



## **Provider Manual:**

# **DCS Managed Foster Parents**

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## Chapter 1: General Information for DCS Foster Parents

DCS will set foster care rates on a yearly basis. The rate setting process is based on administrative rules that can be found at <http://www.in.gov/legislative/iac/T04650/A00020.PDF> (See Rule 18). At the beginning of each calendar year, DCS will have a public comment period and a public hearing to discuss the rate setting for that year.

The annual public comment period will be open for at least 30 days before the annual public hearing. The public comment time period will allow foster parents to offer ideas, suggestions, or other comments regarding foster care rates. The next public comment period will be December 20 – January 19, 2012. Send comments to DCS at [RateRulePublicComments.Dcs@dcs.IN.gov](mailto:RateRulePublicComments.Dcs@dcs.IN.gov) or to:

**Indiana Department of Child Services**  
**Attention: General Counsel, Rate Rule Public Comments**  
**302 W. Washington Street, E306-MS47**  
**Indianapolis, IN 46204**

Each year, at least one public hearing will be held around the third Friday in January. DCS will provide notice of the public hearing on the DCS website for at least thirty (30) consecutive days before the date of the hearing. The next public hearing will be January 20, 2012, at the Indiana Government Center South, at 402 W. Washington Street, Indianapolis, Indiana, 46204.

## Chapter 2: Per Diem

### *General Information*

Foster parents are entitled to a daily payment for each child placed by DCS in their home. These payments are meant to cover the reasonable cost of food, clothing, shelter, daily supervision, travel expenses for visitation with the child's family and travel to and from the child's school, personal incidentals for the child, and school supplies.

The payment amount the foster parent receives for a child placed in their home can change if DCS determines the child has higher needs. The cost of caring for a child with higher needs may increase and may justify higher payment rates. If this is the case, foster parents may receive an additional amount to cover the cost of meeting these higher needs for the child.

DCS uses the Child & Adolescent Needs and Strengths (CANS) assessment tool<sup>1</sup> to help in determining if the child has higher needs. Specifically, the CANS helps determine what behavioral health services a child and family need and what level of placement a child needs once the decision to place a child outside of the home has been made. All DCS family case managers and supervisors are trained and certified in how to use the CANS. In order to complete the CANS, the family case manager gathers information from a variety of sources, including foster parents. The family case manager then responds to questions and rates the child's needs in the areas of behavior/emotions, risk behaviors, and functioning as well as the child's strengths. The family case manager and the Child and Family Team then use the CANS results to plan services and interventions for the child and family. Child and Family Team Meetings will not be forums to discuss payment rates for foster parents. Concerns about that should be dealt with in separate discussions with the family case manager or through the review process discussed in Chapter 7.

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<sup>1</sup> The CANS is not used on all probation youth. If a probation youth is placed in a foster home, the probation youth will be assigned to the therapeutic category of supervision unless a CANS has been completed by a Community Mental Health Center or probation office.

An example of a CANS report is attached in Appendix 1 (titled “Detailed Assessment Results Report”). For more information on DCS’ use of the CANS, see DCS Policy 4.32 at <http://www.in.gov/dcs/2354.htm>. Information about CANS training and scoring the tool can be found at <https://dmha.fssa.in.gov/DARMHA/mainDocuments.aspx> and <http://www.communimetrics.com/CansCentralIndiana/>.

***Establishment of the Per Diem Payments and Annual Adjustment***

In 2010, DCS entered into a contract with Ball State University to conduct a study to help DCS determine the reasonable costs of caring for a foster child in Indiana under Title IV-E. This information was used to develop the four categories of supervision shown below. The Ball State study can be found at <http://www.in.gov/dcs/2982.htm>. To determine the rates for the four categories of supervision, DCS applied the findings of the Ball State study, as well as historical rate information from the various agencies that provide foster care services in Indiana. The Enhanced Supervision method, showing the categories of supervision, can be found at <http://www.in.gov/dcs/2334.htm>. In December, 2011, a cost of living adjustment was applied which slightly increased the original figures.

As a result, the per diem payment rates that will be paid to all foster parents for calendar year 2012 will be<sup>2</sup>:

<b>Category of Supervision</b>	<b>Infant – 4 years</b>	<b>5 – 13 years</b>	<b>14 – 18 years</b>
Foster Care (maintenance payment)	\$18.88	\$20.51	\$23.66
Foster Care with Services	\$26.65	\$28.28	\$31.43
Therapeutic Foster Care	\$38.79	\$40.42	\$43.57
Therapeutic Plus	\$62.54	\$64.17	\$67.32
Non-ward baby <sup>3</sup>	+\$18.88 <sup>4</sup>	n/a	n/a

***Child Specific Determination of Maintenance and Enhanced Supervision Payment Rates***

As stated above, the CANS is used to determine the needs of a child being placed in foster care. DCS completes a CANS on each child placed in foster care either prior to placement or within five (5) days of placement. The result is used to help DCS in deciding whether the child needs greater supervision. The CANS matches the above listed rates as follows<sup>5</sup>:

<b>CANS PLACEMENT DECISION</b>	<b>CATEGORY OF SUPERVISIONS</b>
1-Foster care	Foster Care (Maintenance payment)
2- Foster Care with Services	Foster Care with Services
3 – Therapeutic	Therapeutic

<sup>2</sup> In some areas of the state where there has been a need, DCS has developed a network of emergency foster homes for children who need short term placements. For more information on this network and the rate associated with emergency placements, please contact your DCS local office.

<sup>3</sup> If the baby is a ward, then the baby would be assessed using the CANS and would be assigned a rate based on their category of supervision.

<sup>4</sup> \$18.88 will be added to the teen mom’s per diem for a non-ward baby. The teen mom’s per diem will be determined by DCS with the assistance of the CANS assessment tool.

<sup>5</sup> The CANS tool differs depending on the age of the child. There is a tool for 0-5 year olds and a tool for 5-18 year olds. While both tools have the same categories for results, the questions within the tool vary somewhat based on the differences between young and older children.

4 or higher – Group home and residential care	Therapeutic Plus
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The below are guidelines for the categories of supervision:

**Foster Care**- This option is for a child 0-18 years old that scores at a “1-Foster Care” on the CANS placement decision model. The child’s needs can be met in a family and community setting with access to school, friends and community-based resources. Child may have a history of mild behavioral/emotional needs that require a low level of service (such as outpatient therapy).

**Foster Care with Services**- This option is for a child 0-18 years old who scores at a “2-Foster Care with Services” on the CANS placement decision model. For children 0-5 years, child has moderate developmental needs. For children 5-18 years old, child has moderate behavioral/emotional needs. In addition to foster care in the community, the child, family and foster family may be supported with treatment and support services to address and manage identified needs.

**Therapeutic Foster Care**- This option is primarily for a child 5-18 years old who scores at a “3-Therapeutic” on the CANS placement decision model. At this level of care, child has either a medical, developmental or behavioral/emotional need, or a high-risk behavior, that is moderate to severe. In addition to foster care in the community, the child, family and foster family are supported with treatment and support services to address and manage identified needs. (Note: child may also have combination of any of the needs above.) This also may be an option for a child 0-5 years old in appropriate circumstances as determined by DCS.

**Therapeutic Plus Foster Care**- This option is primarily for a child 5-18 years old who scores either at the group home or residential placement on the CANS (i.e., 4 and higher on the CANS placement decision model) but can be supported in a foster home with intensive services. This also may be an option for a child 0-5 years old in appropriate circumstances as determined by DCS.

It is important to note that a child in any of the above categories of supervision can be, and likely will be, receiving some level of services in the community. Also, foster parents licensed as regular or special needs can accept a placement at any category of supervision, including the therapeutic or therapeutic plus category of supervision. Prior to making the placement, the DCS Regional Foster Care Specialist should decide whether the foster family needs additional training to meet the needs of the child and whether the approved capacity for that home should be reduced to be in line with a therapeutic license.

DCS will not assign a child to a category of enhanced supervision until the CANS has been completed. Therefore, if a child is placed in a foster home prior to the CANS being completed, DCS will pay the rate for the “foster care” category listed above. When the CANS is completed, which must occur within 5 days of placement, the rate can be changed if a higher category of supervision is needed. Any rate changes due to new information after completing the CANS are effective on the sixth (6<sup>th</sup>) day of placement.<sup>6</sup> In unusual cases, DCS may, but does not have to, pay at a higher category of supervision before the CANS has been completed. This might apply if there is a current CANS which has already been completed for the child, or if there are very obvious indications that the child has significant needs that will likely result in a CANS recommendation of Foster Care with Services or above. DCS will review a child’s previous CANS results before deciding whether or not to change the category of the child’s supervision in these limited circumstances.

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<sup>6</sup> If the CANS is completed more than 5 days after placement, any new rate as a result of the CANS will start at the latest on the 6<sup>th</sup> day of placement. If the CANS is completed between the 2<sup>nd</sup> and 5<sup>th</sup> day of placement, any new rate is still effective on the 6<sup>th</sup> day of placement. If the CANS is completed on the first day of placement, the CANS result should be used to determine the rate starting with the first day of placement

A new CANS is required every 180 days and at critical case junctures<sup>7</sup>. When a new CANS is completed and DCS determines a higher category of supervision, the rate will increase to match the new category of supervision. The effective date of the new rate will be the date of the CANS assessment. When a CANS assessment is completed at the 180 day follow-up and DCS determines a lower category of supervision, DCS will continue to pay the current rate to make sure the foster child is stabilized. DCS will not lower the rate until two (2) consecutive CANS completed 180 days apart show the lower category of supervision<sup>8</sup>.

Foster parents should receive a copy of each completed CANS assessment and are encouraged to follow up with their family case manager if this does not occur in a reasonable time frame.

### **Chapter 3: Additional Payments and Benefits to Foster Parents**

DCS may pay for additional items for the care of a foster child as set out below.

#### ***Travel Expenses***

The foster care per diem payment includes travel up to 5.3 miles a day or approximately 162 miles per month<sup>9</sup>.

If correctly submitted, the foster parent may receive an additional amount for travel expenses for a child placed in the foster home if the foster parent travels more than the above miles in a month for the below purposes:

- 1) Travel between the foster family home and the school where the child was enrolled before placement and continues to be enrolled while living with the foster family, as long as school transportation is not provided or required to be provided by Indiana law by a public school corporation or other agency<sup>10</sup>;
- 2) Travel to and from parent and/or sibling visits (including visits to other relatives that are authorized by DCS and are a part the child's case plan) and visits to help the child transition to another placement;
- 3) Travel to and from the following health appointments<sup>11</sup>:
  - a. Doctor (primary care physician and any specialists)
  - b. Dentist (including orthodontist)
  - c. Health clinic
  - d. Hospital/Emergency Room (including foster parent visits during child inpatient episodes)
  - e. Occupational and Physical Therapists
  - f. Behavioral Health Counselor and Therapist

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<sup>7</sup> "Critical case juncture" means an event or episode involving the child or family that has caused or may cause a disruption in the child's placement. See DCS Policy 4.32 for more information.

<sup>8</sup> As an example, a CANS completed at placement shows "foster care with services." The next CANS in 6 months shows "foster care" as the category of supervision. DCS will continue to pay at the "foster care with services" category of supervision to make sure the child is stabilized. If the next CANS (done in another 6 months) also shows "foster care", DCS will at that time reduce the category of supervision to "foster care."

<sup>9</sup> This is calculated by taking the average travel of \$2.13 a day as determined by the Ball State Study and dividing it by \$.040 a mile for daily mileage (which was the rate used by Ball State). The daily mileage was then calculated to monthly mileage.

<sup>10</sup> This does not include school extracurricular activities.

<sup>11</sup> This does not include trips to the pharmacy or the like to pick up medications, etc.

- 4) Travel to and from the following case activities:
  - a. Administrative case reviews
  - b. Judicial reviews (court appearances)
  - c. Case conferences
  - d. Child and family team meetings
  - e. Foster parent training sessions, only when children are placed in the foster home at the time of the training
- 5) Other travel approved in writing in advance by the department.

Travel claims must be consistent with the child's case plan or court order to be claimable. Helpful information on how to claim additional travel can be found in Chapter 6 below.

### ***Foster Care Liability Insurance***

DCS will make foster care liability insurance available to foster parents. To this end, DCS has entered into a contract with the Indiana Foster Care and Adoption Association (IFCAA) to provide foster care liability insurance to foster parents. DCS will pay the premium, while foster parents will be responsible for any deductibles for incidents claimed. Foster parents do not have to be members of IFCAA to obtain the insurance. Foster parents who wish to obtain foster care liability insurance should contact IFCAA at [info@ifcca.org](mailto:info@ifcca.org) or 1-800-468-4228. DCS will not pay for foster care liability insurance through any other source.

### ***Initial Clothing Allotment***

DCS allows payment for initial clothing up to \$200 when the child is initially removed from the home and placed in a foster home. When the family case manager places a child into a foster home, the family case manager will make every effort to secure the child's clothing and personal items from the family home. In limited circumstances in which this is not possible, the family case manager will assess the child's need for initial clothing and obtain approval from the supervisor. The family case manager will let the foster parent know if initial clothing is approved. Initial clothing payments may be requested within the first 60 days after a child's initial placement.

DCS can pay for the clothing through a voucher or reimbursement. A voucher is issued to the foster parent and is for a specific store. If a voucher is given to the foster parent, the foster parent must spend it within 30 days of receipt from DCS. If a voucher is not available and the foster parent is being reimbursed for clothing purchase, the foster parent will need a referral from the family case manager before invoicing DCS for the clothing. In this circumstance, the foster parent must make the clothing purchases within 30 days of receiving the referral. See Chapter 6 below, Invoicing and Billing, for more information.

Clothing brought from the child's home or purchased with the initial clothing allowance belongs to the child and should go with the child when he or she leaves the foster home.

After initial clothing funds are spent, the foster parent will be expected to use a portion of the per diem to pay for any additional clothing and personal items. Additional clothing payments may be available in special circumstances through an appeal by the family case manager to the Regional Manager. For additional information, see DCS Policy 8.19.

### ***Annual Personal Allowance***

The department permits an annual personal allowance for every child regardless of age once the child has been in placement for at least 8 days. DCS will reimburse up to \$300 annually for each child in placement. The annual personal allowance can be reimbursed in increments, up to \$300. It does not have to be spent on just one item. The personal allowance resets at the beginning of each calendar year. Items

purchased with the personal allowance belong to the child and go with the child when he or she leaves the foster home. In limited circumstances in which an age specific item is no longer useful to the child, DCS will determine what will happen with those items.

Examples of items that fall within the personal allowance include but are not limited to a high chair, car seat, other baby equipment, prom dress or other special occasion clothing, school pictures, other school relates events/fees, equipment and fees associated with extracurricular activities (including activities for young children), driver's education or driver's license fees, tutoring, summer school, computer, e-reader, and bus passes.

If the child moves placements mid-year, the new foster parent can be reimbursed for any personal allowance that is remaining for the year. The new foster parent should discuss with the family case manager whether the personal allowance has been used for the year.

Foster parents will need a referral from the family case manager before invoicing DCS for the personal allowance. It is best to have the referral prior to purchase so that it is clear whether DCS will reimburse the item. Foster parents must submit a receipt to obtain reimbursement. See Chapter 6 below, Invoicing and Billing, for information on invoicing the personal allowance.

### ***Special Occasion Allowance***

DCS will provide a special occasion allowance on the child's birthday of up to \$50 and during the December holidays of up to \$50. For the child's birthday, the child must be in the foster parent's care on the day of their birthday for the foster parent to seek reimbursement. For the December holiday, the child must be in the foster parent's care on December 25<sup>th</sup> for the foster parent to seek reimbursement.

Items not eligible for reimbursement include but are not limited to piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, visa, Wal-Mart, etc.), cash, checks or money orders.

Examples of items eligible for reimbursement include but are not limited to party supplies or food, educational classes or materials, sports or team fees, beauty salon or spa services, amusement or theme park admissions, memberships or subscriptions, concert or program tickets, toys, video games or other electronics, clothing, jewelry, sporting equipment.

Any items that might be purchased with the special occasion allowances belong to the child and go with the child when he or she leaves the foster home.

Foster parents will **not** need a referral from the family case manager but must submit a receipt to obtain reimbursement. See Chapter 6 below, Invoicing and Billing, for information on invoicing the special occasion allowance.

### ***Other Payments***

A foster parent may also receive payment for other costs that are not included in the per diem payment and that are not described above. The costs must be determined by DCS to be reasonably necessary in order to serve the child's needs. The additional payments may be provided if the family case manager, supervisor, or local office director appeals for funds to the DCS Regional Manager to cover unusual circumstances and situations.



## **Chapter 4: Behavioral Health**

DCS will make sure that children in foster care have access to any needed behavioral health services (e.g. counseling, medication management). DCS will utilize the CANS assessment to assist in determining the appropriate behavioral health services for the child. The family case manager will discuss with the foster parents what services the child needs and what services the child is being referred for.

If DCS refers a foster child for a behavioral health service, DCS is responsible for any fees that Medicaid does not pay.

## **Chapter 5: Health and Medical Services or Treatment**

DCS will pay for health and medical services or treatment, including prescription medication, directly to the service provider (e.g. to the doctor, dentist, etc) if Medicaid denies a claim. DCS will also pay if the child is not Medicaid eligible and private insurance is not available or does not cover the costs of services or treatment.

If the foster parent is required by a medical provider or pharmacy to pay for required health or medical services or treatment for a foster child, DCS will reimburse the foster parent the out of pocket expenses.

## **Chapter 6: Invoicing and Billing**

DCS requires foster parent's to submit an invoice for services. Foster parents must submit a completed State Form 28808 to receive payment, a copy of which is attached as Appendix 2 and may be found at <http://www.in.gov/dcs/2328.htm#financeform>. To invoice travel, providers must use the Foster Parent Travel Invoice (see below for more information on invoicing foster parent travel)

### ***Invoicing the Per Diem***

DCS will generate and deliver an Individual Child Placement Referral (ICPR) to a foster parent for each child in placement. If an ICPR cannot be generated before the child is placed in a foster home, the family case manager will complete the ICPR within 48 hours of placement.

For sibling groups, each sibling that is a ward of DCS will receive his or her own ICPR.<sup>12</sup> DCS will make payments to foster parents in accordance with the rate that is on the ICPR. A new ICPR is required every six months and any time there is a change in the payment rate.

When invoicing the per diem, you can utilize one invoice for multiple children but you must invoice each foster child on a separate line. Ensure that you invoice the amount that is stated on the ICPR. The amount represents the appropriate category for the foster child based on the child's age and category of supervision. For example, if a sibling group of 3 is placed in the foster home, each sibling will receive an ICPR with their category of supervision and corresponding rate. Each child should be invoiced on a separate line based on the unique and individual rate.

If the child's age changes mid-month and the new age places the child in a new age bracket, you should invoice the new rate for the days of the month that the child was in the new age bracket. For example, if a child turns 5 years old on September 15<sup>th</sup>, you would bill the department at the 0-4 year rate for

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<sup>12</sup> If a teen mom is placed in a foster home and her baby is **not** a ward of DCS, an additional fee will be added to the teen mom's per diem for the care of the non-ward baby. The foster parent will only receive one (1) referral.

September 1-14 and at the 5-12 year rate for September 15-30 for the September invoice. A new ICPR will be needed for the new rate. This would apply when a rate changes as a result of a change in the child's category of supervision as well.

The billable unit ID from the referral must be entered on the invoice. It is not necessary to add the person ID to the invoice when invoicing the daily per diem.

NOTE: The family case manager will deliver the ICPR to the foster parent by mail or hand-delivery. If the foster parent wishes to access the ICPR electronically, the ICPR can be available for viewing and printing on the DCS KidTraks website. Foster parents can gain access to this website by reading and completing the KidTraks Computer Access Request Form, attached as Appendix 3. The completed form can be mailed to:

**DCS Payment Research Unit  
402 W. Washington Street, MS 54  
Indianapolis, IN 46204**

### ***Invoicing Initial Clothing***

If an initial clothing allotment is approved by the family case manager, but a voucher is not available from DCS to purchase initial clothing, the foster parents will need a referral from the family case manager before invoicing DCS. After the referral has been generated, the foster parent can invoice DCS by including a receipt for item(s) purchased. This is entered on the regular placement invoice at the end of the month that the clothing was purchased. The foster parent should note "initial clothing" on the invoice and list the reimbursement amount requested. An original receipt is preferred, but a copy of the receipt is acceptable if it is marked "copy." The billable unit ID from the referral must be entered on the invoice. It is **not** necessary to add the person ID to the invoice when invoicing the initial clothing allowance.

### ***Invoicing the Personal Allowance***

To seek reimbursement for the personal allowance, the family case manager must give the foster parent a referral. After the referral has been generated, the foster parent can invoice DCS by including a receipt for item(s) purchased. This is entered on the regular placement invoice at the end of the month that the personal allowance item was purchased. The foster parent should note "personal allowance" on the invoice and list the reimbursement amount requested. An original receipt is preferred, but a copy of the receipt is acceptable if it is marked "copy." As stated in Chapter 4, the personal allowance is up to \$300 annually. The billable unit ID from the referral must be entered on the invoice. It is **not** necessary to add the person ID to the referral when invoicing the personal allowance.

An example invoice of the personal allowance is attached in Appendix 4.

### ***Invoicing the Special Occasion Allowance***

The foster parent may seek reimbursement for the special occasion allowance by including a receipt for item(s) purchased. This is entered on the regular placement invoice at the end of the month of the child's birthday or on the January claim for the December holiday allowance. The foster parent should note "birthday allowance" or "holiday allowance" on the invoice and list the reimbursement amount requested. An original receipt is preferred, but a copy of the receipt is acceptable if it is marked "copy." A referral is **not** needed to submit the request for reimbursement but it is highly recommended that the foster parent discuss the items with the family case manager prior to purchase. Because a referral will not be generated, there is no billable unit ID for the invoice. Instead, you will invoice with the person ID only (this is the child's person ID which is located at the bottom of the ICPR for the placement).

As stated in Chapter 4, the special occasion allowance is up to \$50 at the December holiday and at the child's birthday. An example invoice of the special occasion allowance is attached in Appendix 4.

### ***Invoicing of Foster Parent Mileage***

A foster parent is entitled to payment for properly claimed travel expenses incurred for a child placed in their care once they exceed the monthly mileage allowance. To claim additional travel, the foster parent must document all travel on the state form Foster Parent Travel Invoice, including the travel already included in the per diem. This is a formal invoice that must be submitted with an original signature. Failure to do so may result in delays in processing or denials of claims. The Foster Parent Travel Invoice and detailed instructions on completing the Foster Parent Travel Invoice can be found in Appendix 5 and on the DCS website at <http://www.in.gov/dcs/2328.htm>. An example travel invoice can also be found in Appendix 5.

Each entry on the Travel Invoice must include the purpose of the trip as indicated by the reason code on the invoice, the date of the travel, the point of origin and destination, and the total number of miles for the one way trip.

Each foster parent can complete one invoice per child or one invoice for all children in the home. If you are completing separate invoices for each child, you will have to divide the mileage up between invoices when a trip was for more than one child.

The following terms and conditions apply to claiming travel:

1. The mileage is incurred through the use of a private vehicle;
2. The route or routes taken to and from the destination are the shortest and most cost effective;
3. Mileages are to be computed from the current official Rand McNally or MapQuest with adjustments where appropriate; (i.e.; detours which must be documented on the travel invoice in order to claim mileage reimbursement). If you are unable to do so and use your car odometer, note that reimbursement will be based on the shortest distances on the above websites.
4. Mileage reimbursement is a flat rate per mile based on the current State employee approved mileage per diem. As of October 1, 2010, the mileage is \$0.44 a mile. Foster parents can check for the most up to date rate at: <http://www.in.gov/idoa/2459.htm>; see also [www.in.gov/idoa/files/travel\\_policy.pdf](http://www.in.gov/idoa/files/travel_policy.pdf), Section 5.3 for additional information.
5. For travel to visitation, the claimable mileage depends on the length of the visit.
  - a. If the visit is for two (2) hours or less, one (1) round trip may be claimed (i.e. from home to the visitation location and back to home).
  - b. If the visit is for more than two (2) hours, the foster parent may claim two (2) round trips from home to the visitation location ,i.e. 1) from home to the visitation location and back home for drop off and 2) from home to the visit location and back home for pick up) . If the foster parent travels somewhere other than home between drop off and pick up for visitation, the foster parent must claim this travel if it is a shorter distance. For example, if the foster parent drops off the child at visitation and drives to the shopping mall, which is 10 miles closer to visitation than their home, then the foster parent must claim the shorter distance.

### ***Invoicing of Prescriptions and Co-Pays***

If a foster child has a prescription and Medicaid or private insurance does not cover the co-pay or the prescription, DCS will reimburse the foster parent. The foster parent should enter the amount on the regular placement invoice, note that it was a prescription or prescription co-pay, and include the receipt. An original receipt is preferred, but a copy of the receipt is acceptable if it is marked "copy." A referral is **not** needed.

### ***Instructions for Completing the Invoice***

The following are instructions for completion of your invoice. The line numbers below coincide with item numbers on the claim form (NOTE: the below instructions are for the new Claim for Support of Children form that is available on the DCS website on 1/1/12; a claim using the old version of the form will still be processed):

1. \*NAME – Legal name of benefit/product/service provider; must match name submitted via the Vendor Information Form.
2. \*TAX IDENTIFICATION NUMBER – The Federal Tax Identification Number associated with the legal name in Section 1. This is your Social Security Number for individuals.
3. \*ST NUMBER - State Vendor ID # assigned by the DCS payment system (KidTraks). This 6 digit number can be found on the Warrant Summary. ST Numbers are also available at <http://financials.dcs.in.gov/login.aspx>. From there, select "Provider Service Guide" and enter your Tax ID in the appropriate space provided.
4. \*INVOICE NUMBER NO LONGER THAN 8 Digits/Letters– assigned by the vendor; this should be a unique number for each submission and can include letters and/or numbers (e.g. "Nov2010" or "1001").
5. \*DATE OF INVOICE – Date assigned by the vendor as the date of the claim; cannot be prior to the most recent date of service on the invoice. Invoices must be received by DCS KidTraks Invoicing within 10 business days of this date.
6. \*ADDRESS – Vendor's complete address, which should match the most recent Vendor Information form on file.
7. \*INVOICE TYPE - Is the invoice being submitted the first submission, a re-bill due to denial of past invoice lines or an appeal of denied lines of services provided?
8. \*PAGE NUMBER – Includes the current page number as well as the total number of pages included in the Claim (limited to a total of 3 pages per Invoice).
9. \*INVOICE SERVICE TYPE - Only one overriding service type should be selected for all service codes being invoiced in column 16. The invoice service type should reflect all services being invoiced.
10. \*FOR THE PERIOD – The first and last days of the month being billed on the Claim. (e.g. January services would be: From January 1, 2011 to January 31, 2011). The Claim period should not be confused with the Dates of Service (Sections 17 & 18) as vendors may list multiple children/Case #s/Referral IDs with different dates of service during the Claim period.
11. \*TOTAL OF CLAIM – The cumulative sum of the Total Cost columns (col. 21) of all invoice pages carried-out 2 digits. This is the total cost of all (up to 3) of the invoice pages. This total cannot be adjusted upward once it's been submitted.
12. \*COUNTY – Name of County that authorized services to be rendered for the child being served. For *Post Adoption or Independent Living services, please enter County of child's residence*. NOTE: An invoice can include line items for multiple counties.

13. \*CASE #/BILLABLE UNIT ID – The Case Number assigned by DCS per the old Excel referral OR the Billable Unit Referral ID from the new Wizard referral.
14. \*PERSON ID – This is the child's wardship number in KidTraks and is required for all provider invoices for individual services by Case Number per the old Excel referral.
15. NAME IN FULL – Name of person receiving benefit/product/service.
16. \*SERVICE CODE – (a.k.a. Billing Code) represents the benefit/product/service provided. Provider codes are available at <http://financials.dcs.in.gov/login.aspx> From there, select "Provider Service Guide" and enter your Tax ID or DCS Vendor ID (i.e. ST Number) in the appropriate space provided.
17. \*BEGIN DATE OF SERVICE – First day the benefit/product/service was provided. If the service was provided in one day, the Begin Date and End Date will be the same. EG. Daycare, Day Treatment New process
18. \*END OF DATE OF SERVICE – Last day the benefit/product/service was provided. If the service was provided in one day, the Begin Date and End Date will be the same.
19. \*UNIT – The number of times a benefit/product/service was rendered during the Claim period. Units are defined in contracts/agreements and are typically 15-minute or 1-hour increments for services such as counseling; days for residential & Homebuilders.
20. \*RATE – The amount (carried-out 2 digits) per unit for which a benefit/product/service is rendered per the contract/agreement.
21. \*TOTAL COST – The total amount of the line item calculated by multiplying the number of units by the rate (Unit x Rate=Total Cost) carried-out 2 digits.
22. \*SIGNATURE OF VENDOR – Authorizing signature of vendor submitting the Claim. All pages submitted must be signed; blue ink is strongly recommended.
23. \* TELEPHONE NUMBER OF VENDOR - Telephone number for Vendor, to be used only for clarifications and resolution of billing issues.
24. \*E-MAIL ADDRESS OF VENDOR – E-mail address of authorizing vendor submitting the Claim. Provider e-mail address should be to fiscal staff who can respond to questions/issues.
25. \*DATE – This is the date the invoice was completed/signed. This date can not be before the last day of service.

Failure to follow the above guidelines could result in the claim being denied and/or returned for correction. Invoices must be mailed to:

**DCS KidTraks Invoicing  
Room W364, Mail Stop 54  
402 W. Washington Street  
Indianapolis, IN 46204-2739**

### ***Re-billing and Appeals***

If you are re-billing, mail the invoice to KidTraks and follow the below guidelines:

1. Complete a new invoice and re-date to the current date.
2. Assign a new invoice number.
3. Use blue ink when signing and a current signature date.
4. Ensure all corrections on the invoice have been made.

5. Remember that the 60-day filing rule begins at the original invoice submission date or from the denial date, whichever is later.
6. Please write "Re-Bill" at the top of the returned invoice.

For appeals, mail the information directly to the attention of the Assistant Deputy Director of KidTraks, using the same address as above. You must include the following:

1. An Appeal letter explaining the reason the invoice is past the 60 day filing limit.
2. A copy of the denial letter(s).
3. A copy of the originally submitted invoice(s).
4. A new invoice with a current invoice date.
5. Any supporting documentation (referrals, Medicaid denials, etc.).

### ***Helpful Hints and Invoice/Billing Questions***

The following are important items to remember when submitting invoices:

- An ICPR and, if applicable, a child welfare service referral, have information necessary to invoice DCS; if you do not receive these documents, contact the DCS local office or probation department.
- A claim cannot be submitted before the last day of placement claimed (e.g. if the child was placed on August 31, a claim cannot be submitted on August 30 that claims August 31 as a day of placement).
- Only days that ended with an overnight stay are billable; the last day of placement is not claimable (e.g. if the child was placed August 20<sup>th</sup> and left on August 31<sup>st</sup>, a claim should be submitted for August 20-30).
- You must bill within 60 days from the last day of the month the service/placement occurred.
- An original signature is required for submission of a claim; submission via fax or e-mail cannot be accepted.
- The invoice must be received within 10 business days (including Saturday) from the Date of Invoice.
- New foster parents (that never received payment from the State of Indiana) must submit a Vendor Information form prior to submitting an invoice. A copy can be found at <http://www.in.gov/dcs/2328.htm#financeform>. For Questions contact the DCS Resource Unit at [DCSResourceUnit@dcs.in.gov](mailto:DCSResourceUnit@dcs.in.gov) or 877-340-0309 and select Option 2.

Foster parents should contact the following with questions:

- For questions involving the placement, please contact you family case manager or Regional Foster Care Specialist.
- For questions involving payments as well as completion of a claim form, contact DCS Payment Research Unit at [DCSPaymentResearchUnit@dcs.in.gov](mailto:DCSPaymentResearchUnit@dcs.in.gov) or 877-340-0309 and select Option 1.

- For a name change, change of address or change of bank accounts, contact DCS Resource Unit at [DCSResourceUnit@dcs.in.gov](mailto:DCSResourceUnit@dcs.in.gov) or 877-340-0309 and select Option 2.

## **Chapter 7: Request for Review of the Child’s Category of Supervision at Initial Placement and Thereafter**

### ***General Information on Review of Category of Supervision at Initial Placement***

Foster parents are encouraged to communicate regularly with family case managers when they have observations or concerns about a child’s behavior, needs, strengths, etc. If a foster parent has a different opinion about the CANS ratings and resulting category of supervision after all information has been discussed, he/she may request a review of the child’s category of supervision as shown on the ICPR at initial placement<sup>13</sup>. A request by a foster parent for review of the child’s category of supervision must be submitted in writing to the DCS local office director<sup>14</sup> (or the Chief Probation Officer if the child is a probation only placement) no later than thirty (30) days after the ICPR has been sent to the foster parent by DCS. Notice is effective upon mailing of the ICPR. A request for review submitted more than thirty (30) days after the ICPR was mailed will not be considered.

### ***General Information on Review of Category of Supervision after Initial Placement***

A foster parent may also request a review of the child’s category of supervision after the initial placement. The foster parent may request review not more than one (1) time in a six (6) month period that the child is in out-of-home placement. Reasons for this type of review are as follows:

1. A critical case juncture<sup>15</sup>;
2. The foster parent reasonably believes there is relevant, new, or changed information about the child's supervisory needs that were not adequately addressed in the CANS assessment or during discussions about the type of placement before the placement occurred; or,
3. There are supervisory or behavioral concerns that are not adequately addressed by the CANS assessment.

The foster parent may request review under this section no more than one time in a six month period that the child is in out-of-home placement. A request by a foster parent for review of the child’s category of supervision for reasons outlined in this Provider Manual and in accordance with the administrative rule must be submitted timely and in writing to the DCS local office director (or Chief PO). A listing of addresses for DCS Local Office Directors can be found at <http://www.in.gov/dcs/2372.htm>.

### ***Process for Requesting Review of Category of Supervision at Initial Placement or Thereafter***

The request for review of the child’s category of supervision shall be submitted on the DCS form titled “Child Placing Agency (CPA) and Department Managed Foster Homes Request for Review of Child’s

<sup>13</sup> If a placement is made prior to the CANS being completed and the “foster care” rate is paid for the first five (5) days of placement, this category of supervision is not reviewable. The review is available once the CANS is completed and a category of supervision is decided upon.

<sup>14</sup> A list of the name and addresses of the DCS local office directors can be found at [www.in.gov/dcs/](http://www.in.gov/dcs/)  
<http://www.in.gov/dcs/2372.htm>.

<sup>15</sup> “Critical case juncture” means an event or episode, as determined by DCS, involving the child or family that has caused or may cause a disruption in the child’s placement. DCS will utilize input and feedback from providers and child and family team members in making its determination of if and when there are critical case junctures.



Category of Supervision,” with the required documentation attached. The form is attached in Appendix 6 and can be found at <http://www.in.gov/dcs/2328.htm>. As required by the rule, the foster parent shall include in the request for review but not be limited to the following items:

- identification of the child’s current category of supervision;
- a clear, concise statement of the reasons for the requested change; and,
- a detailed statement of related information in support of the change.

DCS cannot accept or process an incomplete request for review of the child’s category of supervision if it does not include at least the items specified in this subsection or if the foster parent has a current license that is in the process of being revoked by DCS.

### ***DCS Review***

When a request for a review of the category of supervision is received, the local office director (or Chief PO) will hold a meeting with the foster parent to discuss the needs of the child within 14 business days of receipt of the foster parent’s request for review. The family case manager must be in attendance at this meeting also. Foster parents should not bring other people or providers to this meeting but are encouraged to bring documentation from others that addresses their concerns. If the foster parent does not attend the meeting, DCS will conduct a paper review.

After the meeting, the DCS local office director (or Chief PO) or designee will determine if a new CANS assessment should be completed based on the information presented at the meeting. If a new CANS is completed and the results show a different category of supervision, the rate will be adjusted. The DCS local office director or designee will give notice of the outcome of the review in writing to the foster parent within five (5) business days of the meeting. If the child’s category of supervision is changed based on the review, the new rate will be effective as of the date of the notice letter from the local office director. It will not be retroactive.



# APPENDIX 1

**Detailed Assessment Results Report****Assessment Date:** 9/30/2011**Assessment Type:** CANS Short Assessment Birth to 5**Assessment Reason:** Reassessment**Assessment Status:** CLOSED**Assessor:** West, Mary Ann**Assessor Signature:****Recommendations:** DCS - Placement - Short Form Birth to 5 - 1 - Regular Foster Care  
Behavioral Health - Short Form 0 - 5 - 0 - No Treatment Recommended**Provider Name:** DCS Local Office Allen County**Consumer Name:** Maggie Simpson**Identifier:** ICWIS Person ID#**CSDS ID (if applicable):****General Questions**

Question	Score
DCS / Juvenile Court current decision to place child	1 - Yes

**Functioning**

Question	Score
Family	1 - Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have mild problems in their relationships with child including sibling rivalry or under-responsiveness to child needs.
Living Situation	1 - Mild problems with functioning in current living situation. Caregivers concerned about child's behavior or needs at home.

**Provider Name:** DCS Local Office Allen County

**Consumer Name:** Maggie Simpson

**Identifier:** ICWIS Person ID#

**CSDS ID (if applicable):**

Preschool/Daycare	1 - Child is performing adequately in preschool/day care although some concerns are present due to past history or poor development in social or cognitive abilities.
Social Functioning	1 - Child is having some minor problems in social relationships. Infants may be slow to respond to adults, Toddlers may need support to interact with peers and preschoolers may resist social situations.
Recreation/Play	1 - Child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
Developmental	0 - No evidence of developmental problems.
Motor	0 - No evidence of fine or gross motor development problems.
Communication	0 - No evidence of communication problems.
Medical	0 - Child is healthy.
Physical	0 - Child has no physical limitations.
Sleep	0 - Child gets a full night's sleep each night.
Relationship Permanence	0 - This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of child's life and are likely to remain so in the foreseeable future. Child is involved with both parents.

***Behavioral/Emotional Needs***

Question	Score
Attachment	1 - Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.

**Provider Name:** DCS Local Office Allen County

**Consumer Name:** Maggie Simpson

**Identifier:** ICWIS Person ID#

**CSDS ID (if applicable):**

Regulatory - Body Control/Emotional Control	1 - Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions.
Failure to Thrive	0 - No evidence of failure to thrive.
Depression	0 - No evidence of problems with depression.
Anxiety	0 - No evidence.
Impulsivity/Hyperactivity	1 - Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
Oppositional	1 - History or recent onset (past 6 weeks) of defiance towards authority figures.
Adjustment to Trauma	1 - The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behavior that are controlled by caregivers.

### **Risk Factors**

Question	Score
Birth Weight	0 - Child is within normal range for weight and has been since birth. A child 5.5 pounds or over would be rated here.
PICA	0 - No evidence that the child eats unusual or dangerous materials.
Prenatal Care	0 - Child's biological mother received adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy related illnesses.
Labor and Delivery	0 - Child and biological mother had normal labor and delivery.
Substance Exposure	0 - Child had no in utero exposure to alcohol or drugs, and there is no current exposure in the home.
Parent or Sibling Problems	1 - The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. It may be that the child has at least one healthy sibling.
Maternal Availability	0 - The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.

**Provider Name:** DCS Local Office Allen County

**Consumer Name:** Maggie Simpson

**Identifier:** ICWIS Person ID#

**CSDS ID (if applicable):**

Abuse/Neglect	1 - No evidence of abuse/neglect, parent has received treatment to address this behavior.
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### **Risk Behaviors**

Question	Score
Self Harm	0 - No evidence.
Aggressive Behavior	1 - There is either a history of aggressive behavior towards people or animals or mild concerns in this area that have not yet interfered with functioning.
Social Behavior	1 - Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.

### **Caregiver Needs & Strengths**

Question	Score
Physical	0 - Caregiver is generally healthy.
Mental Health	0 - Caregiver has no mental health needs.
Substance Use	1 - Caregiver is in recovery from substance use difficulties.
Developmental	0 - Caregiver has no developmental needs.
Safety	2 - Child is in some danger from one or more individuals who have access to the household.
Supervision	1 - Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
Involvement with Care	0 - Caregiver is able to act as an effective advocate for child.
Knowledge	0 - Caregiver is knowledgeable about the child's needs and strengths.
Organization	0 - Caregiver is well organized and efficient.
Empathy for Child	0 - Caregiver is strong in his/her capacity to understand how the child is feeling and consistently demonstrates this in interactions with the child.

Report Date: 11/8/2011 1:32:30 PM

**Provider Name:** DCS Local Office Allen County**Consumer Name:** Maggie Simpson**Identifier:** ICWIS Person ID#**CSDS ID (if applicable):**

Social Resources	0 - Caregiver has significant family and friend social network that actively helps with raising the child (e.g., child rearing).
Residential Stability	0 - Caregiver has stable housing for the foreseeable future.
Accessibility to Child Care Services	0 - Caregiver has access to sufficient child care services.
Family Stress	1 - Caregiver has some problems managing the stress of child/children's needs.
Marital/Partner Violence	0 - Parent/caregiver(s) appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.

# APPENDIX 2



**CLAIM FOR SUPPORT OF CHILDREN**  
**Payable from Family and Children Funds**

State Form 28908 (R10 / 12-11) / DCS 0327  
 Approved by State Board of Accounts, 2011  
 INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor		2. Tax Identification number	3. ST number	4. Invoice number	5. Date of invoice
6. Address (number and street, city, state, and ZIP code)		7. Invoice Type <input type="checkbox"/> First Bill <input type="checkbox"/> Re-Bill <input type="checkbox"/> Appeal		8. Page <u>1</u> of _____ Pages	
9. Invoice Service Type <input type="checkbox"/> Residential <input type="checkbox"/> LCPA <input type="checkbox"/> Foster Parent <input type="checkbox"/> Family Preservation <input type="checkbox"/> Independent Living <input type="checkbox"/> Adoption <input type="checkbox"/> Home Builders <input type="checkbox"/> Group <input type="checkbox"/> CMHC					
10. For the period: From: _____, Year _____ to _____, Year _____				11. Total of Claim \$ _____	

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE						DATES OF SERVICE		19. UNIT	20. RATE	21. TOTAL COST
	12. COUNTY	13. CASE#/BILLABLE UNIT ID	14. PERSON ID	15. NAME IN FULL		16. SERVICE CODE	17. BEGIN	18. END			
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Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. Page Total -

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor	23. Telephone number of vendor (     )	24. E-mail address of vendor	25. Date (month, day, year)
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# APPENDIX 3



**Indiana Department of Child Services – Administrative Services  
Information Systems Access and Use Agreement  
(the "Access/Use Agreement")**

**KidTraks Computer Access Request Form**

**CUSTOMER CONTACT INFORMATION**

<b>* Company Name (Required for businesses) or Full Name of Individual Customer</b>	
<b>* Mailing Address (Num/Street/City/State/Zip)</b>	
<b>*Customer Contact Name (hereinafter referred to as "Customer")</b>	<b>*Customer Contact Email Address</b>
<b>Customer Contact Phone Number</b>	<b>* Customer Vendor ID (ST Number)</b>
<b>* Denotes Required Field</b>	

**ADDITIONAL USER ASSIGNMENTS**

Each account may have up to ten (10) additional people who may use the services provided pursuant to this Agreement. Each person must have a unique email address that the person will use to access the account services. The Customer Contact must provide the required information noted below for each person. DCS will provide initial passwords for each person. It is important to note that the Customer Contact Name provided above automatically will be given a password and is not required to be listed below.

<b>* Full Name (hereinafter referred to as "User")</b>	<b>* Email Address</b>
<b>* Denotes Required Field</b>	

## TERMS AND CONDITIONS

**PLEASE READ THIS ACCESS/USE AGREEMENT CAREFULLY. IT CONTAINS IMPORTANT INFORMATION ABOUT THE DUTIES YOU MUST UNDERTAKE AND THE RULES YOU MUST ADHERE TO ONCE YOU ARE GRANTED ACCESS TO USE THE INDIANA DEPARTMENT OF CHILD SERVICES (DCS) INFORMATION RESOURCES. THIS INCLUDES USE OF PERSONAL COMPUTERS (PC'S), LOCAL AREA NETWORKS (LAN'S), AND/OR WIDE AREA NETWORKS (WAN'S). YOUR SIGNATURE IS REQUIRED AT THE BOTTOM OF THIS ACCESS/USE AGREEMENT TO INDICATE YOUR ACCEPTANCE OF ITS TERMS.**

### 01. CUSTOMER RESPONSIBILITIES.

- a. *Customer Contact.* Customer shall designate a contact person ("Customer Contact"). The Customer Contact is the person authorized by Customer to (1) add and remove Users, and (2) receive notices and communications from DCS relative to this Agreement. The Customer Contact must notify DCS whenever any Customer User is to be removed from the Customer's User list. The Customer shall immediately notify DCS of any change in the Customer Contact.
- b. *Users.* Users are those employees or agents of Customer duly authorized by Customer to access Services under this Agreement. Customer is responsible for ensuring that each User understands and complies with the provisions set forth in section 02 of this Agreement.

### 02. CONDITIONS FOR USE OF ONLINE SERVICES.

In consideration for accessing and using DCS' computer facilities, network, licensed or developed software, software maintained or operated by DCS for other State of Indiana entities, systems, equipment, documentation, information, reports, or data of any kind (hereinafter "Information"), the Customer understands and agrees to the following:

- a) DCS will assign temporary passwords to Customer's Users which will require Users to change upon initial access. Customer acknowledges its responsibility and assumption of liability for maintaining and enforcing all necessary security procedures to control access, to preserve the confidentiality of, and to prevent unauthorized use of Usernames and passwords.
- b) That at all times utmost care shall be used in protecting the Information from unauthorized access, misuse, theft, damage, destruction, modification, or disclosure.
- c) That any unauthorized access or use of the Information must be immediately reported to the KidTraks Help Desk by calling 1-877-340-0309 or emailing KidTraks@DCS.IN.GOV.
- d) The Customer understands and agrees that the Information may be composed of or contains confidential and protected information. The Customer covenants that the Information will not be disclosed to or discussed with third parties without the prior written consent of DCS.
- e) The Customer acknowledges that the Information may be composed of or contain Social Security Numbers maintained by DCS in its computer system or other records. In addition to the covenant made above at paragraph 4, the User agrees to comply with the provisions of IC 4-1-10 and IC 4-1-11. If any Social Security Number(s) is/are disclosed by the Customer, the Customer agrees to pay the cost of the notice of disclosure of a breach of the security of the system in addition to any other claims and expenses for which it is liable.
- f) That the Information shall be used solely for the purpose of conducting official DCS' business, and all other use or access is strictly forbidden, including, but not limited to, personal or other private use.
- g) That at no time shall the Customer access or attempt to access any of the Information without having the express authority to do so. Such express authority must only be provided by DCS.
- h) That at no time shall the Customer access or attempt to access any of the Information in a manner inconsistent with the DCS' approved method of system entry.
- i) That all software licensed, developed or being evaluated by DCS and/or the State of Indiana cannot be copied, shared, distributed, disclosed, sub-licensed, modified, reverse engineered,

rented or sold, and that at all times the Customer must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by DCS or the State of Indiana.

- j) That at no time shall the Customer's confidential computer password(s) be shared with or used by any other person. Any violation of this policy must be immediately reported to the KidTraks Help Desk by calling 1-877-340-0309 or emailing KidTraks@DCS.IN.GOV.
- k) That at no time shall the Customer share or use another person's confidential computer password(s). Any violation of this policy must be immediately reported to the KidTraks Help Desk by calling 1-877-340-0309 or emailing KidTraks@DCS.IN.GOV.
- l) That at no time shall the Customer leave a workstation without first ensuring that the workstation is properly secured from unauthorized access.
- m) That the Customer must report any and all violations of this Access/Use Agreement to KidTraks Help Desk immediately upon learning of such violation by calling 1-877-340-0309 or emailing KidTraks@DCS.IN.GOV.
- n) That the Customer agrees that if he/she does gain access to any Information that he/she does not have DCS' express authority to access, the Customer shall immediately notify DCS of such breach and the Customer shall not disclose such Information to any other person, entity, or party under any circumstance.
- o) That from time to time circumstances may require that this Access/Use Agreement be modified by DCS to reflect any changes in procedure or policy. The Customer will be notified in writing of any changes and will be required to adhere to such changes.
- p) That by signing this Access/Use Agreement, the Customer acknowledges that he or she has read, fully understands and agrees to abide by each of the above stated rules as a condition of being granted access to use the Information and has made its contents known to all of its Users and others who will be involved in the use of this Agreement.

**The undersigned warrants and represents that he/she has been duly authorized by the Customer to sign this Agreement on behalf of Customer. The undersigned waives, on behalf of the Customer, the right to contest the authenticity of my signature and the right to contest the enforceability or admissibility of this Agreement on the grounds that it is not an original document.**

_____ Signature	_____ Date
_____ Printed Name	_____ Title

_____ DCS Authorizing Agent's Signature	_____ Date Access Approved or Rescinded
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**Any questions please contact: [DCSPaymentResearchUnit@DCS.IN.GOV](mailto:DCSPaymentResearchUnit@DCS.IN.GOV)**

Mail to:  
DCS Payment Research Unit  
402 W. Washington St. MS54  
Indianapolis, IN 46204

# APPENDIX 4



**CLAIM FOR SUPPORT OF CHILDREN**  
**Payable from Family and Children Funds**

State Form 28808 (R9 / 9-10) / DCS 0327  
 Approved by State Board of Accounts, 2010  
 INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor FOSTER PARENT NAME		2. Tax Identification number 222-22-2222	3. ST number ST12345	4. Invoice number Sep-11	5. Date of invoice 10/2/2011
6. Address (number and street, city, state, and ZIP code) 123 FOSTER PARENT ADDRESS, INDPLS, IN 46111		7. Invoice Type <input checked="" type="checkbox"/> First Bill <input type="checkbox"/> Re-Bill <input type="checkbox"/> Appeal		8. Page <u>1</u> of <u>1</u> Pages	
9. Invoice Service Type <input type="checkbox"/> Residential <input type="checkbox"/> LCPA <input checked="" type="checkbox"/> Foster Parent <input type="checkbox"/> Family Preservation <input type="checkbox"/> Independent Living <input type="checkbox"/> Adoption <input type="checkbox"/> Home Builders <input type="checkbox"/> Group <input type="checkbox"/> CMHC					
10. For the period: From: <u>SEPT 1</u> , Year <u>2011</u> to <u>SEPT 30</u> , Year <u>2011</u>				11. Total of Claim \$ <b>2,241.40</b>	

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE					DATES OF SERVICE		19. UNIT	20. RATE	21. TOTAL COST
	12. COUNTY	13. CASE#/BILLABLE UNIT ID	14. PERSON ID	15. NAME IN FULL	16. SERVICE CODE	17. BEGIN	18. END			
1	MARION	PL111111		ASHTON SMITH	TBA	09/01/11	09/30/11	30.00	39.76	1,192.80
2	MARION	PL222222		BRENDA SMITH	TBA	09/01/11	09/30/11	30.00	30.67	920.10
3	MARION		123456789	ASHTON SMITH BIRTHDAY ALLOWANCE	TBA	09/12/11	09/12/11	1.00	50.00	50.00
4	MARION	PL444444		BRENDA SMITH PERSONAL ALLOWANCE	TBA	09/01/11	09/01/11	1.00	78.50	78.50
5										
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16										

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. Page Total **2,241.40**

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor FOSTER PARENT A SIGNATURE	23. Telephone number of vendor ( 317 ) 555-5555	24. E-mail address of vendor <a href="mailto:fosterparent@abc.com">fosterparent@abc.com</a>	25. Date (month, day, year) 10/2/2011
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# APPENDIX 5



Mitchell E. Daniels, Jr., Governor  
James W. Payne, Director

Indiana Department of Child Services  
Room E306 – MS47  
302 W. Washington Street  
Indianapolis, Indiana 46204-2738

317-234-KIDS  
FAX: 317-232-4497

[www.in.gov/dcs](http://www.in.gov/dcs)

DCS Resource Unit: 877-340-0309  
Child Abuse and Neglect Hotline: 800-800-5556

Effective: 1/1/12

Last updated: 10/18/11

## INVOICING FOSTER PARENT TRAVEL

### I. Travel Invoice Instructions

Prior to completing your travel invoice, please review the reimbursable travel definitions in Section II below to ensure that you only log travel that is approved. You must log all travel from the start of the month, including travel that is accounted for in the per diem.

**1. Fill in the children's person ID #'s and days placed in your home during the invoice month at the top right corner of the travel invoice.**

- You may complete this information for all children on one invoice, OR
- You may complete it individually for each child placed in your care during the invoice month by filling in only one child's information per invoice. (This may affect how you document mileage, as shown in the third bullet point under Step 3, as well as the second and third bullet points in Step 5 below\*\*)

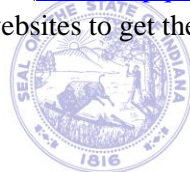
**2. List each trip on the travel invoice separately for each destination.**

For instance:

- A round trip to the doctor's office is listed as two separate trips: 1) Home address to doctor's office address; and 2) Doctor's office address to home address.
- A trip with two separate destinations before returning home would be listed as three separate trips: 1) Home address to doctor's office address; 2) Doctor's office address to DCS office address; and 3) DCS office address to home address.

**3. For each trip, enter a date, starting address, ending/destination address, number of miles driven and a reason code.**

- You should use the Mapquest ([www.mapquest.com/](http://www.mapquest.com/)) or Rand McNally ([www.randmcnally.com/](http://www.randmcnally.com/)) websites to get the shortest mileage distance for your trips. If



*Protecting our children, families and future*



you are unable to do so and use your car odometer, please note that reimbursement to you will be based on the shortest distances on those websites, so you may not be reimbursed for the exact amount you put on your invoice.

- The reason codes are listed just under the logo in the upper left hand corner.
- **\*\*If you are completing separate invoices for each child**, you will have to divide the mileage up between invoices when a trip was for more than one child. Common examples might include appointments or family visits for sibling groups and foster parent training sessions that are not specific to an individual placement child's needs.

Examples:

- If you took 2 brothers to a doctor's appointment that was 8 miles one way, you would need to divide the mileage between the brothers ( $8 \div 2 = 4$ ) and log 4 miles one way on each brother's invoice.
- If you took a sibling group of 3 to a family visit that was 15 miles one way, you would divide it among the 3 children ( $15 \div 3 = 5$ ) and log 5 miles one way on each sibling's invoice.
- If you attend a foster parent in-service training, not specific to an individual child's needs, that is 12 miles one way, and you have 4 children placed in your home, you would divide the mileage among those 4 children ( $12 \div 4 = 3$ ) and log 3 miles one way on each child's invoice.

#### **4. If you are using the form via computer:**

- The totals within the invoice will add/multiply for you. If the number in the "Reimbursable Miles" box is zero, you do not have mileage that you may claim for reimbursement. If the total in that box is above zero, it will result in a positive dollar amount in the "Total Claimable \$" box that you may claim.
- SKIP to step 6 if you have mileage to claim.

#### **5. If you are unable to use the invoice via computer and need to complete it by hand, you will need to add/multiply for your totals:**

- Add up the total number of miles that you drove by adding all of the numbers in the "Miles Driven" column together. Place this number in the row at the bottom of the invoice that is titled "Total Miles Driven."
- Add together the number of days that each child was in your home during the invoice month (as you indicated in the top right corner) for a total number of days. Place this number in the second row at the bottom of the invoice that is titled "Total Days Children in Home." If completing separate invoices for each child, you will simply carry the days the individual child was in your home down to this box on each of the invoices.

- To get the total number of miles that are covered in your per diem, look at the “Foster Care Mileage Graph” in Section III below. For each child in your home during the month, find the number of days they were in your home in the left column, and the number of miles next to it in the right hand column is the number of miles your per diem for that child covered. Once you have done this for each child, add those miles together and place this number in the third row at the bottom of the invoice titled “Miles Paid in Per Diem.” If completing separate invoices for each child, you will simply place the number of miles covered in the per diem for the individual child in this box on each of the invoices.
- If the number in the “Miles Paid in Per Diem” box is **larger** than the number in the “Total Miles Driven” box, **you may not claim mileage** on your invoice.
- If the “Miles Paid in Per Diem” is **smaller** than the “Total Miles Driven” box, **you may claim mileage** for the invoice month. Take the “Total Miles Driven” **minus** the “Miles Paid in Per Diem,” and place that number in the fourth row at the bottom titled “Reimbursable Miles.” This is the number of miles you may claim on your invoice.
- Take that number of “Reimbursable Miles” and multiply it by .44 to get the total dollar amount you may claim. i.e. 62 X .44= \$27.28
- Place the resulting total dollar amount in the last row at the bottom of the invoice titled “Total Claimable \$.

**6. If you have mileage to claim on your travel invoice:**

- Complete the boxes at the bottom asking for your foster family name, address, original signature, license #, and date. **(Note that an original signature is necessary, and failure to provide one may result in denial of the invoice claim).**
- Submit the travel invoice with your standard monthly foster parent invoice.

**II. Travel Definitions**

The foster parent may receive an additional amount for properly claimed travel expenses incurred on behalf of a child placed in the foster home if the foster parent travels more than the monthly allowance for the below purposes:

1. Travel between the foster family home and the school in which the child was enrolled before placement and continues to be enrolled while residing with the foster family, to the extent that school transportation is not provided or required to be provided under applicable Indiana law by a public school corporation or other state or local agency<sup>1</sup>;
2. Travel to and from the following types of health related appointments<sup>2</sup>:
  - a. Doctor (primary care physician and any specialists)
  - b. Dentist (including orthodontist)
  - c. Health clinic

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<sup>1</sup> This does not include school extracurricular activities.

<sup>2</sup> This does not include trips to the pharmacy or the like to pick up medications, etc.

- d. Hospital/Emergency Room (including foster parent visits during child inpatient episodes)
  - e. Occupational and Physical Therapists
  - f. Behavioral Health Counselor and Therapist
3. Travel to and from the following types of case activities:
- a. Administrative case reviews
  - b. Judicial reviews (court appearances)
  - c. Case conferences
  - d. Child and family team meetings
  - e. Foster parent training sessions
  - f. Parent and/or sibling visits (including visits to other relatives that are authorized by the department and are a part the child’s case plan) and visits to facilitate the transition to another placement
4. Other travel approved in writing in advance by the department.

The above travel must be consistent with the child’s individual case plan or a court order to be claimable.

**III. Foster Care Mileage Graph: Mileage Paid in Per Diem based on Days in Care**

Day(s) in Care	Mileage Paid in Per Diem
1	5
2	11
3	16
4	21
5	27
6	32
7	37
8	43
9	48
10	53
11	59
12	64
13	69
14	75
15	80
16	85
17	91
18	96
19	101
20	107
21	112
22	117
23	122
24	128
25	133
26	138
27	144
28	149
29	154
30	160
31	165





**FOSTER PARENT TRAVEL INVOICE**

State Form XXXXX  
 Approved by State Board of Accounts, 2011  
 INDIANA DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:**

1. Record each segment of travel including starting and destination addresses.
2. Use Mapquest or Rand McNally website to determine mileage. Must use shortest route function.
3. Provide Reason Code for each segment of travel as defined below.
4. Use multiple sheets as needed.
5. Invoice must be for only one month at a time.
6. Invoice must be sent to KidTraks Invoicing at the address below.

Reason Codes

- 1 Travel between the foster home and school, to the extent that school transportation is not provided
- 2 Travel to physical or behavioral health appointments
- 3 Travel for administrative case or judicial review, team meetings, foster parent training or visitations.
- 4 Other: Must be authorized by Department, please attach authorization

**DCS KidTraks Invoicing**  
**Room W 364, MS 54**  
**402 W Washington St. W392**  
**Indianapolis, IN 46204**

Child Person ID	Days in home
12345678	30
4567854	30

<b>Month of Travel</b>	
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Date	Starting Address:	Destination Address:	Reason Code	Miles Driven
9/1/2011	12345 MAIN STREET, YOURTOWN USA 12345	652 DOC'S OFFICE RD, WELLTOWN USA 12346	2	12
9/1/2011	652 DOC'S OFFICE RD, WELLTOWN USA 12346	12345 MAIN STREET, YOURTOWN USA 12345	2	12
9/3/2011	12345 MAIN STREET, YOURTOWN USA 12345	567 MOM'S HOUSE RD, HOMETOWN USA 12347	3	25
9/3/2011	567 MOM'S HOUSE RD, HOMETOWN USA 12347	12345 MAIN STREET, YOURTOWN USA 12345	3	25
9/10/2011	12345 MAIN STREET, YOURTOWN USA 12345	768 DCS OFFICE RD, FAMILYTOWN USA 12348	3	6
9/10/2011	768 DCS OFFICE RD, FAMILYTOWN USA 12348	567 MOM'S HOUSE RD, HOMETOWN USA 12347	3	8
9/10/2011	567 MOM'S HOUSE RD, HOMETOWN USA 12347	12345 MAIN STREET, YOURTOWN USA 12345	3	25
9/17/2011	12345 MAIN STREET, YOURTOWN USA 12345	567 MOM'S HOUSE RD, HOMETOWN USA 12347	3	25
9/17/2011	567 MOM'S HOUSE RD, HOMETOWN USA 12347	12345 MAIN STREET, YOURTOWN USA 12345	3	25
9/23/2011	12345 MAIN STREET, YOURTOWN USA 12345	RILEY HOSPITAL, INDY, USA	2	68
9/23/2011	RILEY HOSPITAL, INDY, USA	12345 MAIN STREET, YOURTOWN USA 12345	2	68
9/24/2011	12345 MAIN STREET, YOURTOWN USA 12345	567 MOM'S HOUSE RD, HOMETOWN USA 12347	3	25
9/24/2011	567 MOM'S HOUSE RD, HOMETOWN USA 12347	12345 MAIN STREET, YOURTOWN USA 12345	3	25

Pursuant to the provision and penalites of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.	<b>Total Miles Driven</b>	349
	<b>Total Days Child(ren) in Home</b>	60
I hereby swear and affirm under the penalties of perjury the attached bill contains the actual service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.	<b>Miles Paid in Per Diem</b>	320
	<b>Reimbursable Miles</b>	29
	<b>Total Claimable \$</b>	\$12.76

Foster Family Name	Foster Family Address (street, city, ZIP)	
Foster Family Signature	Foster Family License Number	Date of Signature (month, day, year)

# APPENDIX 6



Mitchell E. Daniels, Jr., Governor  
 James W. Payne, Director  
**Indiana Department of Child Services**  
 Room E 306, MS 08  
 302 W. Washington Street  
 Indianapolis, Indiana 46204  
 FAX: 317-234-4633  
 www.in.gov/dcs  
 Child Support Hotline: 800-840-8757  
 Child Abuse & Neglect Hotline: 800-800-5556

**Child Placing Agency (CPA) and Department Managed Foster Homes  
 Request for Review of Child’s Category of Supervision**

**Instructions:**

1. A CPA or Department Managed Foster Home must fill out all requested information below.
2. Choose the reason for review that you are requesting. Only choose one option:
  - a. **Initial review request:** A Department Managed Foster Home (DCS foster home) or a CPA may request a review of a foster child’s initial category of supervision as shown on the Individual Child Placement Referral (ICPR). For any requests under this section, this form must be submitted to the Family Case Manager (FCM) or probation officer managing the child’s case no later than 30 days after the ICPR has been mailed, emailed or hand-delivered to the CPA or DCS foster parent.
  - b. **On-going review request:** A DCS foster parent or CPA may request a review of the child’s category of supervision after the initial assessment has been completed. The DCS foster parent or CPA may request review under this section not more than one (1) time in a six (6) month period that the child is in out-of-home placement. Reasons for this type of review are as follows:
    - i. A critical case juncture;
    - ii. The DCS foster parent or CPA reasonably believes there is relevant, new, or changed information about the child’s supervisory needs that were not adequately addressed in the approved assessment tool or during discussions about the type of placement before the placement occurred; or,
    - iii. There are supervisory or behavioral concerns that are not adequately addressed by the approved assessment.
3. DCS cannot accept or process a request for review of a child’s category of supervision if this form is incomplete or if the CPA or foster parent has a current license that is in the process of being revoked by the Department.
4. Mail this completed form to the DCS Local Office Director or Chief Probation Officer in the county where the child’s case is pending.

**Requested Information:**

*Fill out all requested information below.*

Child’s Name:	ICWIS Case ID:
Name of FCM/Probation Officer Managing the Case:	County FCM or Probation Officer Works In:
Person Requesting Review: (Check One)	<input type="checkbox"/> DCS Foster Parent (complete the Foster Parent section below) <input type="checkbox"/> CPA (complete the CPA section below)



*Protecting our children, families and future*

**DCS Foster Parent Section:**

Name of Foster Parent:	Telephone Number of Foster Parent:
Address of Foster Parent:	Email Address of Foster Parent:

**CPA Section:**

Name of CPA:	Telephone Number of CPA:
Name of CPA Contact:	
Address of CPA:	Email Address of CPA:

Reason for review request of the child's category of supervision:

- Initial review request  
 On-going review request

Child's current category of supervision as stated on the Individual Child Placement Referral (ICPR) (check one):

- 1-Foster Care  
 2-Foster Care with Services  
 3-Therapeutic  
 4-Therapeutic Plus  
 5-Other

Category of supervision you believe is needed for the child (check one):

- 1-Foster Care  
 2-Foster Care with Services  
 3-Therapeutic  
 4-Therapeutic Plus  
 5-Other. Please list:

Provide a clear, concise statement of the reasons for the requested change. You may provide attachments to support your request, if appropriate:

Provide a detailed statement of related information in support of the change. You may provide attachments to support your request, if appropriate:

When a request for a review of the category of supervision is received, the FCM or probation officer will hold a meeting with the DCS foster parent or CPA (and their foster parent) to discuss the needs of the child within 14 days of the request for review. The DCS Local Office Director or designee or the Chief Probation Officer or designee must be in attendance at this meeting. If the foster parent and/or CPA do not attend the meeting, DCS or Probation will complete a paper review. Notice of the outcome of the review will be distributed by the DCS Local Office Director or designee or the Chief Probation Officer or designee, in writing, to the DCS foster parent or CPA within five (5) business days of the scheduled meeting date.

The child's category of supervision, as affirmed or revised by the DCS Local Office Director or designee or the Chief Probation Officer or designee upon completion of the review, will be effective as of the date of the notice of the outcome of the review. It will not be retroactive. Any payments made by DCS after the effective date will be adjusted in accordance with the final approved category of supervision for the child.



Signature of CPA Representative or DCS Foster Parent: \_\_\_\_\_  
Printed Name of CPA or DCS Foster Parent:  
Date (month/day/year):