

**Georgia Division of Family & Children Services
Rate Reimbursement Task Force
Summary Document – Foster Care in Georgia**

Draft – June 17, 2009

Introduction

Scope of Work

In accordance with the Kenny A Consent Decree, the Georgia Division of Family and Children Services (DFCS) has agreed to establish reimbursement rates to adequately compensate providers for caring for foster children. In order to help determine these rates, DFCS has agreed to establish an independent Rate Reimbursement Task Force with responsibility for making recommendations for rate reimbursements for out of home care based on the reasonable cost of achieving measurable outcomes for all children in foster care (excluding base foster care rates). The Rate Reimbursement Task Force will examine rates in the “unbundled” current environment, i.e. DFCS is responsible for paying for placement costs using state, IV-E, and TANF dollars while the Medicaid system is responsible for directly reimbursing providers for behavioral health care. The Rate Reimbursement Task Force will consider various pilot programs being carried out across the state. The rate structure recommended by the Rate Reimbursement Task Force must comply with funding requirements related to Title IV-E and TANF funding so that DHR/DFCS can draw down such funds.

Task Force members will include national experts in health policy, child welfare, and adolescent behavioral and mental health. Faculty from the University of Georgia’s Carl Vinson Institute of Government (CVIOG) will serve as staff to the task force and assist with convening the meetings, gathering research, and writing and distributing the final report.

The Task Force will convene in June 2009 and will complete its work by December 2009. It is expected that two additional in-person meetings will be needed in September and October 2009. In between these meetings extensive work is expected to occur, including: analysis of current Georgia data provided by DFCS; analysis of data provided by other states; research on best practices; and, the development of a final report with recommendations for implementation.

Foster Care in Georgia

ACF Regions

Georgia is in ACF Region IV, along with Florida, North Carolina, South Carolina, Tennessee, Mississippi, Alabama, and Kentucky.

Out-of-Home-Care¹

What is Out-of-Home Care?

The DHR, Division of Family and Children Services (DFCS), Provider Relations Unit (PRU) is charged with ensuring prevention, protection, and placement of children and adolescents in out-of-home care in the state of Georgia. It is PRU's goal to ensure that all children in state care have the services they need in order to thrive.

With that mission and goal in mind, the Provider Relations Unit is responsible for the administration of the **Out-of-Home Care Program** which includes:

- Room, Board and Watchful Oversight (RBWO) of placements
- Specialized Foster Care (SFC)
- Intensive Community Support Program (ICSP)
- Provider Enrollment for RBWO and ICSP
- KidSTAR data system

KidSTAR Data System

The **KidSTAR (Kid System Tracking and Reporting)** Data System (formerly known as LORE) previously supported the Level of Care (LOC) Program as well as the slightly older MATCH Program. It has supported the Specialized Foster Care Program throughout this time as well. Since 1996, the data system has tracked well over 20,000 children in these programs. The robust reporting capabilities of the system, which has changed over the years to incorporate Provider Relations Unit program changes, has enabled the publication of a ten-year Out-of-Home Care report (Fiscal Years 1996 – 2006).

In 2007, KidSTAR was modified in order to accommodate the transition to the Room, Board and Watchful Oversight (RBWO) Program. Providers and Provider Relations Unit staff, as well as pertinent other DHR staff, continue to utilize the KidSTAR Data System to manage, report on, and analyze child, placement, and provider demographic and contract information and outcomes by collecting:

- Child demographic information, such as name, age, referring county, agencies serving the child, parental/caregiver history, etc.
- Child placement data, such as provider, program, admission and discharge dates, as well as discharge disposition, and status post-discharge
- Status of Specialized Foster Care applications and per diem amounts where approved
- Providers' demographic data, including contact information, license and program type(s), capacity, authorized program designations, accreditation(s), areas served, gender and age of children served, contract

¹ From *State of Georgia Out-of-Home-Care*, accessed May 15, 2009, from https://www.kidstarga.com/content/page.cfm/12/WHAT_IS_OUT-OF-HOME_CARE?

and program approval status, CPS involvement, staffing and use of volunteers, program specialties and types of accepted placements, extracurricular activities offered, and information about supplemental supervision/respite care, etc.

Room, Board and Watchful Oversight Program

Room, Board and Watchful Oversight (RBWO) is the new program administered by the Provider Relations Unit (formerly Treatment Services Unit), effective 7/1/07. RBWO is the provision of lodging, food, and the attentive and responsible care of children. The Provider Relations Unit is committed to ensuring that each child has a safe place to live, adequately nutritious meals and continuous watchful oversight to ensure basic safety needs are met.

During the year-long transition process from the Level of Care (LOC) Program to RBWO, the Provider Relations Unit, in conjunction with the provider community, has established a new program matrix for Child Caring Institutions (CCI) and Child Placing Agencies (CPA) which includes the following new program designations for children in care:

CCI Program Designations:

- Base
- Maternity
- Emergency Placement
- Teen Development
- Additional Watchful Oversight (AWO)
- 2nd Chance
- Camp
- Maximum Watchful Oversight (MWO)

CPA Program Designations:

- Traditional
- Base Watchful Oversight (BWO)
- Maximum Watchful Oversight (MWO)
- Specialty Base Watchful Oversight (SBWO)
- Specialty Maximum Watchful Oversight (SMWO)
- Specialty Medically Fragile Watchful Oversight (SMFWO)

Providers will maintain responsibility for the provision or acquisition of services to ensure that each child's physical, social, emotional, educational/vocational, nutritional, spiritual/cultural and permanency needs are met.

Children will be placed in the best oversight environment based on their behaviors and characteristics, known as the Difficulty of Care Factors. Four main areas of a child's life are assessed to determine the best placement:

- School Adjustment
- Performance in Home Environment
- Social and Community Activities
- Health and Developmental Factors

For each of the following program designation descriptions, providers must be licensed by the DHR, Office of Regulatory Services (ORS) as a Child Caring Institution (CCI) or Child Placing Agency (CPA) and maintain substantial ORS Rules and Regulations compliance, as well as compliance with all provisions of related contracts with the Department of Human Resources (DHR) and/or the Department of Juvenile Justice (DJJ). A description of expected characteristics of a child's school, home, social and community functioning, as well as his/her health and development can be found at https://www.kidstarga.com/content/page.cfm/12/WHAT_IS_OUT-OF-HOME_CARE?

Base/Traditional Care

A child served in **Base or Traditional Care** will have mild to occasionally moderate emotional and/or behavioral management issues that interfere with the child's ability to function in the family, school, and/or community without guidance and supervision. A child's behaviors in a CCI will lean more towards being moderate; a CPA-child's behaviors will lean more towards being mild.

Base with Additional Watchful Oversight (AWO)

A child served by a **Base with Additional Watchful Oversight** program will have moderate to occasionally serious emotional and/or behavioral management issues that interfere with the child's ability to function in the family, school, and/or community outside of a supervised and structured setting. A CCI could serve a child with (up to) serious behaviors, and a CPA could serve a child with (up to) moderate behaviors.

Base with Maximum Watchful Oversight (MWO)

A child served by a **Base with Maximum Watchful Oversight** program will have serious to severe emotional and/or behavioral management issues that interfere with the child's ability to function in the family, school, and community and make it difficult to maintain the safety of the child and others outside of a highly structured and supervised setting. A CCI could serve a child with (up to) severe behaviors, and a CPA could serve a child with (up to) serious behaviors.

Specialty Base Watchful Oversight (SBWO)

A child served by the **Specialty Base Watchful Oversight** program will have severe emotional and/or behavioral management issues that interfere with the child's ability to

function in the family, school, and community and make it difficult to maintain the safety of the child and others outside of a highly structured and supervised setting. In addition to the expected characteristics, a child may exhibit those listed under Base with Additional Watchful Oversight as well.

Specialty Maximum Watchful Oversight (SMWO)

A child served by the **Specialty Maximum Watchful Oversight** program will have moderate to occasionally serious emotional and/or behavioral management issues that interfere with the child's ability to function in the family, school, and/or community outside of a supervised and structured setting.

Specialty Medically Fragile Watchful Oversight (SMFWO)

A child served by the **Specialty Medically Fragile Watchful Oversight** program may have emotional and/or behavioral management issues that interfere with the child's compliance to required medical and/or health procedures. The child requires a highly structured and supervised setting.

Specialized Foster Care (SFC)

- In the Specialized Foster Care Program, children requiring specialized foster care services are placed in DFCS foster home settings that can accommodate their parenting needs.
- When placing children whose needs require specialized foster care services, consideration is given to the complexity of the child's needs; the level of services required; and the skills, experience and support networks of the foster family.
- Specialized Foster Care payment rates are established by the Provider Relations Unit based upon information furnished by the County DFCS case manager that describes the needs of each child and the capacity of the foster family to meet those needs.
- The limitation on the number of specialized foster care placements in any given foster home is determined by the needs of the children, the number of other children in the home and their levels of need, as well as the skills and capacities of the foster parents.

Intensive Community Support Program (ICSP)

Intensive Community Support Program is a process that gives services and supports to children with Serious Emotional Disturbance (SED) and their families in their homes and communities. A child may be living with a parent, extended family member, or a foster or adoptive family. The goals of ICSP are to help children live in families and be successful in school, work and the community.

- ICSP allows families, community members and professionals to work together to support children through individualized plans of care.

- ICSP recognizes the importance of safety - for the child, the family and the community.
- ICSP is flexible and includes a mix of traditional and non-traditional supports.
- There are two levels of ICSP depending upon the amount of support required by the child and the family - Level One and Level Two.
- Provider Relations Unit approves the ICSP providers and the children and families who receive the services. Providers must meet programmatic standards and must be licensed providers.

New RBWO reimbursement rates have been established and became effective on July 1, 2007. Rates typically increase based on the amount of oversight required to provide a safe and stable environment for the child. In certain circumstances, a higher rate than the fixed rate may be required, therefore, a waiver process has been established.

Current Rates²

Concurrent with “unbundling” of TRIS rates effective July, 1, 2007, MHDDAD became responsible for payment of treatment services and DFCS became responsible for reimbursement of Room, Board and Watchful Oversight (RBWO). The state plan was rewritten to establish psychological residential treatment facilities (PRTF) under the state’s Medicaid plan. The PRTFs were designed for short term interventions and typically admit those clients historically who were Level-Of-Care (LOC) level 6 needs clients. Also, treatment services for C & A went to a fee for service structure on July 1, 2007. An external review organization (ERO) working under contract with MHDDAD is responsible for PRTF and fee for service authorizations. The latter is related to services provided by a Medicaid Rehab Option (MRO) entity (Core and/or IFI provider).

Basic Per Diem

The basic per diem rate is reimbursed to foster parents who care for children with basic parenting needs. This is the lowest per diem rate paid. Additional amounts may be paid based on the severity of the child’s needs. The child’s Case Manager will provide information on the current per diem rate as it is periodically changed through legislation. The following service provisions are included in this rate:

Room and board
 Clothing replacement
 Medicine chest items: aspirin, first aid, etc.
 Tooth paste
 Dry cleaning
 Tooth brushes
 Hair brushes/combs
 Haircuts
 Food

² From: Foster Care Manual; email correspondence with Rich O’Neill, March 16, 2009, March 17, 2009, June 10, 2009.