

Department of Family and Children Services	Section:	Financial
Administrative Policies and Procedures Manual	Part:	2301.4
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Title: Foster Care – Concurrent Per Diem	Date:	May 2010

2301.4 Foster Care – Concurrent Per Diem Overview

- A. Concurrent care allows for the state to pay two (2) placements for the same child for the same time when it is for the benefit of the child. In these situations, both the primary foster home and the secondary foster home, state approved, will receive per diem payments during the child’s concurrent care placement. Concurrent payments are for the child’s temporary absence of up to 10 days during the calendar month.

NOTE: Payments to a foster home for concurrent placements will not be reimbursed if the invoice is not submitted in the same fiscal year.

Per Diem payments may be paid to a child’s Permanent Foster Home provider (FFC, Specialized or RBWO) during his/her temporary absence of up to 10 days during a calendar month.

- B. The child’s case plan may allow for planned and purposeful visits with a parent or relative; pre-placement visits to another facility, hospitalization, admissions to other institutions for evaluation, camp and runaway (provided the foster parent or facility is willing to have the child returned).
- C. If concurrent per diem payments are approved and the child is IV-E eligible, then the payment to the “concurrent placement” must be expensed to IV-B funding. The primary foster home will be paid from IV-E funding. **Only one IV-E payment in a single day may be made.**
- D. The “head in the bed” rule, meaning that only the provider where the child sleeps gets paid the per diem does apply to the temporary foster home during a concurrent placement.
- E. For concurrent payments, the placement page will need to be entered, marked CONCURRENT and approved in SHINES showing the child’s move from his primary foster home to the secondary foster home. The placement page must be ended in SHINES when the child leaves the secondary foster home and returns to the primary foster home.

NOTE: If there are payments to two foster homes at the same time and the child is classified as IVE, then only one IVE payment in a single day can be made for up to ten days during the child's temporary absence. The secondary home is paid out of IVB. If the child is IVB then both homes are paid out of IVB.

- F. Concurrent payments are made to two foster homes or facilities at the same time when the foster parent is attending required training that involves an overnight stay. If the foster home does not move the child to a state approved foster home, then the use of supplemental supervision must be used and will require a state office waiver prior to attending the conferences.

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- G. If a youth is attending college and living away from the foster home, payment to the foster home is limited to those days or weeks that the youth visits in the foster home. A new placement page must be entered and approved each time a youth visits the foster home; and when the child departs the foster home returning to college, the placement page must be ended.
- H. Should a foster parent go on vacation, be hospitalized or for any reason (**other than required training**), be unable to care for the child in their home, it is necessary to remove the child and temporarily place him/her in another approved DFCS foster home or Private Agency foster home. **In these types of instances, concurrent payments are not allowed for the primary foster parent.** Instead, they should consider using “Respite Care” (Program 520) as an option.

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EXAMPLE

Situation: Taylor’s SSCM has made arrangements for her to have a pre-placement visit with another foster family, the Good’s, for the holiday weekend. Taylor is in a Family Foster Care placement and her per diem is normally reimbursed from UAS Program #501, which is IV-E.

The SSCM will transport Taylor from the Jenkin’s home to the Good’s home on May 22nd and return to pick her up on May 25th.

Payments should be as follows during Taylor’s visit to the respective Foster Homes.

Dates of Service	FH Jenkin’s	FH Good’s	Explanation of charges
5/1-5/21/XX	501	N/A	
5/22/XX	501	502	Child at Pre-Placement Visit
5/23/XX	501	502	Child at Pre-Placement Visit
5/24/XX	501	502	Child at Pre-Placement Visit
5/25/XX	501	N/A	Child at Pre-Placement Visit
5/26-5/31XX	501	N/A	

Below are the screen prints of the necessary placement entries in SHINES to generate the invoice for payment of the concurrent placements.

NOTE: The “SLEEP RULE” does apply to the Temporary Foster Home during a “Concurrent” placement.



Training

Log Off ? [Print] [Refresh] IDS GHP

My Tasks	Case	Search	Financial	Reports	Resources				
Case Summary	Person	Contacts/Summaries	Service Authorization	Legal	Child Plans	Placement	History	Foster Care Eligibility	Case Management
Placement Info Placements for Case Payment of Care Relative Care Assessment									
Stage Name: Green, Taylor		Case ID: 5606353		Placement Information				* required field ‡ conditionally required field	
Approval Status Expand All Collapse All									
Placement Detail									
* Start Date/Attempted Date: 05/22/2009 * Time: 11:00 AM * Actual/Attempted: Actual									
* Placement Type: DFCS Family Foster Home									
Contacted By: Smallwood, Glenn * Method: Telephone Call									
<input checked="" type="checkbox"/> Temporary Placement Temporary Placement Type: Concurrent									
‡ Temporary Placement Possible new placement for child									
Comments:									
Placement Name									
‡ Agency: ‡ ID:									
‡ Facility: Good, Paul Or Susan ‡ ID: 5600546									
Contact: [Text Box]									
<input type="checkbox"/> Waiver Required <input type="radio"/> ‡ Case <input type="radio"/> ‡ Home ‡ Waiver ID:									
Placement Information									
Date Last Discharged From Last Foster Care Episode: Match%: [Text Box]									
‡ Permanency Report Due Date: 10/31/2009									
<input type="checkbox"/> Medicaid and Plcmt Addr Diff <input type="checkbox"/> Sibling Group									
<input type="checkbox"/> Intended to be Permanent <input type="checkbox"/> Boarding County									
<input type="checkbox"/> Supervision Contracted <input type="checkbox"/> Placement Services to Parents									
<input type="checkbox"/> Close Family Friend									
‡ Boarding County: [Dropdown]									
<input type="checkbox"/> Trial Home Visit									
‡ Court Ordered Begin Date: [Text Box] ‡ Court Ordered End Date: [Text Box]									
▷ Placement Checklist									
▷ Placement Discussion									
▷ Placement Removal/Refusal									
▷ Address/Phone Detail									
Narrative									



Training

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Placement Detail									
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Placement Name									
‡ Agency: ‡ ID:									
‡ Facility: Good, Paul Or Susan ‡ ID: 5800546									
Contact: <input type="text"/>									
<input type="checkbox"/> Waiver Required <input type="radio"/> ‡ Case <input type="radio"/> ‡ Home ‡ Waiver ID:									
Placement Information									
Date Last Discharged From Last Foster Care Episode: Match%: <input type="text"/>									
‡ Permanency Report Due Date: 10/31/2009									
<input type="checkbox"/> Medicaid and Plcmt Addr Diff <input type="checkbox"/> Sibling Group									
<input type="checkbox"/> Intended to be Permanent <input type="checkbox"/> Boarding County									
<input type="checkbox"/> Supervision Contracted <input type="checkbox"/> Placement Services to Parents									
<input type="checkbox"/> Close Family Friend									
‡ Boarding County: <input type="text"/>									
<input type="checkbox"/> Trial Home Visit									
‡ Court Ordered Begin Date: <input type="text"/> ‡ Court Ordered End Date: <input type="text"/>									
▶ Placement Checklist									
▶ Placement Discussion									
▼ Placement Removal/Refusal									
‡ End Date: 05/25/2009 ‡ Time: 06:00 PM									
‡ Removal Reason: Childs behavior									
Comments: <input type="text"/>									
<input type="checkbox"/> Continued Contact Recommended									
▶ Address/Phone Detail									
Narrative									