



Wayne County
Juvenile and Youth Services

SUBJECT:

Non-Scheduled Payments

POLICY NUMBER:

1200.03

GOVERNING AUTHORITY:

Child Care Fund (CCF)

DIVISION:

Community Supervision

PAGE:

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AMENDMENTS:

(1)

PURPOSE:

This policy establishes mandatory requirements for the authorization, documentation, and approval of non-scheduled payments for post-adjudicated youth assigned to a Care Management Organizations (CMOs) under court supervision to ensure fiscal accountability, medical necessity, child-care fund compliance and compliance with any contractual and regulatory standards.

SCOPE:

This policy applies to all CMOs and all subcontracted providers operating under their direction when providing services to post-adjudicated youth under the supervision of Wayne County Juvenile and Youth Services Department (WC-JYS).

Definitions:

1:1 Supervision: Continuous, individualized, line-of-sight supervision provided solely to one youth and requiring dedicated staffing that exceeds the contracted residential staffing model.

Care Management Organization (CMO): The agency responsible for care management and service coordination for youth served through WC-JYS, including case management, service planning, and coordination of subcontracted service providers.

Child Care Fund (CCF): A State of Michigan reimbursement program administered by the Michigan Department of Health and Human Services that provides financial reimbursement to counties and tribes for community-based programming for child welfare and juvenile justice youth, and placement costs for youth involved in juvenile justice cases.

Community-Based Care: Court-ordered supervision and services provided to a youth who remains in the home or community and is not placed in out-of-home care. Community-based care includes Level 1 and Level 1.5 probation and consists of case management, treatment services, and other court-authorized support delivered in the community setting.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): A federally mandated Medicaid benefit that requires states to provide comprehensive screening, diagnostic, and

medically necessary treatment services to Medicaid-eligible youth under age 21 to identify and address physical, behavioral, and developmental conditions.

Medical Assistance (MA): A federally authorized and state-administered public health insurance program (Medicaid) that provides medically necessary physical and behavioral health services to eligible youth, as determined by the Michigan Department of Health and Human Services (MDHHS).

Non-Scheduled Payment: A request for payment for services or items not included in the contracted rate structure and not otherwise available through public or private funding sources. Approval shall be granted only upon compliance with policy requirements, required documentation, and established authorization thresholds.

Out-of-Home Care: Court-ordered supervision and services provided to a youth who is placed outside of the home in an approved placement setting. Out-of-home care includes Level 2 probation and consists of case management, treatment services, and other court-authorized support delivered within the placement setting.

Procedures:

A. General Authorization Requirements

1. All non-scheduled payments require prior written authorization from WC-JYS.
2. WC-JYS shall serve as the sole approving authority for all non-scheduled payments.
3. Requests must be submitted in writing on the approved Non-Scheduled Payment Authorization Request Form and include all required documentation and information outlined in this policy.
4. Each request must be signed by the CMO Executive Director or designee formally authorized in writing.
5. The CMO must provide documentation demonstrating that the requested service or item is not available through any other public or private funding source. Documentation must include verification attempts, denial notices, or written confirmation from the funding source.

B. Non-Scheduled Payments by Level(s) of Probation

1. Level 1 and Level 1.5 Probation – Community-Based Care

For youth receiving community-based services, non-scheduled payments may be authorized when the requested expense is:

- Child-specific and directly related to the youth's court-ordered supervision or treatment plan
- Not included in the contracted service rate
- Not available through another public or private funding source

Allowable non-scheduled payments in community-based care are limited to case-specific services or items that support treatment goals, ensure

compliance with court-ordered supervision, or stabilize the youth in the community.

All approved expenditures must be documented in the youth's case notes, incorporated into the treatment plan and must comply with Child Care Fund (CCF) reimbursement requirements.

2. Level 2 Probation – Out-of-Home Care

For youth placed in out-of-home care, non-scheduled payments are limited to expenses that are not included in the established per diem or maintenance rate.

Non-scheduled payments in out-of-home care may be authorized only when:

- The expense is child-specific and necessary to address an identified treatment need
- The cost is not covered by the placement rate
- The expense is not otherwise available through Medical Assistance (MA), private insurance, or other funding sources.

Expenses that are customarily included in the daily facility rate are not eligible for separate non-scheduled reimbursement. Examples include routine supervision, standard clothing, hygiene items, and basic programming.

All approved expenditures must be supported by documentation demonstrating that the cost falls outside the standard per diem and meets CCF eligibility criteria.

3. Level 2 Placement – 1:1 Support Authorization Requirements

If a placement implements 1:1 support for a youth in a Level 2 out-of-home placement due to behavioral or safety concerns, and the service is not included in the approved per diem rate, the Care Management Organization (CMO) must notify WC-JYS within two (2) business days of implementation. Notification must include the date/time 1:1 began and the immediate safety concern prompting the implementation.

When circumstances permit, the CMO must obtain prior written authorization from WC-JYS before implementing 1:1 support service. Implementation of 1:1 service without required authorization shall not obligate WC-JYS to reimburse the cost.

The CMO shall submit a written narrative that includes:

- The clinical justification supporting medical necessity, including specific risk factors (e.g., suicide attempt, active ideation, assaultive behavior, elopement risk);
- Documentation demonstrating that standard staffing ratios are insufficient to safely manage the youth;
- Cost of the 1:1 support;
- Anticipated duration of service; and
- Reintegration plan or step-down plan outlining how and when the 1:1 support will be reduced or discontinued.
- Documentation that other funding sources (e.g., Medical Assistance, private insurance, psychiatric services) were explored, accessed, or ruled out.

Facility policy, internal practice, or provider recommendation alone does not constitute authorization for non-scheduled reimbursement. WC-JYS is not obligated to reimburse 1:1 service implemented solely based on facility preference or staffing limitations.

Authorization for 1:1 service shall be time-limited and subject to periodic review as determined by WC-JYS. Continued authorization requires updated clinical documentation demonstrating ongoing medical necessity.

WC-JYS will review the request and issue a written approval or denial upon receipt of all required documentation.

If 1:1 service continues after a denial is issued, the CMO is fiscally responsible for all associated costs.

C. Medical Expenses

1. Medical expenses not covered by Medical Assistance (MA) must first be pursued through private insurance or Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) as applicable.
2. Requests for nonscheduled medical expenses must include the following documentation:
 - Description of medical need(s);
 - Clinical rationale supporting the request;
 - Evidence of private insurance, MA, or EPSDT coverage was sought out and;
 - Documentation must include verification attempts, prior authorization submissions, and denial notices.

D. Special Clothing Authorization

1. Requests for special clothing may be submitted only in unusual or emergency circumstances, including but not limited to loss due to fire, natural disaster, or other verified hardship.
2. The CMO must submit the following documentation:
 - A written rationale explaining the circumstances and need;
 - The total amount requested; and
 - An itemized list of clothing requested, including associated costs.

E. Glasses and Other Non-MA Approved Corrective Appliances

1. A copy of the MA denial or rejection letter must be submitted with the request.
2. The request must include written justification that outlines:
 - The medical or functional need for the corrective appliance; and
 - How the purchase directly supports the youth's treatment plan, supervision requirements, or overall stability.

F. Prescriptions

For prescriptions and other incidental medical costs not covered by Medicaid (MA), the CMO must submit the following:

- A copy of the Medicaid denial or rejection letter;
- A written rationale describing the medical necessity; and
- An explanation of how the prescription or expense supports the youth's treatment plan or stabilization.
- Over the counter medications are not eligible unless medically prescribed or documented

G. Dental Treatment

When dental services are not available through MA funding, the request must include:

1. A written narrative explaining:
 - The impact of dental conditions on the youth's physical health and overall functioning.
 - The reason MA is not providing coverage or funding for the requested service; and
 - A copy of the Medicaid denial or rejection notice.
 - Requests must include a treatment plan and cost estimate from the provider.

H. Transportation

The CMO may submit requests for non-routine transportation costs when necessary to implement the youth's court-ordered supervision or treatment plan.

Requests must include written documentation outlining:

- The purpose of the travel;

- The reason transportation is necessary and not otherwise available through standard resources; and
- How travel directly supports the youth's treatment goals, supervision requirements, or stabilization.
- Mileage reimbursement must follow County approved rates and include origin/destination details.

All transportation requests must demonstrate that the expense is treatment-related and not for routine or convenient purposes.

I. Holiday Allowance for Out-of-Home Care

1. Youth placed in approved out-of-home care are eligible to receive a one-time annual holiday allowance in the amount of \$25.
2. Youth in in-home care or housed in detention are not eligible for this allowance.
3. The CMO shall submit a completed request including:
 - Youth name
 - JAIS number
 - Date of birth
 - Current placement provider
 - Security level
 - Signature of the CMO Executive Director
4. WC-JYS shall verify that an active CMT supports the request prior to approval.
5. A signed receipt acknowledging payment must be obtained from the youth and maintained in the official case file.
6. Duplicate requests within the same calendar year will not be approved.

J. Documentation Requirements

1. When a non-scheduled payment is authorized, the CMO must document the justification for the expenditure in the youth's case notes in JAIS within five (5) business days of approval and incorporate the expense into the youth's treatment plan, as applicable.
2. This documentation requirement does not apply to the annual holiday allowance.

Additional Procedural Detail:

WC-JYS may request additional documentation or clarification at any time to determine eligibility, verify funding availability, or ensure compliance with contractual, regulatory, and Child Care Fund requirements.

Acknowledgement & Compliance:

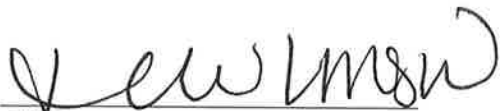
The CMO is required to comply with all provisions of this policy. Failure to adhere to the requirements outlined herein and established WC-JYS procedures may result in corrective action, administrative sanctions, fiscal remedies, denial of reimbursement or other actions permitted under contract and applicable regulations.

Exhibits:

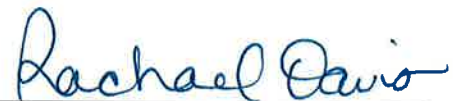
- Exhibit-1200.03 – Non-Scheduled Payment Authorization Request Form

References:

- Michigan Department of Health and Human Services. (2026). Child Care Fund handbook. State of Michigan. <https://www.michigan.gov/mdhhs/>



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