



## INDIANA DEPARTMENT OF CHILD SERVICES

### CHILD WELFARE POLICY

#### Chapter 16: Financial Services/Assistance

#### Section 04: Individual Child Placement Referral (ICPR)

**Effective Date:** April 1, 2024

**Version:** 5

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#### POLICY OVERVIEW

Out-of-home placement providers are responsible for directly providing shelter, food, clothing, supervision, educational necessities, and other personal incidentals required to promote the safety, permanency, and well-being of children in their care. Some placement types may provide additional services. The Indiana Department of Child Services (DCS) provides financial reimbursement at set rates for each placement provider type, to assist in meeting the children's needs. Completion of a Referral (ICPR) enables the placement provider to accurately invoice DCS and Medicaid

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#### PROCEDURE

The Indiana Department of Child Services (DCS) will generate an ICPR through KidTraks for a child placed in a:

1. DCS contracted residential facility (i.e., child caring institution, private secure facility, group home, or emergency shelter care [ESC] facility);
2. Foster home licensed through DCS;
3. Foster home licensed through a Licensed Child Placing Agency (LCPA);
4. Unlicensed Kinship or Relative home. See policy 8.48 Relative or Kinship Placements); or
5. Collaborative Care (CC) Host Home.

The FCM will:

1. Document the child's placement in the case management system within 24 hours of placement. See policy 8.09 Placing a Child in Out-of-Home Care for additional information;

**Note:** If a child is placed in an LCPA foster home, the FCM should choose the foster parent as the placement in the case management system not the LCPA resource.

2. Ensure a Child and Adolescent Needs and Strengths (CANS) Assessment has been completed;

**Note:** The CANS Assessment is utilized to determine foster care rates and must be completed prior to creating an ICPR for foster care. The case information and CANS assessment recommendation must be reviewed with the FCM Supervisor and DCS

Local Office Director (LOD) within five (5) business days of placement in an ESC facility to determine an appropriate subsequent placement recommendation based upon the needs of the child. See policies 8.50 Determining and Reviewing Category of Supervision and 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for further guidance.

3. Generate an ICPR for the child's placement in KidTraks within 24 hours of placement;

**Note:** A separate ICPR must be completed for each child. When a child is receiving cross-system care coordination and is placed out-of-home, the cross-system care coordination provider is responsible for completing the placement referral. The FCM should enter the out-of-home placement in the case management system but should not complete an ICPR for a child involved in cross-system care coordination.

4. If the child is a minor parent and the minor parent's child is not a ward but will be placed with the minor parent, include the child on the minor parent's ICPR;

**Note:** When the minor parent's child is also a ward, the child would require a separate ICPR.

5. If the FCM wishes to utilize the LCPA to provide therapy for the child, create the referral through the ICPR process;

**Note:** The FCM should not create a community-based referral to the LCPA.

6. Discuss situations which may require a request for a negotiated rate for care with the FCM Supervisor;

**Note:** If a negotiated rate is approved by the RM, a Request for Additional Funding must be completed.

7. Forward any case information to the Deputy Director of Child Welfare Services or designee for approval when circumstances arise that may require a negotiated rate concerning contracted residential treatment and 1:1 staffing ratio.

**Note:** Requests for 1:1 staffing ratios should include the child's name, residential unit name, and number of hours needed.

8. Discuss requests for non-contracted admissions such as Acute Psychiatric care stays that go beyond what is covered by Medicaid, with the DCS Clinical Services Specialist LOD, and RM. See policies 8.01 Selecting a Placement Option and 8.04 Emergency Shelter Care & Urgent Residential Treatment for additional guidance;

9. Forward requests for additional Behavioral Health Units to the DCS Clinical Services Specialist;

10. Document approval for all non-standard or negotiated rates for residential treatment or acute hospitalizations;

**Note:** The Deputy Director of Child Welfare Services or designee will modify the ICPR to reflect any approved changes. The FCM should ensure the ICPR is received by the placement when an email address is not on file.

11. Request an ESC extension from the Deputy Director of Child Welfare Services or designee. For the purposes of billing and tracking, once approved by the Deputy Director of Child Welfare Services or designee, the ESC extension will be granted through the end of the calendar year. The ESC facility must submit the ESC Extension in the Services Hub no later than day 15 and must only be sent for exceptional circumstances.

**Note:** An ESC facility stay is limited to 20 days (see policy 8.04 Emergency Shelter Care & Urgent Residential Treatment).

12. Create a new ICPR for a child in foster care, unlicensed kinship home, relative home, residential treatment, or a CC host home when the child moves from one licensed or residential treatment or CC host home to another, moves from one (1) age group to another, and/or the category of supervision changes.

**Note:** The FCM should complete a new ICPR when a child moves from one (1) placement to another, even when a child moves to another placement within the same LCPA or transitions to a different treatment unit within the residential treatment facility.

The FCM Supervisor will:

1. Guide and assist the FCM in completing all required steps;
2. Review and approve all ICPRs;
3. Ensure all actions taken, including any deviation from best practice, is documented in the case management system; and
4. Review any requests for a negotiated rate and forward to the LOD for review.

The LOD will:

1. Examine each request for review of a child's category of supervision and:
  - a. Thoroughly assess the child's needs and determine if the category of supervision should be higher than the CANS Assessment recommendation for foster care placements. See policy 8.50 Determining and Reviewing Category of Supervision for additional information; and
  - b. Forward all negotiated rates for foster care to the RM for approval;
2. Forward all non-standard or negotiated rates for all placements in Acute Psychiatric care that go beyond what Medicaid covers to the RM for review; and
3. Review and make an approval determination regarding all residential ICPRs submitted in KidTraks.

The DCS Clinical Services Specialist will:

1. Participate in discussions and make recommendations regarding:
  - a. Acute Psychiatric care stays that go beyond Medicaid coverage,
  - b. Requests to the Deputy Director of Services for 1:1 staffing ratio, and
  - c. Placement situations for which it may be appropriate to submit a request to the Deputy Director of Child Welfare Services for a negotiated rate; and
2. Process a residential provider's request for "Other Behavioral Health Units" included in the ICPR by:
  - a. Evaluating whether the request is appropriate and in the best interest of the child,
  - b. Staffing the request and his or her recommendation with the DCS Clinical Services Manager, and

- c. Making necessary changes to the ICPR for approved units which do not qualify for Medicaid reimbursement.

The RM will:

1. Review all negotiated rates for foster care to determine the appropriate rate; and
2. Participate in discussions regarding Acute Psychiatric care stays that go beyond what Medicaid will cover and may send the request and the DCS Clinical Services Specialist (CSS) recommendations to the DCS Residential Licensing Unit.

The Deputy Director of Child Welfare Services or designee will:

1. Review and make an approval determination regarding:
  - a. Non-standard or non-contracted negotiated rates for residential treatment placements or acute hospitalizations, and
  - b. Extensions of ESC stays.
2. Create and/or modify the ICPR, as needed, to reflect any approved changes.

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## RELEVANT INFORMATION

### Definitions

N/A

### Forms and Tools

- CANS Assessment - available in the case management system
- Central Office Licensing Team email – [fostercare.licensing@dcs.in.gov](mailto:fostercare.licensing@dcs.in.gov)
- Clinical Services Specialist Contact Map-[Available in SharePoint](#)
- [DCS Services Hub](#)
- Emergency Shelter Care Extension Mailbox email: [ESCExtensions@dcs.in.gov](mailto:ESCExtensions@dcs.in.gov)
- ICPR – available in KidTraks
- [Request for Additional Funding \(SF 54870\)](#)
- Residential Licensing Unit (RLU) email: [residential.licensing@dcs.in.gov](mailto:residential.licensing@dcs.in.gov)

### Related Policies

- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [8.01 Selecting a Placement Option](#)
- [8.04 Emergency Shelter Care & Urgent Residential Treatment](#)
- [8.09 Placing a Child in Out-of-Home Care](#)
- [8.48 Relative or Kinship Placements](#)
- [8.50 Determining and Reviewing Category of Supervision](#)

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## LEGAL REFERENCES

N/A

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## PRACTICE GUIDANCE- DCS POLICY 16.04

*Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.*

N/A

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ARCHIVED- 4/15/25- Due to Legislative Changes- SB 198