
OVERVIEW

Case service payments are for services that are not included in the child's daily maintenance rate. The following procedures are for case service payments entered into the electronic case management system. A case conference with the [Federal Compliance Division \(FCD\) \(MDHHS-federalcompliancedivision@michigan.gov\)](mailto:federalcompliancedivision@michigan.gov) can be requested for suggested resolutions to meet a child's needs that are not covered in current policy.

CASE SERVICE AUTHORIZATION

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

All case service authorizations **must** be created **prior to case closure**. Once payment documentation is received, the manual payment can be created. The Michigan Department of Health and Human Services (MDHHS) does not pay late fees, finance charges, or interest on unpaid balances. Service dates after case closure are not eligible for payment even if authorized while the case remained open.

Time Limit on Foster Care Payments

Payment must be submitted within 12 months from the date of service to be paid. In rare cases, an exception to this policy can be granted. Once approval from the local office director and business service center (BSC) director has been obtained, submit the exception requests to [FCD \(MDHHS-federalcompliancedivision@michigan.gov\)](mailto:FCD (MDHHS-federalcompliancedivision@michigan.gov)).

CLOTHING PAYMENTS

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

providers who are also receiving foster care maintenance payments. (Rule 400.12411)

Initial Clothing Payment

Service Description 0801- Initial Clothing Allowance 0-5

Service Description 0802- Initial Clothing Allowance 6-12

Service Description 0803- Initial Clothing Allowance 13-21

Service Description 0804- Initial Clothing Allowance Ward Child

Initial clothing payments supplement a child's existing wardrobe and is **not** an automatic allowance for every child entering care. The [DHS-3377, Clothing Inventory Checklist](#), must be completed, and uploaded to the document's hyperlink on the service authorization in the child's electronic case record.

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

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

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

The amount of the clothing allowance request must not exceed the maximum found in [FOM 905-3, Foster Care Rates](#), and listed below. The correct service code based on the age of the child must be selected. The maximum clothing allowance will be issued unless a lesser amount is determined by the DHS-3377.

Age of Child	Initial Clothing Allowance Maximum	Service Description 0800
00 - 05 years	\$210	0801
06 - 12 years	\$310	0802
Ages 13 +	\$500	0803
Child of a Youth Parent	\$210	0804

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

The Semiannual Clothing Payment

Service Description 0896- Semiannual Clothing Allowance 0-12

Service Description 0897- Semiannual Clothing allowance 13+

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

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

The semiannual clothing allowance does not require a clothing inventory be completed, nor receipts provided.

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

Youth in Care with Children

Youth in the Young Adult Voluntary Foster Care (YAVFC) program receive payments for their child through their own independent living service authorization. The semiannual clothing payment for their child must be manually added as a case service.

Youth in Adult Foster Care

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

Special Clothing Authorizations

Service Description 0821- Special Clothing Allowance 0-5

Service Description 0822- Special Clothing Allowance 6-12

Service Description 0823- Special Clothing Allowance 13+

Service Description 0824- Special Clothing Ward Child

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

- Fire, flood, or other natural disaster.
- Excessive weight gain or loss. This includes due to pregnancy and/or following the birth of a child. Comments must be added to the case service authorization, no documentation needs to be uploaded to the authorization.
- Re-removal or placement change without sufficient clothing. This requires a new [DHS-3377, Clothing Inventory Checklist](#), to be completed within 30-calendar days of the new placement begin date.
- Loss of clothing during an absent without legal permission (AWOLP) episode.

- Required school uniforms.
- Children who request or require gender-neutral or differently gendered clothing that does not correspond to clothing currently owned or available. Comments must be added to the case service authorization, no documentation needs to be uploaded to the authorization.

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

The [DHS-3377, Clothing Inventory Checklist](#), must be uploaded to the documents hyperlink in the electronic case record. The case service authorization must be created for the effective date at the top of the DHS-3377. The begin **and** end date should be the same. The case service authorization must also contain the reason for the special need. The service authorization must be routed to FCD in the electronic case management system for final approval. The case manager can then add the manual payment.

Special clothing authorizations must not exceed the maximum amounts listed in [FOM 905-3, Foster Care Rates](#) and listed below. The correct code must be selected based on the child's age.

Age of Child	Special Clothing Allowance Maximum	Service Description 0820
00 - 05 years	\$210	0821
06 - 12 years	\$310	0822
Ages 13 +	\$500	0823
Child of a youth parent	\$210	0824

Note: CCIs and placement agency foster care (PAFC) providers must ensure each child has an adequate wardrobe which includes at least those items listed on the [DHS-3377, Clothing Inventory Checklist](#), while in placement and upon leaving placement.

Appropriate clothing is the property of the child and must remain in the child's possession when replacement occurs.

HOLIDAY ALLOWANCE

Service Description 0898

The holiday allowance payment is available to placement providers who are also receiving maintenance payments. A child in a paid placement on November 30 of each year is eligible to receive a holiday allowance. For the holiday allowance rate, see [FOM 905-3, Foster Care Rates](#). This is a personal incidental for the child. This allowance will automatically be paid to the child's provider on the first payroll following December 1 each year.

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

The payment is not automatically generated for the child of a youth parent who is placed within the same home. This can be added as a case service and send an email to [FCD \(MDHHS-federalcompliance@division@michigan.gov\)](mailto:FCD(MDHHS-federalcompliance@division@michigan.gov)) to request the manual payment.

SCHOOL TUTORING

Service Description 0805

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

Case managers and caregivers must continue to work closely with school staff, including the school district foster care liaisons to first utilize any available school or community resources; see [FOM 723, Educational Services](#) for the definition of foster care liaisons and how to find one.

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

Authorizations for tutoring must not exceed 10 hours per week, with a maximum rate of \$30 per hour. The foster parent/relative caregiver or the teacher recommending the service cannot be the person providing the tutoring. For a tutor not connected to the

school or district to be approved, they must have, at minimum, a high school diploma and a central registry clearance.

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

Tutoring must be pre-approved by the supervisor.

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

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

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

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

SUMMER SCHOOL

Service Description 0836

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

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

Summer school must be for the purpose of making up a failed class or to gain the appropriate credits for grade completion and/or graduation. This must be recommended in writing by the child's school, detailing the subject and/or credit the student needs.

The supporting documents must be uploaded to the documents hyperlink in the case service authorization in the electronic case record and routed to FCD for approval.

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

Reimbursement is made directly to the foster parent/relative, PAFC provider, or the child caring institution.

DRIVER'S EDUCATION

Service Description 0832

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

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

Payments for driver's education cannot be authorized directly to the driving school. The maximum amount the local office can authorize is \$300. The local office may complete only one case service authorization for driver's education. The documentation from the driving school detailing the cost of the service must be uploaded in the documents hyperlink in the electronic case record.

Note: If the local office completes an authorization for \$250 for segment one and now needs to authorize \$50 for segment two, route the case service authorization for segment two to [FCD \(MDHHS-federalcompliancedivision@michigan.gov\)](mailto:FCD@MDHHS-federalcompliancedivision@michigan.gov) in the electronic case management system with documentation regarding the cost.

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

SENIOR EXPENSES

Service Description 0806

The school district should provide most, if not all, educational needs. However, senior expenses such as class rings, senior pictures, prom attire, and announcements, may be reimbursed by entering the case service authorization in the electronic case record. Each of the following requests are completed separately.

Only two separate requests can be submitted for a maximum of \$100 per request.

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

Service Description 0830

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

MEDICAL EXPENSE

Service Description 0825

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

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

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

Glasses - (and other non-MA approved corrective appliances). This is not to be used for frames that MA does not cover, contact lenses, etc. This can be used for replacement glasses needed beyond the number that MA will supply.

Prescriptions - Reimbursement is available for individual prescriptions of over \$15 and other incidental medical costs unavailable through MA or other resources. Efforts to try an alternative prescription or obtain an MA exception by the prescribing doctor must be documented in the case service authorization. This is not intended to be a monthly expense or include over-the-counter medications; see [FOM 903-03, Payment for Foster Family/Relative Care](#). Documentation of the following must be uploaded to the documents hyperlink on the case service authorization routed to FCD in the electronic case management system:

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

The preferred avenue of payment is to issue the payment to the medical provider or PAFC directly. Reimbursement to the foster parent/relative caregiver is directly available if the item has already been purchased and requires a paid receipt.

The steps outlined above for medical expenses will also apply for children in detention placements; see [FOM 903-02, Payment for Detention Care](#). The payments will be made from the electronic case management system for all fund sources. **Title IV-E funds cannot be used to pay for any medical or dental expenses not covered by MA.** The fund source for these payments will be determined in the electronic case management system based on the child's legal status.

For a child who is a state ward MCL 400.207(1) and MCL 803.305(1), these costs are included in the county's monthly chargeback report.

Any questions about making these payments from the electronic case management system can be directed to [FCD \(MDHHS-federalcompliance@michigan.gov\)](mailto:FCD(MDHHS-federalcompliance@michigan.gov)).

**DENTAL
TREATMENT****Service Description 0826**

Dental treatment payments are available for children who are receiving maintenance payments. Most dental treatment for children in foster care is a benefit of the MA health insurance program.

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

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

- Brief explanation of the dental need.
- Documentation from the dental provider identifying the need for the dental service and/or item.
- MA denial/rejection reason.

The steps outlined above for dental treatment will also apply for children in detention placements. The payments will be made from the electronic case management system for all fund sources. **Title IV-E funds cannot be used to pay for any medical or dental expenses not covered by MA.** The fund source for these payments will be determined in the electronic case management system based on the child's legal status.

For a child who is a state ward MCL 400.207(1) and MCL 803.305(1), these costs are included in the county's monthly chargeback report.

Any questions about making these payments from the electronic case management system can be directed to [FCD \(MDHHS-federalcompliance@michigan.gov\)](mailto:FCD(MDHHS-federalcompliance@michigan.gov)).

**ORTHODONTIC
TREATMENT (STATE
WARDS ONLY)****Service Description 0826**

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

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

Orthodontic treatment may be a benefit of MA if the child is enrolled in the MDHHS Children's Special Health Care Program.

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

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

Payment arrangements must be negotiated with the orthodontist and included.

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

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

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

If the request is \$4,999 or lower, the [MDHHS-5855, Orthodontic Payment Agreement](#) must be approved by the local office director or designee.

If the request is for \$5,000 or higher, the [MDHHS-5855, Orthodontic Payment Agreement](#), treatment plan, and estimate must be submitted to FCD for pre-approval.

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

case service authorization requests quarterly, even if the foster care case is closed.

MENTAL HEALTH - PSYCHOLOGICAL EVALUATION FOR THE CHILD

Service Description 0808

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

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

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

Expansion of services covered to include the following as deemed necessary by the case manager and supervisor:

- Neuropsychiatric evaluations.
- Autism/applied behavioral analysis (ABA) evaluations.
- Psychological testing.
- Intelligence quotient (IQ) testing.
- Psychosexual assessment.
- Gender identity assessment.
- Sex offender assessments for parents, only eligible under juvenile justice case services.

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

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

TRAUMA ASSESSMENT

Service Description 0037- Trauma Assessment

Service Description 0038- Trauma Assessment Ancillary Costs

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

TRANSPORTATION

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

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

Effective Date	End Date	Rate Per Mile
10/01/2014	09/30/2015	\$0.39
10/01/2015	09/30/2017	\$0.36
10/01/2017	11/30/2019	\$0.34
12/01/2019	12/31/2019	\$0.58
01/01/2020	12/31/2020	\$0.575
01/01/2021	12/31/2021	\$0.56
01/01/2022	06/30/2022	\$0.585
07/01/2022	12/31/2022	\$0.625
01/01/2023	12/31/2023	\$0.655
01/01/2024	12/31/2024	\$0.67
01/01/2025	Current	\$0.70

Medical Transportation

Medical transportation payments cannot be made from the electronic case management system as a transportation payment. To receive payment, the transportation must meet the definition of essential medical transportation to be funded by Medicaid.

When transportation does not meet the essential medical transportation criteria or it is not available, the request for payment should be made following the medical expenses listed above.

Routine Transportation

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

Parent Transportation Reimbursement for Parent/Child Visitation

Michigan Department of Health and Human Services Supervised Cases

Local MDHHS offices may utilize available Strong Families/Safe Children (SF/SC) flexible funds for transportation assistance to and from reunification services, which may include parenting time. The need must be documented in the case service plan. Payment requests are made on the [MDHHS-5628, Travel Voucher For Non-State Employee](#), with the SF/SC Time Limited Reunification SIGMA Accounting Template of 491xx4299. SFSC program standards can be accessed on the [Bureau of Grants and Purchasing](#) site for further information.

Placement Agency Foster Care Supervised Cases

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

Multiple Child Placing Agencies Assigned

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

**Foster
Parent/Relative
Transportation
Reimbursement****Service Description 0809- Parental Visitation Transportation****Service Description 0819- Sibling Visitation Transportation**

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

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

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

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

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

Note: Effective 12/01/2019, limited term/emergency funding must be utilized for a child with County Childcare Fund (CCF) or State Board Ward and Care (SWBC). Payment prior to 12/1/19 would be paid by the child's placement fund source. While the payment process for parent/child and sibling visitations are the same, they must be submitted separately in the electronic case management system as there are different service descriptions for each.

Case Manager Role in Mileage Reimbursement

- Determine the maximum number of visits according to the parenting time/sibling visit plan for a period in which the visits

should remain the same frequency at the beginning of the period.

Example: Weekly visitation is scheduled to occur over the next 12 weeks.

- Determine the maximum number of miles per round trip using MapQuest or Google Maps detailing round trip mileage expected for travel and document in the comments section of the case service.
- Enter the case service in the electronic case record and route for supervisory approval.
- Transportation is a service that can be entered for any timeframe, however, during the timeframe selected, the frequency of units cannot change. The number of units in the service authorization is the maximum number of units that could potentially be used if every visit occurs. There may be units that remain unpaid if one or more of the visits do not occur.
- Transportation can be entered for a quarter, which requires the case manager to complete the case service four times per year or monthly, which then requires the case manager to enter the case service up to 12 times per year.
- Upon receipt of the request for mileage reimbursement, the case manager must:
 - Review the foster parent's/relative caregiver's mileage documentation for accuracy.
 - Enter the manual payment for the period of reimbursement and upload the foster parent/relative caregiver mileage reimbursement request to the document hyperlink that appears when it is applied prior to save/close to support the payment being issued. A manual payment can be entered for a different period than the service authorization to pay the provider more frequently.
 - Reimburse the provider within 30-calendar days from the receipt of the request.
- PAFC providers must route mileage requests to the MDHHS monitoring case manager.

Foster Parent/Relative Caregiver Responsibilities

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

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

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

School Transportation Payment Process

Service Description 0811 - Educational Stability

Limited term/emergency funding must be utilized for a child with a CCF or SWBC fund source.

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

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

Foster parent/caregiver expenses for reasonable travel accommodations, such as public transportation, will be reimbursed at actual cost. Effective December 1, 2019, mileage rates will be reimbursed at the IRS premium mileage rate in effect at the time the transportation was provided.

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

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

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

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

Child Caring Institution Transportation

If the transportation is for a child receiving residential services, the CCI is responsible for all costs of transportation. The cost is included in the established per diem reimbursement rate.

Travel for Out-of- State Placement

This travel must be arranged through the Interstate Compact on the Placement of Children (ICPC) Unit in the Children's Services Administration; see [Interstate Compact Manual](#).

ASSISTED CARE

Service Description 0810

Assisted care services are available in situations where a foster parent or relative requires an additional individual to provide

supervision and engage in activities of daily living for a child. While the foster parent/relative caregiver must be present, the assisted care does not need to be provided in the foster home. Assisted care is based on the care needs of the child.

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

Assisted care is available for children with a determination of care (DOC) Level II or above. This case service authorization can be entered into the electronic case record by the local office. Local office director approval is required on the case service authorization or on an uploaded memo detailing the maximum number of hours approved. The case service authorization is to be linked directly to the foster parent/relative caregiver or PAFC, not to the assisted care provider.

Note: The case service should be added at the time of approval.

A written case plan must be in place which includes the:

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

Assisted care is **not** an appropriate substitute service for childcare needed, because the foster parent or relative works, goes to school or volunteers. Childcare payments may be available through MDHHS' Child Development and Care (CDC) program for employment or education leading to a high school diploma when a completed application is submitted, and all eligibility criteria are met; see [BEM 100, Introduction](#).

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

- For a caregiver who provides care while foster parents/relative caregivers run errands, or other activities outside of the home.
- Foster home **A** provides respite care to foster home **B**. This could be a day, night, weekend, or week.
- Planned foster parent vacation, such as a scheduled two-week period per year.
- Duplication of activities being provided for through other funds such as a DOC rate.

Payment for Assisted Care

The criteria for approval of assisted care are as follows:

- The child scores level II or above on the appropriate DOC assessment form:
 - [DHS-470, Assessment for Determination of Care for Children in Foster Care \(DOC\) \(Age One Day Through Twelve Years\)](#).
 - [DHS-470-A, Assessment for Determination of Care for Children in Foster Care \(DOC\) \(Age Thirteen Years and Over\)](#).
 - [DHS-1945, Assessment for Determination of Care \(DOC\) for Medically Fragile Children in Foster Care](#).
- Prior approval by the local office director has been obtained.
- Payments for assisted care are **not** to be included in the DOC supplement.
- The foster parent/relative caregiver must submit an invoice to the local MDHHS case manager monthly. The invoice must contain the daily total of hours the assisted care supervision was provided each day.
- Upload the invoice to the electronic case record.
- Payment is made to the provider receiving a maintenance payment. Assisted care payments cannot be made directly to the assisted care provider.

- Maximum allowable payment amounts are \$15 per hour for up to 24 hours per day.
- A local office review for assisted care is to be completed every six months or at the time of the DOC review **and** at every placement change.
- The county director must also approve the request, which may be documented via email. Local office or PAFC supervisors may approve case service authorization. Documentation, including the local office memo to support additional needed hours, must be uploaded to the case service authorization.

RESPITE CARE

Respite is available to provide temporary and occasional relief to the child and the child's current placement caregiver, parent, or legal guardian to maintain the ability to meet the needs of the child and to support the well-being of the current placement caregiver. Caring for the needs of children who have experienced the trauma of neglect and/or abuse requires intensive time, effort, and skill; see [SRM 109, Respite Services and Engagement](#).

Providing support through respite plays a crucial role in maintaining the stability and continuity of placements and promotes the well-being of children in care. Respite provider homes are not to be used as emergency placements under any circumstances.

There will be 12-calendar days of respite available for each eligible child per quarter. If a child changes placements, the number of respite days can be replenished to provide the new placement caregiver with adequate options for respite use.

Payment for Respite Care

DOC Level	Respite Full Day/Unit Rate	Respite Half Day/Unit Rate
No DOC	\$60.72	\$30.36
DOC Level 1 & 2	\$65.48	\$32.74
DOC Level 3 & 4	\$72.26	\$36.13
MF Level 1 & 2	\$72.26	\$36.13
MF Level 3 & 4	\$83.28	\$41.64

*MF= Medically fragile.

A respite half day/unit equates to less than 12 hours. Determination of the total number of units is made using the start and end times. An overnight is no longer considered a full unit unless it is 12 hours or more. The respite case service should be added to the child's electronic case record.

For MDHHS supervised placements, the respite case service payment should be made to the placement caregiver. The placement caregiver **must** pay their chosen respite provider(s). For PAFC supervised placements, the respite case service payment is made to the PAFC. The PAFC agency **must** pay the placement caregiver and the placement caregiver **must** pay their chosen respite provider(s). For contracted agency placements, the respite case service payment is made to the contracted agency and the agency pays their licensed respite home(s) directly. The **only** fund source that can be used for respite case services is limited term.

ONE-TO-ONE SUPERVISION

Service Description 0834

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

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

Note: The Division of Child Welfare Licensing (DCWL) approval email must be uploaded to the service authorization upon receipt for the entire period approved (usually 90-calendar days).

One-to-one supervision can only be authorized with a PER approval from the local MDHHS office director and DCWL. If the

child has been in the CCI for 12-months or longer, the PER must be routed from the local MDHHS office director to the Business Service Center (BSC) director then to the DCWL for approval.

The CCI must submit a monthly invoice to the local MDHHS case manager. The invoice must contain the daily total of hours the one-to-one supervision was provided each day.

Upload the approval memo/email from DCWL and route the case service authorization to FCD in the electronic case management system for approval.

QUALIFIED RESIDENTIAL TREATMENT PROGRAM AFTERCARE PAYMENTS

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

Aftercare payments are an administrative cost. All QRTP aftercare payments must be made from the limited term/general funds fund source in the electronic case management system. If the service authorization needs a fund source override, email [FCD \(MDHHS-federalcompliance@michigan.gov\)](mailto:FCD(MDHHS-federalcompliance@michigan.gov)) to request the override. The person ID and the service authorization ID must be submitted with the request for an override.

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

- **0813 QRTP - Aftercare Level 1.**
- **0814 QRTP - Aftercare Level 2.**

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

The QRTP must submit a monthly invoice to the local MDHHS case manager. The invoice must contain the number of days the aftercare services were provided. Upload the invoice to the case service and route requesting approval from the MDHHS foster care supervisor.

Aftercare Level 1 daily payment rate is \$41.78, and Aftercare Level 2 daily payment rate is \$111.42.

ADULT FOSTER CARE PLACEMENT

Service Description 0837

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

Payment for the basic adult foster care (AFC) rate will be made for children placed in AFC homes. Payments that exceed the AFC rates established in [ASM-077, ACP SSI/SDA Provider Rates](#), require a pre-approved exception through FCD. Route the case service authorization to FCD in the electronic case management system for approval; see [FOM 903-8, Payments Requiring Special Processing](#). With an approved service authorization, a monthly manual payment is entered by the primary case manager with the invoice uploaded to the electronic case record.

REIMBURSEMENT FOR PROPERTY DAMAGES

Foster Parent/Relative Provider Insurance Program

MDHHS has developed a foster parent/relative provider insurance program, facilitated through FCD. This is available for all foster parents and relative providers through both MDHHS and PAFC providers. This program is funded using foster care administrative costs and a portion of the expenses will be claimed through title IV-E. The costs are not included in any chargeback process or charged through the county child care fund. The funds for this program may be limited based on availability and the depletion of funds through future claims.

Case managers and supervisors may determine appropriateness of reimbursing caregivers for damages done to their property by children in their care, not otherwise covered by homeowners, renters, or automobile insurance. A formal denial or review of the provider's insurance policy is not required. The provider's statement regarding their coverage is acceptable. If the provider is not filing an insurance claim or the damage is not covered by insurance for an expense over \$1,000, this must be indicated on the request form and requires the local office director approval. The coverage by this program for costs incurred over \$1,000, if insurance coverage is not

sought, will be made on a case-by-case basis by either the local office director or BSC director depending on the amount.

This reimbursement can include the caregiver's insurance deductible when an insurance claim for damages is filed. The local office or PAFC supervisor may approve the case service authorization. Local office director approval must be documented in the authorization.

Reimbursement requests below \$1,000 can be approved by the MDHHS supervisor. Requests between \$1,000 and \$5,000 require approval by the MDHHS local office director. Reimbursement requests above \$5,000 must be approved by the BSC director.

The MDHHS-6165, Provider Insurance Claim Request, with all required signatures based on the amount requested, documentation of damage, as well as estimates, receipts, and invoices or other reimbursement documentation, must be uploaded to the case service authorization. The approved service authorization should be routed to FCD in the electronic case management system.

EXCEPTIONAL REQUEST

Service Description 0827

This service description can be used to authorize case service payments for other unique situations not identified in policy which require FCD approval, such as psychiatric hospital overstay or payment for AFC providers that exceed the established rate. Email [FCD \(MDHHS-federalcompliance@michigan.gov\)](mailto:FCD@MDHHS-federalcompliance@michigan.gov) with a detailed memo approved by the local office MDHHS director and BSC director and any supporting documentation attached. A case conference with FCD can be requested via email for suggested resolutions to meet a child's needs that are not covered in current policy. **Many of these expenses cannot be paid from title IV-E funds; the alternate fund source must be used.**

ENRICHMENT EXPENSES

Preschool, summer camp, school trips, karate, skating, dancing lessons, band instrument rental, or sports programs are included in the child's daily maintenance rate and therefore are not a case service payment item. However, if the expense of the above is

beyond the financial scope of the child and the caregiver, efforts should be made to obtain funding via community resources.

REIMBURSEMENT TO CAREGIVERS OF PRIVATE ATTORNEY FEES

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

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

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

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

Payment may be made:

- In a civil action only if a judgment for damages is not awarded against the licensed relative or foster parent(s).
- In a criminal action if the licensed relative or foster parent:
 - Is not convicted.
 - Does not plead nolo contendere.
 - Is not found guilty but mentally ill or guilty by reason of insanity.

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

The funding is 100 percent state funded through the limited term/emergency/general foster care funding. A copy of the acquittal order or civil court decision, the bill for the attorney fee(s), and a written justification of the reasons for the request must be attached. Email [FCD \(MDHHS-federalcompliance@mdhhs.michigan.gov\)](mailto:FCD (MDHHS-federalcompliance@mdhhs.michigan.gov)) with a detailed memo approved by the local office MDHHS director.

**OUT-OF-STATE
SCHOOL TUITION****Service Description 0831****Out-of-state school tuition cannot be paid from title IV-E funds.**

Some states require payment of school tuition for non-resident children placed in CCIs or foster care. Tuition for children placed out-of-state may be paid only if the child's current local school district requests a tuition payment. In most cases, the school district the child resides in (out-of-state) covers the cost of the child's education. These requests must be done in the electronic case record as a case service authorization with supervisor approval, then routed to FCD. This case service should be approved for the entire time approved (usually 90-180 calendar days).

**REIMBURSEMENT
FOR
COUNSELING/THER
APY****Counseling/therapy cannot be paid from title IV-E funds.**

Reimbursement for counseling is not completed in the electronic case management system. Payment for counseling services is submitted by the contractor on the MDHHS-5974, Procurement Contract Invoice, to the BSC contract administrator. A counseling contractor may not bill MDHHS under this contract for referrals the contractor accepts from any source other than MDHHS. Counseling contractors are listed on MDHHS Net under Contractor and Subrecipient Resources at [Doing Business with MDHHS \(michigan.gov\)](https://www.michigan.gov/doing-business-with-mdhhs).

See [Counseling Contractors \(michigan.gov\)](https://www.michigan.gov/counseling-contractors) for more information about counseling contracts.

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

**REIMBURSEMENT
FOR BIRTH
CERTIFICATES**

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

Birth certificates are available free of charge for children born in Michigan. MDHHS case managers and Child Welfare Funding Specialist (CWFS) assigned to the case should have access to the Michigan Birth Registry within MILogin.

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

- MDHHS office submits a [MDHHS-5602, Payment Request](#), with a copy of the application and submits to [Invoice MDHHS \(InvoiceMDHHS@michigan.gov\)](mailto:InvoiceMDHHS@michigan.gov).
- Checking the agency local print box 'yes' will ensure that a check will be printed and sent back to the requester.
- The return address should be included in the extended description of the body of the email request.
- [Invoice MDHHS \(InvoiceMDHHS@michigan.gov\)](mailto:InvoiceMDHHS@michigan.gov) can answer any questions regarding this process.

**REIMBURSEMENT
OF PRIVATE
ATTORNEY FEES TO
REPRESENT
MDHHS/PAFC**

MDHHS may pay for the cost of a private attorney when the local prosecuting attorney will not represent MDHHS/PAFC in a mandatory child welfare action. A conflict of interest or a disagreement with the MDHHS/PAFC position are examples of reasons that the local prosecuting attorney may not be willing to provide representation.

Before a private attorney is hired, a request for involvement of the Attorney General must be made in writing, following these actions:

Local Office Actions

Obtain a statement from the local prosecuting attorney's office that it will not represent MDHHS/PAFC in a mandatory child welfare action. If obtaining a statement from the prosecuting attorney's office is not possible, the local office director can provide a statement. Possible reasons include the prosecuting attorney has a conflict of interest or disagrees with MDHHS/PAFC's position. Provide the statement from the prosecuting attorney along with a written request for private representation if using a non-contracted private attorney. Requests may be submitted by email or fax to the BSC director.

BSC Actions

Review local office request. If approved, the BSC will request involvement of an attorney general by contacting the Children's Services Legal Division (CSLD). If denied, the BSC will return the request to the local office. If the attorney general declines involvement, the BSC will notify the local office that a private contracted attorney can be hired. If no attorneys under contract are available, the BSC will assist with identifying a non-contracted attorney and negotiate the rate.

Local Office Process for Payment

Hire the selected private attorney. For payment to the private attorney, send the appropriate office the following documentation:

- Initial request explaining the local office's need for the private attorney.
- Documented approval from the BSC and CSLD.
- Invoice for private attorney services.
- Contracted attorneys bill through an Electronic Payment Request (EPR). For non-contracted attorneys, the local office must complete a [MDHHS-5602, Payment Request](#).

Method of Payment

The BSC will review, approve, and process payment requests for non-contracted attorneys.

POLICY CONTACT

Questions about this policy item may be directed to the FCD mailbox at MDHHS-FederalComplianceDivision@michigan.gov.