

# **Foster Care Maintenance Payments**

Policies and Procedures Manual

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Service Chapter 623-05

**North Dakota Department of Health and Human Services  
600 East Boulevard Dept. 325  
Bismarck, ND 58505-0250**

# **FOSTER CARE MAINTENANCE PAYMENTS POLICY MANUAL**

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Chapter 623-05

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## **Policy Chapter 623-05**

**(Revised 1/1/2024 ML #3785)**

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This chapter specifically applies to reimbursement of foster care expenditures for children in foster care determined eligible under Title IV-E (federal), emergency assistance (federal) or regular match (state general) funding options. Foster care reimbursement may only be issued to a licensed or approved provider who meets full compliance with licensing standards. Eligible and reimbursable maintenance and irregular expenditures, as outlined in this chapter, are reimbursed through the foster care payment system with federal and/or state funds depending on the eligibility determination. Foster care reimbursement for children under the custody of a ND Tribal Nation is limited to children eligible for Title IV-E federal funding.

Children and Family Services Foster Care and Sub-Adopt Eligibility Unit (CFS FCSA Eligibility Unit) will determine eligibility for the care program.

The custodial case manager from a Human Service Zone, Division of Juvenile Services (DJS), or Tribal Nation is responsible for obtaining the information needed for the determination. Detailed policy reflecting the eligibility criteria for a foster child is found in Policy Manual Chapter 447-10 "IV-E Foster Care Eligibility".

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### Definitions 623-05-05

(Revised 5/1/21 ML #3617)

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**Applicant** - A parent(s), person or agency having the custody of a dependent child making application for aid for such child under the provisions of Chapter 447-10. A foster child that reaches the age of 18 years may make an application in his or her own behalf.

**Auto-Recoupment** - The process by which the NDDHS payment system will automatically reduce a future reimbursement if the foster care provider, with an overpayment entered in the system, has a current placement or a payment due.

**Correction Facility** - An institution where juvenile offenders can be temporarily held and are usually under the supervision of a juvenile court. Examples include a Detention Center, Youth Correction Center, etc. A child is not considered to be in foster care and no foster care payments can be expended for a youth in a correctional placement.

**Custodian or Custodial Agency** - The agency to which the court has given responsibility for care, custody and control, or placement and care of the child. This may be a Human Service Zone, the Division of Juvenile Services, or Tribal Social Services.

**Direct Recoupment** - The process by which the custodial agency and CFS Eligibility Unit work collectively to directly contact the foster care provider to request reimbursement for a foster care payment made in error.

**Foster Care** - Hereafter in this chapter, the general term foster care may include care and placement in foster family homes, qualified residential treatment program (QRTP) facilities or supervised independent living (SIL).

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**Foster Care Maintenance Payment** - Payment to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. In residential care, reasonable costs of administration are included. In addition to maintenance payments, certain administrative and service payments are allowable. Hereafter in this chapter when the shorter terms "foster care payment" or "maintenance payments" are used, it means the foster care maintenance payment.

**Family Foster Home** - An occupied private residence in which foster care for children is regularly provided by the owner or lessee thereof to no more than six children. Exception: unless all the children in foster care are related to each other by blood or marriage, or unless the department approves otherwise for the placement of siblings, in which case the limitation shall not apply.

**Irregular Payment** - Reimbursement with foster care fund for fees/expenses that meet the irregular category definition and criteria incurred by a foster care provider on behalf of a foster care child. The irregular categories reimburse for expenses over and above the standard maintenance payment which covers the basic care and needs of the foster care child.

**Licensed Relative Homes** - A relative may request to have his or her home licensed or approved in order to receive a foster care maintenance payment. If the home meets the standards for licensure or approval and if the child(ren) in question otherwise meets all requirements of foster care, the appropriate foster care daily rate must be paid. When a relative is granted a license, the date of licensure will initiate the start of foster care reimbursement. If needed, there is a relative waiver option that can be considered for relatives only specific to non-safety related licensing compliance.

**Relative Caregiver** - An identified relative authorized by the child's custodial agency to care for the foster child while he/she is in public custody. If the home is not a licensed or approved (tribal affidavit) foster

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home, the relative caregiver is not eligible for reimbursement for the care of the child.

**Psychiatric Residential Treatment (PRTF)** - Accredited residential treatment facilities that provide inpatient psychiatric services for eligible individuals under age 21. Foster children placed in PRTF's will have placement costs authorized under regular Medicaid rules. In order for Medicaid to pay for the individual's care, a certificate of need is required.

**Qualified Residential Treatment Program (QRTP)** - A licensed or approved residence providing an out-of-home treatment placement for children in a facility that has a trauma informed treatment model designed to address the needs of children with serious emotional or behavioral disorders or disturbances and a program able to implement the treatment identified for the child after receiving an approved assessment.

**Standard Checkwrite** - The Department of Human Services payment schedule will issue reimbursement to foster care providers with authorized expenditures for the current month and irregular payments authorized since the last supplemental check write. Standard check write is scheduled to run the second to last working day of the month.

**Supervised Independent Living (SIL)** - is a licensed or approved setting providing supervision and service delivery to a child that has attained age 18 years of age and participating in the 18+ Continued Care program transitioning into adulthood.

**Supplemental Checkwrite** - The Department of Human Services payment schedule will issue reimbursement to foster care providers with authorized expenditures from prior months and irregular payments authorized since the last supplemental check write. Supplemental check write is scheduled to run weekly on Wednesday night, unless there is a standard check write scheduled.

**Tribal Title IV-E Care Payments** - ND Tribal Social Service Agencies have access to Title IV-E funding through an agreement with NDDHS to receive payment on eligible Title IV-E foster care cases. Foster care

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payment to providers licensed or approved by the Tribe can only be made if the provider meets the Department of Human Services standards or equivalent and such standards have prior approval of the Department of Human Services.

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### **Authority References 623-05-10**

**(Revised 8/15/06 ML #3025)**

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1. Chapter [50-11](#) of the North Dakota Century Code (Foster Care Homes for Children and Adults)
2. Chapter [50-09](#) of the North Dakota Century Code (Aid to Dependent Children)
3. Chapter [27-20](#) of the North Dakota Century Code (Uniform Juvenile Court Act)
4. Chapter [50-06-15](#) of the North Dakota Century Code (The Department of Human Services - Confidentiality)
5. Title IV-E of the Social Security Act
6. Title IV-B of the Social Security Act
7. Title XIX of the Social Security Act

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## **Purpose of Payment 623-05-15-05**

**(Revised 4/25/16 ML #3469)**

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A foster care maintenance payment is to reimburse fully licensed foster care providers for care, protection, and other material necessities needed for an eligible foster child.

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### **Confidentiality 623-05-15-15**

**(Revised 8/15/06 ML #3025)**

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Information related to foster care and subsidized adoption is confidential. Refer to NDCC [50-06-15](#) of the North Dakota Century Code, and to NDDHS Manual Chapter 110-01 for further information.

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### **Retroactive Payments 623-05-15-20**

**(Revised 10/1/21 ML #3637)**

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Retroactive payments in excess of 90 days from the child's initial eligibility determination are not allowed. When payments cannot be made due to the custodial agency failing to provide the necessary eligibility documents timely, the custodial agency is responsible for the foster care expenditures in excess of the 90 days.

Example: Child enters foster care on April 1st. Eligibility worker does not receive the necessary documents to determine eligibility until July 15th; 106 days after the child was placed in foster care. Counting back 90 days from July 15th will allow payments to begin on April 17th. Payments for April 1st through April 16th are not eligible for foster care reimbursement and are the custodial agency's financial responsibility.

**Custodial Agency Financial Responsibility 623-05-15-30**  
**(Revised 10/1/21 ML #3637)**

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The custodial agency is financially responsible to meet the needs of the foster child throughout the life of the foster care episode. Custodial agencies must submit required payment related documentation to Children and Family Services Foster Care and Sub-Adopt Eligibility Unit (CFS Eligibility Unit) when seeking foster care reimbursement for licensed providers. Custodial agencies must assist in securing necessary resources for unlicensed caregivers.

**Human Service Zone:**

The Human Service Zone is responsible for planning and management of financial expenditures for all children under their custody. All eligible payments to a licensed provider, on behalf of a foster child, are reviewed and authorized by the CFS Eligibility Unit. Any costs associated with a foster child that are ineligible for reimbursement by the CFS Eligibility Unit are the responsibility of the Zone.

**Tribal Title IV-E:**

The Tribal social service agencies are responsible for planning and management of financial expenditures for all children under their custody. Eligible payments may be reimbursed by the department based on a signed Title IV-E agreement. If the foster child is not Title IV-E eligible, all financial responsibility remains with the Tribe. If the child is Title IV-E eligible, the CFS Eligibility Unit will review and authorize all eligible payments to providers. Any costs associated with a foster child that are ineligible for reimbursement by the CFS Eligibility Unit are the responsibility of the Tribe.

**Tribal Transfer Cases:**

The transfer of jurisdiction from a Human Service Zone to a Tribe will also result in the immediate transfer of financial responsibility. Expenses not

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reimbursed at the time of transfer will be the financial responsibility of the custodial agency at the time the expense was incurred.

1. A child initially determined IV-E eligible under Zone custody will remain eligible for federal Title IV-E reimbursement upon custody transfer to the Tribe. The CFS Eligibility Unit will continue to authorize eligible payments.
2. A child not initially determined Title IV-E eligible under Zone custody will remain ineligible for IV-E reimbursement for the entire foster care episode. All financial responsibility for the child will transfer solely to the Tribe (638 case).

**Division of Juvenile Services (DJS):** The Division of Juvenile Services is responsible for planning and management of financial expenditures for all children under their custody. Eligible payments may be reimbursed by the department based on a signed Title IV-E agreement. All eligible payments to a licensed provider, on behalf of a foster child, are reviewed and authorized by the CFS Eligibility Unit. Any costs associated with a foster child that are ineligible for reimbursement by the CFS Eligibility Unit are the responsibility of the DJS.

### DJS/Zone Transfer Cases:

The transfer of custody from one agency (Human Service Zone or DJS) to the other agency (Human Service Zone or DJS), will also result in the immediate transfer of financial responsibility. Expenses not reimbursed at the time of transfer will be the financial responsibility of the custodial agency at the time the expense was incurred. A child's eligibility determination will remain as initially determined and the CFS Eligibility Unit will continue to authorize eligible payments. After transfer, any costs associated with a foster child that are ineligible for reimbursement by the CFS Eligibility Unit are the responsibility of the custodial agency.

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### **Payment in CCWIPS 623-05-15-30-20**

**(Revised 4/25/16 ML #3469)**

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FRAME will automatically upload foster care placement information into the payment authorization screen in CCWIPS.

Payment authorization is dependent on:

1. A current court order,
2. A current provider license, and
3. An approved care plan (Child & Family Team meetings).

In state provider payments are automatically calculated based on:

1. Placement duration dates,
2. Provider licensing dates, and
3. Court order dates.

Out of state and therapeutic provider payments do not automatically calculate. An itemized bill is required prior to payment authorization and the payment amount must be manually entered into the payment system.

Refer to CCWIPS User Manual for technical assistance related to entering foster care payments on the CCWIPS system.

## **Interstate Compact: Children Receiving Foster Care Payments 623-05-15-35**

**(Revised 4/25/16 ML #3469)**

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When a child is placed for foster care in another state the placement will be made through Interstate Compact on the Placement of Children (ICPC) and the child does not by such absence lose legal residence in North Dakota.

If parents move from North Dakota, eligibility for foster care payment with respect to residence continues in North Dakota.

When North Dakota is the receiving state in an Interstate Compact placement and the child is placed with a licensed family foster home in North Dakota, the sending agency must reimburse the provider at a rate consistent with North Dakota's foster care prevailing reimbursement rate.

When North Dakota is placing (sending) a child in another state through Interstate Compact, North Dakota will reimburse the provider in the receiving state at the receiving state's prevailing rate, not the North Dakota rate. ICPC approval is necessary prior to making any foster care payments. Foster Care funds cannot be used to fund an illegal placement.

Foster care funds cannot be used to fund an unlicensed provider or a placement that does not meet ICPC compliance/approval from Children & Family Services. For more information, see the ICPC Manual Chapter 619-01.

## **Payment Eligibility Requirements 623-05-15-40**

**(Revised 11/1/19 ML #3566)**

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Foster care payments are available to any foster child under 21 years of age who:

1. Is determined eligible based on the AFDC eligibility criteria,
2. Is under the care and control of a public agency with placement authorization,
3. Is placed with a fully licensed provider,
4. Is removed from the home as a result of contrary to the welfare and the court made a judicial determination in the initial order, and
5. The court made a judicial determination of reasonable efforts to prevent removal from the home or the reasonable efforts were not required.

NOTE: Policy allows sixty days to obtain the reasonable efforts judicial determination for eligibility purposes. However, reimbursement cannot begin until the first day of the month in which the reasonable efforts to prevent removal judicial determination is obtained. Lastly, the judicial determination must be obtained within sixty days for the entire foster care episode to remain eligible for reimbursement.

No foster care reimbursement can be made on behalf of any case until all of the above requirements are met.

### **18+ Continued Care Payment Eligibility Requirements**

An 18+ Continued Care child is eligible for foster care payments who:

1. Has entered into an 18+ Continued Foster Care Agreement
2. Is determined eligible based on the AFDC eligibility criteria
3. Maintains reimbursability
4. Is under the placement and care of a public agency and permanency findings are obtained timely
5. Is placed with a fully licensed provider

Foster care maintenance payments are authorized to the foster care provider in efforts to meet the needs of the child.

## **Child Support: Parental Responsibility for Children in Foster Care 623-05-15-45**

**(Revised 4/25/16 ML #3469)**

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N.D.C.C. Section [50-09-06.1](#) applies to all foster care for children.

An application under this chapter is deemed to create and affect an assignment of all rights to support, which a family member or foster child may have or come to have, to the state agency. The assignment:

1. Is effective as to all current and accrued support obligation and periods of eligibility;
2. Is limited to the total cost of benefits provided to the family or foster child; and
3. Terminates when eligibility ceases, except with respect to any support obligation unpaid at that time.
4. Is not effective as to any child subject to a benefit cap imposed under section 50-09-29.

Federal law requires states to take all necessary steps to enforce the assignment of support rights and, if necessary, establish support orders on behalf of children receiving foster care. N.D.C.C. Section 50-09-06.1 provides that all support obligations are automatically assigned to the state when it is determined that a child is eligible for foster care. The assignment is not conditioned upon the consent of the parents. See Manual Chapter 447-10 for policy and procedures relating to child support referrals.

## **Child Support Referrals 623-05-15-45-05**

**(Revised 10/1/2023 ML #3759)**

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Custodial case managers must enter pertinent relationship data into the case management system to trigger an automatic child support referral. There are three exceptions to making a child support referral. A referral will not be made against a parent when;

1. One or both parents receive a subsidized adoption payment on behalf of a child in foster care, or
2. The child's placement was short-term. For purposes of this exception, "short-term" is defined as follows:
  - a. The child exited the placement by the time the referral would be sent, and
  - b. The child was in the placement for 60 days or less.

Both criteria a and b must be met for the referral to be eliminated (i.e., not made). If the child is in placement at the time of referral, a referral is made regardless of the amount of time the child has been in placement if reunification is not the foster care permanency goal with the parent.

3. The foster care permanency goal is reunification with a parent.

Special circumstances may also apply when submitting the referral; those include:

1. DA = Donor Assisted Conception
2. OT = Other special circumstances reason
3. SP = Single parent adoption
4. TR = Terminated Parental Rights

The Department of Health and Human Services (HHS) uses automated systems to transmit and receive referrals. Child support referrals must be completed and transmitted in the payment system. The referral information sent to the Child Support Division is used to establish

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paternity, locate the absent parent(s), and establish and enforce a support order. The referral may be transmitted to Child Support at any time following foster care placement, but is required to be transmitted at the time of initial payment authorization.

Once a child support referral is in an open status, child support collected on behalf of the child will automatically be allocated via the system interface to the North Dakota Department of Health and Human Services to offset the amount expended for foster care while the child is in a paid placement. When a child's placement is closed/ended, the child support referral will revert to "close pending" and remain in a monitor status until the child's foster care program is closed or a new placement is entered.

### **Excess Child Support Payments:**

The custodial agency will be sent collected child support funds in excess of the foster care expenditures for any month in which the child was in a paid placement. In months in which a child transitions between paid and non-paid placements, the collected amount in excess of the foster care expenditures for that month will be sent to the custodial agency. The custodial agency should verify with the Child Support the reason for the direct payment to the agency. Several circumstances will impact how the money is allocated:

1. Child Support will send collected child support funds to the custodian while a foster child is placed in an unpaid or unlicensed setting.
  - a. Custodian must verify with child support the reason for the direct payment.
  - b. Arrearages collected for the time a child was in a paid placement or a medical placement must be reallocated as outlined in #2 and #3 below.
2. Child Support collected to cover medical expenses for a foster child's medical placement in a psychiatric residential treatment facility or hospitalization.
  - a. Custodian must reallocate the amount collected to Medical Assistance to be applied to the amount expended for the medical placement. The custodial agency must complete an SFN 828 – "Medicare Premium Repayment/Credit Report" and send the Child Support collected amount to the NDHHS Fiscal Administration detailing how to reallocate the funds.

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3. Child Support collected when a foster child is placed with a licensed provider (family, therapeutic home, residential facility):
  - a. Custodian must verify with Child Support the reason for the direct payment.
  - b. Child Support collections exceeding the amount of foster care expenditures for a specific month is unearned income for the foster care child. The excess amount should be put into a savings in the child/custodian's name. The custodian should determine how to reallocate the money to best meet the needs of the child while the child is in foster care.

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### **Notice to Child Support 623-05-15-45-15**

**(Revised 4/1/25 ML #3903)**

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Child Support is notified when a placement change is made in the data management system from a paid to unpaid placement. Child support referrals will be set to a close pending status until a new placement setting is entered or the foster care program is closed. Changes in placement require an [SFN 45](#) Notice of Change. The FCSA Eligibility Unit will submit a copy of the SFN 45, Notice of Change to Child Support.

The notice of a foster care program closing is transmitted through the automated system used by North Dakota Health and Human Services. Placement information must be entered timely into the case management data system to ensure adverse action is not taken on a closed foster care case and any payments received by Child Support are disbursed to the appropriate payee.

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### **Voluntary Placement Agreement 623-05-15-65**

**(Revised 4/1/25 ML #3903)**

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Voluntary placement agreements between the parent and a public agency are the sole responsibility of the Human Service Zone or Tribal Nation. The voluntary placement agreement is limited to 45 days of placement for children under the age of 18.

NDHHS Children & Family Services does not reimburse for voluntary placements when a public agency **does not** have care, custody, and control of the child. If voluntary treatment is a desire, the family must contact NDHHS Behavioral Health Division Voluntary Treatment Program to avoid unnecessary relinquishment of parental custody.

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### **Division of Juvenile Services (DJS) Foster Care Payments 623-05-15-75**

**(Revised 4/1/25 ML #3903)**

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The Division of Juvenile Services (DJS) through an agreement with North Dakota Health and Human Services is able to access foster care payments for children under the custody of DJS that are placed with a licensed or approved (tribal affidavit) foster care provider. Eligibility is determined and payments are authorized by the CFS Eligibility Unit.

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### **School Lunch Program Eligibility 623-05-15-80**

**(Revised 4/25/16 ML #3469)**

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The School Lunch Program is administered by the Department of Public Instruction and supervised by the local school administrator.

The Healthy, Hunger-Free Kids Act of 2010 provides categorical eligibility for free meals to foster children. The school or child care must be notified that the child is a foster child. Once notified, the school/child care must serve meals to those children free of charge. Proof that the child is in foster care may be requested.

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## Matching Symbols 623-05-15-90

(Revised 1/1/25 ML #3887)

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Match symbols are a result of the eligibility determination for the child made by following Policy Manual Chapter 447-10. Every foster care payment must have a match symbol identified in order to authorize payment.

FOSTER CARE	SYMBOL	SOURCE OF FUNDS FOR MAINTENANCE PAYMENTS
Federal Matching	<b>FM</b>	Federal participation with 100% state sharing of non-federal funds (same as former AFDC formula)
Federal Matching Non-reimbursable (Title IV-E eligible/not reimbursable)	<b>FN</b>	100% state
Federal Matching Indian	<b>NA</b>	Federal participation and 100% state funds for non-federal share
Emergency Assistance (10/1/1999)	<b>EA</b>	75% federal and 25% state
Regular	<b>RM</b>	100% state
Regular Match Indian	<b>NR</b>	100% state

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Federal funds cannot be used to reimburse secondary placements. See policy [623-05-20-33](#) for more information on secondary placement match symbols.

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### **FM/FN Match Symbol 623-05-15-95**

**(Revised 1/1/25 ML #3887)**

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A Title IV-E eligible child under the custody of a Human Service Zone or Division of Juvenile Services (DJS) is reimbursed using the following match symbols in the payment system:

1. FM, Title IV-E reimbursable
2. FN, Title IV-E non-reimbursable

These match symbols are not used for children under the custody of a Tribal Nation.

The match symbol of "FM" must be used for payment authorization for a Title IV-E eligible child that meets the following criteria:

- Is placed in a licensed/approved primary placement and,
- Is not in receipt of SSI and,
- Meets the Title IV-E judicial determination requirements and,
- Is within the income and asset limitations.

Title IV-E cannot be claimed until the first of the month in which both judicial findings of contrary to the welfare and reasonable efforts have been obtained from court.

The match symbol of "FN" (state general funds) must be used for the payment authorization for months in which:

1. SSI is received. Children Title IV-E eligible in receipt of SSI will remain Title IV-E eligible but are non-reimbursable with Title IV-E funds. Title IV-E and SSI are both federally funded programs and policy prohibits claiming reimbursement from two separate federally funded programs for the same expenditures.
2. Title IV-E removal judicial determination requirements have not been met.
3. The placement is secondary.

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4. Child exceeds the \$10,000 asset maximum or income exceeds the standard maintenance payment.

Match symbol FN must be used when the removal occurs in the month prior to the agency obtaining both the contrary to the welfare and reasonable efforts judicial determinations from the court.

The case becomes ineligible and non-reimbursable for the entire foster care episode when the removal judicial determination requirements are not met within the designated timeframes.

## **NA/NR Match Symbol 623-05-15-100**

**(Revised 1/1/25 ML #3887)**

[View Archives](#)

A Title IV-E eligible child for whom a Tribal Nation has court ordered custody and/or placement and care authority is reimbursed using the following match symbols in the payment system:

1. NA, Native American Title IV-E reimbursable
2. NR, Native American Title IV-E non-reimbursable

The match symbol of "NA" must be used for payment authorization for a Title IV-E eligible child that meets the following criteria:

- Is placed in a licensed/approved primary placement and,
- Is not in receipt of SSI and,
- Meets the Title IV-E judicial determination requirements and,
- Is within the income and asset limitations.

Title IV-E cannot be claimed until the first of the month in which the required findings have been obtained from the court.

The "NR" code is only used when there is a secondary placement or when the removal occurs in the month prior to the agency obtaining both the judicial determinations of contrary to the welfare and reasonable efforts.

The case becomes ineligible and non-reimbursable for the entire foster care episode when the removal judicial determination requirements are not met within the designated timeframes.

A Title IV-E eligible child under Tribal Nation custody will lose reimbursement in any month for the following reasons:

1. Child is - in receipt of Social Security Disability (SSI).
2. Child has income that exceeds the standard maintenance amount and/or assets that exceed \$10,000.

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A child that is no longer reimbursable will become the financial responsibility of the Tribal Nation. If at any point the child is no longer SSI eligible, the SSI payment is suspended, or the child is below the asset threshold, the placement will become reimbursable starting the first day of the following month.

### Tribal Cases ~ Age 18

1. A child under Tribal Nation custody who is coded Native American Federal Match "NA" will lose Title IV-E eligibility when s/he turns 18 years of age and will not graduate prior to age 19. The case must be closed as of the last day of the month in which s/he turns 18, so long as the tribe retains custody of the child and the child does not enter the 18+ Continued Care program. At this point, the tribe becomes financially responsible for the case.
2. If a Title IV-E tribal youth ages out of North Dakota foster care, he/she is eligible to remain in or return to or apply for the 18+ Continued Foster Care program. Tribal children eligible for 18+ will remain eligible under the "NA" match symbol.

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### **Match Symbol for Secondary Placements 623-05-15-105 (Revised 4/25/16 ML #3469)**

[View Archives](#)

For a Title IV-E eligible foster child, "FM" who is placed into a secondary placement (i.e. pre-placement visits), the secondary placement must be coded "FN."

For a Title IV-E eligible foster child, "NA" who is placed into a secondary placement, the secondary placement must be "NR".

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**Payment Factors 623-05-20**

**Payment - General Principles 623-05-20-05**

(Revised 4/1/2024 ML #3807)

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The Children and Family Services (CFS) Foster Care Sub-Adopt (FCSA) Eligibility unit authorizes eligible foster care standard maintenance payments prior to the scheduled standard check write (second to last working day of the month). The department has an established payment schedule outlining the foster care supplemental, foster care standard maintenance, and subsidized adoption check write dates. Foster care payments are issued from the department to the provider.

**Overlapping Payments**

In general, when a child moves from one foster care placement to another during a month, payment can be made to each provider for the day of the move. The overlapping date can be paid when a child's placement changes from:

- Facility to another facility not under the same umbrella agency.
- Facility to a family foster home or to a treatment provider home.
- Treatment provider home to a family foster home or facility.
- Family foster home to a facility or treatment provider home.
- Family Foster home, facility, or treatment provider home to a Supervised Independent Living (SIL) setting

Overlapping dates are not allowed when:

- A family foster home or approved affidavit provider receives a new provider number, the child has not moved/changed placement, but the case management system requires a new placement entry.
- A placement status change from a secondary placement to a primary placement for the same provider. The secondary placement must end the day before the primary placement start date.
- A placement change occurs between two providers licensed by the same umbrella agency with the exception of SIL settings (ex: Nexus-PATH). This does not apply to a state family foster home, approved

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tribal affidavit, SIL or out of state licensed provider.

### North Dakota Payment system

The ND Department of Health and Human Services (HHS) payment system is managed by the FCSA Eligibility Unit. Unit staff will review and authorize all foster care payments, inclusive of children under the custody of Tribal Nation (Title IV-E only). Features include:

1. Providers will receive payment during the standard monthly check write, for all payments authorized on behalf of children placed in their care.
2. Provider reimbursement amounts for a licensed, certified, Tribal affidavit approved, or identified relative waiver license are based on the same standards and policy. The amount granted to an identified relative waiver license is the same value as if the child was placed in a licensed non-relative foster home.
3. Providers will receive a remittance advice detailing the total amount received per child in placement and any reduction of payment retained to satisfy an overpayment.
4. The standard check write is scheduled for the second to the last working day each month, with the opportunity to issue weekly supplemental payments as needed.
5. All maintenance payments will be paid at a daily rate. Payment amounts are based on the placement and court order duration dates and the number of days in the month.
6. Questions about the data entry timeliness or payment needs will be directed to the custodial case manager.
7. Questions about submitted receipts, direct deposit or any payment related reimbursement can be directed to the FCSA Eligibility Unit.
8. Questions regarding subsidized adoption payments can be directed to the FCSA Eligibility Unit.

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9. Foster care providers are required to set up direct deposit to receive maintenance. Direct Deposit information must be sent to the FCSA Eligibility Unit. A provider must show third party verification by providing a bank direct deposit form or a voided check indicating the bank routing number and account number. The provider should indicate if the account is savings or checking.

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## **Remitting Overpayments/Receivables 623-05-20-15**

**(Revised 5/1/21 ML #3617)**

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Overpayments occur when a foster care reimbursement is issued to a licensed provider in error. Receivables occur when a foster child is in receipt of unearned income or insurance benefits that may be applied toward the costs of foster care expenditures. The custodial case manager is responsible to identify the type of payment and determine how to apply the funds for each child's case. The CFS Eligibility Unit is responsible to update the payment system and process reimbursements received to NDDHS Fiscal Administration.

### Overpayments:

Overpayments occur when a payment is issued and later it is identified there is a:

1. Change in placement dates,
2. Court order lacks necessary findings,
3. Change to a provider license,
4. Billing error,
5. Incorrect data entry as result of a worker error.

Payment errors that result in an overpayment require reimbursement to the department. When an overpayment is identified, the CFS Eligibility Unit will generate a letter to the provider and the child's custodial case manager providing details of the error and how to issue repayment. Repayment must be submitted to the CFS Eligibility Unit along with the copy of the request for reimbursement.

### Receivable's:

Account receivables occur when a child is in receipt of unearned income including, but not limited to:

1. Child Support,

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2. Social Security benefits (SSA or SSI),
3. Insurance,
4. Trust disbursements,
5. Indian Monies,
6. Savings Accounts.

Receivable's require the CFS Eligibility Unit to generate SFN 827 and create a "receivable" in the payment system prior to submission of any funds to Fiscal Administration. The custodial case manager must provide details of the receivable. Any money in excess of the care costs must be managed by the custodial agency.

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## Recoupment of Foster Care Overpayments 623-05-20-20 (Revised 7/1/2023 ML #3736)

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Overpayments must be recouped as soon as they are identified. The FCSA Eligibility Unit will provide written notification of the error to the provider and the custodial agency. The notification will provide details of how the overpayment occurred and options and instructions for repayment (auto-recoupment or direct recoupment). The custodial agency is responsible to assist the FCSA Eligibility Unit by ensuring the foster care provider understands how the overpayment occurred and that repayment is required.

The department's payment system can automatically recoup overpayments from foster care providers if they have a current reimbursable placement. A scheduled recoupment amount must be setup under the foster care provider's license. The scheduled reduction will automatically be deducted from the monthly standard maintenance payment or supplemental payment depending on the provider type, until the overpayment is satisfied.

The payment system has restrictions regarding when an auto recoupment can occur specific to a provider type:

<b><u>Provider Type</u></b>	<b><u>Checkwrite</u></b>
Family Foster Home (FA, AF)	Auto recoupment only allowed during the standard check write (end of the month).
Nexus-PATH providers (PR)	Auto recoupment allowed during all check writes (weekly).
QRTP Facility	Auto recoupment allowed during all check writes (weekly).
SIL Agency	Auto recoupment allowed during all check writes (weekly).

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When an overpayment is the result of a custodial case manager's delay in notification of a placement change, the omission of necessary court order findings or other issue otherwise corrected by the custodial agency, the department will grant 90 days for the custodial agency to assist in the collection of the overpayment directly from the foster care provider. After the 90 days, the child's custodial agency will be responsible to reimburse the overpayment to the department in efforts to satisfy the payment system and return necessary funding to the federal government.

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## Payment Rates 623-05-20-25

(Revised 7/1/2025 ML #3924)

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Family foster care daily rates are reviewed and updated by the department, based on legislative action. The standard family foster care maintenance rate includes the cost of (and the cost of providing) food, standard clothing items, shelter, daily supervision, school supplies, a child's personal incidentals, and liability insurance with respect to a child.

The family foster care maintenance rate is computed by month and includes an identified amount for clothing and incidentals. Provider reimbursement amounts for a licensed, certified, approved Tribal affidavit, or identified relative waiver licenses are based on the same standards and policy. Maintenance rates effective July 1, 2025:

<b>ND Child Age</b>	<b>Daily Rate</b>	<b>Avg. Monthly</b>	<b>Embedded Clothing &amp; Incidentals</b>
0 - 4	\$ 30	\$ 900	<b>\$ 60</b>
5 - 12	\$ 34	\$ 1,020	<b>\$ 70</b>
13+	\$ 37	\$ 1,110	<b>\$ 80</b>

Note: The "average monthly" rate is for reference only based on a 30 day month. The child's foster care reimbursement is paid at a daily rate, specific to the actual number of days in the service month. Additional irregular payments are allowable with pre-approval and subject to annual maximums outlined in policy manual 623-05.

## **Absences from Placement 623-05-20-30**

**(Revised 1/1/2025 ML #3887)**

[View Archives](#)

In the event a child is absent from the primary placement **and** the plan is for the child to return to the same primary placement, a case worker may approve a temporary bed hold for a specific amount of time, not to exceed 14 days. Some placement settings are limited to less than 14 days, see timeframes below.

Allowable Absences/Bed Hold Timeframes:

1. Hospitalization = 14 calendar days,
2. Runaway = 14 calendar days,
3. Detention = 4 calendar days,
4. Certified shelter care - 4 calendar days.

Bed holds do not require a reduction in the standard maintenance payment to the primary provider. The first day of a bed hold begins on the day the child leaves the primary provider setting (home or facility), regardless of the time of day the absence occurs. Placement ends on the date it is determined the child will not or is unable to return to the same primary provider. Foster care payments cannot be made to the primary provider for any days exceeding the bed hold timeframes described above.

An absence that extends past the allowable bed hold timeframe requires a data management system change in the primary placement. For example, a child has a primary placement in a foster home and they become hospitalized. The case worker must enter a secondary placement of hospitalization into the data management system. Once the 14th day passes, the primary and secondary placements must be closed. On the 15th day the "Non-foster care" hospitalization will become the primary placement.

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Bed hold policy does not apply to respite or emergency shelter care placements.

If an 18+ Continued Care client requires a bed hold due to hospitalization only and the primary foster care provider agrees to remain engaged and offer support to the child during that time, the primary foster care provider is entitled to reimbursement. The data management system does not allow for a secondary placement to be entered. The case must be staffed with the Children and Family Services Field Service Specialist.

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### **Trial Home Visits 623-05-20-31**

**(Revised 5/1/21 ML #3617)**

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Foster care maintenance payments are not made when a child is placed on a trial home visit. The primary placement with a licensed provider will end along with all reimbursement to the licensed provider. Foster care case managers must notify the CFS Eligibility Unit when a child has a change of placement, including a trial home visit.

The trial home placement ends when custody ends or if the child is placed back in an out of home placement. Trial home placements cannot exceed 6 months unless ordered by the court.

## **Placement Approvals 623-05-20-32**

**(Revised 7/1/2024 ML #3842)**

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The custodial agency is granted court ordered placement and care authority to place children in the least restrictive placement setting. However, additional department placement approval for specific levels of care is required by a Children's Treatment Services Level of Care Determination assessment process as well as in the data management system by a CFS Field Services Specialist when a child is placed in a;

- Qualified Residential Treatment Program (QRTP), or
- Psychiatric Residential Treatment Facility (PRTF) (medical placement)

The approval request must be submitted by the custodial case manager via the case management system under the QRTP/PRTF Placement Request/Approval section. To avoid payment issues, the placements must be entered in the appropriate date sequence.

The custodial case manager must submit the SFN 45 – “Notice of Change” form to the Foster Care Sub-Adopt Eligibility Unit each time a change occurs with the case to ensure payment is correctly authorized to each provider and to avoid overpayments. A workflow was developed to help navigate the SFN 45 Efforts inclusive of Nexus PATH, custodial agency and CFS. ([Workflow SFN 45](#))

## **Secondary Placements 623-05-20-33**

**(Revised 1/1/25 ML #3887)**

[View Archives](#)

In the event a child is temporarily absent from the primary placement, a secondary placement must be entered into the data management system. Home visits to an unlicensed caregiver, parent, guardian or relative, are entered as secondary placements (relative placement) into the data management system and are limited to 14 days.

Secondary placements may include hospitalization, transition plan agreement, detention, certified shelter care, or overnight visits from one licensed provider to another.

Allowable Timeframes for Secondary Placements:

1. Hospitalization = 14 calendar days,
2. Runaway = 14 calendar days,
3. Detention = 4 calendar days,
4. Certified shelter care = 4 calendar days,
5. Overnight visitation = 4 calendar days, or
6. Transition plan agreement or other out of home placement, approved by the Department

A transition plan agreement applies only when a child is in a primary placement setting of a QRTP or PRTF. Policy can be found in 624-05-20-10-25.

Secondary placements are prohibited in 18+ Continued Care cases, with the exception of a hospitalization bed hold. The data management system does not allow for a secondary placement to be entered for 18+ cases; staffing with Children and Family Services Field Service Specialist is required.

Match Symbol:

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- Title IV-E eligible "FM" case placed into a secondary placement; the secondary placement must be coded "FN".
- Title IV-E eligible "NA" case placed into a secondary placement; the secondary placement must be "NR".

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## **Nexus-PATH Foster Care Rates 623-05-20-35**

**(Revised 1/1/2026 ML #3958)**

[View Archives](#)

Nexus-PATH provides services and supports to children and families as a licensed child placing agency. Children eligible for reimbursement meet the terms of the agreement signed between the agency and North Dakota Health and Human Services.

### Billing Address:

Nexus-PATH, Inc. ND  
1202 28th St S  
Fargo, ND 58103

Maintenance rates effective July 1, 2025:

<b>NEXUS-PATH RATES BY LEVEL OF CARE</b>	<b>Avg. Monthly Rate (30 day)</b>	<b>Fee for Service (daily)</b>
<b>Emergency Placement</b>	\$9,390	\$313/day
<b>Treatment Foster Care (TFC)</b>	\$9,390	\$313/day
<b>Base - Sibling, Perm, 18+, TPA</b>	\$2,700	\$90/day
<b>Base - Non</b>	ND daily rate based on age of the child	

NOTE: The "monthly" rate is provided for reference. The child's foster care reimbursement is paid as a daily fee for service, specific to the actual number of days the child is in the Nexus PATH provider placement during the service month. Foster care reimbursement is made to a licensed child placing agency (LCPA), the fee for service is inclusive of the administrative, training, case management and maintenance costs of care for the child. Foster care providers are reimbursed an established daily rate directly from the agency.

### **Nexus-PATH MONTHLY BILLING**

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Payments to Nexus-PATH will not be authorized until a billing statement has been received for the service month. The amount billed is based on the approved Children's Treatment Service - Level of Care (CTS-LOC) and number of days in placement, not to exceed the number of days in the month. There are two categories of "base rate" further defined below. Multiple populations of clients fall into each rate.

1. Base-Sibling, Perm, 18+, Transition Plan Agreements:
  - a. Child placed into the foster care provider home with their sibling who has an approved CTS-LOC for TFC;
  - b. Previous TFC eligible child who remains in their identified permanent home (adoption, guardianship, etc.);
  - c. Child receiving treatment in a QRTP or PRTF with a Transition Plan Agreement to discharge to a Nexus PATH TFC home; or
  - d. Child who entered the 18+ Continued Care program and was approved by the Nexus PATH Executive Director to remain in the home. 18+ cases remain eligible at the base rate until the last day of the month in which the child graduates high school. or the child is in 18+ Continue Foster Care and approved to remain in the placement. The provider is reimbursed at the BASE-Sibling rate.
2. Base-Non: A child placed into the TFC foster care provider home without a connection to a sibling and who is not eligible for TFC through the CTS-LOC will receive the age appropriate state daily rate.

Reimbursement of overlapping days of placement from one Nexus-PATH provider to another is prohibited, with the exception of transition of a child to a Supervised Independent Living setting or eligible secondary placement in a treatment foster home.

The Nexus-PATH billing office will send an individual child specific bill to FCSA Eligibility Unit monthly. Nexus-PATH payments are not automatically calculated by the payment system and require manual data entry by the assigned eligibility worker. The bill must be kept in the foster care eligibility file for auditing purposes.

Itemized Bill:

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1. Child specific - one bill per child
2. Provider specific - for bills containing multiple providers, each provider must have an approved placement in FRAME. Payment authorization will be made to each provider based on the billed dates and amount specific to that provider.
3. Secondary placements are only allowed when a child is visiting or transitioning to a treatment foster home from a non-Nexus-PATH provider (State home, residential, etc.) and will return to their primary placement before a formal placement change.
4. Irregular payments must be approved by the custodial agency worker.
5. The FCSA Eligibility Unit will authorize reimbursement to Nexus-PATH as the designated payee on behalf of the licensed provider.
6. Nexus-PATH will directly reimburse the foster care provider.

### **Nexus-PATH Overpayments**

If there is an overpayment made to a Nexus-PATH provider, the FCSA Eligibility Unit can auto-recoup the overpayment during either the supplemental or standard check write so long as the provider has a current foster care placement. An SFN 839 Foster Care Overpayment Notification will be sent to the Nexus-PATH billing office to notify them of the overpayment and provide instructions for repayment.

### **Nexus-PATH Irregular Payments**

Allowable irregular payment reimbursements per policy 623-05-25-05 are approved through the custodial agency worker as follows:

1. All irregular payments must be eligible and approved as set forth in policy. The custodial agency worker is responsible to monitor the child's irregular payment annual maximums allowed per category to ensure adequate funds are available prior to approval.
2. Receipts must be sent to the Nexus-PATH case manager for submission to the Nexus-PATH billing office. All irregular payments require a receipt

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and a SFN 903 Foster Care Provider Reimbursement Request for reimbursement. Nexus-PATH will attach the receipts and a SFN 903 to the monthly invoice. Receipts received directly from a foster care provider or custodial agency worker at the FCSA Eligibility Unit for a Nexus-PATH provider will be returned to the custodial agency worker for proper routing to the Nexus-PATH case worker.

3. Nexus-PATH will create an itemized bill with the standard maintenance rate for the specific level of care placement dates and any approved irregular expenses.

If Nexus-PATH's billing office has questions regarding the amount received over and above the standard foster care rate, the custodial agency worker will be contacted for placement date clarification.

Reimbursement of overlapping days of placement from one Nexus-PATH provider to another is prohibited, with the exception of transition of a child to a Supervised Independent Living setting or eligible secondary placement in a treatment foster home.

The Nexus-PATH billing office will send an individual child specific bill to FCSA Eligibility Unit monthly. Nexus-PATH payments are not automatically calculated by the payment system and require manual data entry by the assigned eligibility worker. The bill must be kept in the foster care eligibility file for auditing purposes.

### Itemized Bill:

1. Child specific - one bill per child
2. Provider specific - for bills containing multiple providers, each provider must have an approved placement in FRAME. Payment authorization will be made to each provider based on the billed dates and amount specific to that provider.
3. Secondary placements are only allowed when a child is visiting or transitioning to a treatment foster home from a non-Nexus-PATH provider (State home, residential, etc.) and will return to their primary

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placement before a formal placement change.

4. Irregular payments must be approved by the custodial agency worker.
5. The FCSA Eligibility Unit will authorize reimbursement to Nexus-PATH as the designated payee on behalf of the licensed provider.
6. Nexus-PATH will directly reimburse the foster care provider.

### **Nexus-PATH Overpayments**

If there is an overpayment made to a Nexus-PATH provider, the FCSA Eligibility Unit can auto-recoup the overpayment during either the supplemental or standard check write so long as the provider has a current foster care placement. An SFN 839 Foster Care Overpayment Notification will be sent to the Nexus-PATH billing office to notify them of the overpayment and provide instructions for repayment.

### **Nexus-PATH Irregular Payments**

Allowable irregular payment reimbursements per policy 623-05-25-05 are approved through the custodial agency worker as follows:

1. All irregular payments must be eligible and approved as set forth in policy. The custodial agency worker is responsible to monitor the child's irregular payment annual maximums allowed per category to ensure adequate funds are available prior to approval.
2. Receipts must be sent to the Nexus-PATH case manager for submission to the Nexus-PATH billing office. All irregular payments require a receipt and a SFN 903 Foster Care Provider Reimbursement Request for reimbursement. Nexus-PATH will attach the receipts and a SFN 903 to the monthly invoice. Receipts received directly from a foster care provider or custodial agency worker at the FCSA Eligibility Unit for a Nexus-PATH provider will be returned to the custodial agency worker for proper routing to the Nexus-PATH case worker.
3. Nexus-PATH will create an itemized bill with the standard maintenance rate for the specific level of care placement dates and any approved

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irregular expenses.

If Nexus-PATH's billing office has questions regarding the amount received over and above the standard foster care rate, the custodial agency worker will be contacted for placement date clarification.

**Residential Facility Rates 623-05-20-40****(Revised 7/1/2025 ML #3924)**[View Archives](#)

A qualified residential treatment program (QRTP) is an approved foster care facility setting specified in Family First Prevention Services Act (PL 115-123) federal legislation, NDCC 50-11 and NDAC 75-03-40. The department establishes a daily rate "fee for service" per NDAC 75-03-15, for all licensed/approved North Dakota QRTP's.

The daily foster care maintenance rates include resident room and board, food, care, standard clothing, personal supplies, education, recreation, child service-related transportation, difficulty of care costs, liability insurance coverage, utilities, etc.

During a child's placement in a QRTP, reimbursement may be available for eligible families to facilitate reunification efforts. Funding may be provided to cover the costs of the family expenses, meals, lodging, occasionally mileage, or commercial transportation as outlined in the irregular payment categories. North Dakota will reimburse allowable travel expenses to the facility with consideration of actual costs, not to exceed state per diem rates. Costs will be reimbursed based on North Dakota in-state rates, even if travel is to another state facility. Commercial transportation will be reimbursed at the actual rate. The facility and custodial agency worker are expected to seek the lowest possible rate when commercial transportation is required.

- For foster care billing purposes, these costs are considered a reunification cost and entered as an irregular payment, Category 50, Code 52.
- Verification of expenditures are required and must be retained for audit purposes.

Custodial agency workers will not receive invoices from the QRTP specific to the daily rate or difficulty of care rate. The department will facilitate reimbursement to the facility based on data entry. It is imperative

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custodial agency workers ensure timely placement entry into the data management system.

Irregular payments require an invoice and receipt(s) to be sent to the custodial agency worker for review and submission to the FCSA Eligibility Unit for reimbursement to the facility.

<b>North Dakota Qualified Residential Treatment Program (QRTP)</b>	
<b>Dakota Boys Ranch Assn. - Minot Campus</b> Box 5007, Minot, ND 58702-5007	<b>Provider # 7357</b>
<b>Home on the Range</b> 16351 I-94, Sentinel Butte, ND 58654-9500	<b>Provider # 7359</b>

QRTP fee for service rates are determined by the department and authorized by the FCSA Eligibility Unit in the ND payment system. Reimbursement is specific to the ND base rate and the child's difficulty of care rate. The child's difficulty of care (DOC) rate is determined by the third-party assessment and is billed as an addition to the base rate through irregular payment, category 64.

Maintenance rates effective July 1, 2025

<b>Payment Rates</b>	<b>DAILY RATE</b>
Base Level	<b>\$358/day</b>
Level 2 (IR category 64 = \$185/day)	<b>\$543/day</b>
Level 3 (IR category 64 = \$405/day)	<b>\$763/day</b>
Emergency Rate (IR category 64 = \$75/day) Max of 30 days when a child is initially placed.	<b>\$433/day</b>
QRTP Aftercare Respite Rate <i>Maximum of 7 days when an eligible child is offered temporary onsite respite care at a QRTP.</i>	<b>\$433/day</b>

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If a child is placed as a QRTP emergency placement, the child must have the required Children's Treatment Service - Level of Care (CTS-LOC) assessment completed. If the child does not receive a completed CTS-LOC assessment, from the Qualified Individual within 30 days, the entire QRTP stay is non-reimbursable.

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## Supervised Independent Living Rate 623-05-20-45

(Revised 7/1/2025 ML #3924)

[View Archives](#)

A supervised independent living (SIL) setting is an approved foster care setting detailed in Family First Prevention Services Act (PL 115-123) federal legislation, NDCC 50- 11 and NDAC 75-03-41. The department establishes a daily rate for all licensed/approved North Dakota SIL's. The daily foster care maintenance rates include resident room and board, food, care, standard clothing, personal supplies, education, recreation, child service-related transportation, liability insurance coverage, utilities, etc. Irregular payments are available for a child in foster care living in a supervised independent living setting. Nexus-PATH will send an invoice with monthly expenditures directly to the FCSA Eligibility Unit. The custodial case manager will be contacted if there are any questions or inconsistencies on the invoice prior to payment by the FCSA Eligibility Unit.

### Maintenance Rates effective July 1, 2025:

Supervised Independent Living (18+)	PROVIDER NUMBER	DAILY RATE
Nexus-PATH: Accommodated SIL	7384	\$139
Nexus-PATH: Supported SIL	7385	\$70

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### **Out-of-State Residential Placements 623-05-20-50**

**(Revised 5/1/21 ML #3617)**

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An interstate compact on the placement for children (ICPC) approval is required for any child placed out of state. The CFS Eligibility Unit will process the itemized bill/invoice received and submitted by the custodial case manager or agency designee. The eligibility worker must manually enter the standard maintenance payment into the payment system upon receipt of the bill. A copy of the bill must be retained in the foster care eligibility file.

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### **Ongoing Foster Care Reimbursement 623-05-20-65 (Revised 7/1/2023 ML #3736)**

[View Archives](#)

Ongoing foster care maintenance payments require:

1. A current court order, containing judicial determinations of “contrary to the welfare” and “reasonable efforts to prevent removal or return the child home” and timely judicial determination that the agency has made “reasonable effort to finalize the permanency plan”.
2. A current licensed foster care provider,
3. An approved care plan, and
4. If applicable, a current QRTP/PRTF Placement Request/Approval entered in the data management system for QRTP or PRTF placements.

## **Irregular Payments 623-05-25**

**(Revised 4/3/2023 ML #3709)**

[View Archives](#)

Irregular payments are available for a child in foster care if placed with a licensed or approved (Tribal Affidavit) foster care provider. Reimbursement can be authorized for expenditures incurred during the dates the child is placed with the licensed provider. The CFS Eligibility Unit will reimburse eligible irregular payments, subject to category maximums, for every child in foster care in a licensed setting. Receipts for foster care expenditures that are not subject to special instructions or limitations identified on a SFN 1042, Irregular Foster Care Payments form, will be authorized without prior approval.

Irregular payments are separated into categories and assigned various codes to ensure proper authorization of payment. Age limits are consistent with foster care payment age categories; however, expenditure limits may vary by category. Some categories are without limit. Each child's expenditure limits will reset:

1. Every twelve months from the initial date of foster care entry or
2. When a child has been discharged from foster care for more than 12 months.

The foster care provider must complete an SFN 903, Foster Care Provider Reimbursement Request. The form is required to be submitted with receipts and invoices. Each form must be child specific and only include one month of expenditures. Each receipt must be listed, the payment type identified and the description of the item must include the amount per item. Receipts and invoices must be attached to the SFN 903 and submitted to the case manager for review. The case manager is responsible to submit the form and receipts to the CFS FCSA Eligibility Unit.

It is the responsibility of the foster care case manager to:

1. Determine which irregular payment expenditures are necessary and appropriate,

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2. Budget the age-appropriate expenditure limit to ensure irregular payments are available throughout the year to meet the child's needs.
3. Track irregular payment totals to ensure limits are not exceeded. The custodial agency will be responsible for any reimbursement exceeding the child's annual maximums allowed per policy.
4. Submit receipts or required documentation for all irregular payments to [cfsfcsaunit@nd.gov](mailto:cfsfcsaunit@nd.gov).
5. Submit the SFN 1042, Irregular Foster Care Payments, only when the irregular payment requires special instructions, (ex: mileage vs gas receipt), payment limitations or the irregular payment category does not require a receipt

It is the responsibility of the CFS Eligibility Unit eligibility worker to:

1. Review received documentation and authorize eligible payments,
2. Track irregular payment totals,
3. Maintain receipts and documentation in the child's eligibility file, and
4. Notify the foster care case manager if there are any reimbursements submitted to the unit which cannot be authorized due to category limits, etc.

### **Irregular Payment Categories**

<b>Category</b>	<b>Description</b>	<b>Documentation Needed for Payment Authorization</b>
Category 10	Activities & Incidentals	Receipts & SFN 903
Category 20	Clothing	Receipts & SFN 903
Category 30	Emergency Placement	SFN 1042
Category 40	Child Care for Foster Child	SFN 920
Category 50	Travel for Foster Child	Receipts and documented travel calculations. SFN 1042 if needed.
Category 60	Excess Maintenance Payment (EMP)	SFN 904
Category 70	Parent/Infant Payment	SFN 1042

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Category 80	Extra QRTP Supervision	SFN 1042
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## 18+ Continued Care Irregular Payments

Irregular payments are available for a child in 18+ Continued Care. Reimbursement must follow the irregular payment policy with payments being authorized directly to the licensed provider.

## **Irregular Payment Specific to Placement Setting 623-05-25-05**

**(Revised 1/1/2025 ML #3887)**

[View Archives](#)

### Irregular Payments Family Foster Care Placement:

Children in foster care placed in a licensed or approved family foster home are eligible for irregular maintenance payments.

1. Category 10 Supplies, Camps, Activities & Incidentals - codes 11,12,13,14,15, and 16
2. Category 20 Clothing - codes 21 and 22
3. Category 30 Emergency Placement - code 31
4. Category 40 Childcare - codes 41 and 43
5. Category 50 Transportation - codes 51, 52 and 53
6. Category 60 Excess Maintenance - codes 61, 62, 63, and 64
7. Category 70 Minor Parent/Infant Care - Code 71, if the child in foster care has their own child in placement with them.

### Irregular Payments for a Non-Foster Care Placement:

Children in foster care placed in a non-foster care setting with an unlicensed provider, at the hospital, or in relative/kinship care do not qualify for irregular maintenance payments.

### Irregular Payments in Nexus-PATH Provider homes:

The irregular payment policy applies to children placed in Nexus-PATH provider homes. Children are eligible for:

1. Category 10 Supplies, Camps, Activities & Incidentals – codes 11, 12, 13, 14, 15, and 16
2. Category 20 Clothing – codes 21 and 22
3. Category 40 Childcare – codes 41 and 43
4. Category 70 Minor Parent/Infant Care– code 71, if the child in foster care has their own child in placement with them.

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Transportation costs when a child is placed in a Nexus PATH provider home are covered by Nexus PATH only when the provider or agency is completing the transportation for the child. Transportation costs associated with reunification or visitation required for the child's family must be managed by the custodial agency.

### Irregular Payments in a Supervised Independent Living (SIL) Placement:

Children placed in an accommodated or supported supervised independent living placement are eligible for irregular payments. The child must be in regular foster care or participating in the 18+ Continued Foster Care program.

Children placed in an SIL are eligible for:

1. Category 10 Supplies, Camps, Activities & Incidentals - codes 11, 12, 13, 14, 15, and 16
2. Category 20 Clothing - codes 21 and 22
3. Category 40 Childcare - codes 41 and 43
4. Category 60 Excess Maintenance - code 64 (limited to special circumstance only)
5. Category 70 Minor Parent/Infant Care - code 71 if the child in foster care has their own child in placement with them.

Category 60 requires prior approval by Children and Family Services Field Service Specialists. Code 64 is allowable on the rare occasion when the cost of caring for the child exceeds the standard maintenance rate. The SIL will provide an invoice with the individual cost for reimbursement.

### Irregular Payments in Qualified Residential Treatment Program (QRTP):

The irregular payment policy has limited reimbursement options for children placed in residential treatment. ND QRTP's have an established fee for service defined in N.D.A.C. 75-03-15.

Children placed in a QRTP are eligible for:

1. Category 10 Supplies, Camps, Activities, & Incidentals – codes 11, 12, 13, 14, 15, and 16
2. Category 20 Clothing – codes 21 and 22

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3. Category 50 Transportation – codes 51 and 52
4. Category 80 Extra Supervision – code 80

### Irregular Payments in Psychiatric Residential Treatment Facility (PRTF's):

Foster care funds cannot be used to reimburse for any portion of a child's cost of care in a PRTF, including irregular payments. Irregular payments may be included in the PRTF's direct rate based on historical costs as outlined in N.D.A.C 75-02-09-06 reimbursed by ND Medical Services.

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**Irregular Payments - Explanation by Selected  
Categories 623-05-30**

## **Category 10 - Activities & Incidentals 623-05-30-05**

**(Revised 11/5/21 ML #3639)**

[View Archives](#)

Foster children placed in a licensed or approved (Tribal Affidavit) family foster home or residential settings are eligible for irregular payments related to limited school supplies, extra-curricular activities, and personal incidentals. The foster care case manager is responsible to identify the needs of the child and discuss appropriate expenditure limits with the foster care provider. Foster care case managers must submit receipts for the CFS Eligibility Unit to process irregular payments and authorize reimbursement to the licensed provider.

General school supplies (paper notebooks, folders, binders, markers, crayons, pens, pencils, etc.) are included in the standard maintenance payment offered monthly to the provider. However, at times there are school fees above and beyond the routine school supply requirement. See the codes for Category 10 "Activities & Incidentals".

General household items, beds, bedding, towels, toiletries, dishes, sippy cups, water bottles, toys, books, and laundry supplies are expected to be furnished by the foster parent without the need to request additional reimbursement. However, for infant care there are purchases such as formula and diapers that may be approved for a limited monthly irregular payment. See infant care chart in [623-05-65](#).

### **Codes under Category 10:**

#### Code 11

- Field Trips,
- Specialized School Supplies; shop/art/lab fees, scientific calculator,
- School Pictures,
- Senior Pictures, Announcements, Cap/Gown, Class Ring

#### Code 12

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- Non clothing related athletic equipment including sport shoes
- Gym class required attire (shirt and shorts)
- Sports related personal incidentals

### Code 13

- Prom Dress
- Tux Rental

### Code 14

- Camp Registration and Fees
- Extra-Curricular Activity Fees (school activity pass, swimming lessons, karate, bowling club, gymnastics, dance, girl scouts, boys scouts, 4H, etc.)
- After school programming provided by the school district; when the program is not licensed as a ND child care provider.
- Driver's Education, considered a non-school curriculum expenditure.

### Code 15

- Music Lessons
- Instrument lease, rental, or purchase

### Code 16

- Personal Incidentals
  - School Backpack,
  - Personal Hygiene Items,
  - Cosmetics,
  - Over the counter medications,
  - Special dietary foods, and
  - Limited infant and toddler supplies

All Category 10 expenditures require receipts and are subject to expenditure limits based on the child's age. **No exceptions** to the maximum limit.

Age specific expenditure limits include:

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<b>Age Limits</b>	<b>Expenditure Limit/Year</b>
0-4	\$300
5-12	\$500
13+	\$700

The year is computed from the first date of entry into a paid foster care setting. If a child enters and leaves care during the same year, the yearly limit remains the same. The "expenditure limit/year" is a maximum amount per child regardless of multiple entries to foster care during that twelve month period of time.

Expenditures cannot exceed the age-appropriate limit during a one-year time period. Foster care case managers may choose to require or budget a quarterly maximum for each child to ensure that spending does not exceed the annual limit. For example: The 3 year old child is allocated \$75 per quarter, not to exceed \$300 per year.

Infant and toddler supplies should be limited to a monthly maximum for the purchases of formula, diapers, wipes and occasionally purchased items. See [Infant Care handout](#).

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## Category 20 - Clothing for Foster Children 623-05-30-10

(Revised 1/1/24 ML #3785)

[View Archives](#)

Children in foster care placed in a licensed or approved (Tribal Affidavit) family foster home or residential settings are eligible for a clothing allowance. The foster care case manager is responsible to identify the clothing needs of the child. Clothing purchased specifically for the child becomes the property of the child and must accompany the child upon leaving the placement. An inventory must be conducted of a child's clothing and belongings prior to any placement or change in foster care placement. Foster care case managers will submit the receipts to the FCSA Eligibility Unit to authorize reimbursement to the licensed provider.

Payment for ongoing clothing needs for a child is built into the daily standard maintenance rate reimbursed to foster parents monthly.

Age Limits	Built into Standard
0-4	\$60/month
5-12	\$70/month
13+	\$80/month

Children placed in a North Dakota QRTP facility have some clothing costs built into the daily rate established by the Department's rate setting process. Out of state foster care facility placements may not have clothing embedded into their rate. Foster care case managers must verify if the facility daily rate includes clothing.

### Codes under Category 20

#### 21 Initial Clothing Allowance:

- The initial clothing allowance is available to a child when he/she enters their first paid foster care placement.

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- The foster care case manager must work with the foster care provider to determine need and budget what clothing and how much clothing can be purchased.
- During the first five months of a child's first paid foster care placement, the child's clothing needs can be met with an initial clothing allowance, if needed.
- Clothing must be purchased within the first five months of initial placement.
- Receipts must be submitted timely to the FCSA Eligibility Unit before reimbursement to the licensed provider can be authorized.
- The FCSA Eligibility Unit will authorize eligible clothing reimbursements; the payment system will only allow reimbursement for the initial clothing allowance (Code 21) through the sixth month. Reimbursement requests received after the sixth month will be carefully reviewed for compliance and will require FCSA Eligibility Unit supervisor authority to authorize.
- In order for a child to receive the initial clothing allowance again, the child must have been discharged from foster care for a 12 month period (this is a date specific period).

<b>Age Limits</b>	<b>Expenditure Initial w/ in first 5 months</b>
0 - 4	\$400
5 - 12	\$400
13 +	\$400

## **22 Special Clothing Allowance:**

- A special clothing allowance may be authorized to replace clothing lost in a fire, flood, theft, other type of disaster, or for sudden growth spurts.
- The special clothing allowance rate is for emergency and extraordinary extenuating circumstances and should never be used to meet the ongoing clothing needs of the foster child.
- The special clothing allowance cannot be used to supplement the initial clothing purchases.
- The special allowance is not an entitlement.

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<b>Age Limits</b>	<b>Expenditure Limit/Year</b>
0 - 4	\$300
5 - 12	\$350
13 +	\$400

## **Out of State Providers:**

The clothing allowance for children placed out-of-state will be determined based on the rate of the receiving state. The rates are set by the receiving state and clothing may or may not be included in the out of state maintenance rate. If clothing is not included in the out of state rate, the ND irregular payment may be utilized.

**Category 30 - Emergency Placements 623-05-30-15****(Revised 7/1/25 ML #3924)**[View Archives](#)

A family foster care provider that incurs additional expenses at the time of placement or provides initial placement specialized care of a foster child with medical, mental health, or special needs, may be eligible for additional compensation for the first 15 days of the child's placement in foster care. The additional expenses cannot be covered under any other irregular payment category or under the daily standard maintenance payment. The emergency rate is not an entitlement or a required supplement for initial placement into a family home.

The foster care case manager is responsible to identify the needs of the child and foster parents. Foster care case managers will submit the SFN 1042 for the CFS Eligibility Unit to process the irregular payment and authorize reimbursement to the licensed provider.

Code under Category 30

31 – Emergency Foster Care Placement:

- This code is specific to and may only be applied when a child is initially placed in a licensed or approved (Tribal Affidavit) family foster home.

The emergency payment will increase the daily foster care maintenance rate for a maximum of \$40 per day to meet the additional extenuating expenditures as a result of the child's emergency placement. This irregular payment is calculated by subtracting the age-appropriate standard maintenance rate from \$40. The difference will be paid as an irregular payment, code 31, for no more than 15 days. If foster care placement extends beyond 15 days, the age appropriate standard maintenance rate will apply beginning with the 16th day of placement. If a child within the first 15 days of placement is moved from one family foster home to another, the irregular payment must be approved and can be paid if the emergency need has not been resolved and 15 days of foster care placement have not lapsed. If a child is on a trial home visit and is in need of emergency placement

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during that time, code 31 may be considered later in the life of the foster care episode if placement is required back into a foster home.

**Category 40 - Child Care for Foster Children 623-05-30-20**  
**(Revised 4/3/2023 ML #3709)**

[View Archives](#)

**Category 40 - Child Care for Foster Children 623-05-30-20**

Children in foster care placed in a licensed family foster home are eligible for child care reimbursement if case management determines a need. The foster care case manager is responsible to identify the child care needs and assist the foster care provider in securing reimbursable child care.

Informal, episodic child care (an evening out, volunteering, babysitting, etc.) is **not** reimbursable with an irregular payment as these costs are included in the foster care standard maintenance rate.

Foster care case managers must reassess the need for child care when a child in foster care has a:

1. Change in placement to a new licensed foster home or
2. Change in child care provider.

**Eligible Providers**

Children in a paid foster care placement are eligible for child care reimbursement if the provider of the child care service is:

1. Licensed per ND Early Child Care regulations as a center, group, family, or is self-declared, certified, or holds some other formal status approved by the state.
2. Licensed per CFS Licensing Unit regulations as a family foster care provider. A foster care provider may provide child care if they are meeting a community need to help provide child care during working hours of the primary foster care provider. Foster care providers cannot provide child care to more than two children in foster care, unless otherwise approved by the Department.

Foster care case managers must verify if the provider:

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1. Meets the state Early Child Care licensing regulations by visiting <http://www.nd.gov/dhs/services/childcare/info> or
2. Is in good standing as a foster care provider with the CFS Licensing Unit. This can be verified by looking at the ND Provider List on the CFS Insider for state homes or contacting [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov).

### **Codes under Category 40**

- 41 – Child Care for Foster Children (Employment Related)
- 43 - Child Care for Foster Children (Not Employment Related)

#### **Code 41** can be applied when:

1. A foster care provider is employed and child care is required during their working hours when a foster child is not in school,
2. A foster care provider is enrolled in and attending post-secondary education to obtain a degree or meet educational requirements for their current employment, or
3. A foster care provider is actively seeking employment; reimbursement for child care can be approved for a reasonable amount of time (Ex: Up to eight weeks) to allow for a proper employment search.

#### **Code 43** can be applied when:

1. The foster care provider is required to attend activities which are beyond the scope of “ordinary parental duties” that may include the following:
  - a. Child & Family Team meetings without the child
  - b. Court hearings without the foster child
  - c. Training required by the Title IV-E agency
2. Foster care provider Illness: Child care for the purpose of a foster care provider’s illness is not an allowable expenditure under Title IV-E foster care maintenance. However, state general funds may be used to accommodate child care costs in the event of a foster care provider’s extended illness (surgery, hospitalization, etc.). Reimbursement requires identified timeframes and pre-approval from the department (Field Service Specialist).

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## Reimbursement

Child care costs are reimbursable, meaning the service has to have been provided (completed). Foster care cannot:

1. Pre-pay or payment to hold a placement for child care service; and
2. Pay for charges incurred outside of the licensed foster care placement dates; child care dates in need of reimbursement must match dates the child was placed in a licensed foster home.

In addition, child care charges for a child in foster care cannot differ from the charge/cost of any other child enrolled in the child care setting. (Ex: Every fulltime 4 year old regardless of if they are in foster care must be charged the same rate). A bill for a child in foster care cannot exceed the standard community rate identified in the child care agreement or annual child care contract. If the CFS Eligibility Unit eligibility workers identify discrepancy of any kind, the custodial case manager is responsible to remedy the concern.

If available, case managers and/or foster care providers should request a copy of the child care provider's policy and payment agreement. If an agreement is not available, the case manager and/or the foster care provider should discuss the expectations of reimbursement with the child care provider and document the conversation.

## Rate

Licensed child care providers set their community daily rate. The primary placement (foster care provider) will be reimbursed by the Department at 100% of the allowable costs.

Licensed foster care provider providing child care (no overnights) to assist another foster care provider during working hours will be reimbursed at the rate determined by the Department. August 1, 2022, the rate is \$5/hour.

## Fees (Deposits, Transportation, etc.)

Child care fees such as a deposit, supplies, transportation cost to pick up or drop off from school, as well as the standard daily, weekly, or monthly rates are allowed to be itemized for reimbursement on the child care bill for foster care reimbursement. Fees charged on behalf of care for the foster child can be covered as part of the irregular payment.

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### Claiming Child Care Expenses

The [SFN 920](#) Foster Care - Child Care Invoice, is required to claim reimbursement for child care expenses. The Economic Assistance Child Care Assistance Program percentage reductions do not apply to children in a paid foster care placement. The SFN 616 Child Care Request For Payment billing form is specific to the Child Care Assistance Program and is not acceptable for foster care reimbursement.

**Invoice:** The [SFN 920](#) Foster Care - Child Care Invoice must be signed by both the primary placement (foster care provider) and child care provider and submitted to the case manager for review. The case manager must approve and submit the invoice to the CFS FCSA Eligibility Unit at [cfsfcsaunit@nd.gov](mailto:cfsfcsaunit@nd.gov). When a licensed foster care provider is providing the child care service, both foster care providers must sign the SFN 920.

Criteria to consider, when applicable:

1. When a child changes foster care placements, but remains with the same child care provider, an invoice must be completed for the timeframe the child was in care specific to each placement.
2. Child care billed at a monthly or weekly rate must be prorated for each foster care provider, not to exceed the child care provider's total monthly or weekly rate.
3. Child care providers that bill a weekly rate, can only bill for one week of child care that spans from the last week of one month into the first week of another month.
4. When a child is no longer in need of child care supervision or is moved to a different child care provider due to a change in foster care placement and received child care for any portion of a month, reimbursement must be made based on the child care provider's discharge policy.

### Required Training:

The cost of child care for the foster care provider's attendance at mandatory foster care provider training is an allowable expenditure. Children and Family Services Training Center (CFSTC) at the University of North Dakota facilitates child care reimbursement for approved foster care

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provider training. Reimbursement is capped by CFSTC at an hourly rate per child/ per day.

### **Child Care Expense Not Allowed under Foster Care Maintenance**

The federal regulations (P.L. 96-272) state reimbursement for the costs of providing child care to children in foster care are not intended to include reimbursement in the nature of a salary. Accordingly, child care provided to a foster child to facilitate a foster care provider's participation in activities that are within the realm of "ordinary parental duties" or child care activities which are deemed a social service are not reimbursable under foster care maintenance.

### **Foster Care Provider is also a Licensed Child Care Provider:**

Licensed foster care providers who are dual licensed and also hold a child care provider license, are not eligible to receive both a foster care maintenance payment and child care irregular payment on behalf of the same child. If the foster care provider identifies child care outside of the foster home, an irregular payment Category 40: Code 41 may be utilized.

A foster care provider that owns or is employed at a child care facility outside of their home, is eligible for child care reimbursement if the child in their care attends the facility in which they are employed.

### **Interstate Compact:**

A foster child placed out of the state of North Dakota through Interstate Compact would be eligible for Category 40 child care reimbursement if the foster child is:

1. In need of child care,
2. Placed in a licensed foster care provider home, and
3. Enrolled or attending a child care setting licensed or approved as authorized by the receiving state in which the licensed foster care provider resides.

### **Dependent Child:**

A child in foster care with a dependent child who is not in public custody, living with the foster child in the foster home, must apply for child care

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assistance to determine eligibility to cover the costs for the dependent child. If the minor parent does not work, attend school, has not yet applied, or does not qualify for child care assistance, irregular payment Category 40 could be applied for the dependent child's cost of child care.

### [Reference Chart](#)

"Child Care – Quick Reference Related to Foster Care."

## **Category 50 - Transportation Costs 623-05-30-25**

**(Revised 7/1/2023 ML #3736)**

[View Archives](#)

Transportation for a child in foster care is necessary to maintain family connections and assist with reunification efforts. Arranging for and paying costs of necessary transportation for a child to be placed in a foster home or a QRTP facility is the responsibility of the custodial agency (Human Service Zone, Division of Juvenile Services or Tribal Nation).

Transportation reimbursement is specific to a child placed with a licensed or/approved foster care provider. The custodial case manager is responsible to identify transportation needs that support the case plan. Transportation costs must be evaluated based on family need, family contribution, and travel schedule. The [SFN 1042](#), Irregular Foster Care Payment form should be completed and provided to FCSA Eligibility Unit prior to payment when transportation reimbursement limitations apply such as maximum number of miles, maximum number of times per day/week/month, if receipts or a travel log will be required for reimbursement, etc. The custodial case manager must submit receipts (tickets and lodging) and other supporting documentation (mileage calculations and per diem) to the FCSA Eligibility Unit for payment authorization to the foster care provider.

When a child is placed in a QRTP facility, the team must consider what a facility will provide to a parent or guardian upon arrival for visitation at the facility (Ex: lodging and meals). In order to claim reimbursement for travel, transportation costs must be calculated, documented, and provided to the FCSA Eligibility Unit eligibility worker for reimbursement. Reimbursement cannot exceed the current state rate for mileage and per diem.

**NOTE:** The basic foster care maintenance rate issued to the foster care provider includes the costs of transporting a child in foster care locally to and from sporting events, extra-curricular activities, school functions, etc.

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An irregular payment cannot be authorized to accommodate day-to-day transportation needs.

### **Codes under Category 50**

#### Code 51: Travel for Child in Foster Care:

1. The child in foster care travels to a home visit, or
2. The child in foster care travels to another location to visit their parents, siblings, relatives, or other caretakers for reasons of reunification or maintaining family connections.

#### Code 51 Documentation

Transportation costs must be calculated and determined by planning the trip for the child. Receipts (tickets and lodging) and other documentation (mileage calculations, travel log, and per diem) must be provided to the FCSA Eligibility Unit for payment authorization. Meal and mileage reimbursement must follow North Dakota guidelines and cannot exceed the established in-state per diem rates, even if the travel is to another state. The custodial case manager is expected to seek the lowest possible rate when public or commercial transportation (flight, bus, etc.) is required.

#### **Code 52: Travel for Parent/Guardian to a QRTP:**

1. The parent/guardian/other designee may be eligible for financial assistance for transportation costs to visit a child in foster care placed in a Qualified Residential Treatment Program (QRTP) or approved out of state foster care facility. Visits should be planned and approved by the case manager with agreement by the facility to reimburse the party at the time of the visit for the approved reimbursement amount. The facility must bill the travel expenses on their monthly invoice for reimbursement back to the facility. Visits may include participation in treatment activities (Ex: family week) provided by the facility requiring attendance from the family/designee to achieve the permanency goal and to maintain family connections.
2. The costs for additional family members to participate in the facility visit with the child in foster care is not reimbursable.

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### Parent Responsibility- Travel Costs limited to a QRTP placement:

Parents, if able, have a responsibility to be involved in their child's case plan and pay their own travel expenses related to visitation of their child placed in a residential facility (QRTP). This is separate from any amount they pay to child support. The custodial case managers must work with the parent(s) to review the need for financial assistance by completing the SFN 1023, "Foster Care Transportation Reimbursement Budget Sheet." The form is designed to determine eligibility for transportation reimbursement. Based on the information on the completed form, the parent(s) are either "eligible" or "not eligible" for transportation reimbursement. The parent(s) may reapply if their financial status changes or they are experiencing a financial hardship.

### Code 52 Documentation

Transportation costs must be evaluated based on family need, travel schedule, and understanding of what the facility will provide upon arrival. If determined eligible for reimbursement, transportation costs must be calculated by planning the trip for the approved parent/s or guardian. The facility and custodial case manager are expected to seek the lowest possible rate when commercial transportation is required. Reimbursement for meals and mileage must follow North Dakota guidelines and cannot exceed the established in-state per diem rates, even if the travel is to another state. The QRTP/facility must attach receipts (tickets and lodging) and other documentation (mileage calculations and per diem) to the monthly service bill/invoice to the FCSA Eligibility Unit for payment authorization.

### **Code 53: Travel for Foster Care Providers**

A family foster care provider may be reimbursed for transportation costs when a child placed in their home requires transportation to a school of origin that is located outside of the established school boundaries that apply to the foster care provider's residence.

### Code 53 Documentation

Documentation for approved transportation costs must include mileage calculations or receipts for the cost of public transportation (ex: bus tickets) and must be submitted to the FCSA Eligibility Unit for payment authorization. Reimbursement cannot exceed the current state rate for

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mileage or the established school/city bus transportation costs. Foster care irregular payment reimbursement for school transportation is available for children placed into a licensed or approved foster home. If the child is placed in an unlicensed home, transportation reimbursement to the school of origin cannot be accommodated with foster care funds. If a foster child's placement changes, the school of origin would be considered the school in which the child was enrolled at the time of the placement change.

### **Medical Travel for Child in Foster Care**

Transportation costs for medical services and appointments are not allowable expenditures with foster care funds. Medical travel may be covered by ND Medical Services if the foster care provider can enroll as a Non-Emergent Medical Transportation (NEMT) provider. Medical Services information and applications for enrollment can be obtained by:

1. Overview =  
<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/provider-enrollment-faq.pdf>
2. Help Center/Customer Support Line = 866-614-6005
3. Email [dhsmed@nd.gov](mailto:dhsmed@nd.gov)

### **Quick Reference Chart - Transportation**

1. Transportation Reimbursement – [Quick Reference](#).

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## Category 60 - Excess Maintenance Payments (EMP) 623-05-30-30

(Revised 10/1/2025 ML #3945)

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A licensed family home or approved (Tribal Affidavit) provider may be approved for an Excess Maintenance Payment (EMP) when the care of a child requires a higher level of physical, emotional, and/or material resources. An EMP can be approved at any time throughout the life of the case.

The [SFN 1865](#) Foster Care Child Needs Assessment and Agreement must be:

1. Signed by the Custodial Agency and the CFS Field Service Specialist.
2. Specific to a six month maximum timeframe;
3. Effective within the placement dates of the foster care provider, not to exceed the last day of the placement.

A new agreement is required every six months, with a change in provider, and when a level change is appropriate.

### Change in Placement

An agreement automatically ends with a change in placement. A new agreement is required for the new provider if applicable to the provider type.

### The EMP levels are:

Level	Code	EMP Rate/Day
Level I	Code 61	\$3.33/day (estimated \$100/mo.)

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Level II	Code 62	\$5.00/day <i>(estimated \$150/mo.)</i>
Level III	Code 63	\$6.66/day <i>(estimated \$200/mo.)</i>
Level IV	Code 64	Monthly allowable amount

\*The estimated amount is calculated using a 30 day month

The foster care provider is entitled to payment reimbursement for each full day within the approved duration of time for which they provide care. The payment system automatically calculates the payment based on the EMP daily rate for levels I, II, III. Level IV, code 64, is used for licensed family providers and in reimbursement of the level of care over the base rate to qualified residential treatment providers.

### **Level IV Code 64**

Excess maintenance payment for level IV requires approval from the Children & Family Services Field Service Specialists. The total amount of the EMP is determined based on the SFN 1865 and must exceed level I, II, and III maximum amounts. The EMP total for level IV must be manually entered into the payment system once determined. A partial month of payment must be prorated.

QRTP Placement: Level IV EMP approval requirements **do not apply** to children placed in qualified residential treatment program (QRTP) placements. The Department has a contract with a third-party vendor who determines the approvals and difficulty of care levels for children placed in a QRTP.

### **Out of State Providers:**

Out-of-state placements are reimbursed at the rate of the receiving state. The receiving state may have a rating scale to determine if an excess

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maintenance payment is needed to accommodate the child in placement, if not the foster care case manager can use the [SFN 1865](#) Foster Care Child Needs Assessment and Agreement to determine need. If a North Dakota child is placed in an out of state family foster home, which receives direct reimbursement from the Department, and the need of the child exceeds the out of state maintenance rate, an EMP may be approved. Out of state foster care agencies that bill North Dakota for child placement costs including a difficulty of care rate along with their standard daily rate, are not required to have a [SFN 1865](#) on file, as North Dakota will reimburse the therapeutic agency as billed.

Case managers seeking out of state residential, must complete the ICPC process and receive approval for placement into a licensed qualified residential treatment program (QRTP). North Dakota will not reimburse for any placement days in a residential facility unless the facility is licensed as a QRTP.

## **Category 70 - Minor Parent/Infant Foster Care 623-05-30-35**

**(Revised 5/1/21 ML #3617)**

[View Archives](#)

Category 70 irregular payments are specific to and may only be applied when a foster child is placed in a licensed or approved (Tribal Affidavit) family foster home with their dependent child. The dependent child has not been adjudicated deprived and remains living with the foster child in his/her placement. The intent of the irregular payment is to provide financial reimbursement to the foster child and/or foster parents in an effort to support the costs of caring for the dependent child. The foster care case manager must submit [SFN 1042](#) to the CFS Eligibility Unit for payment authorization to the foster parent.

### **Code 71 – Minor Parent/Infant Foster Care:**

- This code will cover the maintenance costs for the dependent child living with the minor foster child at the age specific ND standard maintenance rate.
- If the minor parent and their dependent child are later separated, the needs of the dependent child can no longer be included in the minor parent's foster care maintenance payment as a category 70 irregular payment.

**Dependent Child - TANF:** The state is prohibited from including the dependent child - of a minor parent in a TANF assistance unit, if the dependent child of a minor parent is receiving foster care maintenance payments under category 70. Meaning the minor parent (foster child) is not eligible to apply for TANF until he/she is discharged from foster care.

**Dependent Child - Medical Assistance:** The minor parent (foster child) must apply for Medical Assistance for their dependent child. However, a dependent child whose costs in a foster family home or child care institution are covered by the Title IV-E foster care maintenance payments being made with respect to his/her minor parent (foster child) is

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categorically eligible for medical assistance under Title XIX because of the IV-E eligibility determination. Refer to Manual Chapter 510-05 (Medicaid Eligibility Factors), or contact the CFS Eligibility Unit if you have questions.

**Dependent Child - Child Care Assistance**: A minor parent (foster child) may be eligible and should apply for Child Care Assistance for their dependent child. If not eligible for child care assistance, foster care irregular payment code 41 may be utilized if appropriate.

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### **Category 80 - Extra QRTP Supervision 623-05-30-40 (Revised 10/1/21 ML #3637)**

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A Category 80, Code 80, irregular payment may be considered if a child requires extra one-on-one supervision in a residential facility (QRTP). The irregular payment option is specific for a limited period of time to stabilize or transition the child to a setting that may better address the child's needs.

Prior to considering a request for extra supervision in a QRTP, the custodial case manager must thoroughly review the situation to ensure that the current setting is indeed an appropriate placement for the child.

Approval for a Category 80 irregular payment requires approval from the Children & Family Services Foster Care Administrator. This irregular payment is for a specified one-on-one caregiver, for a set number of hours per day at a specified rate, and for a limited period of time. Category 80 is rarely used, but available in special, limited circumstances. The approval must be placed in the eligibility file for auditing purposes. The custodial case manager must submit the email approval and SFN 1042 detailing the facility costs to the CFS Eligibility Unit for payment authorization.

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### Education 623-05-35

(Revised 1/15/12 ML #3306)

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When the care of a child is paid through foster care funds, it will ordinarily be expected that the child will attend a public school. **Foster care funds are not used for educational services** including correspondence courses. Education needs of the child either in North Dakota or out-of-state are the responsibility of the local school district and/or the Department of Public Instruction (DPI). Education placements (Boarding Care) are the total responsibility of the local school district and/or DPI. Discuss funding for any educational needs for foster care children with the local school district.

## **Boarding Care for Special Education Students 623-05-35-10**

**(Revised 11/1/10 ML #3250)**

[View Archives](#)

Funds for children who require board and room to attend special education classes are available through the local school district in cooperation with the Department of Public Instruction. This service is considered boarding care, and is not foster care. The foster care payment program is not available to children who need board and room (boarding care) to be able to attend special education classes to meet their educational needs and who otherwise would be living at home. Questions regarding boarding care should be referred to the local special education director at the public school system.

Children who are under the care, custody, and control of a public agency, or the North Dakota Department of Human Services in foster care and in need of special education classes continue to be eligible for foster care payments for the days the child is physically in the foster home.

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**Purchase of Foster Care Services From Other Agencies  
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**Approved Agencies for Payment 623-05-45-05**  
**(Revised 7/1/2023 ML #3736)**

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North Dakota Department of Health and Human Services (HHS) has the authority to license providers on various levels. For a provider to receive reimbursement for providing the safety service of foster care, the agency and/or provider must be licensed/approved by the CFS Licensing Unit. Below are the listed provides:

1. **Family foster homes for children:** An authorized licensing agent includes any approved Licensed Child Placing Agency (LCPA) or Tribal Nation working with the department to license a family foster home for children.
2. **Licensed Child Placing Agencies (LCPA):** The department licenses ND agencies to assist in licensing ND foster and/or adoptive homes. If the licensed or approved (tribal affidavit) home is providing foster care, the agency and/or provider is reimbursable. ND LCPA's include:
  - a. Various Adoption Agencies
  - b. Foster care agency = Nexus-PATH ND
3. **Qualified Residential Treatment Program (QRTP):** Children & Family Services Licensing Unit will issue a license/approve to ND facilities to provide residential treatment services. QRTP's are reimbursable and specific contact information and rates can be found in 623-05-20-40. ND QRTP's include:
  - a. Dakota Boys and Girls Ranch (Minot)
  - b. Home on the Range (Beach)
4. **Supervised Independent Living (SIL):** Children & Family Services Licensing Unit will issue a license/approve to ND agencies to provide supervised independent living services. SIL's are reimbursable and specific contact information and rates can be found in 623-05-20-45.
  - a. Nexus PATH -Accommodated
  - b. Nexus PATH -Supported

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5. **Psychiatric Residential Treatment Facilities (PRTFs):** Behavioral Health licenses ND PRTF's. ND Medical Services provides reimbursement for the placement, as foster care funding is not utilized in the medical/psychiatric setting. ND PRTF's include:
- Ruth Meiers - Grand Forks, ND
  - Dakota Boys & Girls Ranch – Western Plains - Bismarck, ND
  - Dakota Boys & Girls Ranch - Fargo, ND
  - Dakota Boys & Girls Ranch – Minot, ND
  - Luther Hall - Fargo, ND
  - Pride-Manchester House - Bismarck, ND
6. **Dual Licensed Providers:**
- a. Dakota Boys and Girls Ranch is dual licensed to provide both QRTP and PRTF levels of care in state.
  - b. A family foster home may be dual licensed to provide care to children and or to provide care to adults. The funding sources are different and the CFS Licensing Unit will manage the licensing. If a provider is licensed to provide foster care to children, they are eligible to receive reimbursement from FCSA Eligibility Unit.
7. **Out of State Approved Vendors:** Children & Family Services Interstate Compact on Placement of Children (ICPC) oversees the out of state vendor list. If services are not available in state for the child in foster care, an out of state placement must be approved by ICPC and may be secured. The **only** vendors/providers approved for reimbursement are listed on the Out of State Placement Option sheet located on the HHS website at:  
<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/youth-out-of-state-placement-options.pdf>

## **ND Medicaid - Eligible Foster Children 623-05-45-10**

**(Revised 5/1/21 ML #3617)**

[View Archives](#)

Medicaid eligibility questions regarding foster children should be referred to the CFS Eligibility Unit. If the child is eligible for Title IV-E benefits, this child becomes “categorically” Medicaid eligible. The eligibility worker will authorize Medicaid coverage accordingly. If the child is not eligible for Title IV-E benefits, a Medicaid determination must be made according to policy set forth by ND Medicaid eligibility policy. See [DN 1475](#) "Foster Children - Medicaid" for quick reference.

Foster care case managers and foster care providers must inform the medical provider of the foster child's Medicaid eligibility status. Foster children entering placement with a therapeutic/treatment foster care provider must have their Medicaid eligibility determined prior to referral. The treatment (rehabilitation) amount may be paid by Title XIX, or some other resource. Rehabilitation costs CANNOT BE PAID THROUGH FOSTER CARE.

Excess medical expenses billed to the custodial agency, not reimbursable by Medicaid or other insurance, are not a foster care expense and cannot be paid with foster care funding. It is important case management assist foster care providers in identifying and utilizing medical providers who accept ND Medicaid or who are willing to enroll as ND Medicaid providers.

Medicaid eligibility for young people aging out of ND foster care must meet the requirements of Medicaid eligibility policy in order to obtain and maintain Medicaid until the age of 26. See [DN 1476](#) “Former Foster Youth – Medicaid” for quick reference.

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### **Medicaid Identification/Notification 623-05-45-15**

**(Revised 5/1/21 ML #3617)**

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Upon entry into ND foster care, the child's Medicaid eligibility will be determined. The custodial case manager will be notified of the child's Medicaid case number. A Medicaid Identification Card is only issued upon request.

The custodial case manager should provide the Medicaid information to the child's caregiver or foster care provider.

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## Forms 623-05-60

(Revised 4/3/2023 ML #3709)

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Foster care payment related forms include:

1. Notice of Change, [SFN 45](#)

The Notice of Change, SFN 45, is a required form which must be completed by the foster care case manager when changes occur in the child's case; including placement, foster care status, and parent information. The intent of this form is to immediately update/alert the eligibility worker to make payment authorization adjustments accordingly. Overpayments will occur if the eligibility worker is not notified by the case manager of a placement/status change. CFS FCSA Eligibility Unit staff must forward a copy of the completed form to Child Support if there is a change in health information or parent information.

2. Credit Form, [SFN 827](#)

Any payments to the Department for foster care refunds and reimbursements must be submitted with Credit Form, SFN 827. The child's name and foster care case number must be included to ensure proper credit. An overpayment or a receivable must exist in the payment system before the SFN 827 is submitted to Fiscal Administration. Fiscal will use the service month, match code, and description of payment provided on the form to properly apply the payment.

3. Foster Care - Child Care Invoice, [SFN 920](#)

The Foster Care - Child Care Invoice, SFN 920, is required for child care providers and foster care providers when claiming child care reimbursement for foster care children in paid foster care placements.

4. Irregular Foster Care Payments, [SFN 1042](#)

Foster care case managers must complete this form when the irregular payment requires special instructions, (ex: max mileage vs

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gas receipt), payment limitations or the irregular payment category does not require a receipt. Receipts for foster care expenditures that are not subject to special instructions or limitations will be authorized by the CFS Eligibility Unit without the requirement of prior approval. All irregular payments are subject to category maximums for every foster child in a licensed setting. The custodial agency will be responsible for any reimbursement exceeding the child's annual maximums.

5.

Foster Care Provider Reimbursement Request, [SFN 903](#)

The Foster Care Provider Reimbursement Request form is required to be completed by the foster care provider to request reimbursement of receipts and invoices eligible as an irregular foster care payment. Each receipt must be listed, the payment type identified and a description of the items, including the amount per item. Receipts or invoices that include more than one payment type should be separated out per payment type (ex: clothing listed on one line and incidental listed on another for the same receipt date). Receipts and invoices must be attached to the SFN 903 for submission to the case manager

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## Charts 623-05-65

(Revised 7/1/2025 ML #3924)

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Below are a variety of charts that will assist foster care case managers in quickly applying policy specific to irregular payments, provider rates, and annual maximums.

1. [Child Care Quick Reference](#)
2. [Transportation Quick Reference](#)
3. [Irregular Payment Categories & Codes \(Family\)](#)
4. [Irregular Payment Categories & Codes \(Residential\)](#)
5. [Infant Care Purchases](#)
6. [ND Maintenance Rates](#)
7. [Workflow: NEXUS PATH SFN 45](#)