

## Emergency Placement Funds FAQ

### **Where can I find the link to the most up to date Option #3 form request?**

<https://www.ncdhhs.gov/emergency-placement-fund-approved-alternative-option-request/download?attachment>

### **The DCDL references that these funds are meant for short-term temporary options until the appropriate behavioral health treatment is located. What constitutes as “short term?”**

For the use of Emergency Placement Funds, the determination of “short-term” is a period of no more than two months. These funds are not meant to replace the local county and LME/MCO process to work expeditiously to secure appropriate levels of care and treatment for children and youth.

### **What will be needed on the Option #3 form request for EPF Review Committee to approve request for funding an unlicensed placement?**

- Verification of court approval
- Type of unlicensed placement
- Verification of and reason why LME/MCO Medicaid will not pay for the placement

*Please note that requests for funding a placement in an unlicensed respite facility is not an approved use of funding, even if the county child welfare agency received court approval for placement in this setting.*

### **Can these funds be used for unlicensed Alternative Family Living homes or unlicensed respite?**

No, please refer to this DCDL for more information:

<https://www.ncdhhs.gov/cws162023/download?attachment>

### **Can these funds be used for the cost of hotels?**

These funds cannot be used for a hotel stay. While a hotel room is not a DSS office, it is not a placement nor does it address the child’s behavioral health needs. These funds are being provided to assist county departments of social services in **preventing** children from staying in the DSS office or other unlicensed settings supervised by DSS or contracted staff while awaiting an appropriate Medicaid leveled treatment placement.

### **Do counties need to submit the NC DSS Approved Alternative Option form for situations approved in options 1 and 2 on the DCDL?**

No, these items are already approved.

### **Can the funds be used for a child that does not have behavioral health needs? For example, to prevent a child from being in the office because a placement cannot be secured due to homes being full, sibling groups, etc.**

The DSS Emergency Placement Fund is one initiative within \$80 million allocated to directly support child and family well-being with specialty treatment programs and intensive supports for children with **complex behavioral health needs**. These funds are being provided to assist county departments of social services in preventing children from staying in the DSS office while awaiting an appropriate Medicaid leveled treatment placement.

### **Can these funds be used to offset overtime cost and possible renovations to a DSS building to create space for children who may need to potentially be housed? Can these funds be used to offset costs for unlicensed settings supervised by DSS or contracted staff?**

These funds cannot be used for the requested purposes. The DSS Emergency Placement Fund is one initiative within \$80 million allocated to directly support child and family well-being with specialty treatment programs and intensive supports for children with complex behavioral health needs. These funds are being provided to assist county departments of social services in **preventing** children from staying in the DSS office or other unlicensed settings supervised by DSS or contracted staff while awaiting an appropriate Medicaid leveled treatment placement.

**When paying the level II rate for a child who is waiting to be leveled, how does a county request reimbursement for that? Does each child need to be listed individually or can the county do a summary cost each month?**

All eligible costs for these funds are reported as a single / total amount on the Part II for reimbursement. Only when the county is wanting to utilize the funds for project / item 3 would they need approval.

**Question regarding use of short-term enhanced rates with a vendor while awaiting a Medicaid leveled treatment: When keying on the DSS 5094, should the enhanced rate or just standard board rate be used?**

**Reimbursement requests should not be claimed on two different forms.** Please refer to this section of the DCDL for direction:

2. Pay a short-term temporary enhanced rate to an identified placement provider who is currently or will provide care and supervision to youth who have behaviors that require an exceptional level of supervision. For children who are awaiting a Medicaid leveled treatment placement, these funds can be used to pay a placement that will aid in meeting the child's immediate needs. The amount above the board rate will be reimbursed by submitting the DSS-1571 Part II.

**Approved Option #3**

The following are options that county DSS agencies have submitted for option #3 thus far and received approval. A reminder that these requests still had to meet criteria outlined in the DCDL in that funds are meant to be temporary, specific to children or youth with complex behavioral health needs, and the child or youth is at risk of placement in a DSS office.

- Paying for social work staff or therapeutic sitters to sit with child in Emergency Department or Behavioral Health Urgent Care (BHUC) centers
- Paying for sessions with a therapist not funded by Medicaid who a child has an established relationship with to prevent a placement disruption that would place the risk at child of being in the DSS office
- Paying for respite childcare with an experienced foster parent for a child who is denied or expelled from childcare settings and the foster placement has to work.
- Transportation costs to out of state PRTF when placement in NC cannot be established and child is at risk of being placed in DSS office.
- Payment to support home modification devices and ASL interpreting services to assist with placement with a relative grandmother who is deaf and utilizes sign language. Sibling group of 3 were at risk of losing placement and this was to prevent placement in DSS office.

\*In all situations above, the child has a behavioral health diagnosis.