

## 2671 AUTHORIZATIONS AND PAYMENTS DURING HOSPITAL STAYS AND RUNAWAYS

Chapter: **Fiscal Management**

Section: **Payments**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **16-01**

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Approved:

A handwritten signature in black ink, appearing to read "Lorraine Bartlett".

Lorraine Bartlett, DCYF Director

Related Statute(s): [RSA 169-B](#), [RSA 169-C](#), [RSA 169-D](#), and [RSA 170-E](#)

Related Admin Rule(s): [He-C 6350](#), and [He-C 6355](#)

Related Federal Regulation(s): [SSA 472](#)

Related Form(s):

Bridges' Screen(s) and Attachment(s):

All children and youth need and deserve a life of well-being. DCYF collaborates with placement providers to maintain placement options and services for children and youth to support their continuity of care, when possible.

### Purpose

This policy defines payment procedures when a child/youth is admitted to an inpatient psychiatric or acute care hospital or runs away from a placement, including the conditions for payment to foster family homes or foster care programs, and when a hospitalization becomes a change in the child/youth's placement.

### Definitions

**"CPSW"** means a Children Protective Services Worker employed by DCYF.

**"DCYF"** or the **"Division"** means the DHHS Division for Children, Youth and Families.

**"Foster Care Program"** means a licensed child placing agency which recruits, trains and licenses and supervises foster family homes and provides parental care in a licensed foster family home on a regular, 24 hour a day, residential basis.

**"Foster Family Home"** means a licensed resource home in which placement, care, and a family experience are provided for children/youth who cannot be safely cared for in their own home or by a relative.

**"JPPO"** or **"Juvenile Probation and Parole Officer"** means an employee of DCYF who exercises the powers and duties as provided for in RSA 170-G: 16, and supervises paroled delinquents pursuant to RSA 170-H.

**"Placement"** means the substitute care of a child with someone other than the child's biological parent(s), adoptive parent(s), or legal guardian(s).

**"PNMI"** or **"Private Non-Medical Institution"** means a residential treatment program as defined in 42 CFR 434.2, licensed and certified for payment by the department.

**"Residential Treatment Program"** means the model and implementation of services to meet the treatment and supervision needs of the children per RSA 170-G:4, XVIII, and provide 24 hour care of children 365 days a year including all of the employees therein, and is one of the following categories of certification:

- (1) Assessment treatment program;
- (2) Intensive treatment program;
- (3) Intermediate treatment program;
- (4) Nursing home;
- (5) Rehabilitation program;
- (6) Shelter care program; and
- (7) Substance abuse treatment program.

<b>Policy</b>
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- I. DCYF will not reimburse a Residential Treatment Program for holding a bed when a child/youth is admitted to an in-patient psychiatric or acute care hospital, or runs away.
  - A. The child's placement and Medicaid authorizations for the Residential Treatment Program will be closed the day the child/youth is admitted to the hospital or runs from the Program.
  - B. The Residential Treatment Program will be reimbursed by DCYF at their authorized board and care and treatment rate for the day that the child/youth left the Residential Treatment Program.
  
- II. General or specialized foster family homes, and ISO Foster Care Programs, may be reimbursed for up to a maximum of ten (10) days for placement while a child or youth is admitted to an in-patient psychiatric or acute care hospital, or runs away.
  - A. If a child/youth runs away or is hospitalized, the foster family home or ISO Foster Care Program shall not bill Medicaid during the time that the child/youth is absent without leave.
  - B. Payment to foster family home or ISO Foster Care Programs is dependent upon the plan for the child/youth once located or discharged from a hospital.
  - C. If the placement provider will accept the child/youth back into their care, payment can be made to the foster family home or ISO Foster Care Program provider for up to ten (10) days.
  - D. If the child/youth will not be accepted back into the foster family home, payment and Title IV-E Foster Care Eligibility ends the day the child/youth is admitted to the hospital or runs from the foster family home.
  
- III. Two in-home services are covered under this policy, ISO In-home (DT) or Home-Based Therapeutic Services (HT) for the purpose of providing crisis stabilization and support to the family.
  - A. Payment to the ISO In-Home or Home-Based Therapeutic Services provider is dependent upon the plan for the child/youth once located or discharged from a hospital.

1. If the in-home service provider is needed to work with the family when the child/youth is on the run or in the hospital, payment can be made to the ISO In-Home or Home-Based Therapeutic Service provider for up to ten (10) days.
  2. The Field Administrator or designee must approve all requests in writing for in-home services to continue for dates a child/youth is in the hospital or on the run.
- B. An alternative to closing the services or continuing payment is to place the in-home service on hold until the child/youth is located or returns home from a hospital. See procedure II-A:5(b).
- IV. If a child/youth must be hospitalized (medical or psychiatric) for more than 30 days, this is considered an acute stay in the hospital for data reporting purposes.

### **Procedures**

- I. The CPSW or JPPO will:
- A. Inform the Fiscal Specialist within 24 hours of the date they learn of the child/youth's status i.e. admitted to a hospital (medical or psychiatric) or runaway.
  - B. Determine what the plan is for the child/youth in conjunction with the provider, for once the child/youth is located or ready for discharge from a hospital (medical or psychiatric).
  - C. Inform the Fiscal Specialist what the plan is for the child/youth once discharged from a hospital (medical or psychiatric) or located.
  - D. Request Field Administrator or designee approval for payment of a foster family home who meets the criteria in II:B or an in-home provider who meets the criteria in III:A-1 above.
  - E. Inform the Fiscal Specialist within 24 hours of the date they learn of the child/youth's discharge from a hospital (medical or psychiatric) or returns from runaway status.
  - F. Inform the Fiscal Specialist as soon as the CPSW or JPPO knows the child/youth's hospitalization will be for 30 or more days.
- II. The Fiscal Specialist will:
- A. Take the following actions upon notice that a child/youth has entered a hospital (medical or psychiatric) or runaway:
    1. Inform Provider Relations of the date that a child/youth is admitted to the hospital (medical or psychiatric) or on the run.
    2. Inform the Fiscal Specialist Supervisor if the child/youth admitted to a hospital (medical or psychiatric) or on the run is IV-E eligible, as Title IV-E Foster Care eligibility and payment ends the day the child/youth is admitted to the hospital or runs away.
    3. Close Medicaid authorizations on Bridges using the date the child/youth entered a hospital (medical or psychiatric) or ran away.

- (a) The DCYF Medicaid Benefit Plan cannot be active when the child/youth has the NH Hospital Medicaid Benefit Plan.
  - (b) The Fiscal Specialist will change the Medicaid Plan to the appropriate category based on the circumstances.
4. Manage placement authorizations for Placement Providers by:
- (a) Closing the placement authorization. The closing reason to be used on the placement authorization is:
    - (1) Runaway if the child/youth has runaway; or
    - (2) Moved to more appropriate placement if the child/youth has entered a hospital (medical or psychiatric).
  - (b) Opening an unpaid placement authorization for the child/youth on Bridges.
    - (1) The "Begin date" of the unpaid authorization is the date the child/youth entered the hospital (medical or psychiatric) or ran away; and
    - (2) The type of care selected is inpatient psychiatric or hospital stay if the child/youth is admitted to a hospital (medical or psychiatric); or
    - (3) The type of care selected for a child/youth on the run is Runaway Child.
5. For Home-Based or ISO In-Home – When Field Administrator or designee approval has been given for services to continue for up to a maximum of ten (10) days:
- (a) Close the Home-Based or ISO In-Home service authorization on Bridges ten (10) days following the date the child/youth was admitted to a hospital (medical or psychiatric) or was placed on runaway status.
  - (b) If the case is put on hold for dates the child/youth is in the hospital (medical or psychiatric) or on the run, close the authorization on Bridges using the date child/youth entered the hospital (medical or psychiatric) or ran away.
- B. Take the following actions once the child is discharged from a hospital (medical or psychiatric) or returns from runaway status:
- 1. Notify Provider Relations and the Fiscal Specialist Supervisor of the child/youth's change in status.
  - 2. For general or specialized foster family homes or Foster Care ISO Programs, if the child/youth returns to the same placement provider and the child/youth was eligible for Title IV-E Foster Care payments:
    - (a) Close the unpaid placement authorization for the inpatient psychiatric, hospital stay, or runaway child;

- (b) Open Title IV-E Foster Care eligibility with a begin date of the day after the child/youth left the placement. Title IV-E Foster Care Eligibility must be open before Provider Relations can create a service authorization for the up to ten (10) day temporary absence.
      - (1) If the child/youth's temporary absence was for more than ten (10) days, close the Title IV-E Foster Care Eligibility as of day eleven (11) after the youth left the placement. Title IV-E Foster Care Eligibility cannot be open beyond the approved ten (10) day temporary absence and prior the child/youth physically returning to the placement provider.
      - (2) Reopen the Title IV-E Foster Care eligibility with a begin date of when the child/youth was physically returned to the original placement provider on Bridges.
    - (c) Add a new placement authorization with a begin date of when the child/youth was physically returned to the placement provider on Bridges.
  - 3. For general or specialized foster family homes or Foster Care ISO Programs if the Title IV-E eligible child/youth does not return to the same placement provider and the child/youth is placed with a new placement provider; or for Residential Treatment Programs:
    - (a) Close the unpaid placement authorization;
    - (b) Open Title IV-E Foster Care eligibility as of the date the child/youth is placed with the residential treatment program or new placement provider;
    - (c) Add a new placement authorization with a begin date of the day the child/youth was placed with the residential treatment program or new placement provider; and
    - (d) Add a new PNMI Medicaid Authorization on Bridges for a child/youth placed in a Residential Treatment Program with a begin date of when the child/youth was placed with the Residential Treatment Program or returned.
  - 4. For Home-Based or ISO In-Home, add a new service authorization or Medicaid authorization on Bridges using the date the child was discharged from a (medical or psychiatric) hospital or returned from runaway status.
- III. The Fiscal Specialist Supervisor will monitor cases where a child/youth is admitted to a (medical or psychiatric) hospital or is on the run, for ten (10) days to determine if the child/youth returns to the same placement provider.
- IV. With Field Administrator or designee approval, Provider Relations will:
- A. Add a service authorization for general or specialized foster family homes or ISO Foster Care Programs, using the State Office Miscellaneous Authorization for up to a maximum of ten (10) days of the temporary absence from the placement provider.

- B. Inform the general or specialized foster family home or ISO Foster Care Program how payment will be made for up to ten (10) days and the daily rate of reimbursement.
1. For ISO Foster Care Programs, the daily rate on the State Office Miscellaneous Service Authorization will be the board and care plus the PNMI Medicaid portion.
  2. For foster family homes, the daily rate on the State Office Miscellaneous Service Authorization will be the daily foster care rate plus the daily clothing allowance.

### **Practice Guidance**

#### **What if a youth with significant behaviors is admitted to a hospital from a residential treatment program, and requires the provision of a 1:1 aide from the placement provider while hospitalized to maintain his/her safety?**

- In the absence of a residential placement service authorization, if a youth cannot be maintained safely by the hospital personnel, the placement provider must consult with the District Office regarding the appropriateness of the placement provider supplying a staff person at the hospital as a 1:1 aide for the youth. The placement provider should notify the CPSW/JPPPO or their supervisor of the service need. The District Office staff will request approval from the Community Programs Specialist. The Division will only provide payment for this service if approved by the Community Programs Specialist.

#### **What if an ISO Foster Care Program is unable to have a child/youth return to the home from which they left and places the youth in an alternative home within their Program?**

- The child/youth is considered to have changed placement. However, if the ISO Foster Care Program has shown commitment to maintain the child/youth and provides placement upon return, the ISO Foster Care Program will be provided retroactive payment for the period, not to exceed ten (10) days, which the child/youth was admitted to the hospital or ran away.