

## AGENDA

### eWiSACWIS – Placement & Rate Setting Discussion

November 1st, 2006

9:00 AM to 10:00 AM

- **Placement Manual**
- **Foster Home:** Standard placement with rate setting that may or may not include supplemental and exceptional amounts.
- **In-home Secure Detention:** Depending upon situation (Placement or service) documentation will occur as either an out-of-home placement or an in-home service.
- **Treatment Foster Home:** Placement usually will include Admin costs. Rate setting in most instances will be set up with a "contracted rate" that will govern the exceptional amounts of the payment.
- **Receiving Home:** The receiving home stipend is document as part of a rate setting. In the example displayed the calculation is based on a \$25.00 per day rate.

Basic rate = \$346.00 / month

$\$346/30.416 = \$11.38$  per day.

$\$25.00 - \$11.38 = \$13.62$  (exceptional rate)

$(13.62)(30.416) = 414.27$  Monthly rate for exceptional amount to pay \$25.00 per day.

\*Note: This calculation only needs to be done if the receiving home contract for that child's placement is certain to be a partial month.

- **RCC:** Standard daily rate placement. Counties have been able to determine their service types and rates to date. This may change in the future. No rate setting.
- **Family Group Home:** Private Provider, yet the payment must be justified by a rate setting and associated Admin amount.
- **Group Home:** Standard daily rate placement. No rate setting.
- **Other County Scenarios:**

**Foster:**

**Child**

Child: Ghost, Mary (8492879) Case Name: Ghost, Casper (2003745) Request Number:

**Service** **Provider**

**Placement Begin**

<b>Placement Begin Date:</b>	<input type="text" value="01/01/2005"/>	<b>Placement End Date:</b>	<input type="text" value="01/31/2006"/>
<b>Date Removed from his/her home:</b>	<input type="text" value="01/01/2005"/>	Estimated End Date:	<input type="text" value="00/00/0000"/>
VPA Date:	<input type="text" value="00/00/0000"/>	County:	<input type="text" value="Ashland"/>
<input type="checkbox"/> This is a CPS Non-Conforming Placement		<b>Service Category:</b>	<input type="text" value="Foster Home - General License"/>
<input type="checkbox"/> This is an Adoptive Placement		Service Type:	<input type="text" value="F.H. - Gen. License 5-11"/>
<a href="#">Removal Reasons</a>		<b>Placement Status:</b>	<input type="text" value="Fstr Fam Hm (Non-Rel)"/>
Is the child under a court dispositional order and placed outside the home under this order in the last six months?		Child Specific Rate:	<input type="text" value="\$0.00"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		Historic Basic Rate:	\$346.00
<input type="checkbox"/> Create IV-E Eligibility Record for Child		Administrative Fee:	<input type="text" value="\$0.00"/>
<input type="checkbox"/> This is an Emergency Situation		Exceptional Amount:	\$0.00
<input type="checkbox"/> After Hours Placement		Supplemental Points:	16 <a href="#">Supplemental Points</a>
		Supplemental Points Amount:	\$144.00
		Current Total Monthly Payment:	N / A

Options:

**Participant Information**

Child:	Ghost, Mary	Rate Setting Type:	<input type="text" value="30-day Evaluation"/>	Rate Appeal Date:	<input type="text" value="00/00/0000"/>
Case Name:	Ghost, Casper	Effective Date:	<input type="text" value="01/01/2006"/>	Reevaluation Request Date:	<input type="text" value="00/00/0000"/>
Provider Name:	Provider, Foster	End Date:	<input type="text" value="01/31/2006"/>	Update Ticker?	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Emotional Points** **Behavioral Points** **Physical Points** **Results**

**Supplemental Payment Summary of Points**

	Points	Amount
Emotional:	<input type="text" value="4"/>	<input type="text" value="\$36.00"/>
Behavioral:	<input type="text" value="8"/>	<input type="text" value="\$72.00"/>
Physical:	<input type="text" value="4"/>	<input type="text" value="\$36.00"/>
<b>Total Points:</b>	<input type="text" value="16"/>	

**Recommended UFCR Rate**

Contracted Maintenance Amount:	<input type="text" value="\$0.00"/>
Basic:	<input type="text" value="\$346.00"/>
Exceptional:	<input type="text" value="\$0.00"/>
Supplemental:	<input type="text" value="\$144.00"/>
<b>Total:</b>	<input type="text" value="\$490.00"/>

**Exceptional Payment Justification**

Document here or refer to attached documentation which justifies an exceptions payment under HFS 56.11 (4)(a) Enable the child to be placed in a foster home or treatment foster home instead of being placed or remaining in a more restrictive setting, or HFS 56.11 (4)(b) Replace a child's basic wardrobe that has been lost or destroyed through other than normal wear and tear.

Options:

## Secure Detention (In-home):

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**Child**  
Child: Ghost, Mary (8492879)      Case Name: Ghost, Casper (2003745)      Request Number:

**Service**      **Provider**

**In Home Service Begin**

Service Begin Date:	<input type="text" value="01/10/2006"/>	Service End Date:	<input type="text" value="01/20/2006"/>
Estimated End Date:	<input type="text" value="00/00/0000"/>	County:	<input type="text" value="Ashland"/> ▾
Child Specific Rate:	<input type="text" value="\$0.00"/>	Service Category:	<input type="text" value="Secure Detention - In Home"/> ▾
Status:	<input type="text" value="Detention"/> ▾	Service Type:	<input type="text" value="SecureDet-NonPaid"/> ▾
		Supplemental Points:	<input type="text" value="0"/> <a href="#">Supplemental Points</a>
		Supplemental Points Amount:	<input type="text" value="\$0.00"/>
		Administrative Fee:	<input type="text" value="\$0.00"/>
		Exceptional Amount:	<input type="text" value="\$0.00"/>

Options:  ▾



# Receiving:

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**Child**  
 Child: Ghost, Mary (8492879)      Case Name: Ghost, Casper (2003745)      Request Number:

Service
Provider

**Placement Begin**

**Placement Begin Date:**       **Placement End Date:**

**Date Removed from his/her home:**       Estimated End Date:

VPA Date:       County:

This is a CPS Non-Conforming Placement      **Service Category:**

This is an Adoptive Placement      Service Type:

[Removal Reasons](#)      **Placement Status:**

Is the child under a court dispositional order and placed outside the home under this order in the last six months?  
 Yes    No    N/A

Create IV-E Eligibility Record for Child      Child Specific Rate:

This is an Emergency Situation      Historic Basic Rate: \$346.00

After Hours Placement      Administrative Fee:

Exceptional Amount: \$414.27

Supplemental Points: 0      [Supplemental Points](#)

Supplemental Points Amount: \$0.00

Current Total Monthly Payment: N / A

Options:

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**Participant Information**

Child: Ghost, Mary      Rate Setting Type:       Rate Appeal Date:

Case Name: Ghost, Casper      Effective Date:       Reevaluation Request Date:

Provider Name: Receiving, Provider      End Date:       Update Tickler?  Yes  No

Emotional Points
Behavioral Points
Physical Points
Results

**Supplemental Payment Summary of Points**

	Points	Amount
Emotional:	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
Behavioral:	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
Physical:	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
<b>Total Points:</b>	<input type="text" value="0"/>	

**Recommended UFCR Rate**

Contracted Maintenance Amount:	<input type="text" value="\$0.00"/>
Basic:	<input type="text" value="\$346.00"/>
Exceptional:	<input type="text" value="\$414.27"/>
Supplemental:	<input type="text" value="\$0.00"/>
<b>Total:</b>	<input type="text" value="\$760.27"/>

**Exceptional Payment Justification**

Document here or refer to attached documentation which justifies an exceptions payment under HFS 56.11 (4)(a) Enable the child to be placed in a foster home or treatment foster home instead of being placed or remaining in a more restrictive setting, or HFS 56.11 (4)(b) Replace a child's basic wardrobe that has been lost or destroyed through other than normal wear and tear.

Options:

RCC:

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**Child**  
Child: Ghost, Mary (8492879)      Case Name: Ghost, Casper (2003745)      Request Number:

**Service**      **Provider**

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**Placement Begin**

<b>Placement Begin Date:</b>	<input type="text" value="04/01/2006"/>	<b>Placement End Date:</b>	<input type="text" value="04/30/2006"/>
<b>Date Removed from his/her home:</b>	<input type="text" value="01/01/2005"/>	Estimated End Date:	<input type="text" value="00/00/0000"/>
VPA Date:	<input type="text" value="00/00/0000"/>	County:	<input type="text" value="Ashland"/> ▼
<input type="checkbox"/> This is a CPS Non-Conforming Placement		<b>Service Category:</b>	<input type="text" value="RCC"/> ▼
<input type="checkbox"/> This is an Adoptive Placement		Service Type:	<input type="text" value="RCC-Sexual Offenders"/> ▼
<a href="#">Removal Reasons</a>		<b>Placement Status:</b>	<input type="text" value="RCC"/> ▼

Is the child under a court dispositional order and placed outside the home under this order in the last six months?

Yes     No     N/A

Create IV-E Eligibility Record for Child

This is an Emergency Situation

After Hours Placement

Child Specific Rate:	<input type="text" value="\$0.00"/>
Historic Basic Rate:	<input type="text" value="\$250.00"/>
Administrative Fee:	<input type="text" value="\$0.00"/>
Exceptional Amount:	<input type="text" value="\$0.00"/>
Supplemental Points:	<input type="text" value="0"/> <a href="#">Supplemental Points</a>
Supplemental Points Amount:	<input type="text" value="\$0.00"/>
Current Total Monthly Payment:	N / A

Options:  ▼

# Family Group Home:

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Child  
 Child: Ghost, Mary (8492879)      Case Name: Ghost, Casper (2003745)      Request Number:

Service
Provider

Placement Begin

<b>Placement Begin Date:</b>	<input type="text" value="05/01/2006"/>	<b>Placement End Date:</b>	<input type="text" value="05/31/2006"/>
<b>Date Removed from his/her home:</b>	<input type="text" value="01/01/2005"/>	Estimated End Date:	<input type="text" value="00/00/0000"/>
VPA Date:	<input type="text" value="00/00/0000"/>	County:	<input type="text" value="Ashland"/>
<input type="checkbox"/> This is a CPS Non-Conforming Placement	<b>Service Category:</b> <input type="text" value="Family Group Home"/>		
<input type="checkbox"/> This is an Adoptive Placement	Service Type: <input type="text" value="Family GH 5-11"/>		
<a href="#">Removal Reasons</a>	<b>Placement Status:</b> <input type="text" value="Group Home"/>		
Is the child under a court dispositional order and placed outside the home under this order in the last six months?	Child Specific Rate: <input type="text" value="\$0.00"/>		
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Historic Basic Rate: \$346.00		
<input type="checkbox"/> Create IV-E Eligibility Record for Child	Administrative Fee: <input type="text" value="\$1,500.00"/>		
<input type="checkbox"/> This is an Emergency Situation	Exceptional Amount: \$1,510.00		
<input type="checkbox"/> After Hours Placement	Supplemental Points: 16 <a href="#">Supplemental Points</a>		
	Supplemental Points Amount: \$144.00		
	Current Total Monthly Payment: N / A		

Options:

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Participant Information  
 Child: Ghost, Mary      Rate Setting Type:       Rate Appeal Date:   
 Case Name: Ghost, Casper      Effective Date:       Reevaluation Request Date:   
 Provider Name: Group Home Provider      End Date:       Update Ticker?  Yes  No

Emotional Points	Behavioral Points	Physical Points	Results
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Supplemental Payment Summary of Points

	Points	Amount
Emotional:	<input type="text" value="4"/>	<input type="text" value="\$36.00"/>
Behavioral:	<input type="text" value="8"/>	<input type="text" value="\$72.00"/>
Physical:	<input type="text" value="4"/>	<input type="text" value="\$36.00"/>
<b>Total Points:</b>	<input type="text" value="16"/>	

Recommended UFCR Rate

Contracted Maintenance Amount:	<input type="text" value="\$2,000.00"/>
Basic:	<input type="text" value="\$175.00"/>
Exceptional:	<input type="text" value="\$1,510.00"/>
Supplemental:	<input type="text" value="\$144.00"/>
<b>Total:</b>	<input type="text" value="\$2,000.00"/>

Exceptional Payment Justification

Document here or refer to attached documentation which justifies an exceptions payment under HFS 56.11 (4)(a) Enable the child to be placed in a foster home or treatment foster home instead of being placed or remaining in a more restrictive setting, or HFS 56.11 (4)(b) Replace a child's basic wardrobe that has been lost or destroyed through other than normal wear and tear.

Options:

# Group Home:

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**Child**  
Child: Ghost, Mary (8492879)      Case Name: Ghost, Casper (2003745)      Request Number:

**Service**      **Provider**

**Placement Begin**

<b>Placement Begin Date:</b>	<input type="text" value="06/01/2006"/>	<b>Placement End Date:</b>	<input type="text" value="00/00/0000"/>
<b>Date Removed from his/her home:</b>	<input type="text" value="01/01/2005"/>	Estimated End Date:	<input type="text" value="00/00/0000"/>
VPA Date:	<input type="text" value="00/00/0000"/>	County:	<input type="text" value="Ashland"/>
<input type="checkbox"/> This is a CPS Non-Conforming Placement		<b>Service Category:</b>	<input type="text" value="Group Care"/>
<input type="checkbox"/> This is an Adoptive Placement		Service Type:	<input type="text" value="Group Home"/>
		<b>Placement Status:</b>	<input type="text" value="Group Home"/>
Is the child under a court dispositional order and placed outside the home under this order in the last six months?		Child Specific Rate:	<input type="text" value="\$0.00"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		Current Basic Rate:	\$175.00
<input type="checkbox"/> Create IV-E Eligibility Record for Child		Administrative Fee:	<input type="text" value="\$0.00"/>
<input type="checkbox"/> This is an Emergency Situation		Exceptional Amount:	\$0.00
<input checked="" type="checkbox"/> After Hours Placement		Supplemental Points:	0 <a href="#">Supplemental Points</a>
		Supplemental Points Amount:	\$0.00
		Current Total Monthly Payment:	\$0.00

Options: