

5101:2-47-21

Title IV-E foster care maintenance (FCM) reimbursement for a child placed into a qualified residential treatment program (QRTP).

(A) FCM reimbursement begins the actual date of the child's placement in a QRTP, if the child meets all program eligibility and reimbursement criteria in the same month. If the eligibility requirements are not met in the same month, FCM reimbursement may go back to the first day of the month when all eligibility requirements are met.

(B) FCM reimbursement is contingent upon satisfaction of all of the following:

- (1) The Title IV-E agency has legal responsibility for the care and placement/custody of the child as described in rule 5101:2-47-13 of the Administrative Code.
- (2) Meet the requirements in accordance with rule 5101:2-42-12 of the Administrative Code.
- (3) Meet the reasonable efforts requirement that a judicial determination for a court-ordered removal as described in rule 5101:2-47-22 of the Administrative Code, has been obtained.
- (4) The child meets the ADC-relatedness requirements as described in rule 5101:2-47-14 of the Administrative Code.
- (5) The facility meets the QRTP requirements as described in rule 5101:2-9-42 of the Administrative Code.
- (6) A qualified individual, who is a trained professional or licensed clinician that is not an employee of the Title IV-E agency responsible for the placement decision and not connected to or affiliated with any placement setting in which children are placed, is to assess a child placed in a QRTP within thirty-days of the start of each placement as described in rule 5101:2-42-12 of the Administrative Code.
- (7) The qualified individual may conduct this assessment prior to the placement in the QRTP, but is to be completed no later than the end of the thirty-day period.
- (8) Financial federal participation (FFP) will not be available for room and board costs in a QRTP that meets the definition of an institution for mental disease (IMD) according to Medicaid statute, regulation and guidance in the state medicaid manual found at www.cms.gov unless they also qualify as psychiatric residential treatment facility (PRTF).
- (9) The requirements in rules 5101:2-47-11 and 5101:2-47-11.1 of the Administrative Code, as applicable. Any child placed prior to October 1, 2021 in a residential

facility that is not certified as a QRTP is reimbursable until the child is discharged through October 1, 2024.

- (C) When a child is placed into a QRTP for less than thirty-days and an assessment has not been completed, the Title IV-E agency may claim FCM for the first fourteen-days of the QRTP placement, regardless of whether the child has had previous placements during the child's foster care episode.
- (D) If the assessment is not completed by the thirtieth day of the placement, the Title IV-E agency cannot claim FCM reimbursement for the entirety of the QRTP placement, including the first fourteen-days.
- (E) Within sixty-days of the start of each Title IV-E eligible child's placement into the QRTP, the Title IV-E agency is to confirm that the juvenile court:
- (1) Considers the assessment, determination, and documentation made by the qualified individual conducting the assessment outlined in paragraph (B) of this rule.
 - (2) Determined whether the needs of the child can be met through placement in a foster home, or, if not, whether the placement of the child in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short and long-term goals for the child, as specified in the permanency plan.
 - (3) Approves or disapproves of the placement of the child into a QRTP.
- (F) If the court does not approve the placement within the sixty-day timeframe, the Title IV-E agency may only claim FCM for the first sixty-days of the placement in the QRTP.
- (G) The Title IV-E agency may claim FCM to transition a child from the QRTP to the next placement or permanent home up to thirty-days after one of following:
- (1) The assessment described in paragraph (C) of this rule determines that the QRTP is not appropriate.
 - (2) A court disapproves such a placement under paragraph (F) of this rule.
 - (3) A determination is made that a child in an approved QRTP placement is going to return home or be placed with fit and willing relative(s), a legal guardian(s), or an adoptive parent(s), or in a foster family home.
- (H) For every QRTP the child is placed in for more than twelve consecutive months or eighteen nonconsecutive months or, in the case of a child who has not attained age

thirteen, for more than six consecutive or nonconsecutive months, the Title IV-E agency is to maintain the following:

- (1) Documentation submitted at every case review or permanency hearing regarding the child's case plan that supports a continued ORTP placement.
 - (2) The signed approval of the Title IV-E agency director for the continued placement of the child in the ORTP pursuant to rule 5101:2-42-12 of the Administrative Code.
- (I) Title IV-E agencies may also claim administrative costs during the twelve month period for the administration of the Title IV-E program, which includes such things as case management as long as they meet the requirements pursuant to rule 5101:2-42-12 of the Administrative Code.
- (J) Title IV-E agencies may claim administrative costs for the duration of the placement in the ORTP regardless of whether the requirements pursuant to rule 5101:2-42-12 of the Administrative Code are met. These include only administrative costs for the administration of the Title IV-E program, and not the costs of the administration and operation of the ORTP.
- (K) If the requirements in rule 5101:2-42-12 of the Administrative Code are not met, the Title IV-E agency may only claim placement administrative costs as defined in 45 C.F.R. 1356.60 for the administration of the Title IV-E program, and not the costs for the administration and operation of the ORTP. Administration and operation costs are only allowable when a Title IV-E FCM is provided for the child in the ORTP.
- (L) A ORTP is to provide family-based aftercare support to any child placed into a ORTP for more than fourteen days if the child, even if the youth reaches the age of majority, is discharged to any family-based setting including those listed in rule 5101:2-9-42 of the Administrative Code.
- (M) A ORTP may provide aftercare services when the permanency planning team, which includes the youth and family agrees to the aftercare services as part of the discharge planning pursuant to rules 5101:2-9-42 and 5101:2-42-12 of the Administrative Code.
- (N) ORTP aftercare services as listed on the "Schedule B" in the appendix to the "Agreement for Title IV-E Agencies and Providers for the provision of child placement" in the statewide automated child welfare information system (SACWIS) may be reimbursed through medicaid, private insurance or paid by the IV-E agency as part of the "Schedule B." A child may become eligible for medicaid or other insurance after services begin.

- (1) The ORTP Provider is to determine if the child has medicaid or private insurance at the time of the referral.
 - (a) If the child has medicaid, medicaid eligible services are to be billed to medicaid.
 - (b) If the child has private insurance, any eligible services are to be billed to their insurance.
 - (c) Any services not covered by insurance the ORTP provider will invoice at the medicaid rates. The ORTP provider is responsible for monitoring the child's medicaid eligibility or availability of private insurance on a monthly basis and will bill accordingly.
- (2) If the IV-E agency has paid the ORTP provider for services, and then later determines that medicaid or insurance would have covered the services, the ORTP provider will seek reimbursement from medicaid or child's insurance and credit the IV-E Agency the amount reimbursed by medicaid or insurance on future invoices.
- (3) If medicaid or private insurance denies a claim, the denial will need to accompany the invoice as backup documentation in order for the IV-E agency to process any denials.
- (O) A child who is discharged from a ORTP may be determined by the IV-E agency to be a candidate for family first prevention services (FFPS) as outlined in Chapter 5101:2-45 of the Administrative Code.
- (P) Each Title IV-E agency is to enter all cases in (SACWIS) including documentation pertaining to the aftercare support/services being provided to the child.
- (Q) Each ORTP is to enter all cases in Ohio residential treatment information system (RTIS) including documentation pertaining to the aftercare support/services being provided to the child.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under:	119.03
Statutory Authority:	5153.166, 5101.141
Rule Amplifies:	5153.16, 5101.141