ADMINISTRATIVE DIRECTIVE

TO: Commissioners of Social Services

SUBJECT: Reimbursable Absences from Foster Care and Approved Schools for the Handicapped Department Regulation 605.2

SUGGESTED DISTRIBUTION: All Child Welfare Staff Accounting Staff Voluntary Foster Care Agencies Approved Schools for the Handicapped Out-of-State Contract Schools Staff Development Coordinators

CONTACT PERSON: Questions concerning this release should be directed to Joseph A. Della Rocca, Bureau of Resource Management at 1-800-342-3715, Extension 3-1496 or (518) 473-1496.

DATE: December 26, 1986

I. PURPOSE

The purpose of this Directive is to advise local districts of an amendment to Section 605.2(c)(4)(vii) of the Department's Regulations effective immediately. This regulation defines reimbursement of expenditures for the care of a child provided by a district directly or through purchase of service contracts in authorized agencies and care provided by approved schools for the handicapped when the child is absent due to hospitalization. The amended regulation provides for additional reimbursable time for hospitalized children who have Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or who test positive for HTLV-III virus.

FILING REFERENCES

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II. BACKGROUND

The provisions in the previous regulation, 18 NYCRR 605.2(e)(4)(viii) were too restrictive for children with AIDS, ARC, or who test positive for HTLV-III virus for inpatient hospital care. Experience has shown that this group of children generally has to be hospitalized more than 15 days per calendar year.

Given the ever expanding need for foster care for children with AIDS, it is imperative that we not penalize those agencies and foster parents willing to take these children by cutting off reimbursement after 15 days in one calendar year. The amendment will allow reimbursement to continue for 30 days per episode of hospitalization to authorized agencies operating group programs and to approved schools and 60 days per episode to authorized agencies operating foster boarding home programs and to the foster parent.

III. PROGRAM IMPLICATIONS

It is the Department's intent, by providing additional reimbursement for children with AIDS, to recognize the prognosis of the disease. Recurring hospitalization is to be expected. During those times it is critically important that agency personnel and the foster parents continue contact with the child. These efforts are important as they improve the possibilities of early stabilization and discharge. It is the intent of the more liberal absence policy to remunerate these efforts as well as to maintain a place for the child in the same agency and home for reasonable periods of time.

This amendment to 18 NYCRR 605.2(e)(4)(viii) recognizes the periodic need of people with AIDS, AIDS Related Complex, or who test positive for HTLV-III virus for inpatient hospital care. As the disease progresses, the episodes of hospitalization become more frequent and longer.

The amended regulation reads as follows:

(viii) absences due to hospitalization — up to 15 days per calendar year, except that in cases in which a child is diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or has tested positive for HTLV-III virus, the maximum number of absences per each episode of hospitalization for which reimbursement shall be available is as follows:

(a) up to 30 days of absence for children residing in a group home, group residence, agency boarding home, or approved residential school for the handicapped prior to the hospitalization, and

(b) up to 60 days of absence for children residing in a foster family boarding home prior to the hospitalization. Reimbursement in such cases shall include both administrative expenses and the pass-through payment to the foster parent.

IV. REQUIRED ACTION

A. With regard to reimbursement for absences of a foster child from an authorized agency, each local social services district should amend its local Purchase of Services and Maintenance Agreements to reflect this change. In addition, this definition, supersedes Section 1, Definitions, page 3, Item 14, Payments for
Absences, of 78-ADM-85, Model Contracts for Local Purchase of Child Foster Care Services and Maintenance Agreements and Section III, PROGRAM IMPLICATIONS, page 4, A (viii) of 85 ADM-7, Reimbursable Absences from Foster Care and Approved Schools for the Handicapped.

B. In the case of children placed by Committees on Special Education (CSE), formerly COH, in an approved residential school and/or authorized agency, each local social services district shall reimburse the school or agency for absences caused by inpatient hospital care as defined in Section III above.

C. For foster children placed in an authorized agency, there shall be a copy of the appropriate diagnosis signed by a licensed physician in the medical section of the Uniform Case Record.

For children placed by Committees on Special Education, the approved or contract school shall submit a copy of the diagnosis signed by a licensed physician with the initial bill for the children in question.

V. SYSTEMS IMPLICATIONS

All billable absences should not be reported to CCRS movement activities. Only non-billable absences should be reported as an absence.

VI. EFFECTIVE DATE

This Directive is effective November 13, 1986. This is the date of the emergency filing of the amended regulation.
Pursuant to the provisions of Sections 20(3)(d), 34(3)(f), 153(1), and 398-a(2) of the Social Services Law, I, Cesar A. Perales, Commissioner of Social Services, do hereby amend subparagraph (viii) of Section 605.2(c)(4) of the Official Regulations of the State Department of Social Services, being Chapter II of Title 18 NYCRR.

I, Cesar A. Perales, Commissioner of Social Services do hereby certify that this is the duly adopted original of an order of the State Department of Social Services which is adopted as an emergency measure on Nov. 13, 1986 pursuant to the provisions of Section 202.6 of the State Administrative Procedure Act.

There is a need for the emergency filing of this regulatory amendment because of the rising number of children suffering from Acquired Immune Deficiency Syndrome (AIDS) whose foster care placements will not be maintained during prolonged hospitalization because of existing regulatory reimbursement limitations.

Dated: November 13, 1986

Signed: [Signature]

Commissioner
Subparagraph (viii) of Section 605.2(c)(4) is amended to read as follows:

(viii) absences due to hospitalization - up to 15 days per calendar year, except that in cases in which a child is diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or Aids Related Complex (ARC) or has tested positive for HTLV-III virus, the maximum number of absences per each episode of hospitalization for which reimbursement shall be available is as follows:

(a) up to 30 days of absence for children residing in a group home, group residence, agency boarding home, or approved residential school for the handicapped prior to the hospitalization, and

(b) up to 60 days of absence for children residing in a foster family boarding home prior to the hospitalization.

Reimbursement in such cases shall include both administrative expenses and the pass-through payment to the foster parent; and