Child care through Children's Treatment Services funding;
- k. Other special contracted treatment funds managed through Children's Treatment Services (CTS) designated for a specific treatment program; and

Related Subject: [CS-67 and CS-67A Code Sheets](#) and the [Forms and Instructions](#) for specific Service Codes

- l. Other community or voluntary resources (includes county health programs).

See specific section addressed below for steps of each funding source.

NOTE: The Eligibility Specialist responsible for the case manager county will apply for all outside income for deposit in the KIDS account.

Related Subject: Section 4 Chapter 11 Attachment D: [Children Income Disbursement System \(KIDS\)](#)

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NOTE: Parental contributions or other resources received by the child (i.e., SSI, OASDI, VA, inheritance) and Title IV-E funding are to be reviewed and utilized first and before HDN funding. The statutory authority to use the above funds to be expended for the child's care and services can be found in Section 210.560 RSMo. An exception to this policy is the child age 16 or over. In this instance, up to \$999.00 can accumulate in the KIDS account to assist the child when released from CD custody.

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11.2 Financial Contributions By Parents:

1. Interview birth parent(s) for willingness to pay all or part of the cost of alternative care.
2. Complete Form CS-99, Financial Statement for Families of Children in Alternative Care, and advise parent(s), before the juvenile court hearing, that an order requiring payment for the care of the child may be made at the time of the hearing.
3. Attach completed Form CS-99 to the social history sent to the court.
4. The system automatically assigns fund category 12 (Title XIX-FFP). Open for payment in ACTS via completion of Form SS-61.
5. The ES will complete the CSE-201AC. However, the Case Manager/Children's Service Worker shall indicate via the IOC to the ES if a case should not be pursued because of any of the following conditions:
 - a. Both parents are deceased;
 - b. TPR on both parents has occurred;
 - c. The Division has not and will not be providing any Out-Of-Home Care payment or special expenses; or
 - d. The best interests of the child would not be served, i.e., physical or emotional harm would likely result to the child; adoption proceedings are pending before a court; the parent is working through the issues involved in whether to relinquish or not, etc.

NOTE: The Children's Service Worker (CSW), the Children's Service Supervisor I (CSS I) and Children's Service Supervisor III (CSS III) must evaluate and agree concerning the child's best interests. The reasons must be documented in the case record and on CSE-201AC. An IOC may be sent to DCSE/ACCU which includes the child's DCN and an explanation if, at a later time, the circumstances change and it is decided, in consultation among the CSW, CSS I and CSS III, that the case should now be pursued.

6. Receive the Missouri Children's Division Daily Case Opening Reports (FCSFC500-01) from DCSE/ACCU. Parents may contact DCSE for more information regarding where and when to submit payment.
7. Report changes within ten (10) days to ES via an IOC. Changes including:
 - a. Absent parent obtains employment;

- b. Absent parent changes jobs;
 - c. Absent parent moves; or
 - d. Court modifies order which will effect child support.
8. Deposit payments received for the support of the child in the KIDS account via Form CS-KIDS-1.

Related Subject: Section 4, Chapter 11, Attachment D: Children's Income Disbursement System (KIDS).

NOTE: The Family Support Service Center should receive Court ordered and Family Support Division (FSD) administrative ordered parental contributions (child support) and forward same to the Division of Budget and Finance (DBF) to be deposited in the KIDS account. Therefore, only in rare situations will the County Office complete the CS-KIDS-1 for support received from parents and forward same with attached payments to DBF for entry into the KIDS account.

9. Apply any unused contribution to the child's cost of care when the child leaves Out-Of-Home Care.

Related Subject: Section 4, Chapter 11, Attachment D: Children's Income Disbursement System (KIDS)

Related Subject: Section 4, Chapter 11, Attachment F: Children of Youth in Alternative Care

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11.3 Temporary Assistance:

NOTE: This funding source is used for relatives who receive custody of a child or do not have legal custody of a related child but are eligible to receive TA as a specified relative and the child is not eligible for Title IV-E. It may also be used to meet the cost of care if the relative refuses to be certified and/or sign a contract. If eligible for TA, the child is eligible for the Missouri Medical/Dental Service Program (MM/DSP). Relatives who have made an independent plan to accept a related child into their care may apply for TA. (The child is not eligible for maintenance if TA is received, but is eligible for special expenses through HDN funds.)

1. Refer the relative to FSD staff if the child is placed with a relative.
2. Receive confirmation from the IMW that the child and family are eligible. Assist the relative in meeting other Division requirements, if financial assistance is needed.

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11.4 Alternative Care IV-E:

This funding source is used wherever possible to meet the cost of care. Transportation costs for visits with parents are an eligible Title IV-E item. Relatives must be certified and have a contract to be eligible for payments. They must also be within the definition of a TA eligible relative payee.

1. Refer all children removed from their home who will be in placement for three (3) days or longer. Referrals shall be made within ten (10) working days of placement to the Eligibility Specialist, ES via the Title IV-E/FFP Information screen in FACES for Title IV-E/FFP eligibility determination.
2. Receive an Alternative Care Client Information, SS-61 turnaround from the ES indicating the results of the Title IV-E/FFP eligibility determination. Receive a copy of the CS-IV-E/FFP-5 from the ES.
3. Update the AC Client Information screen, SS-61 when there is a change in placement payee and complete the CS-65 as necessary for special expenses.
4. Cooperate with the ES when a re-investigation is due. Complete the CS-IV-E/FFP-2 every 6 months.
5. If a child is going to be on a trial home visit longer than 180 days, staff should request that the judge include in the court order that there is a continued need for the THV to extend past 180 days as this affects continued IV-E Eligibility. A copy of this order must be sent to the IV-E Eligibility Specialist. In addition, staff should notify the Eligibility Specialist when a child is on a trial home visit longer than 180 days.
6. If a child is on a trial home visit for longer than 180 days and is then removed from the home and placed back in alternative care, a new IV-E eligibility determination is due per federal regulations. Workers must notify the IV-E Eligibility Specialist that the child has re-entered out of home care, and complete a new IV-E Eligibility referral in FACES within ten (10) days. Workers should also submit an updated court order, if received from the judge, with the new IV-E eligibility referral. This court order must then be entered on the court information screen in FACES as a protective custody order.
7. The system will notify the ES, via a monthly report, when a child is closed in FACES.

Related Subject: Section 4 Chapter 30 Subsidizing an Adoption/Legal Guardianship
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An Alternative Care IV-E eligible child is eligible for IV-E Adoption Subsidy.

8. Close the AC Client Information function, SS-61 when a child returns home or the child is discharged from the custody of the Division as soon as possible, but no

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later than 2 business days after the change occurs. See this Section 11.12 [Terminating Cost of Care](#), for necessary action when the Division retains custody, but the child is placed in a placement resource ineligible for payment from Alternative Care funds IV-E or HDN.

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Memoranda History:

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11.5 Homeless, Dependent, and Neglected (HDN) Fund:

When a child is not eligible for Title IV-E, the ES will determine if a child may be eligible for Title XIX FFP. This means maintenance and special expense are paid from HDN, but medical services are paid through federally matched Title XIX FFP.

1. Complete the Alternative Care Client Information screen, SS-61 and CS-65. Do not exceed established rates for maintenance and other services:

Related Subject: Section 4 Chapter 11 Attachment A: [Standard Payment for Foster Parents](#) and Section 4 Chapter 11 Attachment C: [Special Expense Payment](#)

- a. Complete the CS-KIDS-1 for parental contributions received and forward same with attached payments to the Department of Finance and Administrative Services, DFAS, for entry into the KIDS account.
- b. Update the AC Client Information screen, SS-61 entering the appropriate maintenance amount if the child has been approved for Medical or Behavioral Foster Care.

Approval by the Regional Director for Medical or Behavioral Foster Care must be contained in the child's record.

2. Close, via the AC Client Information function closing screen, when the child returns home or the child is discharged from Division custody.

Related Subject: Section 4 Chapter 11 Attachment D: [Children's Income Disbursement System \(KIDS\)](#).

- a. If the child is placed for adoption and an adoption subsidy will be needed.

Related Subject: Section 4 Chapter 30 [Subsidizing an Adoption/Legal Guardianship](#)

- b. See this Section 11.12, [Terminating Cost of Care](#), for necessary action when the Division retains custody, but the child is placed in a placement resource ineligible for payment from Alternative Care funds, IV-E, or HDN.

3. The Eligibility Specialist will submit an application to SSA for OASDI or VA with the following information:

- a. child's name;
- b. child's Social Security number, and account number (claim number) or parent's Social Security number;

- c. child's date of birth;
- d. child's current address;
- e. parent's name and address; or,
- f. parent's date of death, if applicable;
- g. name and address of alternative care provider;
- h. name and address of county office (in all cases this will be the case manager county);
- i. court order giving CD custody; and
- j. payee name and address information as follows:

DIR DIV OF FAM SRVCS
(child's name)
(child's DCN)
Post Office Box 3536
Jefferson City, Missouri 65103.

Regarding benefits from Old Age Survivors and Disability Insurance (OASDI) or Veteran's Assistance (VA), **the Division Director Should Always Be Made The Payee For These Benefits (For Open Alternative Care Cases In Which CD Has Custody)**. [In some rare instances, Social Security Administration or Veteran's Administration (VA) may select someone else to be payee (i.e., DMH, if the child is placed in one of their facilities). PDSU will contact the county office if SSA or VA refuses to make CD payee. The county office should document this in the case record.]

- 4 The Eligibility Specialist will receive notification of the rejection of benefits or the amount of monthly benefits for outside income. The Eligibility Specialist should immediately notify PDSU by IOC or E-mail of changes that affect the child's eligibility for OASDI/VA benefits, such as:
 - a. Any earned income;
 - b. A child receiving benefits due to a disability, when there are changes in his/her medical condition on which eligibility was based;
 - c. The disabled child's employment; or
 - d. Marriage of the child.

For a child, age eighteen (18) or older, SSA requires the child be payee for OASDI even though the child may be in Division custody. The child is expected to arrange payment for the cost of his/her care. The worker should assist in developing the payment plan. The Alternative Care Client Information screen, SS-61, in FACES would need to be updated to show no maintenance or below standard maintenance depending on the amount of OASDI the child receives. In the event a child is incompetent, the Division may remain the payee. The case manager should contact SSA and explain why the child should not be the payee. If there is a conflict with SSA about this, contact the CPAY Unit.

5. Payment received at the County Office should be deposited in KIDS Account via Form CS-KIDS-1.

Related Subject: Section 4 Chapter 11 Attachment D: Children's Income Disbursement System (KIDS) .
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6. Update the AC Client Information screen as appropriate.
 - The KIDS account shall be the primary source for maintenance and special expenses.
7. See [Attachment D](#) of this procedure for the transfer of unused funds when the child is released from CD custody.
 - OASDI benefits may follow the child into adoption. Adoptive parent(s) may apply to be made the "new payee" by contacting SSA.

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11.6 Supplemental Security Income (SSI)

The Division Director Should Always Be Made The Payee For Open Alternative Care Cases In Which CD Has Custody. In some rare instances, Social Security Administration (SSA) may select someone else to be payee (i.e., DMH, if the child is placed in one of their facilities). The County Office should document this in the case record. The Eligibility Specialist should make the payee application.

Payee name and address information is as follows:

DIR DIV OF FAM SRVS
(child's name)
(child's DCN)
Post Office Box 3536
Jefferson City, Missouri
65103

1. Determine if the child's condition indicates possible eligibility.

Related Subject: Section 4, Chapter 11, Attachment H: Insurance Claims for Children in CD Custody.

NOTE: Children receiving SSI and in CD custody are eligible for Medicaid.

2. Submit a referral to the Eligibility Specialist (ES) via the CS-IV-E/FFP-1 or, when applicable, the CS-IV-E/FFP-2, with the required information needed by SSA.

The Eligibility Specialist (ES) will be responsible for making an SSI application.

NOTE: The maximum available resources allowed by SSI is \$2,000. If the account is over \$2,000, the Eligibility Specialist will contact the CPAY Unit to determine if there are previous expenses that can be charged to the KIDS account (back state debt). After the back state debt is deducted, and if the account remains over \$2,000.00, CPAY will inform the worker about the amount that needs to be spent on the child's behalf to lower the account below \$2,000.00. Any out of the ordinary expenditures require Area Office approval. **Back State Debt always takes priority over additional expenditures for the child.** The assets counted toward this maximum are those available on the first day of the review month. Retroactive (lump sum) SSI payments are excluded from the resource test for six (6) months.

3. Supply sufficient documentation of child's disability to ES.
4. Arrange transportation for the child for consulting exam, if required by the Disability Determination Section.

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5. Receive notification from the ES of child's eligibility determination and, if approved, the amount of benefit.
6. Payment received at the County Office should be deposited in KIDS via Form CS-KIDS-1.

Related Subject: Section 4, Chapter 11, Attachment D: Children's Income Disbursement System (KIDS)
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7. Immediately notify PDSU, by IOC or E-mail, of changes that effect the child's eligibility for SSI, such as:
 - a. Increases in earned income not deposited in the KIDS account;
 - b. Employment;
 - c. Marriage; or
 - d. Incarceration.
8. Contact SSA, when youth turns 18 years old, regarding the youth's ability to be his/her own payee.

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11.7 Third Party Insurance:

1. Interview parents for availability of Third Party Insurance (TPL).
2. Complete and submit Form TPL-1 to MHD when Third Party Insurance is available.
3. Complete Form TPL-2 when the child sustains injuries in an accident or work related incident and Third Party Insurance is available (see Form TPL-2 instructions in the Children's Division Forms Manual).

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11.8 Healthy Children and Youth (HCY):

A full HCY examination including eye, hearing, and dental examinations must occur within the first 30 days the child is in care. In addition, for children ten (10) years and under, Section 210.110, RSMo, requires a developmental and mental health screening to be completed within 30 days of the child's entry into care. Section 210.110, RSMo, also requires **all** children from birth to age 10 in the Children's Division (CD) custody to receive a physical, developmental, and mental health screening every six months, as long as the child remains in care.

Children, 10 years and older, who enter CD custody should have continued follow up as needed following the initial examination. It is the Children's Service Worker's responsibility to ensure screenings and any follow-up services for the above children are conducted.

The HCY Program Unit screens all examination reports completed at the screening appointment. CD staff are responsible for providing services necessary to ensure that children with abnormalities needing treatment receive the necessary services. CS staff shall also assure that screenings for eligible children are conducted.

1. Receive "Individual with Abnormalities Report" from DHSS/HCY unit.
2. Arrange for any special treatment recommended in cooperation with the alternative care provider:
 - a. Assist with scheduling the appointment and transportation as needed.
 - b. Cooperate with the CA/N Investigation worker if the "Report" indicates a potential CA/N incident.
3. Complete the Accident Reporting Form, TPL-2, when the child sustains injuries in an accident or work related incident and Third Party Insurance is available (see Form TPL-2 instructions in the Children's Division Forms Manual).
4. File a copy of the abnormalities report in the child's Alternative Care case file.

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11.9 Children's Treatment Services (CTS):

1. Determine the appropriate treatment services.
2. Obtain clearance from the authorizing designee to authorize needed Children's Treatment Services or Protective Service Child Care according to local policy (this may also require or be subject to court order, supervisory approval, parental consent, guardian ad Litem consent, etc.)
3. Complete and submit the CS-67 and CS-67A to authorize services after the plan is understood and the referral is accepted by the provider:
 - a. Seek the Authorizing Designee's signature approving services, after completing the CS-67A, and before data entry.
4. Receive the CS-65A, SEAS payment invoice, from the provider.
5. Check the invoice for completeness, reasonableness, and accuracy.
6. Take appropriate action to correct any invoice containing errors.
7. Sign and submit the correct invoice for entry into the system to generate payments for authorized services.
8. Obtain progress reports as needed.
9. Inform the County Director/Payment Designee, when appropriate, if written reports are not received, as payment for these services will not be made until the report is received.
10. Modify authorizations, using the CS-67A, if the needs of the child or the family change.
11. Close authorization, via the CS-67A, when the service is no longer required.
12. Discuss with the provider the system generated notification regarding closing, as necessary.

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11.10 Other State and Community Resources:

1. Assess the child's condition and other resource availability.
2. Determine if the child's condition meets requirements of the other resource.
3. Submit any application required with appropriate information.
4. Receive benefits and make any necessary modifications to other funding sources and complete necessary forms.

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11.11 Parent's Estates:

1. Identify and contact the executor to make arrangements for paying for the child's care and other service needs including the provision of a copy of the court order transferring custody to the Division.
2. Inform the executor of the caretaker's name and address for payment to be made directly to the caretaker or other vendor.
3. Seek the assistance of the executor when the child is in need of other services requiring payment.
4. Notify the executor of any changes in the child's case plan or location.
5. Notify the executor when the child is released from Division custody and update the SS-61 appropriately.
6. Record, as necessary, any events, circumstances, or plans which influence the use of funds for the child's care.

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11.12 Terminating Cost Of Care:

1. Terminate maintenance payment authorization via the SS-61 if:
 - a. The child is placed with a parent (in this situation, the SS-61 will be closed unless the child is considered to be on trial visit, which is defined as child being returned to principal caretaker for a limited and specified period of time, and court ordered. The placement sub-type will be "A.");
or
 - b. The child is placed with an adoptive family who will not need an adoption subsidy, effective the date of placement.

Related Subject: Section 4, Chapter 30 Subsidizing an Adoption/Legal Guardianship

- c. The child is transferred to the custody of a relative; or
- d. The child is placed in the custody of the Juvenile Court excluding the Class I Juvenile Court Counties of Clay, Greene, Jackson and St. Louis;
or
- e. The child is placed in the Missouri schools for the deaf or blind, or Juvenile Court detention, or a medical facility; or

NOTE: The child can have special expense costs met while in these types of placements.

- f. The child is placed via court order with an ineligible relative or other placement resource.
2. Refer to Attachment E of this procedure if the provider received an overpayment from the Division Alternative Care funds.
 3. Transfer the Medicaid card to the parent(s) when the child is returned to their care.
 4. Invoice payment for special expenses via Form CS-65 within seven (7) calendar days of receipt of the bill for services provided while the child was still in placement.

NOTE: If authorized, payment for special expenses may be invoiced on Form CS-65 after the child's exit from alternative care, if the service was delivered during the period of time the child was in alternative care.

5. Inform the Income Maintenance Worker (IMW) immediately when a child leaves alternative care and is placed in an FSD household.

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6. Inform other funding sources of the child's exit from alternative care.
7. If appropriate, complete the CS-KIDS-2 to close the child's KIDS account. **Prior to completing a CS-KIDS-2, contact the CPAY Unit to determine if there are funds to be released and the exact amount to be released to the child's parents or caretaker.**

Related Subject: Section 4, Chapter 11, Attachment E: Overpayment of Maintenance Costs
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Chapter Memoranda History: (prior to 01-31-07)

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Attachment A: Standard Payment Rate for Foster Family Alternative Care

Standard Payment Rate for Foster Family Alternative Care:

Type of Expenditure	Age Limitation	Amount Payable
(1) Maintenance (includes room and board, clothing and incidentals)	0-5 years	\$282.00
	6-12 years	\$335.00
	13 and over	\$372.00
(2) Infant Allowance	0-3 years	\$ 50.00
(3) Annual Clothing Allowance	0-5 years	\$250.00
	6-12 years	\$290.00
	13 and over	\$480.00
(4) Special Medical Expense	all ages	Medicaid or Contract Rate
(5) Special Non-medical Expense	all ages	
(6) Children's Treatment	all ages	Contract Unit Rate
(7) Residential Treatment (includes room and board)	all ages	Contract Unit Rate
(8) Youth with Elevated Needs-Level A/ Medical Foster Care (ICPC resource providers are not eligible for this payment)	all ages	\$732, and \$100 Incentive Payment (Level A)
(9) Youth with Elevated Needs-Level B Foster Care (ICPC resource providers are not eligible for this payment)	all ages	\$48.00 per day
(10) Level B Resource Provider Respite Care	all ages	\$ 40.00 per day
(11) Level B Resource Provider Availability/Transitional Services	all ages	\$ 21.00 per day for up to 90 days
(12) Professional Parenting Payment (for Traditional, Medical and Level A Foster Care. ICPC resource providers are not eligible for this payment)	all ages	\$100.00 per month

Title: Child Welfare Manual
Section 4: Out-of-Home Care
Chapter 11: Financial Support Planning
Attachment A: Standard Payment Rate for Foster Family Alternative Care
Effective Date: January 22, 2010
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Related Subject: Section 4 Chapter 11 Attachment D: [Children's Income Disbursement System KIDS](#)

The maximum rate established for maintenance payment may be exceeded only in special circumstances involving children with exceptional needs. No exception may be made for payment exceeding these standards unless prior approval is received from the Regional Director or the child is authorized to make use of a special alternative care program such as medical foster care or Level A foster care.

* (May be exceeded in individual cases, with Regional Director approval.)

1. Maintenance payment includes expenses related to the foster child's daily living needs i.e., room and board, clothing, and incidentals.
2. Infant allowance is paid for children from birth up to their third birthday to help defray the additional costs for providing for the specific needs of infants; i.e., formula, diapers, special food, extra clothing, and supplies.
3. Maintenance payment and infant allowance, when allowable, and using the following guidelines, may be continued for children who temporarily leave a placement:
 - A. As provided in the individual case plan and agreed to by the State Agency. This includes frequent in-home visits, both birth and adoptive parents, as long as, placement remains with foster/relative parents, or planned hospitalization, or camp, etc. For residential treatment, this may not exceed a maximum of thirty (30) days during any twelve (12) month period.
 - B. Up to seven (7) days for each period of time the child is absent for the reasons of runaway, in-patient hospitalization, or detention, or;
 - C. For children in residential treatment, up to five (5) days per month for the purpose of visiting with birth parents or a "substitute family," (includes prospective adoptive parents.)
4. If a Traditional, Medical or Level A resource family needs a temporary break in child care responsibilities, respite care may be arranged with a contracted Respite provider. The licensed resource home shall continue to receive the regular foster care payment only while the child is in policy defined respite care units; 12 units per year or 14 units plus one weekend a month for elevated needs level B. If extenuating situations necessitate additional respite units, Regional Director or designee approval is required. Documentation of the approval must be maintained by attaching it to the Respite Unit Tracking Log, CD-113, and the Payment Request.
5. Maintenance and infant allowance payments begin with the date of the first night the child resides with a provider. It ends effective with the date of the last night the child resides with a provider.

Title: Child Welfare Manual
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6. Level B resource providers are encouraged to use respite care a minimum of one weekend per month plus 14 days per year. Respite Care will be provided for all foster children in the Level B home at the same frequency regardless of Level of Care, i.e., Traditional, Youth with Elevated Needs, etc. Respite care does **not** have to be provided for all children in the Level B home at the same time. Level B resource providers may determine the actual time(s) to use respite based on the individual needs of the child (ren) in their home, and family. Respite care is to be provided by another trained Level B Resource Parent Respite Care Provider under contract with the Division. Both the Level B resource parent and respite provider will continue to receive their annual reimbursement during periods of respite.

Chapter Memoranda History: (prior to 01-31-07)

[CS03-27](#), [CD04-46](#), [CD04-68](#)

Memoranda History:

[CD07-40](#), [CD08-50](#), [CD09-07](#), [CD09-61](#), [CD10-08](#)

Attachment B: Emergency Placement Payment

Emergency Placement Payment

Frequently, children entering alternative care require placement on an emergency basis. The Division operates two primary programs as emergency placement services.

One type of emergency placement is provided by foster families who have elected to make slots available from their licensed capacity, to children who require placement at any time during a twenty-four (24) hour period. Due to its immediacy, this type of placement is paid at a much higher rate than traditional care. The placement shall be no longer than 60 days. Once a child has spent 60 days in an emergency foster placement, the system will automatically change the code on the SS-61 to reflect a standard level of maintenance payment. (Area Office approval is not required for emergency foster placement.)

The second type of program is provided by licensed child-caring facilities who have contracted to provide "emergency residential care". (Area Office approval is required for emergency residential care.)

Instructions For Payment

While the two services are similar in many respects, the payment is different because of the type of contract with the Division. The following information and procedures are used to authorize payment for the two types of programs:

1. Complete the SS-61.
2. (This step is only required for Emergency Residential Care.) After receiving Area Office approval, the RCST will complete the CS-67 and CS-67A, and enter the information immediately. The service code is EMER) Appropriate notification will be sent to the provider from the SEAS system.
3. Update the SS-61 as necessary to reflect the child's movement into other types of alternative care or the child's return to his own family.
4. Close CS-67A, as necessary, when child moves to another provider or returns home.
5. Invoices for the payment of emergency residential shelter costs will be submitted by provider directly to the RCST. If there is a question regarding the invoice, the RCST will contact the provider.

NOTE: An Immediate/Emergency Authorization Notice should be generated and printed locally to deliver in person, to the provider. If the placement occurs after hours, or weekends, or if the placement is made by law enforcement or juvenile office personnel, an authorization letter shall be delivered on the next working day.

Title: Child Welfare Manual
Section 4: Out-Of-Home
Chapter 11: Financial Support Planning
Attachment B: Emergency Placement Payment
Effective Date: May 15, 2003
Page: 2

Chapter Memoranda History: (prior to 01-31-07)

[CS03-12](#)

Memoranda History:

Attachment C: Special Expenses Payment

NOTE: Authority for approval of any of these expenses rests with the Regional Director (of the respective service county) except when delegated or otherwise specified. All other stipulations and the need for supervisory approval should be observed. Special expenses for a Child of a Youth in Alternative Care (CYAC) child must be invoiced using the CYAC parent's name and Department Client Number (DCN).

1. Medical and Dental Expenses not covered by the MO HealthNet/Dental Services program. All non-MO HealthNet expenses must be cleared through the Regional Office. CD will not pay any medical expense for children not in agency custody unless specific exceptions are noted in the Child Welfare Manual:

- A. All necessary medical care, as determined by the county office, will be allowed. Staff must ensure that the Department of Health and Senior Services (DHSS) and the MO HealthNet Division (MHD) resources are explored, as well as any other resources, before utilizing HDN funds. Staff should instruct foster parents to request physicians to use MHD approved prescriptive medicine substitutes when possible. No payment will be made for vendor charges which exceed program maximums.
- B. Any non-subsidy dental (including orthodontia) expense over \$500.00 must be sent through supervisory channels with Regional Office approval to CD Central Office. The Program Development Specialist (PDS) responsible for receiving dental requests will review the packet of required information, and if all required documentation has been submitted, will forward the packet to MHD. If the required documents are not enclosed, the packet will be returned to the Regional Office.

The following information is required for prior authorization and should be included in the packet sent to Central Office.

- A written statement secured from the **orthodontist** who provides the following information:
 - A diagnosis and prognosis which includes an itemized listing with the procedural codes and an estimate of the number of months treatment will be required;
 - Orthodontic records which consist of a cephalometric x-ray, panoramic x-ray, or full-mouth survey, in addition to, dental study models, properly occluded and trimmed;
 - The amount of cost for the total treatment program; and
- A statement from a **medical doctor** which indicates the treatment is medically necessary for other than cosmetic purposes.

Orthodontic treatment will be covered when determined medically necessary by the State Orthodontic Consultant.

The State Orthodontic Consultant will either approve or deny the request and return the packet to the PDS. The PDS will return the information to the Regional Office for approval or disapproval. After the county has received approval from the Regional Office, a letter of agreement, which addresses the following, should be submitted to the orthodontist:

1. The Children's Division will be responsible for payment only when the Division has care and custody of the child and the child remains in an out-of-home setting. The Division will not pay for any treatment received under this agreement after custody is removed from the Division;
2. The Division does not pay for any services in advance;
3. A lump sum payment will be made to cover the cost of initial diagnosis, consultation, initial banding and treatment; and
4. Any charges covered by MO HealthNet shall be billed to MO HealthNet.

The orthodontist should bill the county office after the initial banding is completed. This usually includes all material and services from the initial diagnostic visit through the placement of bands. The amount shall be invoiced on a payment request through FACES.

Related Subject: Section 4 Chapter 30 Attachment A [Subsidy Coverage Limitations](#)

- C. Children's orthopedic shoes and the abduction rotation bar will be paid for as a special expense, if it is documented that the service cannot be paid for with MHD funds:

NOTE: Both items are covered under the Durable Medical Equipment Program if the following conditions are met.

1. The recipient is eligible for Missouri Medical/Dental Services;
2. The provider is a participant in the program; and
3. The orthopedic shoes are attached with a brace.

- 2. Transportation Costs:** Resource providers and youth in an Independent Living Arrangement (ILA) or a Transitional Living Advocate (TLA) placement may receive mileage reimbursement for transportation costs as outlined in this section. The resource provider or older youth must complete the Travel Expense Log, CD-106, and submit it to the local CD staff for approval within thirty days (30) of the month that the trip occurred. Transportation costs will be paid at the current state mileage as of the date of the trip.

Round Trip:

Most transportation reimbursement is based on a round trip. A round trip is leaving from point “A”, traveling to point “B” and returning to point “A” again.

Some round trips may not include the foster child being in the vehicle on the return trip, as the youth is being dropped off to be picked up at a later time. The trip to pick the youth up and return to starting point will be considered a second round trip.

For example:

A resource parent leaves from foster home to take youth to work. The youth is dropped off at the workplace and the resource parent returns home. That is one round trip. The parent later leaves from the foster home to pick up the youth from work and returns back to the foster home. This is a second round trip.

Note: Older youth in an ILA or TLA would not be reimbursed for trips in which they are not in the vehicle.

Child Specific Costs:

- A. Allowable child specific transportation costs for Alternative Care (AC) cooperative agreements, Professional Parent (PP) cooperative agreements, Respite (RS) cooperative agreements, youth in Independent Living Arrangements (ILA), youth in Transitional Living Advocate (TLA) placements, and those who are behavioral and/or medical providers to transport the child include transportation to and from:
- Medical care
 - Counseling
 - Visits with parent(s)
 - Court
 - FST and PPR meetings

For these transportation needs, providers and older youth may be reimbursed the current state mileage rate for all miles traveled. The payment will be reimbursed on a payment request through FACES.

NOTE: The first 15 miles of any trip not listed in point A will not be reimbursed.

- B. Allowable child specific transportation also includes trips that are intended to support the case plan as approved by the family support team and/or case manager and supervisor. Reimbursement for these transportation needs shall be at a per mile rate for each mile over a 15-mile round trip. This applies to youth in ILA and youth in TLA placements and traditional level placements, which include providers with AC cooperative agreements, PP cooperative agreements, RS cooperative agreements or who are behavioral and/or medical providers. The payment will be reimbursed on a payment request through FACES.

For example:

A 25-mile round trip would receive reimbursement that is the current state mileage rate X 10.

A 17-mile round trip would receive reimbursement that is the current state mileage rate X 2.

NOTE: The first 15 miles of any trip not listed in point A will not be reimbursed.

- C. Any trip that is 75 miles round trip or over must have approval by the CD Regional Director or Designee. For cases that require frequent approval, the determination can be made at a family support team meeting that a standing approval be granted for that frequent trip. The approval in written form from the Regional Office or Designee will be attached to the Travel Expense Log, CD-106, and payment request for submission of reimbursement.

For example:

A foster youth has a counseling appointment that is over a 75-mile trip once a week. The Family Support Team (FST) determines that standing approval needs to be granted. The written approval of the Regional Office or Designee will be obtained for this transportation need and then the document will be attached to the submitted forms for reimbursement each month.

- D. Transportation costs for any level of care for child care services is not an allowable cost, even if such services are part of the child's case plan.
- E. Acceptable child specific transportation also includes education related transportation needs to maintain the child in the school enrolled in to ensure educational stability. Providers may receive mileage reimbursement at the current state mileage rate for each mile over a 10 mile round trip per day. The mileage will be reimbursed using a payment request through FACES, with the service code TRED.

Youth with Elevated Needs-Level B Reimbursement

In compliance with the Career Foster Parent Contract, CM-8, the Level B resource provider shall provide ordinary travel which is reasonable and customary including counseling, medical, dental, daily activities and family visits. Trips that are over a 200-mile round trip can be reimbursed at a per mile rate for each mile over a 200-mile round trip with Regional Director approval only. For cases that require frequent approval, the determination can be made at a Family Support Team meeting that a standing approval be granted for that frequent child specific trip. The approval in written form from the Regional Office or Designee will be attached to the Travel Expense Log, CD-106, and payment request for submission of reimbursement.

For Example:

A 225-mile round trip would receive reimbursement that is the current state mileage rate X 25 with Regional Director Approval.

NOTE: The first 200 miles of any Level B child specific trip will not be reimbursed.

Non Child Specific Costs:

Transportation reimbursement will be paid to resource providers for trips over a 15-mile round trip for pre-service (after the license is approved and granted) and in-service training. Transportation reimbursement will be paid to resource providers for any trip over a 15-mile round trip to attend Foster Parent Advisory Board Meetings.

NOTE: If a resource provider is unable to provide the transportation, a vendor with a transportation contract must be used.

Related Subject: Section 8 Chapter 7.1 [Transportation Service Contract](#)

Transporting a Child in Alternative Care via Airplane, Bus or Train:

1. All requests for tickets to transport a child in alternative care via airplane, train, or bus, must go through the Payment and Travel Unit in Central Office. The 'Airline or Bus Ticket Request' form, located at [FSD Administration FMOS](#), should be completed and faxed to 573-751-6934.

DCNs, full names and preferred travel dates and times must be listed on the form. ***All names should be as it appears on his/her photo identification (i.e. driver's license).***

2. Travel requests for family visits, hearings and other non-emergency situations need to be sent at least ten business days in advance, or as soon as the travel needs are known. **All one-way out-of-state ticket requests for children in CD custody must be approved by the ICPC Unit at Central Office.**
3. Emergency travel for disrupted placements also requires a ticket request form to be completed. In addition, the contact names on the form should be available to discuss travel options. Most emergency travel can be completed within an hour if local staff are available to answer questions and approve flight times.
4. If a caseworker is escorting the child/children, an Out of State Travel Authorization Form, at <http://dssweb/dpl/adman/POLICIES/MO300-0072.pdf> must be completed, signed by a supervisor or Office Manager, and faxed along with the Airline/Bus Ticket Request Form.

3. Medical Expenses for Infants Released for Adoption at Birth. Costs will be paid if the following conditions are met:

NOTE: Biological parents are expected, when at all possible, to meet the mother and the newborn's hospital and medical care costs even though the child is relinquished for adoption.

- A. The child must be in Children's Division (CD) custody.
- B. The natural parents and other resources should be contacted first to assess the ability to meet the cost of care.
- C. Hospital expenses for time delays between date of birth and date of custody transfer to the Division may be covered.
- D. The maximum allowable cost is determined by MHD guidelines for these costs.
- E. All claims must be sent to the CD Deputy Director through supervisory channels, for evaluation of cost appropriateness, and payment, if approved.

4. Child Care Costs for Children in Foster Family Care:

Related Subject: Section 3 Chapter 5 Attachment E [Protective Services Child Care](#)

- A. This is an allowable cost, if it is deemed as a necessary part of the case plan or the foster parent needs child care due to employment, schooling, or training.
 - B. Costs are to be paid through the use of Protective Service child care funds.
- 5. Special Education Costs:** Special education costs should be met by the local school district except for tutorial plans which are intended to support a child's special education plan. Schools should be helped, as needed, to seek the assistance of the Department of Elementary and Secondary Education (DESE) in meeting the cost of a child's special education needs.
- 6. Legal Fees:** Agency payment for court costs relating to Termination of Parental Rights (TPR) hearings and adoption proceedings, including attorney fees for the birth parent, according to Administrative Rule, 13 CSR 40-30.020 Attorney Fees in Termination of Parental Rights Cases, allows the following fees:
- A. Any attorney shall, at the conclusion of representation be compensated at a rate not exceeding one hundred dollars (\$100) per hour. Attorneys may be reimbursed, at the conclusion of the representation for expenses reasonably incurred, including the costs of transcripts authorized by court.
 - B. The compensation to be paid for representation at trial shall not exceed one thousand dollars (\$1,000) for uncontested matters and seven thousand dollars (\$7,000) for contested matters.
 - C. For representation in an appellate court, the compensation shall not exceed three thousand five hundred dollars (\$3,500) at one hundred dollars (\$100) per hour.
 - D. At any time an attorney believes that the cost of representation will surpass the limits provided, they must provide notice to the Children's Division that they may exceed the current maximum fee and this amount must be approved by the court.

Missouri Statute, 453.020 states, "the Guardian ad Litem (GAL) may be awarded a reasonable fee for such services to be set by the court. The court, in its discretion, may award such fees as a judgment to be paid by any party to the proceedings or from public funds. Such an award of GAL fees shall constitute a final judgment in favor of the GAL."

Approval for payment of these costs must be received from the Regional Director or Designee by submitting the request through supervisory channels. The court must enter an order for the payment of these fees by CD before CD will pay court costs in a TPR or adoption case. Legal expenses in excess of \$100 per hour shall be referred through supervisory channels to the Regional Director or

Designee, who will then make the decision whether to approve or disapprove or seek consultation from Division of Legal Services (DLS) regarding the expense.

If excessive attorney fees are ordered by the court, the worker is to send the order immediately through normal supervisory channels to the Regional Director or Designee so that a timely decision to pay fees or appeal the order may be made. Upon the decision of the Regional Director or Designee, the worker is to immediately notify DLS if the decision made is to appeal the order as a motion to appeal the order must be filed by DLS within 30 days of the court's ruling.

Fees of the attorney for the Juvenile Officer (JO) in a TPR action, and fees of an expert witness subpoenaed by the Juvenile Officer are not an allowable agency expense.

Payment for legal costs for adoption subsidy cases must be approved by the Regional Director after submitting the request through supervisory channels using the Adoption Subsidy Agreement Attachment, CS-SA-2 ATT.

Related Subject: Section 4 Chapter 30 Subsidizing an Adoption/Legal Guardianship
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GAL and attorney fees in an abuse/neglect proceeding are not an allowable agency expense.

7. Youth with Elevated Needs-Level A Foster Care Incentive/Reinforcement Payments: The Level A resource provider may receive up to \$100.00 per month of incentive/reinforcement payments:

- A. An amount equal to \$15.00 per week but not to exceed \$60.00 per month will be paid to the Level A resource provider for completion of the weekly STEP Chart (Systematic Teaching and Evaluation Process) and Positive Time Chart, CS-11, and monthly Program Planning Sheet, CS-12 and other required documentation. Should the Level A resource provider complete the CS-11 for a time increment less than one (seven day) week, payment will be prorated and equivalent in ratio to \$15.00 per week (e.g., \$2.14 per day).
- B. In order to receive the payment, the completed charts must be received or verified by the worker within fourteen (14) calendar days of the completion date.
- C. After the weekly record keeping payments have been made, the balance may be used to pay for planned reinforcers for the child.

- D. The Level A resource provider will provide the reinforcer and bill the Division for the expense. To ensure prompt reimbursement, receipts or invoices are required before payment is approved.
 - E. Payment for the incentive/reinforcement is generated via the completion of a payment request.
- 8. Exceptions:** Exceptions to any of the above, or allowances for any unusual costs for children in alternative care, must be approved by the Regional Director and submitted to the CD Deputy Director for processing.

Chapter Memoranda History: (prior to 01-31-07)

[CS04-64](#), [CD04-79](#)

Memoranda History:

[CD07-44](#), [CD08-68](#), [CD08-106](#), [CD09-65](#), [CD09-85](#), [CD09-116](#), [CD10-08](#), [CD10-67](#), [CD10-89](#), CD12-06

Attachment D: Children's Income Disbursement System (KIDS)

Children's Income Disbursement System (KIDS)

In the event a child is placed in alternative care has an independent source of income (i.e., Social Security, SSI, VA, Railroad benefits, contributions from birth family, lump sum payments, inheritance, [excludes the child's personal income] etc.) these funds must be applied toward the care of the child prior to authorizing payment from State or Federal funds. All income received by a child in the custody of the Children's Division (CD) must be processed through the Children's Services Income Disbursement System (KIDS). The checks shall be received by the Division of Finance and Administrative Services (DFAS) for deposit and disbursement in the KIDS account.

NOTE: Any child receiving Job Training Partnership Act (JTPA) funds or similar grants including a grant for tuition and books, and weekly need-based payments, does not have to deposit the unearned income in the KIDS account.

The intent of the KIDS account is to centralize all of a child's outside income in order to increase agency efficiency and accountability in the receipt and disbursement of such funds. In addition, it decreases the accounting responsibilities at the county office level. The KIDS account is monitored by the Revenue Maximization Unit (RMU). The system provides the county office with all needed information regarding the status of a child's KIDS account.

NOTE: A child who is still in CD custody and receiving support through OASDI must be made the payee when age eighteen (18) is reached, unless found incompetent by the Circuit Court.

NOTE: When a child becomes 16, the county will accumulate up to \$999.00 in the KIDS Account to assist the child when released from CD custody. These funds will not be used to pay for expenses which previously had been paid from the KIDS Account. For the Title IV-E Eligible/Reimbursable child, the accumulated amount must never exceed \$10,000.00 in order to remain reimbursable for Title IV-E.

Setting up a KIDS Account:

1. An account is automatically set up upon entry of the first CS-KIDS-1 by DFAS. If income is received in the county office, the CS-KIDS-1 is completed by the County Office. One (1) copy is retained in the County Office business file and the other four (4) copies (with the income attached) are sent to DFAS at Post Office Box 3536, Jefferson City, Missouri 65103. This address is to be used for all entries into the KIDS account. The Division of Administrative Services returns the canary copy of the CS-KIDS-1 to the sending County Office as verification that the CS-KIDS-1 was deposited into KIDS.

2. The CD Director shall be designated as payee for any independent source of benefits for children in the care and custody of CD. This is accomplished by the Eligibility Specialist completing all necessary forms. For example, the Eligibility Specialist completes all necessary forms as required by SSA, SSI, or VA and designates the CD Director as the designated payee. The Designee shall sign the application and add "for the Director of the Children's Division."
3. Each Circuit Manager shall designate himself/herself or another employee with the responsibility for the completion of Form CS-KIDS-1 in the event money is received in the county office that should be entered into the KIDS account. (See the Children's Division Forms Manual.)

Maintaining and Utilizing the KIDS Account:

1. The system will automatically debit the KIDS account for maintenance payments and other expenses.

NOTE: RMU processes fund recoupments on active KIDS accounts for children who exceed or are close to exceeding their resource limit for SSI, Title IV-E, or Title XIX-FFP programs. RMU processes fund recoupments in order to reduce the children's balances in the accounts so they remain eligible for these programs. The fund recoupment process takes money from the child's account and refunds it to the state for services paid from CD program funds. Fund recoupments are processed for payments made from Alternative Care (AC), Residential Treatment (RT), and Children's Treatment (CT).

2. Once the child's KIDS account has been established, the payer(s) (SSA, VA, etc.) shall be instructed to send the income directly to DFAS who will enter the funds into the KIDS account via the CS-KIDS-1. However, in the event the county office receives outside income for a child's KIDS account, it shall be sent to DFAS.

The Circuit Manager is ultimately responsible for the receipt and deposit of any income received which is to be placed into the KIDS account. The Circuit Manager may designate another employee to perform the functions of the Circuit Manager in these procedures as long as that employee is not one listed above.

Cash Receipts: Any income received by the county office, must be registered on the CS-KIDS-1 and sent to DFAS for deposit into the KIDS account. The following should be on a daily basis as necessary:

- a. "For deposit only" is stamped on all checks or money orders received;
- b. The cash receipts are prepared via the CS-KIDS-1;

- c. The CS-KIDS-1 is provided to the Circuit Manager/Designee for review and approval;
 - d. The Circuit Manager /Designee compares the CS-KIDS-1 with the money to be sent to DFAS to be deposited in the KIDS account; and
 - e. The Circuit Manager /Designee signs the CS-KIDS-1 indicating that all documents agree. He/She then files the county office copy in the business file and submits the other four (4) copies of the CS-KIDS-1 to DFAS. (See the Children's Division Forms Manual for further instructions on the CS-KIDS-1.)
3. The Children's Service Worker requests payment for additional expenses not covered by maintenance payments, following policy in the Child Welfare Manual. **Back state debt always takes priority over additional expenditures for the child. The Children's Service Worker should always contact RMU prior to requesting additional expenditures.** If KIDS funds are available, they will be used. If KIDS funds are not available, alternative care funds will be used.
4. Payment for special expenses will be made to the provider.
5. If the child has a source of income, but for any reason the income is not received during a given month, and there are insufficient funds in the KIDS account, payment for that month will be made from alternative care funds by the type of funding source for which the child is eligible (HDN or IV-E). When the income for that month is actually received, it will be deposited in the child's KIDS account and used to pay maintenance/special expenses for subsequent months. When a child leaves alternative care, these funds may be used to pay expenses which should have been paid from the KIDS account, but were paid by CD.
6. A copy of the CS-KIDS-1 shall be maintained in the business record and a copy of the CS-KIDS-2 shall be maintained in the business and child's record for five (5) years.
7. Each child for whose benefit funds have been received by the division and the guardian ad litem of such child shall be furnished annually with a statement listing all transactions involving the funds which have been deposited on the child's behalf, to include each receipt and disbursement. This may be accomplished by printing the ZKID screen to show the most recent 12 months of KIDS Account activity.
8. In order for the child to continue to receive SSI, Social Security requires that the account balance remains below \$2,000.00. It will be necessary to identify needs the child may have that the excess balance may be used for. In consultation with the supervisor, the child's placement provider and Family Support Team, it is

necessary to decide what needs the child may have that are not otherwise being met.

Rules for Accessing KIDS Account Funds

KIDS Account funds must first be used for the beneficiary's current maintenance. Maintenance costs include "costs incurred in obtaining food, shelter, clothing, medical care, and personal comfort items". In addition to maintenance costs, it is important to note that any money accessed from a child's KIDS Account may only be used for *approvable items* that will follow that child after the termination of his/her foster care episode. Approvable items are specifically for the recipient and in the recipient's best interests. Examples of allowable expenditures include:

- School supplies
- Medical treatment and education or job skills training;
- If related to a child's disability, personal needs assistance
- Special equipment
- Therapy or rehabilitation

For items already purchased and in the event the Children's Division reimburses the placement provider, please provide (along with the KIDS-2 form), the invoice or receipt for items purchased along with proof of purchase from the placement provider (i.e., cancelled check). If the vendor is to be paid directly, please submit the KIDS-2 form and an invoice from the vendor. The vendor will need to complete a Vendor Input Form. The vendor will be set up in SAM II.

Rules for Dedicated Account Funds

Money should be accessed for the benefit of the child and only for the following allowable expenses – Medical treatment and education or job skills training if related to the child's impairment(s); personal needs assistance; special equipment; housing modification; and therapy or rehabilitation; or other items and services related to the child's impairment(s) that the Social Security Administration determines to be appropriate.

Terminating an Individual Child's KIDS Account:

1. When a child leaves Alternative Care, the Children's Service Worker shall contact RMU for the determination of prior expenses which should be paid from the KIDS account. RMU will determine prior expenses for five (5) years prior to the date the child left alternative care (see Section 516.120 RSMo). RMU will process prior expenses to be paid from the KIDS account through fund recoupments for payments made in behalf of the child from:

- Alternative Care (AC);

- Residential Treatment (RT); and
- Children's Treatment (CT).

NOTE: If a child age 16 or over has a savings (as described on page 1 of this attachment) it will not be used to reimburse the state for back state debt.

2. If the child is age 16 or over, staff will be advised of the amount of the child's savings. At that time, staff should complete a CS-KIDS-2 for the person (payee) to whom money is to be released from the child's KIDS account. This person(s) may be the child's parent, guardian, adoptive parent or him/herself, if an emancipated minor. The following steps should be taken regarding the transfer of the savings (CD shall follow the instructions of the Juvenile Court when they differ from these instructions):

NOTE: If there is a KIDS account for which a payee cannot be identified, contact RMU.

- a. Transfer the savings to the child age 16 or over. Staff should always contact RMU prior to completing the CS-KIDS-2.
- b. SSI and OASDI: County Office staff shall advise a potential "representative payee" or emancipated minor to apply for SSI or OASDI at the local Social Security Office.

NOTE: Any SSI checks deposited in a KIDS account after a child leaves alternative care must be returned to the Social Security Administration (SSA). RMU will be responsible for returning these checks to SSA. Therefore, staff shall not enter a CS-KIDS-2 to disburse SSI income to a payee, when that income was deposited after the child left alternative care.

- c. VA: County office staff shall advise a potential payee or emancipated minor to apply with the appropriate VA office. It should be noted that VA benefits cease after a child's adoption is finalized.
- d. If there are serious concerns regarding the disbursement of funds when a child age 16 or over leaves CD custody, contact the Juvenile Court to request direction. This should only occur when staff think returning these funds may not be in the best interest of the child or when the Court has previously requested involvement in the disposition of the child's funds. RMU should be contacted prior to contacting the Juvenile Court.

3. Child Support payments will continue to be deposited automatically into the KIDS account, after the child leaves alternative care, until the parental obligation is met. RMU will process child support deposits into closed KIDS accounts on an ongoing basis. This income will be credited toward prior state expenses. Staff shall not take any action to disburse Child Support money received after the child leaves Alternative Care.

Escheat Fund

After release of a child age 16 or over from CD custody, and if after a diligent search the Children's Service Worker cannot locate or identify a person to whom funds should be released, the Children's Service Worker shall contact RMU to request the funds remain in the KIDS account. Funds left in a child's KIDS account will remain for up to five (5) years when CD cannot identify or locate the person to whom to release the funds. At the end of five (5) years, the funds, if not claimed, will be released to General Revenue.

Chapter Memoranda History: (prior to 01-31-07)

Memoranda History:

CD12-25

Attachment F: Children of Youth in Alternative Care, CYAC, Program

Children of Youth in Alternative Care (CYAC) Program

The Children of Youth in Alternative Care, CYAC, Program allows for the provision of maintenance, special expenses including clothing and infant allowance, and Medicaid for a child who is in the physical and legal custody of his/her CYAC parent, who is in the Division's custody. The parent and child must be in the same eligible placement.

CYAC Procedures:

1. CYAC parent gives birth while in alternative care or enters Children's Division, CD, custody with a child.

When a CYAC parent gives birth while in alternative care or enters alternative care with a child, the Children's Service Worker shall immediately:

- A. Complete the Title IV-E/FFP Information in FACES, one for a parent and one for a child entering care. Explain to the Eligibility Specialist (ES) that these are CYAC parent and child.

The system will notify the FSD worker when a child receives Temporary Assistance for Needy Families (TANF).

- B. Open an AC function through case intake for the CYAC child. Entry instructions can be found in the [Step by Step guide](#) under FACES information. The system will automatically enter fund code 12 or 01 (if child's placement type is ILA) on the AC Client Information screen. Select no maintenance on the child's Placement Information screen. The child's eligibility and reimbursability for Title IV-E is based on the CYAC parent's eligibility. The ES shall update the fund code to Alternative Care IV-E (02). If the CYAC parent is not eligible for Title IV-E, the ES will explore Title XIX (FFP) (12) eligibility and if needed, HDN (01) for the child.
- C. Update the Placement Information screen of the CYAC parent. Select a maintenance amount of above standard rate (if the placement is an ILA) and enter the amount (the amount will be the rate for the parent plus the standard rate for the child). The maintenance amount reported on the Placement Information screen of the CYAC parent must take the CYAC child's income into consideration. Therefore, any income received for the CYAC child must be deducted from the maintenance amount to be paid from the SS-61. One check will be generated to the resource provider or to the CYAC parent when the placement type is ILA.
- D. If the older youth and child are placed in a foster home, or a transitional living placement, the resource provider only receives maintenance for the older youth. For foster home placements, the worker should select

standard rate as the maintenance amount. For TLS and TLG placements, the worker should select no maintenance. For TLA placements, the worker should select above standard rate as the maintenance amount. Payment for the CYAC child is paid directly to the older youth via a monthly payment request. The worker will select the direct payment to client box on the payment request screen using the service code of MAIN and utilizing the parent's DCN. In the comment box, the worker should input the CYAC child's DCN.

In transitional living placements, the contractor is responsible for providing oversight to the youth based on the youth's specific maternity/parenting needs and ensuring the safety of the youth and child through the living arrangement. The contractor must provide the service needs of the youth in terms of parenting such as education in nutrition, growth and development, and effective discipline.

If the CYAC parent is case managed by a private agency, a payment request should be submitted to pay the CYAC maintenance and infant allowance, if applicable. The steps listed above would be followed utilizing the appropriate service code for the service being paid.

2. Outside Income for the CYAC child - Any outside income received by the CYAC child shall not become part of the Children's Income Disbursement System, KIDS, account. The Division Director shall not become payee for this income. Rather, the Children's Service Worker should assist the CYAC parent in becoming payee for same. The CYAC parent is expected to use the CYAC child's income toward the CYAC child's cost of care. Therefore, the maintenance amount for the CYAC child will need to be adjusted accordingly on the CYAC parent's Placement Information screen based on the amount of outside income the CYAC child receives. Monthly maintenance received by the youth is not considered income and should not be counted as outside income.
3. Special expenses - Special Expenses for the CYAC child must be invoiced under the CYAC parent's name and DCN using current procedures, with the exception of child care, which should be authorized using the CYAC child's DCN.
4. Eligible placements - The Alternative Care Client Information instructions identify eligible placement types that can be used for the CYAC child as well as other special instructions which must be used on CYAC child's AC function..
5. Division custody of CYAC child - If a CYAC child is placed in the Division's custody, the system automatically considers the child Title XIX-FFP (12) eligible in the child's own right. At the time the Division is given custody, the worker should update the child's legal status to LS-1 and maintenance and special expenses would be paid, using the child's DCN. The Title IV-E/FFP Information screen in FACES would need to be completed for the child and sent to the Eligibility Specialist for a IV-E/FFP eligibility determination. The maintenance

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amount on the CYAC parent's Placement Information screen must be updated to reflect the appropriate rate.

If the LS-1 child returns home on a trial home visit with their parent who is in CD custody, the parent would receive maintenance for the child. The worker would need to complete a payment request and pay maintenance directly to the client (parent). Once jurisdiction of the child is terminated, the legal status can be changed to LS-7, CYAC as long as the parent is still in care.

Chapter Memoranda History: (prior to 01-31-07)

Memoranda History:

CD12-28

Attachment G: Supplemental Security Income (SSI) Referral

Supplemental Security Income (SSI) Referral

The Supplemental Security Administration's (SSA) "listings" are physical and mental problems that are severe enough to disable a child. If a child does not have a listed impairment, SSA will determine if a child's condition would equate a "listed impairment" or would cause marked and severe functional limitations. This means that a child does not have to have one of the listed impairments in order to be eligible for SSI. The listings are intended to be used as a tool in determining if a child has a listed impairment or a comparable impairment that causes the child to have marked and severe functional limitations in everyday activities.

Eligibility specialists have been provided with a copy of the detailed listing of impairments, which contains the medical criteria used by SSA to evaluate each of the listed impairments:

1. Listed Childhood Impairments:

A. Growth Impairment;

B. Musculoskeletal:

- Juvenile Rheumatoid Arthritis;
- Musculoskeletal Function Deficit;
- Disorders of the Spine; and/or
- Chronic Osteomyelitis.

C. Special Sense Organs:

- Blindness/Impairments of Central Visual Acuity; and/or
- Hearing Impairment.

D. Respiratory:

- Bronchial Asthma; and/or
- Cystic Fibrosis.

E. Cardiovascular:

- Chronic Congestive Failure;

- Hypertensive Cardiovascular Disease;
- Cyanotic Congenital Heart Disease;
- Cardiac Arrhythmia;
- Chronic Rheumatic Fever/ Rheumatic Heart Disease;
- Congenital heart disease;
- Valvular heart disease;
- Cardiomyopathies;
- Cardiac transplantation;
- Hyperlipidemia; and/or
- Kawasaki syndrome.

F. Digestive:

- Esophageal Obstruction;
- Chronic Liver Disease;
- Chronic Inflammatory Bowel Disease; and/or
- Malnutrition.

G. Genito-Urinary:

- Chronic Renal Disease; and/or
- Nephritic Syndrome.

H. Hemic And Lymphatic:

- Hemolytic Anemia;
- Chronic Idiopathic Thrombocytopenic Purpura;
- Sickle Cell Disease;

- Inherited Coagulation Disorders; and/or
- Acute Leukemia.

I. Endocrine:

- Hyperthyroidism;
- Hypothyroidism;
- Hyperparathyroidism;
- Hyperparathyroidism;
- Diabetes Insipidus;
- Hyper function of the Adrenal Cortex;
- Adrenal Cortical Insufficiency;
- Juvenile Diabetes Mellitus;
- Iatrogenic Hyper Corticoid State;
- Pituitary Dwarfism;
- Adrenogenital Syndrome;
- Hypoglycemia; and/or
- Gonadal Dysgenesis.

J. Multiple Body Systems:

- Down Syndrome;
- Multiple Body Dysfunction;
- Catastrophic Congenital Abnormalities; and/or
- Immune Deficiency Disorder.

K. Neurological:

- Motor Seizure Disorders;

- Brain Tumors;
- Motor Dysfunction due to Neurological Disorder;
- Cerebral Palsy;
- Meningocele; and/or
- Communication Impairment Associated with Neurological Disorder.

L. Mental Disorders:

- Mood Disorders: Characterized by a disturbance of mood (referring to a prolonged emotion that colors the whole psychic life, generally involving either depression or elation), accompanied by a full or partial manic or depressive syndrome.
- Mental Retardation: Characterized by significantly sub-average general intellectual functioning with deficits in adaptive functioning.
- Anxiety Disorders: In these disorders, anxiety is either the predominant disturbance or is experienced if the individual attempts to master symptoms, i.e., confronting the dreaded object or situation in a phobic disorder, attempting to go to school in a separation anxiety disorder, resisting the obsessions or compulsions in an obsessive compulsive disorder, or confronting strangers or peers in avoidant disorders.
- Somatoform, Eating, and Tic Disorders: Manifested by physical symptoms for which there are no demonstrable organic findings or known physiologic mechanisms; or eating or tic disorders with physical manifestations.
- Personality Disorders: Manifested by pervasive, inflexible, and maladaptive personality traits, which are typical of the child's long-term functioning and not limited to discrete episodes of illness.
- Psychoactive Substances Dependence Disorders: Manifested by a cluster of cognitive, behavioral, and physiologic symptoms that indicate impaired control of psychoactive substance use with continued use of the substance despite adverse consequences.

- Autistic Disorder and other Pervasive Developmental Disorders: Characterized by qualitative deficits in the development of reciprocal social interaction, in the development of verbal and nonverbal communication skills, and in imaginative activity. Often there is a markedly restricted repertoire of activities and interests, which frequently are stereotyped and repetitive.
- Attention Deficit Hyperactivity Disorder: Manifested by developmentally inappropriate degrees of inattention, impulsiveness, and hyperactivity.
- Developmental and Emotional Disorders of Newborn and Younger Infants: Developmental or emotional disorders of infancy are evidenced by a deficit or lag in the areas of motor, cognitive/communicative, or social functioning. These disorders may be related either to organic or to functional factors or to a combination of these factors.
- Organic mental disorders: Characterized by abnormalities in perception, cognition, affect, or behavior associated with dysfunction of the brain.
- Schizophrenic, delusional (paranoid), schizoaffective, and other psychotic disorders: Characterized by a marked disturbance of thinking, feeling, and behavior, with deterioration from a previous level of functioning or failure to achieve the expected level of social functioning.

M. Neoplastic:

- Lymphoreticular Malignant Neoplasm's;
- Malignant Solid Tumors; and/or
- Neurobla.

N. Immune:

- Systemic Lupus Erythematosus;
- Systemic Vasculitis;
- Systemic sclerosis and scleroderma;
- Polymyositis or dermatomyositis;

- Undifferentiated connective tissue disorder;
- Congenital immune deficiency disease; and/or
- Human immunodeficiency disease (HIV).

2. General Medical Information

SSA maintains that a child is a person who has not attained age 18.

For purposes of SSI eligibility: A child is considered disabled if he or she has any **Medically Determinable Physical** or **Mental** impairment(s) which is expected to last 12 continuous months or result in death and causes marked and severe functional limitations.

3. Developmental Assessment Guides

Staff must provide information that will support a claim of an impairment that causes a child to function with marked and severe limitations. Information provided to SSA should include a child's school records, medical records and/or medical sources, psychological reports and observations of the Children's Services Worker, resource providers, teachers, or other persons who have first hand knowledge of a child's ability to function in daily activities. In most cases the resource provider or other alternative care provider would best know how a child functions in his/her daily activities.

The severity of the impairment is measured according to the functional limitations imposed by the impairment. The functional areas considered are: motor function, cognitive/communicative function, social function, personal function, and concentration, persistence or pace. The range of these functions varies at different stages of the child's maturation.

4. General Eligibility Requirements:

- A. Non-Medical Eligibility Requirements: Although a child may meet the definition of disability, the income and resources they have determine if they meet the non-medical limitations:
 1. Resources - A child may be able to qualify for SSI if his/her resources do not exceed \$2000.00. Resources are things that the child has ownership rights or access to, such as the following:
 - Bank Accounts;

- Cash;
 - Property; and
 - Stocks and Bonds.
2. Income - The amount of income the child can have each month and still qualify for SSI benefits is revised January 1 of each year. SSA does not count all types of income in determining eligibility for SSI. For example, SSA does not count:
- Food Stamps;
 - Food, shelter, or clothing received from private, non-profit organizations;
 - The first \$20.00 of most income received in a month; and
 - Assistance based on need funded by State or local governments.

This List Is Not All Inclusive, But Can Serve As A Basis For Screening For Potential Eligibility.

5. Screening Guide

Use this screening guide after consideration of the SSI income and resource requirements:

A. Premature Infants (up to 1 year old):

- Premature Infants (less than 37 weeks gestation) who weigh less than 1200 grams (about 2 pounds 10 ounces) at birth will be considered disabled until the attainment of the chronological age of 12 months.
- Until the chronological age of 12 months, a premature infant who weighs at least 1200 grams but less than 2000 grams (about 4 pounds 6 ounces) at birth **and** is at least 4 weeks small, for gestational age, will be considered disabled.

NOTE: Most of the children who were born drug affected will be premature or have low birth weight and should be placed in Priority #1.

B. All Children:

- Step One: Does the child have a medically determinable **Mental or Physical** impairment?

- If "No", stop.

NOTE: This child's eligibility is doubtful and should be placed in Priority #3.

- If "Yes", go to Step 2.

- Step Two: Does the child's impairment or combination of impairments cause marked and severe functional limitations?

- If "No", stop.

NOTE: This child's eligibility is doubtful and should be placed in Priority #3.

- If "Yes", the child should be given the appropriate priority and referred to the ES, via Form CS-IV-E/FFP-1 or, when applicable, Title IV-E/FFP Referral, Form CS-IV-/FFP-2, Title IV-E, FFP Redetermination.

NOTE: Refer questionable situations to the ES, via the CS-IV-E/FFP-1 or, when applicable, the CS-IV-E/FFP-2, for a formal SSA disability determination.

6. Referral Priority Guidelines

The following guidelines will assist staff in prioritizing SSI referrals:

- Priority 1:
 1. All HDN or Title XIX FFP children who are in residential care or group care.
 2. All children in foster care, Youth with Elevated Needs homes, Medical Foster Care (MFC), or other placements, and who have a history of psychological, educational problems, or medical or physical/mental handicaps, where we have documentation that the child is not functioning at an age-appropriate level.

3. Newborns who were born drug affected, premature or had a low birth weight.

- Priority 2:

1. Children who may have a history of psychological, educational or physical problems. The worker will need to collect comprehensive documentation.
2. Children recently placed in our custody who appear to have a disabling condition that has not been documented. The worker will need to collect documentation.

- Priority 3:

1. Children with little or no known psychological, educational or physical deficiencies.

7. Evidence Needed When Filing

The following is a list of information and evidence needed to make a disability determination. If this information is available at the time of referral to the ES, (via the CS-IV-E/FFP-1 or, when applicable, the CS-IV-E/FFP-2 for Title XVI (SSI) Disabled Children's benefits) it will significantly help the Disability Determination Section (DSS) in making a timely decision.

General Information Needed:

- Name, address, and telephone number for each treatment physician (including psychologists) and dates of treatment.
- Name and address of each hospital, clinic, other medical institution, or health care facility where the child has been treated for the impairment(s). Please include any patient or clinic numbers.
- Name and address of the school the child is currently attending and the name of the teacher or teachers. If the child has changed schools, please furnish this same information for the last school attended.

NOTE: When the child has been in Children's Division (CD) custody less than 12 months, it may be necessary for SSA to contact the birth parent(s) to gather historical information.

Information Which may be in the Case File:

- Copies and summaries of medical records from hospital, clinics, other medical institutions, and health care facilities.
- Reports from Children's Service Workers about the child's impairment(s) or level of functioning.
- Statements from the child, guardian, caregiver, or others about the child's impairment(s) and the effect on the child's functioning.

NOTE: The resource providers' observations could assist SSA in developing a pattern of low functioning.

- Statements from other practitioners (i.e. nurse practitioners, physicians' assistants, chiropractors) and from therapists (including physical, occupational or speech and language therapists).
- Information from educational agencies and personnel (i.e., school teachers, school psychologists, school counselors, preschools, early intervention teams, developmental centers, and child care centers.

NOTE: Any information relating to educational or behavior problems in the school setting are important.

- Any other information from the file which furnishes information about the child's impairment(s) and the effects on the child's ability to function without limitations.

Chapter Memoranda History: (prior to 01-31-07)

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Attachment H: Insurance Claims For Children In CD Custody

Insurance Claims For Children In Children's Division (CD) Custody

When insurance companies offer to settle claims for children in CD custody, usually as the result of an accident of some type (automobile, etc.) our agency has no authority to waive the minor child's rights in a legal cause of action. CD also has no right to settle any potential claim they may have due to the Division's fiduciary conflict. The juvenile court should be the one to make the final decision on who has authority to settle for the child, possibly by appointing a next friend or setting up a conservatorship. The fiduciary conflict referred to above also involves cases where there may be a Medicaid recovery or KIDS account issues.

If there is such a claim to be settled or offer being made by the insurance company, the following procedure shall be implemented:

1. Request the insurance company submit a formal written offer to the local CD office.
2. The local CD office should then forward the offer to the juvenile court asking for direction on how to proceed, and forward the offer to the MO HealthNet Division, Third Party Liability Unit.
3. The juvenile judge should then issue an order as to how to proceed.

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Attachment I: Transitional Services Payments for Youth with Elevated Needs- Level B Resource Providers

Transitional Services Payments for Level B Resource Providers

Youth with Elevated Needs-Level B resource providers are eligible for reimbursement for transitional services payments of \$21.00 a day per child under the specific set of conditions described in the Cooperative Agreement for the Purchase of Elevated Needs Level B Foster Care Services, CM-8.

This contract states the Division agrees to pay the Elevated Needs Level B resource provider at the current apportioned rate for assisting children approved for Individualized Care make the transition to and from their home. Transitional services include, but are not limited to, attending staffing, pre-placement visits, and filing reports. Such payment shall be made for a maximum of ninety (90) consecutive days when the Level B resource provider is not at licensed capacity for children who qualify for Level B care. Payment for transitional services will cease when the Level B resource provider is at licensed capacity for children approved for Individualized Care or is no longer willing to care for additional children approved for Individualized Care, "Level B care".

To qualify for the transitional payment described above, the Level B resource provider shall:

- a. Actively work with the Selection/Screening Team to identify potential children who would be good matches for their home; and
- b. Accept children the team agrees are appropriate matches and who fit general profile for the family; and
- c. Utilize the FST or Selection/Screening Team to create the specific transitional plan for the child; and
- d. Participate in regular staffing with the FST or Selection/Screening Team to assess progress of the transitional plan and to determine if the proposed placement remains a good plan.

Transitional services payments occur over the 90-day transition period only when the Level B resource providers are willing to accept children who fit the profile and are considered by the team as appropriate for placement.

Transitional services payments will only be paid for one child at a time at any given time.

If the provider refuses to accept three (3) consecutive Elevated Needs Level B placements, then the availability payments will stop.

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Transitional services payments are child specific. Therefore, the DCN of the Elevated Needs Level B foster youth to whom the transitional services are being provided must be used to generate the payment.

Any concerns regarding a Level B resource provider utilizing the transitional services payments should be referred to the appropriate Regional Director or Designee.

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