

DEPARTMENT OF HUMAN SERVICES

Social Services Rules

RESOURCES, REIMBURSEMENT, REPORTING, AND PROVIDER REQUIREMENTS

12 CCR 2509-5

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

7.401 RESOURCES

7.401.1 CORE SERVICES PROGRAM PLANS

7.401.11 Commissions

- A. The governing body of each county or governing boards of groups of counties or city and county shall establish a Family Preservation Commission in accordance with Section 26-5.5-106, C.R.S.
- B. During the term of appointment, commission members shall not participate in Commission discussion or decision making in those situations where there is a conflict of interest or the appearance of a conflict of interest, between commission membership interest and the members' private or agency representative interest.

7.401.12 Plan Procedures

- A. A county(ies) department of social services' proposed Core Services Program plan shall be subject to preliminary approval by the state department prior to submittal to the State Board of Human Services. The State Board of Human Services shall approve the plan prior to implementation.
- B. The county department shall comply in format, content, and time lines with the Instructions for Core Services Program Plans as published by the state department. The Agency Letter will also contain required instructions for program and financial reporting.
- C. If a county finds that it cannot comply with Core staff qualifications requirements in rules, the county may request alternative staff qualifications. This request must be submitted to the Department of Human Services, Division of Child Welfare Services, in accordance with the process outlined in Section 7.000.7, Q, 5.
- D. State Board of Human Services' approval of a county's Core Services Program Plan confers on the plan, state rule authority for program administration and reimbursement. The county department's responsibility is to administer the plan in accordance with provisions of the plan and other supporting state rules.
- E. County department(s) Core Services Plan shall be approved for a period of no longer than three (3) years except that proposed county designed services shall be approved annually.
- F. County departments must submit amendments to approved plans when the county is proposing to add an additional service to the plan. The county department shall submit amendments of the Core Services Program Plan to the state department no less than 30 working days before the State Board meeting in the month the amendment is to be effective.

7.401.2 EARLY INTERVENTION AND PREVENTION PROGRAM PLANS

7.401.21 Plan Procedures [Rev. eff. 1/1/14]

County department(s) of social/human services' proposed Early Intervention and Prevention Program Plan shall be included in and follow the prescribed format of the Core Services Program Plan as outlined in Section 7.401.12.

7.401.3 INTEGRATED CARE MANAGEMENT PROGRAM PLANS

- A. County department(s) of social/human services proposed Integrated Care Management program plan shall be subject to approval by the State Department.
- B. The county department(s) shall comply in format, content and time lines with the instruction for Integrated Care Management program plans as published by the State Department, as found in Section 7.303.2 (12 CCR 2509-4).
- C. The county department(s) shall submit amendments to approved plans when the county is proposing to modify how program components are being implemented.

7.401.4 FAMILY STABILITY SERVICES PLANS

7.401.41 Plan Procedures

- A. County department(s) of social/human services' proposed Family Stability Services plan shall be subject to approval by the State Department.
- B. County department(s)' Family Stability Services plan shall be approved for a period of no longer than three (3) years.
- C. The county department(s) shall comply in format, content, and time lines with the instruction for Family Stability Services plans pursuant to guidelines established by the State Department and issued in an agency letter.
- D. County department(s) shall submit amendments to approved plans when the county proposes to modify the plan.

7.402 MEDICAL RESOURCES

7.402.1 PROVISION OF SERVICES [Rev. eff. 12/1/12]

Subject to certain income and resource limitations, medical assistance through the Colorado Medicaid program must be provided to certain children and youth receiving child welfare services as follows:

- A. Children and youth for whom the county department is assuming full or partial financial responsibility.
 - 1. Children and youth in foster care, including those who are in independent living situations subsequent to being in foster care;
 - 2. Youth committed to the Department of Human Services, Division of Youth Services, who are placed in a non-secure community based residential facility or in independent living situations;
 - 3. Children and youth who have a current, signed subsidized adoption agreement;

4. Children and youth receiving Core services who otherwise would be in foster care;
 5. Children and youth in subsidized adoption, including adoption placements out of state, who are IV-E eligible or where the state option is in effect until the receiving state can provide Medicaid;
 6. Children and youth from Colorado placed in an out of state out-of-home placement by a Colorado county. IV-E eligible children receive Colorado Medicaid until the receiving state can provide Medicaid;
 7. Children and youth eligible for Supplemental Security Income, even if they are not receiving cash benefits, who are placed in an out of state foster care setting until the receiving state can provide Medicaid.
 8. Children and youth who are eligible for the Relative Guardianship Assistance Program, including relative guardianship assistance placements out of state who are Title IV-E eligible, until the receiving state can provide Medicaid.
- B. Certain children and youth from other states who are placed in Colorado by that state.
1. Children and youth eligible for adoption assistance placed in Colorado by another state;
 2. Children and youth placed in an out-of-home placement in Colorado by another state;
 3. Children and youth who are eligible for Supplemental Security Income placed in an out-of-home placement in Colorado by another state.
 4. Children and youth who are eligible for Relative Guardianship Assistance placed in Colorado by another state and who are Title IV-E eligible.
- C. Children and youth who are receiving child welfare services, living in their own home or the home of a designated relative, and the county department is not assuming full or partial financial responsibility for their care, may be eligible for coverage under other Colorado Medicaid programs for families and children.
- D. Former foster care or adoption assistance youth who emancipated from foster care or adoption assistance at age eighteen (18) or after and are under age twenty-one (21), and for whom the state made foster care or adoption assistance payments in the month the youth turned eighteen (18) years of age.
- E. A child who has an acceptable non-citizen status as defined in 10 CCR 2505-10 Section 8.100.3.G and is in the custody of DHS is eligible for Colorado Medicaid and no longer need to meet the five-year waiting period to be eligible for Medicaid.
- F. Beginning January 1, 2014, former Colorado foster care youth, who were under the State's or Tribe's responsibility, when they emancipated from foster care at age eighteen (18) or after, and who were enrolled in Medicaid (IV-E or non-IV-E) under Colorado's Medicaid State Plan at the time of their emancipation, and are under age twenty-six (26); are eligible for Colorado's Former Foster Care Medicaid. Eligible placement types include the following:
- Kinship family foster care
 - Non certified kinship care
 - Foster home care

- Group home and group center care
- Children's Habilitation Residential Program (CHRP)
- Residential Child Care Facilities
- Independent living programs
- Youth committed to the Division of Youth Services, living in one of the above, non-secure placements.

7.402.2 COUNTY DEPARTMENT RESPONSIBILITY [Eff. 02/01/2009]

The county department shall be responsible for determining eligibility for Colorado Medicaid. For children for whom the county department is assuming full or partial financial responsibility through an out-of-home placement or Core services, the county department shall:

- A. Determine Medicaid eligibility at the time the child enters out-of-home placement or begins receiving Core services.
- B. Determine if a child entering out-of-home care is covered by medical insurance and notify the Department of Health Care Policy and Financing of such coverage in the manner prescribed by the Division of Third Party Resources.
- C. Determine eligibility in the manner prescribed by the state Department of Human Services.
- D. For children in out-of-home placement, consider income and resource limitations as set forth in Section 8.101 through 8.104 of the Department of Health Care Policy and Financing's Medical Assistance manual (10 CCR 2505-10), considering the child as a household of one.
- E. For children receiving Core services and residing with the custodial parent(s), consider income and resource limitations as set forth in Section 8.101 through 8.104 of the Department of Health Care Policy and Financing's Medical Assistance manual (10 CCR 2505-10), considering income and resources of the family unit. Medicaid eligibility determination for children receiving Core services is required only if it appears the household income or resources will not preclude eligibility.
- F. Enroll the child using the appropriate data system no later than 90 calendar days after assuming full or partial responsibility for the child.

For children voluntarily placed in out-of-home care who were Medicaid eligible prior to placement, the caseworker shall coordinate Medicaid coverage with the eligibility technician. If it appears that the out-of-home placement will last longer than 90 calendar days, the child shall be enrolled in child welfare Medicaid.

- G. Redetermine eligibility for Medicaid at such time as may be required.
- H. For children receiving an adoption assistance from a Colorado county when the child is being placed into another county in Colorado, the county of residence where the child is placed shall be responsible for opening the Medicaid case.
- I. Discontinue Medicaid eligibility on the date the child is removed from the out-of-home placement and the county department is no longer assuming full or partial financial responsibility for the child.

- J. Discontinue Medicaid when an adoption is finalized, unless the child is receiving adoption assistance and/or otherwise entitled to continued Medicaid coverage.
- K. Develop another plan to meet the child's medical needs when a child for whom the county department is assuming full or partial financial responsibility through an out-of-home placement is ineligible for Medicaid. If the child is ineligible because of personal income, that income shall first be applied to the provision of medical care, either by the direct purchase of medical care or by the purchase of medical insurance.
- L. Determine Medicaid eligibility for foster care or adoption assistance youth who emancipated from foster care or adoption assistance at age eighteen (18) or after and are under age twenty-one (21), and for whom the state made foster care payments or adoption assistance payments in the month the youth turned age eighteen. Enter the determination into the state automated system within ninety (90) days of the determination.

7.402.3 MEDICAID FOR CHILDREN COVERED BY THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN [Rev. eff. 4/1/12]

- A. Children moving to Colorado:
 - 1. The county department shall establish eligibility for Medicaid for IV-E eligible children moving from another state into Colorado for out-of-home care when the state or origin provides verification of IV-E eligibility. The letter of verification shall contain the date of discontinuation of medical assistance from the state of origin.
 - 2. If the child is placed with a parent, it is the responsibility of the parent to provide financial support and medical coverage or to apply for medical assistance in the county where he/she resides regardless of the child being determined Title IV-E eligible or not Title IV-E eligible by the state of origin.
 - 3. Medicaid eligibility in Colorado shall begin the month following the discontinuation of medical assistance by the state of origin.
 - 4. Medical assistance for children who are not IV-E eligible and who are moving to Colorado for out-of-home care is the responsibility of the state of origin.
- B. Children moving from Colorado:
 - 1. The county department shall establish eligibility for Medicaid for IV-E eligible children moving to another state from Colorado for out-of-home care. The county department shall provide the receiving state verification of IV-E eligibility and notification of the last date of Medicaid coverage under Colorado Medicaid.
 - 2. Children from Colorado who are not IV-E eligible and who move to another state for out-of-home placement must have a plan for medical assistance in place prior to placement out of state.
 - 3. If the child is placed with a parent, it is the responsibility of the parent to provide financial support and medical coverage or to apply for medical assistance in the new state where he/she resides regardless of the child being determined Title IV-E eligible or not Title IV-E eligible by the county department of human/social services.

4. The county department shall provide the Interstate Compact on Adoption and Medical Assistance (ICAMA) forms and a copy of the adoption assistance agreement to the receiving state within the same month when the change from foster care to adoption occurs.

7.402.4 MEDICAID FOR CHILDREN AND YOUTH COVERED BY THE INTERSTATE COMPACT ON ADOPTIONS AND MEDICAL ASSISTANCE (ICAMA) [Rev. eff. 12/1/12]

A. Children and youth moving to Colorado

1. The county department shall establish eligibility for Medicaid for children and youth moving from another state into Colorado who have a current adoption assistance agreement or a Title IV-E Guardianship Assistance Agreement in effect from the state of origin. The state of origin shall provide completed Interstate Compact on Adoptions and Medical Assistance forms and a copy of the current adoption assistance agreement or the Guardianship Assistance Agreement. The letter of verification shall contain the date of discontinuation of medical assistance from the state of origin.
2. Medicaid eligibility in Colorado shall begin the month following the discontinuation of medical assistance by the state of origin

B. Children and youth moving from Colorado

1. IV-E Adoption Assistance

For children and youth who have a current adoption assistance agreement who are moving out of state, the county department shall provide the state adoptions program staff with duplicate copies of the completed ICAMA forms and a copy of the current adoption assistance agreement.

2. For children and youth who have a current Relative Guardianship Assistance Agreement who are moving out of state, the county department shall provide the state adoptions program staff with duplicate copies of the completed ICAMA forms and a copy of the current assistance agreement.

3. Non-Title IV-E Adoption Assistance

- a. For children and youth who are moving to a reciprocal state and have a current adoption assistance agreement, the county department shall provide the State adoptions program staff with duplicate copies of the completed ICAMA forms and a copy of the current adoption assistance agreement.
- b. For children and youth who are moving to a state that is not reciprocal with Colorado's non-Title IV-E Medicaid, the county shall provide medical insurance for the child or youth. This arrangement shall be negotiated with the family as to how the insurance will be provided.

7.403 SPECIAL NEEDS DETERMINATION [Rev. eff. 5/1/12]

The special needs allowance is an additional resource that can be used to increase the level of income a child can have and still be eligible for Medicaid.

- A. In order to be eligible for the special needs allowance, as outlined in the Need Standard in the Income Maintenance staff manual (9 CCR 2503-1), the family must meet the following criteria:

Criterion #1:

The child may be at imminent risk of out-of-home placement because one or more of the following conditions exist:

1. Abandonment by or incarceration of parents/relatives/caretakers;
2. Abuse/neglect - as defined in the Children's Code;
3. Domestic violence - as defined in Section 18-6-800.3, C.R.S.;
4. Conditions that exist to such a degree for either the child or caretaker so that the caretaker is unable to care for the child:
 - a. Substance abuse; drug exposed infants
 - b. Mental illness
 - c. Disability
 - d. Physical illness
 - e. Homelessness
5. Beyond control of parents;
6. Danger to self, others, or community;
7. Infant or young child of teen parent in placement;
8. Delinquency - adjudicated delinquent meeting current out-of-home placement criteria written pursuant to Section 19-2-907 and 19-2-212, C.R.S.;
9. Relinquishment or termination of parental rights;
10. Child returning home from out-of-home placement or moving to less restrictive level-of-care.

Criterion #2:

The county department has custody of the child and the child is receiving court-ordered services.

- B. Children in out-of-home placement who would meet IV-E eligibility, except that their income exceeds 185 percent of the Colorado Works needs standard, can be eligible for Medicaid if:
1. They meet the special needs criteria; and,
 2. They are deprived of parental support and have less than \$1000 in resources; and,
 3. Their income is less than 185 percent of the combination of the needs standard and the maintenance cost of the placement.
- C. For children in out-of-home placement who are not Title IV-E eligible and whose income exceeds the need standard can be Medicaid eligible if:

1. They meet the special needs criteria; and,
 2. Their income is less than the maintenance cost of the placement. If the special needs allowance is the same as the maintenance cost of placement in the facility in which the child is placed, then deprivation of parental support is not required.
- D. The county shall meet all other reporting requirements for children in placement who are determined eligible for Medicaid under the special needs allowance.
- E. For children in their own homes or receiving Core Services Program:
1. Special needs criteria must be met and the child must be in the custody of the county department and receiving court-ordered services.
 2. There must be deprivation of parental support and the family must have incurred an additional expenditure for items included in the Colorado Works need standard due to the special problems of the child or family.
 3. The special needs allowance must be related to one of the following components of the need standard:
 - a. Shelter
 - b. Utilities
 - c. Food
 - d. Clothing
 - e. Personal needs
 - f. Educational expenses
 - g. Household supplies
 4. The inclusion of the special needs allowance could make a family that currently has income in excess of the Colorado Works need standard eligible for Colorado Works and Medicaid. They must meet other Colorado Works program requirements.
 5. The county department Colorado Works section shall compute the special needs allowance. The services section shall develop the service plan and verify those items which may be included in the special needs allowance. The costs of these items shall be reasonable and needed as a result of child or family problems, and be for the purpose of maintaining the child in the home and avoiding out-of-home placement.
- F. The county department shall obtain prior authorization for the inclusion of the special needs allowance from the Office of Self Sufficiency at the state department.
- G. The county department shall maintain the authorization from the Office of Self-Sufficiency and receipts verifying expenditures in the assistance payments case record.
- H. The county department services section shall notify the assistance payments section when the child or family is no longer eligible for a special needs allowance.

- I. The county department shall document in the case record how the special needs requirements are met. The county director shall approve the determination of Medicaid.

7.404 FEES

- A. Fees shall be determined and collected as applicable for the following services in each program area:
 - 1. Child Welfare Child Care.
 - 2. Foster care.
 - 3. Adoptive studies.
 - 4. Core Services Program services as defined in the state approved Core Services Program plan.
 - 5. Medical care paid by the county that is not reimbursed by the state.
 - 6. Other services, such as case services, or custody evaluations.
- B. When both foster care and Core Services Program Services are simultaneously being provided or purchased, the foster care fee schedule shall be applied to the cost of both programs.
- C. Categories excluded from fee collection:
 - 1. Colorado Works categories, except for Supplemental Security Income eligible children in foster care and whose parents are not Colorado Works recipients.
 - 2. Individuals whose income is deemed to a Colorado Works household.
 - 3. Adoptive families who have an approved but inactive adoption assistance agreement and the child is in out-of-home placement.
- D. Once the amount of fee is determined, the full amount is to be paid up to the cost of services.
- E. Fees shall be determined for adoptive families as follows:
 - 1. Adoptive families who have an approved Colorado non-Title IV-E adoption assistance agreement, but are currently not receiving adoption assistance payments and the child is in out-of-home placement, are excluded from fee collection.
 - 2. Adoptive families living out of Colorado who have an approved non-Title IV-E adoption assistance agreement whose child is in out-of-home care and the family is being charged a placement fee may request continuation of the adoption assistance payments to assist in the cost associated with the child's out-of-home placement. The plan for the child shall be reunification with the family.
 - 3. Adoptive families who have an approved Colorado non-Title IV-E adoption assistance agreement and the child is in out-of-home placement shall be assessed a placement fee not to exceed the amount of the adoption assistance payment they are receiving under their adoption assistance agreement.

4. Adoptive families who have an approved Title IV-E adoption assistance agreement and the child is in out-of-home placement shall be assessed a fee not to exceed the amount of the adoption assistance payment they are receiving under their adoption assistance agreement.
- F. If a family is receiving purchased services the fees shall be distributed in the following priority:
1. Medical costs for non-Medicaid eligible children
 2. Foster care
 3. Core Services Program Services
 4. Child Welfare Child Care
 5. Other services

7.404.1 CHILD WELFARE CHILD CARE PARENTAL FEE SCHEDULE

Counties will be notified of the State set parental fee schedule via a yearly Agency Letter from the Division of Child Care. The State set parental fee schedule is based on an approved formula that can be found in rule manual Volume 3 "Income Maintenance", Section 3.905, B (9 CCR 2503-1).

7.404.2 FEES FOR FOSTER CARE

- A. The county department shall assess the family the required fee as determined from an application of the child support guidelines in state statute. The fee will be based on the guidelines for all fees assessed after the effective date of the rule.
- B. The county department or designee shall collect a fee from the legally responsible custodial parent(s). All fees must be established using the Colorado child support guidelines to determine the amount to be ordered. County staff shall not deviate from the guidelines. The fee shall be established either by the court or by the county department pursuant to the Administrative Procedure for Child Support Establishment and Enforcement, Title 26, Article 13.5, C.R.S.
- C. When the county department petitions the court for legal custody or for Review of Need for Placement, the county department shall include a statement regarding both parents' gross income, including a worksheet to calculate the fee according to the child support guidelines, in the social study for the court to consider in ordering the fee to be paid. The county department shall submit a guideline worksheet to the court.
- D. When a fee is being established for a foster care case and either paternity cannot be established or the absent parent cannot be located, minimum wage is imputed to the absent parent to determine the fee paid by the custodial parent, only if there is no economic reliable evidence of the absent parent's income or income history.
- E. In cases where both parents are not in the home, the foster care fee shall be calculated using child support guidelines as follows:
1. Calculate the mother's and father's income in the appropriate columns on the Sole Physical Custody Worksheet A.
 2. Insert the number of birth and adoptive children in the home, not in placement, on line 1-C of the child support guideline worksheet in both the mother and father.

3. Calculate the remainder of Worksheet A to determine each parent's foster care fee amount.
- F. In cases where both parents reside in the same home, separate orders are required for each custodial parent to reflect their foster care fee amount. Even though both parents reside in the same home, the foster care fee shall be calculated using the same method as used when both parents are not in the home.
- G. As a result of using child support guidelines, the Department will claim Federal Financial Participation for all activities associated with the establishment and collection of foster care fees, only for new cases or old cases that are reviewed and have the fee set under the guidelines. In addition:
1. Foster care fee collections set under guidelines shall be reported to IV-D as child support collections.
 2. Activities related to foster care fee establishment under the child support guidelines can be considered a IV-D activity and staff can be billed to IV-D.
 3. Foster care fee collections based on fees set under the old fee schedule shall not be reported to IV-D as child support guidelines.

7.404.3 CHILD'S INCOME

- A. For non-IV-E children, income and other funds, including fees and child support, received by or on behalf of the child, which are more than the amount needed to meet his/her monthly needs, shall be kept by the county treasurer in a special account or trust fund, or, with the concurrence of the county treasurer, a trust account may be established with the county director as the trustee. See the Finance Manual (11 CCR 2508-1) Such excess funds may be used to meet the child's other needs, such as medical care.
- B. For IV-E foster care children, the county department shall handle payment according to Volume V, Disbursement of Support Collections. All other income is handled the same as for non-IV-E children.
- C. When a child in foster care has income earned from her/his employment, the county department shall consider the following:
1. Income is not a consideration in determining eligibility for foster care.
 2. Full-time student - when a foster child is in school full-time, or would be, except for scheduled vacation. The child need not contribute toward the cost of her/his foster care.
 3. Part-time student:
 - a. When a child in foster care is a part-time student and employed part-time (less than 30 hours per week), earned income is not considered.
 - b. When the child is employed full-time, the child's own income shall be considered in determining a foster care fee. The guidelines permit the court to consider the child's income in setting the award against the parents.

- D. When a child is in a placement under IV-E Foster Care (Title IV-E) and has income, the county department shall refer the case to the Income Maintenance Division for determination of continuing eligibility for IV-E Foster Care. See the Income Maintenance manual Section on Eligibility for Temporary Assistance to Needy Families (9 CCR 2503-1).

7.404.4 CHILD SUPPORT

- A. When a child with an absent parent is eligible for Medicaid and the child is placed out of the home, the county department shall complete the "Information Concerning Absent Parent Form" (CSE-10), and the CWS-3A as specified by the State Department, and refer the case to the county child support enforcement unit where it shall be processed according to established procedures. See the Child Support Enforcement staff manual (9 CCR 2504-1), for allocation and distribution of support collections. The child shall remain eligible for foster care whether either parent cooperates with the child support unit.
- B. When a child is not eligible for IV-E Foster Care, the county department may apply for child support services, using the "Application for Child Support Enforcement Services" (CSE-6). In referring the case to the county child support enforcement unit, the county department must include the "Information Concerning Absent Parent" (CSE-10). See the Child Support Enforcement staff manual (9 CCR 2504-1), for allocation and distribution of support collections.
- C. The county department may refer foster care cases to Child Support Enforcement (IV-D) for collection of the foster care fee, if the amount of the foster care fee is based on the child support guidelines and the amount stated in the court order.
- D. The county department shall notify the custodial parent of the availability of child support services.
- E. In the event it is not in the best interest of the Title IV-E eligible child to seek child support, the county department shall request a good cause waiver according to the established procedures in the Income Maintenance staff manual (9 CCR 2503-1).
- F. The Colorado State Department of Human Services has paid a one time IV-D application fee of \$20 on behalf of all children in foster care.

7.405 REIMBURSEMENT

7.405.1 GENERAL [Rev. eff. 4/1/12]

The county department shall be reimbursed for child welfare services when State program and fiscal requirements are met. Reimbursement shall be eighty percent (80%) of the approved allowable cost, within the available allocation.

7.405.2 GENERAL REIMBURSEMENT REQUIREMENTS

In order to be eligible for state reimbursement the county department shall:

- A. Determine the eligibility of a child for a target group, re-determine the eligibility at required intervals, and maintain an open case record for the period of time for which reimbursement is requested.
- B. Determine the categorical or funding source status of the child.
- C. Prepare a Family Services Plan according to requirements.

- D. Report the eligibility and funding source findings accurately in the Department's automated reporting systems.

7.406 GENERAL REIMBURSEMENT FOR CHILD WELFARE SERVICES

7.406.1 THE STATE REIMBURSES WHEN [Rev. eff. 1/1/16]

- A. The county's case record contains required program documentation. For out-of-home placement, documentation shall include the requirements listed under Section 7.304.51 (12 CCR 2509-4), Authority for Placement.
- B. Care is provided after the case is open and before the case is closed.
- C. The child is with a provider in possession of a valid certificate or license, when one is required.
- D. Placement is with an in-state Residential Child Care Facility or Child Placement Agency on the state approved vendor list or with out of state placement providers as approved through the Interstate Compact on the Placement of Children.
- E. A youth over eighteen (18) years of age is in placement only when the court had jurisdiction before the 18th birthday and the court orders out- of-home placement.
- F. A child is absent from an out-of-home placement and the county department elects to reimburse the provider during the absence period for the placement for one of the following reasons:
 - 1. The absence does not exceed seven days per absence, with only one (1) seven-day total reimbursement within thirty (30) calendar days for the following reasons:
 - a. The child has run away,
 - b. Trial home visit,
 - c. Trial provider visit,
 - d. Child in detention; or,
 - e. The child has been kidnapped.
 - 2. Thirty (30) calendar day absences are allowed for the following reasons:
 - a. Respite (unless care is being provided and it violates Section 7.708.31, D (12 CCR 2509-8) and causes a foster care home to be over capacity); or,
 - b. The absence occurs during the first thirty (30) days of a hospitalization.
 - 3. For children enrolled in the Children's Habilitation Residential Program Waiver (CHRP), the county may continue payment of the equivalent of the maximum federal Supplemental Security Income benefit during all absences.
- G. The out-of-home placement duration for a voluntary Title IV-E child does not exceed 180 calendar days when the county department has filed for a petition to review the need for placement by the 90th calendar day and the county has a correctly worded court order issued, based on the request of the petition to review the need for placement; see Court-Related Procedures, Section 7.304.53 (12 CCR 2509-4).

- H. The county department reports an out-of-home or Core Services Program care placement in the Department's automated reporting system within ninety (90) calendar days of its beginning. The State reimburses for retroactive payments not greater than the current and two (2) preceding months.
- I. The county department places children in out-of-home care within the provider's licensed or certified capacity or if the licensed/certified capacity is exceeded with the placement of a sibling group. The county shall document that there are no other appropriate placements available.
- J. A child is in a Child Placement Agency or Residential Child Care Facility within Colorado for longer than ten (10) working days and an agreement to purchase Child Placement Agency or Residential Child Care Facility services is completed for the child.
- K. A child is in a Child Placement Agency or Residential Child Care Facility within Colorado for less than ten (10) working days and the facility has an emergency shelter contract with a county department.
- L. Out-of-home placement occurs in facilities holding current certificates or licenses, including kinship foster care placement.
- M. Children are placed in Child Placement Agencies and Residential Child Care Facilities outside of Colorado according to the rules for out of state placement and Interstate Compact on the Placement of Children.
- N. Respite care is paid to providers of foster care homes. This includes county department or child placement agency foster care homes, or adoptive homes receiving a foster care payment and kinship family foster care providers. It does not include foster homes that provide receiving home care.
- O. The child enters care (first day) but not for the last day in care.
- P. The child is placed and removed on the same day.
- Q. The state reimburses for independent living arrangements for youth sixteen (16) through the end of the month of the twenty first (21st) birthday, when the county has custody and the court has had jurisdiction before the eighteenth (18th) birthday. The state reimburses for independent living services for youth provided that the youth's assets do not exceed five thousand dollars (\$5,000).
- R. Child Welfare Child Care program criteria are met.
- S. The Core Services Program is operated within applicable state rules and within the provisions of the county or multi-county state approved Core Services Plan and in accordance with the requirements governing the specific funding streams used.
- T. Client travel costs for out-of-state placement and supervision activities are related to out-of-home placements approved through the Interstate Compact county liaison and the receiving state Interstate Compact on the Placement of Children office. Staff travel costs are reimbursed through county administration.
- U. Payments for out-of-home care and rate adjustments are pro-rated using the foster care daily rate in the State Department's automated reporting system.

- V. The developmental disability rate for children placed in foster care homes, kinship foster care homes, receiving home care, specialized group facilities, specialized foster care in county certified foster care homes, and homes in which a subsidized adoption maintenance payment is made.
- W. The county department for expenditure for clothing purchased for a child in out-of-home care. The state reimburses retroactive clothing payments not greater than the current and two preceding months.
- X. The child is in out-of-home care and the county department lists a child free for adoption with the Colorado Adoption Resource Registry within ninety (90) calendar days following:
 - 1. The date of relinquishment or termination of the parent-child relationship, or
 - 2. The date of placement into out-of-home care following an adoption dissolution.
- Y. The child is in out-of-home care, the county department requests and the State approves an exclusion from Colorado Adoption Resource Registry listing for a child free for adoption within ninety (90) calendar days following:
 - 1. The date of relinquishment or termination of the parent-child relationship; or,
 - 2. The date of placement into foster care following an adoption dissolution.
- Z. If the state approves a Colorado Adoption Resource Registry exclusion because the county finds an adoptive home, reimbursement for out-of-home care is limited to six months from the date the state department receives the request for exclusion.
- AA. Costs are billed for the current and two (2) preceding months.
- BB. The Early intervention and Prevention Program is operated within applicable state rules and within the provision of the county or multi- county state approved services plan.
- CC. A child with development disabilities has been placed in a locked residential setting for treatment and the county has obtained a court order of legal imposition of disability pursuant to Section 27-10.5-110, C.R.S.
- DD. A county department pays incentives to a consortium for meeting or exceeding agreed to outcomes.
- EE. A county department may pay a consortium, if the consortium's outcome measures meet or exceed the agreed to standard.
- FF. A county department purchases Transition Program services provided by an RCCF that is on the approved State RCCF vendor list. In no case shall the rate for transition services exceed the RCCF rate approved by the county department.
- GG. Placement of a child in a provisionally certified foster care home that is fully certified within ninety (90) calendar days from the date of the application.
- HH. A county department documents the lawful presence of children age eighteen (18) and over receiving services other than those excluded from the definition of a federal public benefit, or state and local public benefits as those terms are defined at Section 24-76.5-102, C.R.S.

- II. Subject to available appropriations, a county negotiates provider rates by either a request for proposal process or other methodology that is submitted at least annually to and approved by the State and includes the following:
 - 1. The instrument(s) that will be used to identify and document the needs of the child.
 - 2. The process for documentation of provider participation and agreement regarding:
 - a. The needs of the child and the services that are going to be delivered.
 - b. Services that will be provided for the payment.
 - c. Outcomes to be achieved.
 - 3. The county's policy for:
 - a. Determining the timeframes for negotiation or re-negotiation of rates, services, and outcomes.
 - b. Discussion of legislated provider rate increases in negotiation or re-negotiation of rates, services, and outcomes.
 - c. Actions to be taken if services are not delivered or outcomes are not met.
- JJ. Reasonable travel is provided to the school where the child is enrolled prior to out-of-home placement.
- KK. Reasonable costs are provided for liability insurance for a child.
- LL. Adoption Assistance and Relative Guardianship Assistance Program payments are made in compliance with requirements.
- MM. Case services in adoption assistance agreements and relative guardianship assistance agreements.
- NN. Non-recurring expenses for adoption assistance and relative guardianship assistance agreements.

7.406.2 THE STATE DEPARTMENT SHALL NOT REIMBURSE [Rev. eff. 1/1/16]

- A. Out-of-home placements for a child in Colorado who is in the custody of another state. The county shall bill the other state for reimbursement.
- B. Receiving home or shelter care placements that exceed 90 consecutive days.
- C. Out-of-home placements of children who do not meet the requirements of Section 7.304.51, Authority for Placement.
- D. Out-of-home care in public child care institutions accommodating more than twenty-five (25) children.
- E. Placements of children under the age of six (6) years in a specialized group facility or residential child care facility, except for children with documented exceptional needs which can be met only by the specifically identified facility. Documentation in the child's Family Services Plan shall include a description of the services available in that facility to address the child's specific needs.

- F. Placements of children under the age of twelve (12) years in a specialized group facility or residential child care facility that exceed sixty (60) calendar days unless the child has documented special treatment needs that cannot be met in a foster care home. Documentation in the Family Services Plan shall include a description of the services available in that facility to address the child's specific needs.
- G. Placements in a specialized group home with a capacity in excess of ten (10) children unless there is written approval by the placing caseworker's supervisor. Such approval shall be based upon written documentation in the Family Services Plan that the child's needs can be met only by the specifically identified facility. The documentation shall include a description of the services available in that facility to address the child's needs.
- H. Services provided by Residential Child Care Facilities or Child Placement Agencies which are reimbursable from other funding sources.
- I. Respite care allowance paid to specialized group home or centers or for independent living.
- J. Out-of-home care for the period of non-compliance with state rules in Section 7.306.14, Colorado Adoption Resource Registry (CARR) listing and exclusion requirements.
- K. Out-of-home care if the county department does not forward the Colorado Adoption Resource Registry photo listing to the State Department within thirty (30) calendar days following the State's notification of Colorado Adoption Resource Registry exclusion denial. Reimbursement is not authorized for the period of non-compliance from the date the profile is due until the profile is received by the State.
- L. Placement of a child in a foster home if that placement will result in more than four foster children in that foster home, or a total of eight children (foster and non-foster), or more than two children under two years of age, except in those instances in which the placement of a sibling group in a foster home would exceed the limits. If the placement of a sibling group results in exceeding the above limits, no other children can be placed in the home.
- M. Placement of a child in a foster home, if that placement will result in more than two (2) children enrolled in the Children's Habilitation Residential Program (CHRP) waiver funding or more than two (2) foster children and one (1) child enrolled in the CHRP waiver, unless there has been prior written approval by the CHRP waiver administrator. Placements of three (3) children enrolled in the CHRP waiver may be made if the agency can demonstrate to the CHRP waiver administrator that the provider has sufficient knowledge, experience, and supports to safely meet the needs of all of the children in the home. In any case, no more than three (3) children enrolled in the CHRP waiver and no (0) non-CHRP children will be placed in one (1) foster home. Any placement resulting in three (3) CHRP children placed in a foster home must have prior approval by the CHRP waiver administrator.

FOSTER CARE HOME (COUNTY OR CPA) MAXIMUM CAPACITY

CHRP	Non-CHRP	Total Children
1	2	3
2	0	2
3	0	3

- N. Placement of a child in a specialized group facility if that placement will result in more than eight (8) children and one (1) child enrolled in the Children's Habilitation Residential Program (CHRP) funding or five (5) foster children and two (2) children enrolled in the CHRP waiver, unless there has been prior written approval by the CHRP waiver administrator. If Placement of a child in a Specialized Group Center will result in more than three (3) children enrolled in the CHRP waiver, then the total number of children placed in that Specialized Group Center will not exceed a maximum of six (6) total children. Placements of more than three (3) children enrolled in the CHRP waiver may be made if the agency can demonstrate to the CHRP waiver administrator that the provider has sufficient knowledge, experience, and supports to safely meet the needs of all of the children in the home.

SPECIALIZED GROUP FACILITY MAXIMUM CAPACITY

CHRP	Non-CHRP	Total Children
1	8	9
2	5	7

- O. Placements of children enrolled in the Children's Habilitation Residential Program (CHRP) waiver when the county is not in compliance with rules contained in the Department of Health Care Policy and Financing's Medical Assistance Manual at Section 8.508 (10 CCR 2505-10).
- P. Placement of child in a foster home, if the foster parent(s) have not completed twelve (12) hours of foster parent core training. If a child is already in the home, the placement shall not be disrupted, but no additional children shall be placed until the training is completed.
- Q. For "child specific" or kinship foster care placements exceeding ninety (90) calendar days in a provisional status from the date of application.
- R. For children that do not have a diagnosis of developmental disability as defined in Section 27-10.5, C.R.S., and who are placed with a service agency that has been approved through Developmental Disabilities Services.
- S. For children placed in locked facilities through county departments, except as outlined in Section 7.406.1, CC.
- T. For consortium fees, if the consortium is not registered with the State Department.
- U. Placement of a child in a provisionally certified foster care home that is not fully certified within ninety (90) calendar days from the date of the application.
- V. Placement of a child living in a foster care home with his/her parent(s), including in kinship foster care.

7.407 ADMINISTRATIVE REVIEW FINDINGS, FISCAL SANCTIONS, APPEALS, AND DISALLOWANCES [Rev. eff. 1/1/16]

- A. Fiscal sanctions and disallowances occur as a result of Administrative Review findings of non-compliance in three areas:
1. Title IV-E foster care eligibility or ineligibility has not been determined. Reimbursement is reduced by the amount of Title IV-E funds not earned.

2. Level of care of the placement is too restrictive. Reimbursement is reduced to the average cost of the determined less restrictive type of available placement, unless the child is court-ordered into the more restrictive placement against the recommendation of the county department.
3. Requirements for state reimbursement at Section 7.406.2 are not met, to include:
 - a. Out-of-home placements for a child in Colorado who is in the custody of another state. The county shall bill the other state for reimbursement.
 - b. Receiving home or shelter care placements that exceed ninety (90) consecutive days.
 - c. Out-of-home placements of children who do not meet the requirements of Section 7.304.51, "Authority for Placement".
 - d. Out-of-home care in public child care institutions accommodating more than twenty-five (25) children.
 - e. Placements of children under six (6) years of age in a specialized group facility, residential child care facility, or residential treatment center, except for children with documented exceptional needs which can be met only by the specifically identified facility. Documentation in the child's Family Services Plan shall include a description of the services available in that facility to address the child's specific needs.
 - f. Placements of children under twelve (12) years of age in a specialized group facility, residential child care facility, or residential treatment center that exceed sixty (60) calendar days unless the child has documented special treatment needs that cannot be met in a foster care home. Documentation in the Family Services Plan shall include a description of the services available in that facility to address the child's specific needs.
 - g. Placements in a specialized group home with a capacity in excess of ten (10) children unless there is written approval by the placing caseworker's supervisor. Such approval shall be based upon written documentation in the Family Services Plan that the child's needs can be met only by the specifically identified facility. The documentation shall include a description of the services available in that facility to address the child's needs.
 - h. Services provided by residential child care facilities or child placement agencies which are reimbursable from other funding sources.
 - i. For "child specific" or kinship foster care home placements exceeding ninety (90) calendar days in provisional status from the date of application.
 - j. Placement of a child in a provisionally certified foster care home that is not fully certified within ninety (90) calendar days from the date of the application.

- B. The county shall correct the area of non-compliance or initiate court proceedings to correct the non-compliance within thirty (30) calendar days in order for reimbursement to be uninterrupted. The county department shall provide the Administrative Review Division with a copy of the motion to the court or the written request for special action by the court. Within 30 calendar days following the court hearing, the county must submit to the Administrative Review Division a copy of the county's court report documenting the county's agreement with the Administrative Review findings and a copy of the resulting order of the court.
- C. If the county department disagrees with the findings, the county department may appeal in writing the denial of reimbursement. An appeal must be received by the Administrative Review Division within fifteen (15) working days of the receipt of written results of the review.
- D. Reimbursement is denied from the date of the review if the county neither corrects the non-compliance nor appeals the review decision within allotted timelines.

7.408 REIMBURSABLE DUAL PAYMENTS AND DUAL PLACEMENTS [Rev. eff. 1/1/16]

- A. The state reimburses for simultaneous placements in foster care homes, kinship foster care homes, specialized group facilities, or residential child care and receiving home or shelter care.
- B. The state reimburses for simultaneous placements in state-approved transition or home-based programs and foster care home, specialized group facility care, receiving home care, shelter care, residential child care, independent living, kinship foster care, or subsidized adoption.
- C. The state reimburses for subsidized adoption and a simultaneous placement in any out-of-home care when the child has been determined to be Title IV-E eligible in his/her adoptive placement as evidenced by having a signed Title IV-E subsidized adoption agreement.
- D. The state reimburses for more than one Core Services Program service at a time when Core Services Program rules are met.
- E. The state reimburses for simultaneous placements in out-of-home care and Core services provided/purchased when Core Services Program rules are met.
- F. The state reimburses for the independent living allowance to a youth and a simultaneous payment to a Residential Child Care Facility or Child Placement Agency supervising the independent living placement.
- G. The state reimburses for foster care and child care when the provider is dually certified for both types of placements except when it is the same child at the same time with the same provider.

7.409 OUT OF STATE FOSTER CARE PLACEMENTS

The state reimburses for out of state foster care placements at the other state's rate when:

- A. The county department complies with the Interstate Compact on the Placement of Children; and,
- B. The provider is licensed, certified, or approved in the other state; or,
- C. The provider, originally a Colorado home, is licensed, certified or approved within 90 calendar days after moving from Colorado; and,
- D. The required provider, client, and rate information is entered into the Department's automated reporting system.

7.410 CASE SERVICE PAYMENTS FOR CHILDREN PLACED IN OUT-OF-HOME CARE [Rev. eff. 4/1/12]

Case services are a type of purchased program services that support a case plan for children in out-of-home placement, adoption assistance, or a Relative Guardianship Assistance agreement.

- A. The State reimburses for a one time physical, dental and psychological examination for individual eligible children in out-of-home care per Section 7.003.3, B, 2 (12 CCR 2509-1).
- B. The State reimburses county departments for client transportation as a case service from out-of-home care funds when travel is necessary:
 - 1. For children in out-of-home care to receive services specified in the Family Services Plan that are directly related to visitation and reunification.
 - 2. To return runaways, who are in county department custody, to their Colorado home county.
 - 3. To facilitate a permanent plan through the Interstate Compact on the Placement of Children.
- C. The State does not reimburse for transportation when the:

Child is eligible for Medicaid and the transportation is to enable him/her to secure medical benefits.
- D. The State reimburses county departments for case services provided to children placed by provider consortiums/networks when such services are not a part of either room and board or Medicaid treatment/case management services.
- E. The State reimburses county departments for other case services provided to children in out-of-home placement when such services are not a part of either room and board or Medicaid treatment or case management services.

7.411 REIMBURSEMENT FOR RESERVED SPACE

- A. The State reimburses for out-of-home placement space as provided in a contract for services, outcomes, or as is negotiated through a contract for reserved space.
- B. Reimbursement for reserved space is reduced by placements from any county.

7.412 REIMBURSEMENT FOR ADJUSTMENTS OF STATE-APPROVED RATES

- A. The State reimburses for county negotiated out-of-state rates that exceed Colorado's rates or the other state's rate for the same type of care only with state approval of the placement.
- B. The State approves reimbursement for educational costs of a child placed in group or residential child care facility care or day treatment only when the educational assessment results in a finding that the child is not educationally handicapped. (See Case Planning and Assessment section, 7.301.241, for discussion of educational assessment.)

7.413 REIMBURSEMENT FOR SUBSIDIZED ADOPTION

- A. The state reimburses for services specified in a valid adoption subsidy agreement that the county department approved and reviews every three years and that satisfies adoption subsidy program criteria. The three year review is documented in writing on the appropriate form.
- B. The maximum subsidized adoption reimbursement is the child maintenance rate, the county negotiated rate, plus the special need rate for an age group, if appropriate. The county shall negotiate a Title IV-E adoption assistance subsidy with the adoptive parents and may negotiate a state and county only adoption assistance agreement with the subsidized adoptive parents for a rate for the age group and should review this rate every three years. The current rate will be documented on the three year review form. See Section 7.203.2 for additional guidelines.

7.414 REIMBURSEMENT FOR CORE SERVICES PROGRAM

- A. The state shall reimburse counties for expenditures in approved Core Services Program Plans to include the following:
 - 1. Salaries, fringe and operating costs directly related to the Core Service funded FTE positions;
 - 2. Rent and utilities for facilities which are for the sole and separate use of a Core Services Program;
 - 3. Contracted services authorized by an approved Core Services Program Plan and contained in a written contract between the individual contractor and the county department; contractors must perform as an independent business entity;
 - 4. Program services purchased from an agency as outlined in an approved Core Services Program Plan when a written contractual agreement exists between the provider agency and the county department;
 - 5. Capital expenditures on items that are for the appropriate, necessary and justifiable use of the approved Core service;
 - 6. Consultation, training, and staff development for county Core service staff when necessary for the delivery of a Core service;
 - 7. Program expenses such as training supplies, films, or publications necessary for the delivery of Core Services Program services;
 - 8. Travel and per-diem expenses directly related to program delivery or administration;
 - 9. Travel for children in out-of-home care or their parents is allowed if part of an approved Core Services Plan;
 - 10. Space guarantees necessary to maintain program availability not to exceed 50 percent capacity of a facility. Space guarantees up to 100 percent capacity of a facility may be paid for no more than three months when initiating a new program.
- B. Core Services Program Care expenditures not reimbursable by the state include:
 - 1. Contractual program services such as child care services and physical exams;

2. Foster care costs for placement in facilities operating under the supervision of the county department, for placement in residential child care facilities or child placement agencies on the state approved vendor list or for independent living stipends;
 3. Those expenditures that may be reimbursed by some other source;
 4. Other expenditures not permitted by the fiscal rules or procedures.
- C. Any expenditure other than those defined in this section as reimbursable shall be non-reimbursable unless specifically identified in an approved Core Services Program Plan.
- D. The county department shall only be reimbursed for the current (month being paid) and two months preceding.
- E. The county department shall only purchase services from facilities other than those on the state department's vendor list, if the approved Core Services Program Plan provides for the expenditure.
- F. The county department shall meet all State fiscal reporting requirements before being reimbursed for expenditures in its plan. The State may withhold or reduce reimbursement to counties for expenditures not in compliance with programs as described in the approved Core Services Program Plan.
- G. County departments assessing fees for Core Services shall set these fees and the method of computation in their Core Services plans for consideration of the State Board of Human Services.

7.415 REPORTING [Rev. eff. 1/1/14]

- A. The county department shall make timely and accurate reports in all applicable automated reporting systems operated by the state. The reporting of placements and placement changes in the automated reporting systems operated by the state shall be made prior to the next payroll.
- B. The county department shall report client prevention, intervention, referral, assessment, service, case and placement information in the automated reporting systems operated by the state when one or more of the following occurs:
1. The county department provides Program Area 3 services directly, through another division or through a community agency; or,
 2. The county department opens a case and determines the target group eligibility or re-determines a change in target group eligibility; or,
 3. The child is in out-of-home or Core Services care and the funding source is determined or changes; or,
 4. An out-of-home, relative, adoption assistance, Relative Guardianship Assistance, or Core Services care placement is made, the placement changes or ends, or a change in the level or nature of a payment must be authorized; or,
 5. A court orders a change in the custody of a child or other legal action occurs; or,
 6. The State Department's automated system special consideration codes are relevant; or,
 7. The child is legally free for adoption; or,

8. The child is placed for adoption and gets a new identity (name, household number, State ID); or,
 9. The child is in Colorado from another state for Interstate Compact on the Placement of Children supervision or Medicaid only; or,
 10. Within thirty (30) calendar days of a decision to close.
- C. The county department shall report confirmed incidents of abuse and neglect in the State Department's automated system.
- D. The county department shall report the Medicaid eligibility status of children out-of-home or in subsidized adoption using the FCS-100 system, when a child has:
1. Eligibility for Medicaid and in out-of-home care or subsidized adoption; or,
 2. Categorical status or medical resource code changes; or,
 3. Changes from one placement to another; or,
 4. Been placed for adoption and gets a new identity (name, household number, State ID); or,
 5. Eligibility for an in-state medical effective span; and,
 6. Is in Colorado from another state and receiving Medicaid only (COBRA).
- E. The county department shall leave a case open on the Department's automated system for each child with a current subsidized adoption agreement. When the subsidized adoption agreement is terminated, the county shall close the child's case on the State Department's automated system and the FCS-100, if applicable.
- F. For purposes of reporting and maintaining confidentiality in the State Department's automated system and other systems, the county department shall create a new adoptive identity (name, household number, state ID) different from the birth identity when the adoption of the child has been finalized, except in the following circumstances:
1. The name or identity of the child is not changed in the adoptive home. The birth name and birth state identification number is maintained.
 2. The child is adopted by relatives and the name or identity is not changed after the adoption. The relative(s) is the caretaker(s) of the child in the birth case.
- G. The county department shall consider siblings and their parents or legal caretakers as one household unit. When parental legal rights are terminated or relinquished, the new household unit may be an individual child or all siblings, depending upon whether the case plan is to place the siblings separately or together.
- H. The county department shall obtain Social Security Numbers for children and enter them into the State Department's automated system.
- I. The county department shall provide information when requested by the state for special studies.

7.416 REIMBURSEMENT FOR CHAFEE FOSTER CARE INDEPENDENCE PROGRAM/INDEPENDENT LIVING PROGRAM

7.416.1 REIMBURSEMENT FOR CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

- A. The Chafee Foster Care Independence Program (CFCIP) provides independent living services to youth age 16 to age 21 who are in out-of-home care or to young adults, ages 18 to 21, who were in out-of-home care on their 18th birthday. The state shall reimburse counties for expenditures in approved Chafee Foster Care Independence Program (CFCIP) plans to include the following:
1. Salaries, fringe, and operating costs directly related to the Chafee Foster Care Independence Program funded positions;
 2. Contracted services authorized by an approved Chafee Foster Care Independence Program plan and contained in a written contract between the individual contractor and the county department. Contractors must perform as an independent business entity;
 3. Program services purchased from an agency as outlined in an approved Chafee Foster Care Independence Program plan when a written contractual agreement exists between the provider agency and the county department;
 4. Consultation, training, and staff development for county Chafee Foster Care Independence Program service staff when necessary for the delivery of the Chafee Foster Care Independence Program;
 5. Travel and per-diem expenses directly related to program delivery; and,
 6. Room and board costs for young adults, ages 18 to 21, who were in out-of-home care on their 18th birthday.
- B. Chafee Foster Care Independence Program expenditures not reimbursable by the state include:
1. Expenditures used to supplant, duplicate, or replace existing child welfare funds; and,
 2. Other expenditures not permitted by the fiscal rules or procedures.
- C. Any expenditure other than those defined in this section as reimbursable shall be non-reimbursable unless specifically identified in a state approved Chafee Foster Care Independence Program plan.
- D. The county departments shall meet all state fiscal reporting requirements for expenditures in its plan. The state may withhold or reduce reimbursement to counties for expenditures not in compliance with the Chafee Foster Care Independence Program plan.
- E. Youth Direct Services - County departments of social services may be reimbursed at 100% for directly funded services up to a maximum amount in each state fiscal year.
1. The amount shall be determined by the county departments of social services with approval by the state.
 2. The county department of social services shall develop a written procedure for use of an Imprest Fund. See the Finance Manual, Section 5.910.3 (11 CCR 2508-1), to provide a flexible means of providing youth direct services.

3. Youth Direct Services shall be used according to federal guidelines (Public Law No. 106-169) as incentives for completing goals in the plan for transition to independent living and other expenditures that will assist youth to emancipate and for which no other funding sources exist.
 - a. Amounts up to \$100 shall be documented in the case notes.
 - b. Amounts of \$100 or greater shall be documented in the plan for transition to independent living.

7.416.2 REIMBURSEMENT FOR INDEPENDENT LIVING

This is paid according to the rate negotiated by the county department. The rate may be the State established child maintenance rate or may be the rate negotiated by the county department plus a maximum of \$83 to provide an additional shelter beyond the maintenance allowance.

7.417 REIMBURSEMENT REQUIREMENTS

7.417.1 COUNTY FOSTER CARE HOME PROVIDER REQUIREMENTS [Rev. eff. 1/1/16]

County providers include foster care homes, receiving homes, and kinship foster care homes. County providers are reimbursed by the county department of human or social services according to the procedures in this manual.

- A. Facilities must be certified in order for the county department to be reimbursed by the state.
- B. The pay period for foster care is the calendar month. The foster facilities are reimbursed for the day in which the child is placed in the home, but are not reimbursed for the day the child leaves it, unless the child was placed and removed on the same day.
- C. All certified facilities shall sign and use the relevant provider contract when they are certified and recertified.
- D. When a child is placed, the information shall be entered on the child placement log by the county department and the provider, and copies of the updated log shall be maintained in the provider file and by the provider in the facility.
- E. County departments shall evaluate receiving homes. Homes shall be evaluated after the first six months of operation and annually thereafter.
 1. An evaluation shall include, but not be limited to, the following information:
 - a. Date of evaluation;
 - b. Name of home;
 - c. County department identification number;
 - d. Licensed capacity;
 - e. Average number of children in residence for the last six (6) months;
 - f. Personnel, including the number of full time staff;
 - g. Direct care services.

2. The evaluator shall review an operating statement and financial records to determine if the home is maintaining records and files of revenue and expenditures. The operating statement shall be used to justify payments.
3. Any incorrect payments to the home due to omission, error, fraud, or embezzlement shall be recovered from the home by deduction from subsequent payments.
4. The evaluator shall discuss and review the evaluation with the home staff and obtain the signature of the operators.
5. A home having an unsatisfactory evaluation will require re-evaluation for continuing use. If it is determined that the use of the home should be continued, the supervising agency will contract for improved performance. If after sixty (60) calendar days the unsatisfactory components have continued, the supervising agency shall terminate use of the home.
6. If the staff of the home does not agree with the evaluation, an attempt shall be made to resolve the dispute within fifteen (15) working days by informal county grievance procedures, as determined by each county.

7.417.2 STATE LICENSED PROVIDER REQUIREMENTS

The State licenses providers including Child Placement Agencies and Residential Child Care Facilities. State licensed providers are reimbursed by the county department according to procedures in this manual.

- A. In addition to the minimum standards required by licensing, Residential Child Care Facilities and Child Placement Agencies must be included on state department established approved vendor lists in order for the county department to receive state reimbursement for purchased residential care and treatment services from such providers. These lists contain the names of providers who have requested approval and have been approved by the state department to enter into purchase agreements for care and treatment of children placed in a Residential Child Care Facility or Child Placement Agency by a county department.
- B. Providers may request to be added to the approved vendor lists by following the review process as published by the Child Welfare Division. In the event that a provider adds a new population to be served or a new program to the current menu of service, the provider may request to have the new program added to the provider list by following the review process.
- C. If the facility provides its own educational program, that program must be approved by the Colorado Department of Education and documentation of such approval must be provided.
- D. The pay period for foster care is the calendar month. See Section 7.417.1, B.
- E. Each provider shall allow representatives of the state or federal agencies who have an interest in monitoring and evaluating a program to have access to such records and information as may be necessary to achieve those purposes authorized by state or federal law.
- F. The reimbursement rate agreed upon by provider and the county department shall be neither retroactively increased to reflect unforeseen service costs nor retroactively decreased.
- G. The reimbursement rate for child maintenance agreed upon between the CPA and the county department shall be paid to the CPA foster parents for the care of the child.

7.417.3 EMERGENCY SHELTER REIMBURSEMENT REQUIREMENTS [Rev. eff. 4/1/12]

Reimbursement restrictions exist for facilities such as foster home, receiving homes and shelter facilities used as emergency shelter.

- A. Reimbursement for care is limited to ninety (90) consecutive days.
- B. For stays in care beyond sixty (60) calendar days, the county department shall document in the child's record information which:
 - 1. Indicates the county department has a specific plan for the child's living arrangements;
 - 2. Specifies the reasons for the extension from 60 to a maximum of 90 calendar days; and,
 - 3. Verifies that the extension will prevent additional temporary foster care placements until the plan can be implemented.

7.417.4 KINSHIP FOSTER CARE HOME PROVIDER REIMBURSEMENT REQUIREMENTS [Rev. eff. 1/1/16]

- A. Kinship foster care providers for Title IV-E eligible children shall receive the same reimbursement as non-relative foster care providers.
- B. Kinship foster care providers may elect not to receive a money payment and may follow the grievance process for foster care providers when there is disagreement about such reimbursement rate.
- C. A child in the care of his/her parents is not considered to be living in a foster home and, therefore, is ineligible for foster care maintenance payments, including kinship care payments.
- D. Title IV-E reimbursable foster care payments may only be made to kin who are defined as an adult who is not a parent, but who is in one of the following groups:
 - 1. Any blood relative, including those of half- blood, and including first cousins, nephews or nieces, and persons of preceding generations as denoted by prefixes of grand, great, or great- great.
 - 2. Stepfather, stepmother, stepbrother, and stepsister.
 - 3. Persons who legally adopt a child or his/her parent, as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents in accordance with state law.
 - 4. Spouses of any persons named in the above groups even after the marriage is terminated by death or divorce.

7.417.6 MONTHLY PROVIDER BILLING [Eff. 5/1/12]

A certification shall be prepared and signed by the provider monthly and used by the county business office to verify the days the children are in the facility. This shall be done using the Colorado Department of Human Services prescribed form. These forms are due in the county departments of social/human services by the end of the month in which care was given. These forms shall be kept on file and available for audit.

7.418 PROVIDER REIMBURSEMENT RATE COMPONENTS

For purposes of maximizing Colorado's federal funding, reimbursement rates are made up of three primary components:

- A. Child maintenance, which can include a difficulty of care amount;
- B. Administrative maintenance, which can include a direct child care allowance;
- C. Services and administrative services.

Provider type will determine which of these three components will be included in the reimbursement rate.

7.418.1 CHILD MAINTENANCE [Rev. eff. 2/1/10]

- A. Child maintenance is reimbursement to cover the cost of providing food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, reasonable travel to the child's home for visitation, and reasonable travel to the school where the child is enrolled prior to out-of-home placement. The provider allowance may be based on the age of the child.
- B. Child maintenance may include a difficulty of care assessment amount. Difficulty of care assessment is the amount to be reimbursed in addition to the basic child maintenance rate. A difficulty of care assessment must be completed by the county department in conjunction with the provider.
- C. A child maintenance payment is required to be paid to all provider types where the child is in residence.

7.418.2 ADMINISTRATIVE MAINTENANCE

Administrative maintenance are components which are necessary for overall care of the child. Following is a description of the types of activities which may be included in this component along with the facility types which are eligible to have this component built into the rate.

- A. "Support staff" responsible for building maintenance, janitorial, housekeeping, laundry, food preparation functions, and transportation.
- B. "Direct child care staff" are responsible for implementing the treatment plan in the daily living situation, creating a therapeutic milieu and helping residents learn satisfactory ways of coping with the daily living process.
- C. "Administration" are the staff responsible for the overall direction of the organization. This includes accounting, general record keeping, business management, budgeting, community relations, and clerical functions. This does not include hours spent in fund raising or clinical records management.
- D. "Administrative overhead" is a fixed allowance for costs associated with the overall direction of the facility including, but not limited to: accounting, general record keeping, business management, budgeting, community relations, clerical functions, leased office equipment, and supplies necessary to conduct the administrative function.
- E. "Support overhead" is an allowance for space, supplies, and other items related to building maintenance, janitorial, housekeeping, laundry, and food preparation services.

- F. "Provider types" eligible for administrative maintenance reimbursement are:
1. "Receiving Homes" are only eligible for the direct child care component. The direct child care allowance may have the following elements:
 - surrogate parents for supervising the children administrative participation in staff development
 - assuring the county department of emergency care for children on a 24-hour basis
 - the direct care staff shall be no less than one paid full- time equivalent staff
 2. "Specialized Group Facility" - all components of administrative maintenance may apply.
 3. "Child Placement Agency" (CPA) - all components of administrative maintenance may apply.
 4. "Residential Child Care Facility" (RCCF) - all components of administrative maintenance may apply.

7.418.3 SERVICES AND ADMINISTRATIVE SERVICES

Services and administrative services are components that may be included in the rate to cover the cost of providing services and/or treatment for the child as identified in the Family Services Plan. The following activities are to be considered when developing a rate for a child in a facility:

- A. Foster parent payment which is in addition to the child maintenance payment and is not for difficulty of care of the child.
- B. Educational liaison staff are responsible for coordinating the educational needs of a child between the facility and public/private school and in obtaining public or private educational services for a child.
- C. Recreation staff are responsible for planning, organizing, and leading recreational activities.
- D. Direct therapy staff are responsible for those activities which occur between a professional (Bachelors Degree or above in the mental health profession) staff member, and the child and/or child's family which are based upon a specific treatment plan and are aimed at making changes in the child/family maladaptive behavior, intra- psychic conflict, or development impediments. Direct therapy includes the ongoing evaluative function which is part of a therapist's role. Speech therapy is included in this category.
- E. Other treatment staff (individuals with at least a Bachelor of Arts in a mental health discipline qualify as treatment personnel) are responsible for the treatment of the child or family, including:
 1. "Evaluation services" are formal activities which are directed toward an understanding or diagnosing of the reasons for a child or family's maladaptive functioning. The evaluation may extend beyond the child and family to other important persons in the child's life, community institutions, and the evaluation of records or other written information that pertains to the child. Evaluations result in a written report or other documentation related to this function. Evaluation includes intake evaluation which results in a decision to accept or not accept a child into the facility's program.

2. "Treatment supervision" is the function of supervising treatment activities of staff members. This function may include conducting staff training.
 3. "Treatment liaison" are those child-related activities that are directed toward the state and county departments of social services, court, medical providers, and other community agencies that serve to further the care and treatment which the child receives from the providers. Such activities may involve information sharing, coordination of programs, and interagency problem-solving resulting from the child's behavior.
 4. "Medical services" are those activities that are directed toward prevention or elimination of physical illness or dysfunction, such as physical therapy or other services not reimbursable under Medicaid.
 5. "Recreational allowance" is an amount for the recreational activities of the children in a facility.
 6. "Transportation" is for mileage, vehicle rental, vehicle depreciation, maintenance, insurance, parking charges, licenses, registration fees, tires, gas, oil, public transportation, and other expenses pertaining to travel, including client travel.
- F. Services and administrative services components shall only be included in the rates of child Placement Agencies and Residential Child Care Facilities.

7.418.31 Operating an Out-of-Home Placement Provider Consortium [Rev. eff. 4/1/12]

An out of home provider consortium is defined at Section 26-6-102, C.R.S., as a "group of service providers that are formally organized and managed to achieve the goals of the county, group of counties, or mental health agency contracting for additional services other than treatment-related or child maintenance services".

- A. Each consortium shall be registered with the State Department providing information as follows:
1. Name of consortium
 2. At a minimum: name, address, telephone, and e- mail of the members of the consortium/board of directors.
 3. Legal status of the consortium as established by the Secretary of State.
 4. The purpose of the consortium and the population to be served.
 5. Contact person: Director of consortium, name and address.
 6. Liability insurance carrier for the consortium.
- B. Each consortium shall file an annual report with the State Department, depicting the activities of the consortium that includes:
1. Information regarding contracts held.
 2. Outcome data/studies.
 3. Data on children involved.
 4. Complaint and resolution process.

5. Description of the justification for different rates charged to different counties.
- C. Each consortium:
1. Shall cooperate with the State Department, counties and other entities in seeking the maximum federal fiscal reimbursement for children participating in consortium services.
 2. May enter into contracts with county departments for additional services and outcomes, in addition to treatment and maintenance, to be provided to children in care.
 3. Shall include planned outcomes achieved on behalf of a child along with the consequence for not achieving the outcome in contracts.
 4. Shall develop and implement corrective action plan with either the State Department or county departments when performance fails to meet contracted expectations.

7.419 RESIDENTIAL CHILD CARE FACILITY (RCCF) PROVIDING MENTAL HEALTH SERVICES RATE SETTING [Rev. eff. 1/1/12]

A. New Residential Child Care Facility (RCCF) Provider Rate Setting

A new Residential Child Care Facility shall receive a per diem rate (child maintenance, administrative maintenance, and services) equal to the most recent weighted average rate. This per diem rate shall remain in effect until new rates are established for all providers.

1. A new Residential Child Care Facility means a facility not previously licensed as a RCCF or a facility that has been licensed as a RCCF.
 2. RCCF's that have been previously licensed as a RCCF and have undergone a transfer of ownership are not considered new facilities.
 3. New facilities shall be treated as established facilities for rate determination purposes at the next round of rate setting.
- B. A provider wishing to appeal that the provider rate was not established in accordance with these rules may appeal to the Department of Personnel and Administration, Office of Administrative Courts (OAC), within thirty (30) calendar days from issuance of the notice letter according to the State Administrative Procedure Act. At such a hearing, the Administrative Law Judge's decision will be limited to determine whether RCCF provider rates were established in accordance with these rules.

7.420 RATES FOR CHILDREN OR YOUTH WITH DEVELOPMENTAL OR PHYSICAL DISABILITIES [Rev. eff. 1/1/16]

The rate for professional services for children/youth with developmental or physical disabilities, and not enrolled in the Children's Habilitation Residential Program (CHRP) waiver, may be established at a higher level than foster care rates for foster care homes, kinship foster care homes, receiving homes, and specialized group facilities due to the additional care needed. The county department of human or social services shall consider the additional needs of the child/youth to determine the appropriate rate in accordance with the following criteria:

- A. The need for a foster care rate for professional services shall be determined by a physician that the child requires more than the normal amount of care, treatment, and training due to developmental disabilities.

- B. In addition, foster care parents may need relief in some cases to provide the necessary 24-hour care. At the time a child with developmental disabilities or physical handicap in need of an additional allowance is placed, the county department and the provider shall enter into a contract (SS-22). The effective date of the contract is the date the child is placed.

7.421 INDEPENDENT AUDIT

All providers are required to have a yearly independent audit performed by a certified public accountant who has no connection with the organization either in fact or in appearance. The audit will be based on the previous fiscal year's financial activity. For both profit and non-profit facilities, the audited statements shall be prepared in accordance with current generally accepted accounting principles (GAAP) and generally accepted auditing standards (GAAS) as promulgated by the American Institute of Certified Public Accountants and other appropriate authoritative bodies. The independent audit report shall include supplemental information schedules as required by the Department. These supplemental information schedules shall be in a format specified by the Department and contain the financial information required by the Department. This independent audit will be used to verify the total revenues and expenditures reported on the Residential Child Care Facility and Child Placement Agency cost report. If discrepancies exist between the totals in the Residential Child Care Facility and Child Placement Agency cost report and the independent audit, the discrepancies shall be reconciled such that an auditor can express an unqualified opinion.

7.422 FAMILY STABILITY SERVICES

7.422.1 REIMBURSEMENT FOR FAMILY STABILITY SERVICES

- A. Counties shall be reimbursed when Family Stability Services is operated within applicable State rules and within the provision of the county or multi-county State-approved services plan.
- B. Counties shall be reimbursed for expenditures in approved Family Stability Services plans which include the following:
 - 1. Contracted or agreed upon services authorized by an approved Family Stability Services plan and contained in a written contract between the individual contractor and the county department; such contractors must perform as an independent business entity;
 - 2. Program services purchased from an agency as outlined in an approved Family Stability Services plan when a written contract exists between the provider agency and the county department;
 - 3. Program services that might have been reimbursed from another source, but those funds have been exhausted;
 - 4. Reimbursement for respite care is limited to less than 24 hours of continuous care;
 - 5. Salaries, fringe and operating costs directly related to Family Stability Services;
 - 6. Travel and per diem expenses directly related to program delivery or administration.
- C. Any expenditure other than those defined in this section as reimbursable shall be non-reimbursable unless specifically identified in an approved Family Stability Services plan.
- D. The county department shall meet all State fiscal reporting requirements before being reimbursed for expenditures in its plan. The State may withhold or reduce reimbursement to counties for expenditures not in compliance with the Family Stability Services plan.

- E. The county department assessing fees for Family Stability Services may set these fees and the method of computation in their Family Stability Services plan.
- F. The county department shall only be reimbursed for the current month (month being paid) and two preceding months.

7.422.2 REPORTING

- A. The county department shall make timely and accurate reports in all applicable automated systems operated by the State.
- B. The county department(s) shall comply in format, content, and time lines with the instruction for Family Stability Services program and financial report as published by the State Department in an agency letter.
- C. The county department shall provide information when requested by the State for special studies and reports.

7.423 TITLE IV-E INCENTIVE FUNDING FOR THE COMPLETION OF TIMELY INTERSTATE HOME STUDIES

The State Department shall reimburse a county department of social/human services for the Title IV-E incentive funding received from the federal government for the county's completion of timely interstate home studies. The reimbursement to the county will be distributed annually. The county shall only receive the amount of incentive funding earned that was reimbursed to the state in federal Title IV-E funding.

The interstate home study is considered timely when the home study is completed and returned to the sending state within thirty (30) calendar days of a request from the other state.

Editor's Notes

History

Section 7.419 emer. rule eff. 07/01/2007.

Section 7.406.2 eff. 07/30/2007.

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Sections 7.402.1, 7.402.2 emer. rule eff. 12/07/2007.

Sections 7.405.1, 7.406.1, 7.417, 7.423 emer. rules eff. 01/01/2008.

Sections 7.402.1, 7.402.2 eff. 01/30/2008.

Sections 7.405.1, 7.406.1, 7.417, 7.423 eff. 03/01/2008.

Sections 7.402.1, 7.402.2 emer. rule eff. 07/11/2008.

Sections 7.402.1, 7.402.2 eff. 10/01/2008.

Section 7.406.1 eff. 01/01/2009.

Sections 7.402.1-702.4, 7.404 eff. 02/01/2009.

Sections 7.404, 7.406.1 eff. 04/01/2009.

Sections 7.406.1(MM-QQ), 7.418.1(A) eff. 02/01/2010.

Section 7407 eff. 07/01/2010.

Sections 7.406.2(A)-(K), 7.417.6, 7.419 eff. 01/01/2012.

Sections 7.402.3, 7.405.1, 7.406.1, 7.408, 7.410, 7.415, 7.417.1, 7.417.3 - 7.417.4, 7.418.31, 7.420 eff. 04/01/2012.

Sections 7.403, 7.417.6 eff. 05/01/2012.

Sections 7.402.1, 7.402.4 emer. rule eff. 09/07/2012.

Sections 7.402.1, 7.402.4 eff. 12/01/2012.

Sections 7.401.21, 7.406.1(S)-(W), 7.415 eff. 01/01/2014.

Sections 7.406.1, 7.406.2, 7.407, 7.408, 7.417.1, 7.417.4, 7.420 eff. 01/01/2016.

Section 7.402.1 eff. 10/01/2017.

Section 7.402.1 A.2 eff. 12/01/2017.