

INTERAGENCY RATES COMMITTEE

RESIDENTIAL CHILD CARE & CHILD PLACEMENT AGENCY

PROVIDER MEETING

FY 2023 RATE SETTING OVERVIEW

Presented by
Karen Powell, MS, LCSW-C

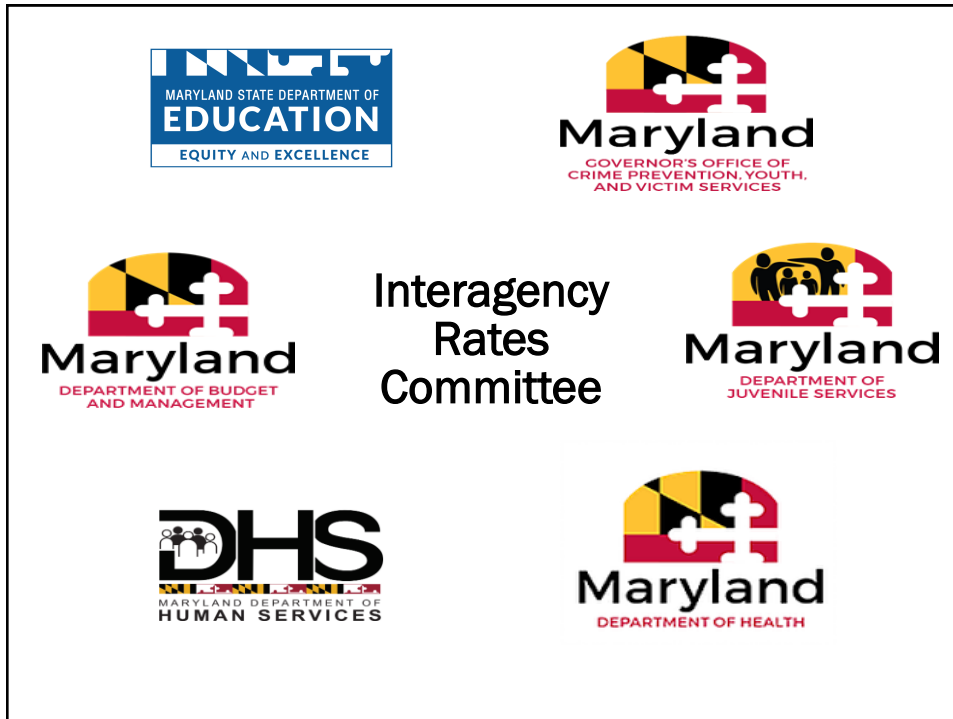
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Agenda

- Overview
- Submission Requirements & Deadlines
- FY 2023 Rate Application
 - *Forms*
 - *Budget Workbook Forms*
- QSRI Rate Reform Updates
- Questions



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FY 2023 IRC Rate Review Process

- Focus on preparing FY 2023 rate application.
- Updates to relevant General Assembly actions to financing programs will be posted on IRC website
- One rate letter per rate application submitted.
- Documents can be accessed at: [IRC Website](#)

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DEADLINES

- Forms that require approval by ALL Licensing Agencies are due by **January 14, 2022**
- Levels of Intensity Score Sheet
 - Levels of Intensity Checklist
 - Personnel Cost Detail Forms (Budget Forms E2-E6)
 - Written budget justification for staffing changes
 - Staffing Pattern Grid
 - Board Rate Computation
 - Difficulty of Care Forms
- Completed FY 2023 Rate Applications
 - MAIL applications to MSDE
 - Required postmarked no later than **February 15, 2022**

Only these providers:
Treatment Foster Care
Medically Fragile TFC
Mother Baby TFC

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DHS Licensed Programs

Upload All Documents in CJAMS

- Levels of Intensity Score Sheet
- Levels of Intensity Checklist
- Personnel Cost Detail Forms (Budget Forms E2-E6)
- Written justification for staffing changes
- Staffing Pattern Grid
- **Board Rate Computation**
- **Difficulty of Care Forms**

ONLY

Treatment Foster Care
Medically Fragile TFC
Mother Baby TFC

Contact OLM Licensing Coordinator or
SSA Contracts Unit for assistance.

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NO HAND DELIVERED BUDGET APPLICATIONS WILL BE ACCEPTED

For delivery confirmation:

- Send the rate application via certified mail
- Use delivery service that can provide proof of receipt

MUST BE POSTMARKED BY
FEBRUARY 15, 2022

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General Instructions

- Multiple programs with same program type
 - Consolidated budget if identical LOIs & program description
 - Separate application with all requirements
- Multiple programs with different categories
 - Separate application with all requirements
- Submit separate budget application for each approved Type III or Type I General Education school program
- Include Agency/Program Name on each budget spreadsheet
 - Parent Organization
 - Program Name

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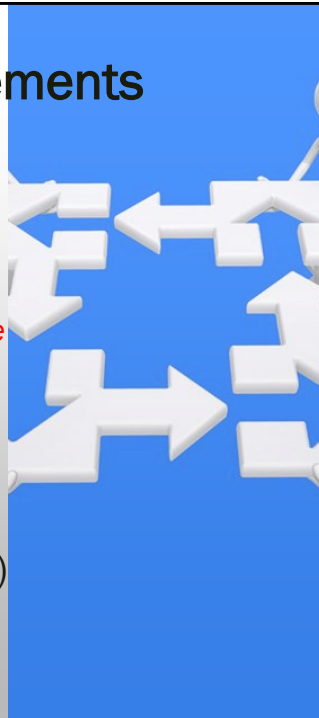
SUBMISSION REQUIREMENTS & DEADLINES



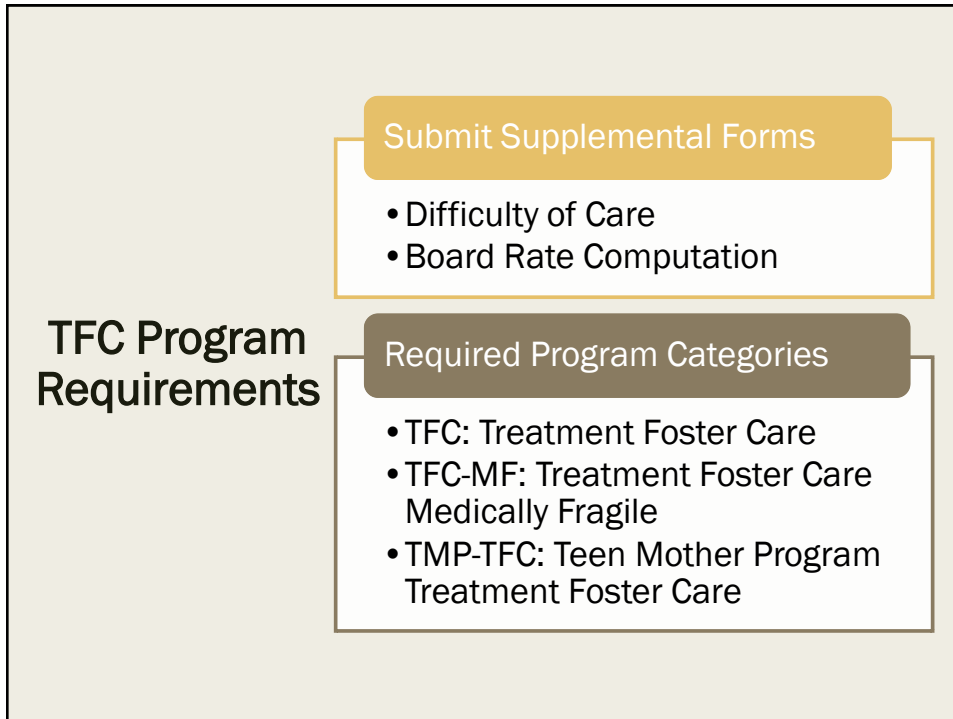
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Rate Application Requirements

- Budget Workbook Form
- Budget Identification Form
- Checklist
- ✓ *Non-Residential Checklist, if applicable*
- Lease/Mortgage Summary
- Levels of Intensity Score Sheet
- Program Description Form
- Staffing Pattern Grid (UPDATED)
- Board Rate Computation
- Difficulty of Care Computation



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Non-Residential Requirements (Page 28)

- [FY 2023 Non-Residential Checklist](#)
- Budget Identification Sheet
- Current DJS Evidenced Based Practice Contract
- Lease Mortgage Summary
- FY 2023 Budget Workbook
 - *Most of EBP staffing should be on Forms E4 & E6*
 - *Consult with DJS before submitted expensed on other staffing tabs*
- Staffing Pattern Grid (UPDATED)
- Program Description
- FY 2021 Annual Audited Financial Statement
- Contact Kara Aanenson if there are questions

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Submission Requirements

- Download forms & instructions from IRC Website
- Submit completed FY2023 Budget Application Packet
- All forms must be signed & dated by the person authorized to sign on behalf of the Corporation
 - [Budget Identification Form](#)
 - [Rate Application Checklist](#)
 - [Budget Workbook \(Form A\)](#)
- Include one (1) signed hard copies of Budget Workbook Forms

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Electronic Format

- Submit FY 2023 Budget Workbook on flash drive
- Label the flash drive with Parent Organization & Program Name
- Include Separate electronic format for each program requesting rate
- Do not submit a compact disc (CD)

**TEST TO MAKE SURE EXCEL 2007
OPENS BUDGET APPLICATION**

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Online Resources

Provider Instructions

- Guidance in completing the rate application
- Read carefully read before starting the budget workbook

Cost Guidelines

- Defines the allowable expenses for the care of children in out-of-home placement

Staffing Pattern Instructions

- Provides instruction for completing the staffing pattern grid for each licensed facility

What's New - FY 2023 Tip Sheet

- Identifies any changes/modifications related to the rate setting process

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Online Resources continued

FY 2016 Levels of Intensity Manual

- Provide definitions of the levels of intensity that will distinguish the capabilities of programs.
- This information will be used to ensure the best possible match between a child's needs and available service resources.

Levels of Intensity Score Sheet Instructions

- Instructions for completing the Levels of Intensity Score Sheet

MD Residential Rehabilitation and Treatment Foster Care Services Description of Provider Type and Service Array

- Reference document to provide guidance in identifying personnel duties and responsibilities for allocation across categories and is referenced in the Provider Instructions

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Forms

<u>Budget Workbook Forms</u>	<u>Rate Application Checklist</u>	<u>Budget Identification Form</u>
<u>Lease/Mortgage Summary</u>	<u>Levels of Intensity Score Sheet</u>	<u>Program Description Form</u>
<u>Staffing Pattern Grid</u>	<u>TFC Difficulty of Care Computation</u>	<u>TFC Board Rate Computation</u>

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Completing Forms...

Save each document with Program Name

- Fillable Word Templates
 - ✓ [Rate Application Checklist](#)
 - ✓ [Budget Identification](#)
 - ✓ [Levels of Intensity Score Sheet](#)
 - ✓ [Program Description Form](#)
- Fillable Excel Templates
 - ✓ [Budget Workbook](#)
 - ✓ [Lease Mortgage Summary](#)
 - ✓ [Staffing Pattern Grid](#)

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Budget Workbook Form

- Foundation for budget used to establish rate
- Provides detailed income & expense information
- Budget foundation for rate comparison
 - *Signature Required*
 - *Fillable Template*
 - *Licensing Approval*
 - **Forms E2-E6**

Budget Form A - Residential Child Care/Child Placement Agency Operating Budget FY 2023

☐ Program Budget ☐ Education Budget ☐ Non-Residential
☐ Renewal Application ☐ New Rate Application ☐ Initial Budget

SECTION I - General
 Enter data beginning in column E2
 Federal ID Number _____
 Parent Organization _____
 Program Name _____
 Program Location _____
 Mailing Address - Street Address _____
 Mailing Address - P.O. Box, Suite or Floor (if applicable) _____
 Mailing Address - City _____
 Mailing Address - State _____
 Mailing Address - Zip Code _____
 Telephone Number _____
 Fax Number _____
 Chief Administrative Officer _____ Email address _____
 Chief Financial Officer _____ Email address _____
 Budget Preparer _____
 Date of Preparation _____
 Licensing Agency/Approval Agency _____

SECTION II - Census Information
 Enter data beginning in column E2
 CAPACITY (ATTACH DOCUMENTATION):
 Actual Census (Budget Form C, Line 10 Total) _____ 0.00
 If the program operates less than full capacity, enter the date of operation from (month/year) to (month/year) _____ 0.00 ☐ Discrepancy
 Reported Average Daily Census/Budget Form C, Line 4 _____
 Number of Child-Schools in Session _____
 If the information is program only _____

SECTION III - Rates

Rate Data	Per Year	Per Month	Per Day
FY 2022 Current Approved Rate (Form C, Item # 3)	\$ _____	\$ _____	\$ _____
FY 2023 Proposed Rate (Form C, Item # 4)	\$ _____	\$ _____	\$ _____
% Change	_____	_____	_____

I hereby certify that the revenue and expenses identified herein are correct and justified in the amounts stated and represent actual and reasonable costs associated with the administration of the program.

Person authorized by the Corporation to sign on its behalf: _____ Title, Signature and Date

** See FY2023 Provider Instructions Page 250

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Budget Identification Form

- Identify the type of rate application submitted
 - *Signature Required*
 - *Fillable Template*

**FY 2023
Budget Identification Form
(SUBMIT WITH BUDGET PACKAGE)**

ORGANIZATION: Type Name of Organization

PROGRAM NAME: Type Name of Program

PROGRAM CATEGORY: Select Program Category Type

Signature of Person Authorized by the Corporation to Sign on Behalf: _____ **Date:** _____

EXISTING PROGRAM:
As a currently licensed program with an existing rate issued by the Interagency Rates Committee, are you requesting a FY 2023 (Check One Box Only – Either Rate Renewal or Rate Modification)

RATE RENEWAL:
☐ Yes
☐ No

RATE MODIFICATION:
☐ Yes
☐ No

NEW PROGRAM:
Is this a rate request for a new program budget (not currently licensed, recently licensed, or licensed but without a current SEC rate)? (Please identify relevant licensing agency (Check One Box Only))

☐ Department of Human Services (DHS) Residential Child Care Program
(Response to RFP or Statement of Need Required)

☐ Department of Human Services (DHS) Child Placement Agency
(No Statement of Need Required)

☐ Department of Juvenile Services (DJS)
(Statement of Need Required)

☐ Maryland Department of Health (MDH)
(No Statement of Need Required)

REV 10/21
10C0000000

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Rate Application Checklist

- *Submit with the completed application*
- *Verification all forms submitted with rate package*
 - *Signature Required*
 - *Fillable Template*

**FY 2023 CHECKLIST
(SUBMIT WITH RATE APPLICATION PACKAGE)**

ORGANIZATION: Type Name of Organization

PROGRAM NAME: Type Name of Program

PROGRAM TYPE: Select Program Type

PROGRAM CATEGORY: Select Program Category Type

TECHNICAL PROGRAM ONLY:

☐ DIFFICULTY OF CARE COMPUTATION FORM COMPLETED & SIGNED

☐ BOARD RATE COMPUTATION FORM COMPLETED & SIGNED

ALL PROGRAMS:

☐ 1 COPY OF THE BUDGET IDENTIFICATION FORM - SIGNED & DATED

☐ 1 COPY OF CURRENT LICENSE PER FACILITY

☐ CHILD PLACEMENT AGENCY PROGRAMS ONLY: REQUIRED CONTRACT PAGES (SEE INSTRUCTIONS)

☐ 1 COPY OF SERVICE LEVEL DIVERSITY SCORE SHEET FORM A

APPROVED LOG: Select Select Select Select Select

☐ 1 COPY OF THE LEADERSHIP ROSTER FOR PROGRAM FACILITY AND OFFICE SPACE

SUPPORTING DOCUMENTATION FOR EACH ENTRY ON THE FORMS MUST BE ATTACHED

☐ 1 CD or Thumb Drive COPY (NO DISKETTES) OF THE COMPLETED FY 2023 BUDGET SAVED IN EXCEL 2007

☐ 1 COPY OF COMPLETED FY 2023 BUDGET

FORM A COVER SHEET - SIGNED AND DATED

FORM B-1 OPERATING STATEMENT - INCOME

FORM B-2 OPERATING STATEMENT - EXPENSES

FORM C RATE COMPUTATION REPORT

FORM D ALLOCATION OF EXPENSES

FORM E-1 PERSONNEL, COST DETAIL, HUMANITY FORM

FORM E-2 MANAGEMENT AND GENERAL

FORM E-3 DIRECT CHILD SERVICES & FACILITY SUPPORT

FORM E-4 EDUCATION

FORM E-5 MEDICAL

FORM E-6 CLINICAL

FORM E-7 HUMANITY BOND

UNIQUE CONTROL NUMBER ASSIGNED TO EACH PORTION OF FORMS E2-E6

☐ 1 COPY OF STAFFING PATTERN GRID

☐ 1 COPY OF PROGRAM DESCRIPTION FORM

☐ 1 COPY OF FY 2021 ANNUAL AUDITED FINANCIAL STATEMENT

Signature of Person Authorized by the Corporation to Sign on its Behalf: _____ **Date:** _____

REV 10/21
10C0000000

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Program Description Form

- Brief description program and services

Include licensed capacity & FY2022 projected capacity

– *Fillable Template*

**FY 2023
PROGRAM DESCRIPTION**

Parent Organization: Type Name of Organization

Program Name: Type Name of Organization

Federal ID Number: Type Name of Organization

Licensing Agency: Select Licensing Agency

PROVIDE THE CAPACITY FOR APPROPRIATE PROGRAM TYPE

Residential License Capacity: Enter RCC License Capacity

Child Placement Agency Contract Capacity: Enter CPA Contract Capacity

Non-Residential State Agency Contract Capacity: Enter NRC Contract Capacity

FY 2023 IRC Projected Capacity Request: Enter Projected Capacity Request
(Include an explanation in budget justification if there is an anticipated capacity change)


Program Description:
(Provide a type written description of the program listed above. Please limit your description to 100 words.)

Type Name of Organization

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Staffing Pattern Grid

- Description of a typical staffing pattern 24 hour/7 day week
- Select staffing timeframe drop-down

 **Tab for schedule timeframe**

- 52 weeks
- 39 weeks
- 19 weeks

- Total should match hours on Form E3
 - Excel Template
 - Licensing Agency Approval

Organization: _____

Program: _____

Staffing pattern used for the following months: July 2022-September 2022

For each shift, enter the number of staff hours working directly with children (Form E-3).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Weekly Hours	Total Annual Hours
Shift 1:									
Check hours for shift:									
Direct Care Positions #									
Total Hours for Shift									
Shift 2:									
Check hours for shift:									
Direct Care Positions #									
Total Hours for Shift									
Shift 3:									
Check hours for shift:									
Other Positions #									
Total Hours for Shift									
Shift 4:									
Check hours for shift:									
Direct Care Positions #									
Total Hours for Shift									
Shift 5:									
Check hours for shift:									
Other Positions #									
Total Hours for Shift									

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TFC - Difficulty of Care

- Compute the proposed rate
- Total must match budget Line 6 on Forms D & B2

– *Fillable Template*

– *SSA Approval*

FY 2023
Treatment Foster Care and Treatment Foster Care Medically Fragile Programs
Difficulty of Care Computation

Per regulation, the Department of Human Services Social Services Administration (DHS SSA) will negotiate with the program the Difficulty of Care monthly payment to foster parents.

Enter the approved Proposed Monthly Difficulty of Care Payment to Foster Parent as the TFC Difficulty of Care on Form D, Line 66.
After approved by the Department of Human Services/Social Services Administration, include this form with the completed budget application packet submitted for TFC consideration.

Organization: Type Name of Organization
Program Name: Type Name of Program

Proposed Monthly Difficulty of Care Payment to Foster Parent = Enter Monthly Payment

Approved by Department of Human Services:

Name	Signature	Date
_____	_____	_____

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TFC - Board Rate Computation

- Compute the proposed rate
- Regular Care Board Rate
 - *Infant-Age 11= \$887*
 - *Age 12 & older = \$902*
- Total must match budget Line Item 7 on Forms D & B2

– *Fillable Template*

– *SSA Approval*

FY 2023
Treatment Foster Care and Treatment Foster Care Medically Fragile Programs
Board Rate Computation

SSA CY 19-20 Decision for Foster Care Board Rate and Expenses effective July 1, 2019 establishes the Board Rate for foster care children at \$87 per month for youth ages 0-11 and \$92 per month for youth ages 12 and above.

Organization: Type Name of Organization
Program Name: Type Name of Program

Board Rate Computation

1. Number of Child Days in CY 2021

a. # Child days for children age 0-11 =	Enter # days children 0-11
b. # Child days for children age 12 and over =	Enter # days children 12 and over
c. Total # of child days for children of all ages (1a + 1b) =	Enter total 1a + 1b

2. Rate of child days for 0-11 and 12+ age groups

a. Rate of Child days age 0-11 (1a ÷ 1c) =	Enter ratio 1a ÷ 1c
b. Rate of Child days age 12+ (1b ÷ 1c) =	Enter ratio 1b ÷ 1c
c. Total (must equal 1) =	Enter total must equal "1"

3. Weighted Board Rate

a. Ratio of Child days age 0-11 x Monthly Board rate = 2a x \$87 =	Enter ratio child days 11
b. Ratio of Child days age 12+ x Monthly Board Rate = 2b x \$902 =	Enter ratio child days 12+
c. Sum of weighted Board rate 3a + 3b =	Enter total 3a + 3b

Enter the approved Weighted Board Rate (3c) as the TFC Board Payment on Form D, Line 67.
After approved by the Department of Human Services/Social Services Administration, include this form with the completed budget application packet submitted for TFC consideration.

NOTE:

- Budgets a budget user the identifies the source of the fees used in developing their averages.
- Final, children, expenses and personnel needs are included in the Board Payment in the foster parent's and must not be included on Form D, Item 10, 11, 12, and 13. If the program provides food for children during treatment foster care evening the program's cost of the food may be included on Form D, Item 13.
- If the program chooses these expenses, it must provide a written explanation that must be entered in the Department of Human Services, Social Services Administration (DHS SSA).

Approved by Department of Human Services:

Name (please print)	Signature	Date
_____	_____	_____

Rev. 03/20
DHS-2020-00000000

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Order to Complete Budget Forms

1. Forms E2-E6
2. Form E1
3. Form D
4. Forms B1 & B2
5. Form C
6. Form A



Critical requirement to validate each program budget to run the methodology for program category comparisons

INCLUDE ACTUAL EXPENSES

Consult the [FY 2023 Budget Workbook Reference Tool](#) for help

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- Contact Rate Section for expanded workbook

Enter the approved hours and salaries based on FY2022 approved rate

[illegible]

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Form E1

Personnel Cost Summary

- Amounts entered on Forms E2-E6 will populate into Form E-1
- Verify that totals match the corresponding categories entered on Forms E2-E6
 - *Annual hours*
 - *Annual salaries*
 - *Change from previous year*

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Budget Form E 1 - Personnel Cost - SUMMARY

Agency/ Program Name: 2nd budget form reviewed. FY 2023

Personnel Category (col 1)	Current FY 2022 Approved Budget (col 2)		FY 2023 Projected Budget (col 3)		Change from Previous Year (col 4)		% Change from Previous Year (col 5)	
	Total Annual Hours Worked	Total Annual Salary	Total Annual Hours Worked	Total Annual Salary	Total Annual Hours Worked	Total Annual Salary	Total Annual Hours Worked	Total Annual Salary
Mgmt/Genl/Fac Supp								
Staff				\$ -				
Cons./Cont.				\$ -				
Mgmt & General Total	0	\$ -	0	\$ -	0	\$ -		
Direct Child Services								
Staff								
Cons./Cont.								
Direct Child Total								
Education								
Staff				\$ -				
Cons./Cont.				\$ -				
Education Total	0	\$ -	0	\$ -	0	\$ -		
Medical								
Staff								
Cons./Cont.								
Medical Total	0	\$ -						
Clinical								
Staff				\$ -				
Cons./Cont.				\$ -				
Clinical Total	0	\$ -	0	\$ -	0	\$ -		
ALL PERSONNEL CATEGORIES								
Staff				\$ -				
Consultant				\$ -				
Personnel Total	0	\$ -	0	\$ -	0	\$ -		

The amounts entered on Forms E2-E6 will populate in the yellow cells.
There is no need to enter any manual information.

Verify that the amounts correspond with the information entered on Forms E2-E6.

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Form D

Allocation of Expenses by Function Summary

- Summarize expenses from Forms E2 to E6
 - Line 1a Salaried Employees*
 - Line 1b Contractual/Consultant*
- Enter all other expenses manually
- The amounts in Columns 3 and 9 should equal
- The spreadsheet will show warning if the total allocations for the "Allocation of Allowable Net Expenses" (Columns 4-8) do not equal Column 3
- For TFC, TFC-MF & TMP Programs check forms
 - Line 6 Difficulty of Care*
 - Line 7 TFC Board Payment*

Forms will automatically populate information

Verify amounts match approved SSA forms

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Budget Form D - Allocation of Expenses by Function - SUMMARY FY 2023

Agency/ Program Name: _____

3rd budget form reviewed

Budgeted Expenses	PROJECTED EXPENSES FY 2023			ALLOCATION OF ALLOWABLE NET EXPENSES (Col 03)						Allowable Net Expenses (col 9) *
	Total Expenses (col 1)	Unallowable Cost (col 2)	Allowable Net Expenses (col 3)	Management, Genl/Fac Supp (col 4)	Direct Child Services (col 5)	Education (col 6)	Medical (col 7)	Clinical (col 8)		
01 Employees										
a. Salaried	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Contractual/Consultant	\$ -									
02 Payroll Taxes										
03 Fringe Benefits										
04 Staff Development Costs										
05 Contracted Services (non-personnel)										
06 TFC Difficulty of Care										
07 TFC Board Payment										
08 TFC Respite Care										
09 Publicity										
10 Food										
11 Clothing										
12 Recreation										
13 Personal Needs Allowance										
14 Rent										
15 Utilities										
16 Repairs and Maintenance										
17 Insurance and Taxes										
18 Interest										
19 Supplies										
20 Depreciation/Use Allowance										
21 Equipment Rental/Lease & Repairs										
22 Printing/Copying										
23 Telephone										
24 Postage and Shipping										
25 Memberships and Subscriptions										
26 Conferences and Conventions										
27 Travel and Transportation										
28 Other										
Total Expenses	\$ -	\$ -	\$ -							\$ -
Percent Distribution of Total Expenses										

The yellow cells are locked. The required information will automatically populate the remaining cells. Enter manual updates in the other cells.

Review the Difficulty of Care and TFC Board Rate Forms to make sure amounts on Lines 6 & 7 match the SSA approved forms.

Rent (Line 14) should match the Lease/Mortgage Form

Error warnings will be visible in Column L.

The spreadsheet will show warning if the total allocations for "Allocations of Allowable Net Expenses" (Columns 4-8) do not equal Column 3.

Total expenses in Columns 3 and 9 should equal.

* Column 09 must equal column 03

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Forms B1

Operating Statement for INCOME

- Summarizes revenue from all sources
 - Column 1: Actual FY 2021 revenue*
 - Column 2: FY 2022 revenue based on current rate*
 - Column 3: Projected FY 2023 revenue*
- Leave Column 3 Line 1a " Fees for Services – Fees from Government Agencies" blank until Form C is completed
 - Form C Line 5 should be entered into this cell*
- Enter information into Sections 2 & 3 if applicable.
- The spreadsheet will automatically populated Columns 4 & 5 to show variance

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Budget Form B 1 - Operating Statement - INCOME			FY 2023		
Agency/ Program Name:					
Program Component: <input type="checkbox"/> Residential					
	Actual FY 2021	Approved FY 2022 Budget	Projected FY 2023 Budget	\$ Variance FY 2022/FY 2023	% Variance FY 2022/FY 2023
Budgeted Revenue	Col 1	Col 2	Col 3	Col 4	Col 5
01 Fee for Service:					
a. Fees from Government Agencies				\$ -	N/A
b. Grants				\$ -	N/A
c. Private Pay				\$ -	N/A
Subtotal 01	\$ -	\$ -	\$ -	\$ -	N/A
USE SECTION 02 TO REPORT OTHER INCOME THAT IS APPLIED TO EXPENSES INCLUDED IN THE RATE (SEE INSTRUCTIONS)					
02 Other Income:					
a. Contributions				\$ -	N/A
b. Donated Matc				\$ -	N/A
c. Donated Serv				\$ -	N/A
d. Food Service				\$ -	N/A
e. Medicaid Pay				\$ -	N/A
f. Miscellaneous				\$ -	N/A
g. MSDE/USDA				\$ -	N/A
h. Operating Fu				\$ -	N/A
i. Operating Fund Investment Income				\$ -	N/A
j. Other (specify)				\$ -	N/A
k. Transfer From Other Agency Funds				\$ -	N/A
l. United Way Allocations				\$ -	N/A
Subtotal 02	\$ -	\$ -	\$ -	\$ -	N/A
Total Inc	\$ -	\$ -	\$ -	\$ -	N/A
USE SEC					
03 Other					
a. Cor					
b. Dor					
c. Dor					
d. Dor					
e. Dor					
f. Mis					
g. MS					
h. Op					
i. Op					
j. Other (specify)					
k. Transfer From Other Agency Funds					
l. United Way Allocations					
Subtotal 03	\$ -	\$ -	\$ -	\$ -	N/A

4th budget form reviewed along with B2

Enter information into Sections 2 & 3 only if applicable for program

Leave Column 3 Line 1a blank until Form C Line 5 is completed.

The yellow cells are locked. The required information will automatically populate the remaining cells. Enter manual updates in the other cells.

Include written justification for any variance in Columns 4 & 5 that changes by \$1,000 (increase or decrease) and/or 4% (increase or decrease) from the previous year.

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Forms B2

Operating Statement for EXPENSES

- Projected expenses on Form D should be same as amounts on Form B-2
 - *Column 3 should be the same as Form D Column 1*
- Summarizes all expenses
 - *Column 1: Actual FY 2021 expenses*
 - *Column 2: FY 2022 expenses based on current rate*
 - *Column 3: Projected FY 2023 expenses*
- Include written explanation for any expense in Line 5 “Contracted Services” and Line 28 “Other”

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Budget Form B 2 - Operating Statement - EXPENSES			FY 2023		
Agency/ Program Name:					
Program Component: <input type="checkbox"/> Residential					
4th budget form reviewed along with B1					
	Actual FY 2021	Approved FY 2022 Budget	Projected FY 2023 Budget	\$ Variance FY 2022/FY 2023	% Variance FY 2022/FY 2023
Budgeted Expenses	Col 1	Col 2	Col 3	Col 4	Col 5
01 Employees					
a. Salaried					N/A
b. Contractual/Consultant					
02 Payroll Taxes					
03 Fringe Benefits					
04 Staff Development Costs					
05 Contracted Services (non-professional)					
06 TFC Difficulty of Care					
07 TFC Board Payment					
08 TFC Respite Care					
09 Publicity					
10 Food					
11 Clothing					
12 Recreation					
13 Personal Needs Allowance					
14 Rent					
15 Utilities					
16 Repairs and Maintenance					
17 Insurance and Taxes					
18 Interest					
19 Supplies					
20 Depreciation/Use Allowance					
21 Equipment Rental/Lease and Repairs					
22 Printing/Copying					
23 Telephone					
24 Postage and Shipping					
25 Memberships and Subscriptions					
26 Conferences and Conventions					
27 Travel and Transportation					
28 Other					
29 Total Expenses					N/A

The yellow cells are locked. The required information will automatically populate the remaining cells. Enter manual updates in the other cells.

Rent should match the Lease/Mortgage Form

Column 3 should be the same as Form D Column 1

Include written justification for any expenses Line 5 "Contracted Services (non-professional) and Line 28 "Other"

Include written justification for any variance in Columns 4 & 5 that changes by \$1,000 (increase or decrease) and/or 4% (increase or decrease) from the previous year.

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Forms C

Rate Computation

- Spreadsheets calculates total allowable costs
 - Lines 1-5 populate automatically
 - Annual, monthly and daily rate are calculated
 - Total # children served
 - Total # billable days for last 12 months (*Calendar Year 2021*)
- Enter the following information manually:
 - Line 6 Projected Average Daily Census FY2023
 - Line 7 Days in Operation
 - Line 9 FY 2022 Approved State Rate (*Refer to rate letter*)
 - Lines 10a-e Payment Source
 - Lines 11a-e Number of Billable Days
 - Line 12 Number of New Admissions (*Calendar Year 2021*)

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Budget Form C - RATE COMPUTATION		FY 2023
Agency/ Program Name:		5th budget form reviewed
Program Component: <input type="checkbox"/> Residential <input type="checkbox"/> CPA		
1. Income Offset (Form B1, Requested FY 2022 Budget - Col 3, Subtotal 02)		\$ -
2. Unallowable Cost (Form D, Column 02)		\$ -
3. Unallowable Cost Minus Income Offset (Line 2 Minus Line 1)		\$ -
4. Total Expenses (Form D, Column 01)		\$ -
5. Allowable Cost		\$ -
If line 3 is a Positive Number then subtract line 3 from line 4; If line 3 is a Negative Number then add lines 3 and 4; If line 3 Equals Zero then enter the sum from Form D, Column 3.		
6. Projected Average Daily Census - FY 2023		
7. Days in Operation - FY 2023		
8. FY 2023 Projected Rate Calculation	Refer to FY 2022 Rate Letter for Line 9	
a. Annual Per Child Rate - FY2023 (Line 5 Divided by Line 6)		#VALUE!
b. Monthly Per Child Rate - FY2023 (Line 8a Divided by 12)		
c. Daily Per Child Rate - FY2023 (Line 5 Divided by (Line 6 * Line 7))		
9. FY 2022 Current Approved State Rate (Enter from most current FY 2022 Rate Letter)		
a. Annual Cost Per Child		
b. Monthly Cost Per Child		
c. Daily Cost Per Child		
10. Average Daily Census for Calendar Year 2021 by Payment Source: (Total Cannot Exceed License)		
a. Department of Human Services		
b. Department of Juvenile Services		
c. Maryland Department of Health		
d. Out of State		
e. Other/ Private Pay		
Total		0.0
11. Number of Billable Days for Calendar Year 2021 by Payment Source:		
a. Department of Human Services		
b. Department of Juvenile Services		
c. Maryland Department of Health		
d. Out of State		
e. Other/ Private Pay		
Total		0.0
12. Number of new admissions during Calendar Year 2021:		

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Form A

Residential Child Care/Child Placement Agency Operating Budget

- Cover sheet for general information
- Include the names and email addresses for the Chief Administrative & Chief Financial Officers
- The corporate designee must sign and date the cover sheet in **BLUE INK**
- Select appropriate drop-down option for Licensing Agency/Approval Agency
- Enter "Capacity" in Section III & # Days in School
- The remaining cells will be populated automatically

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Budget Form A - Residential Child Care/Child Placement Agency Operating Budget FY 2023

☐ Program Budget
 ☐ Education Budget
 ☐ Non-Residential

☐ Renewal Application
 ☐ New Rate Application

SECTION I: General
(Enter data beginning in column G)

Federal ID Num: _____
 Parent Organiz: _____
 Program Name: _____
 Program Local: _____
 Mailing Address: _____
 Mailing Address: _____
 Mailing Address: _____
 Telephone Num: _____
 Fax Number: _____
 Chief Administrative: _____
 Chief Financial: _____
 Budget Preparer: _____
 Type of Organization: _____
 Licensing Agency/Approval Agency: _____

SECTION II: Census Information
(Enter Data Beginning in Column G)

"CAPACITY": (ATTACH DOCUMENTATION): _____
 Actual Census (Budget Form C - Line 10 Total): 0.00
 If the program operates less than a full year, enter the dates of operation from (month/year) to (month/year): _____
 Projected Average Daily Census (Budget Form C - Line 6): 0.00
 Number of Days School is in Session: _____
 (For educational programs)

SECTION III: Rates

Rates Data:
 FY 2022 Current Approved Rate (Form C, Item # 9): _____
 FY 2023 Projected Rate (Form C, Item #6): _____
 % Change: _____

I hereby certify that the revenue and expenses identified herein are correct and justified in the amounts stated and represent actual and necessary costs associated with the administration of the program.

Person authorized by the Corporation to sign on its behalf: _____

** See FY2023 Provider Instructions (page 25)

The yellow cells are locked. The required information will automatically populate the remaining cells. Enter manual updates in the other cells.

Only one (1) signed copies of all budget pages is required for submission with completed rate application package.

Select appropriate drop-down option for Licensing Agency/Approval Agency.

The authorized program representative should sign and date in blue ink.

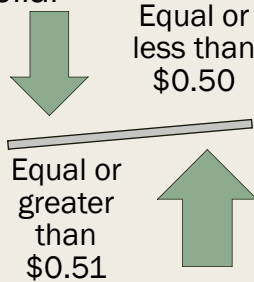
Last budget form reviewed

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Rounding Budget Figures

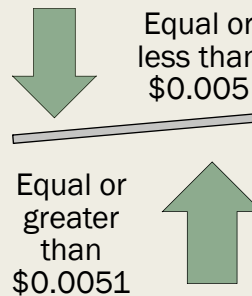
Yearly & Monthly Calculations

- Round to the nearest dollar



Daily Calculations

- Round to the nearest cent

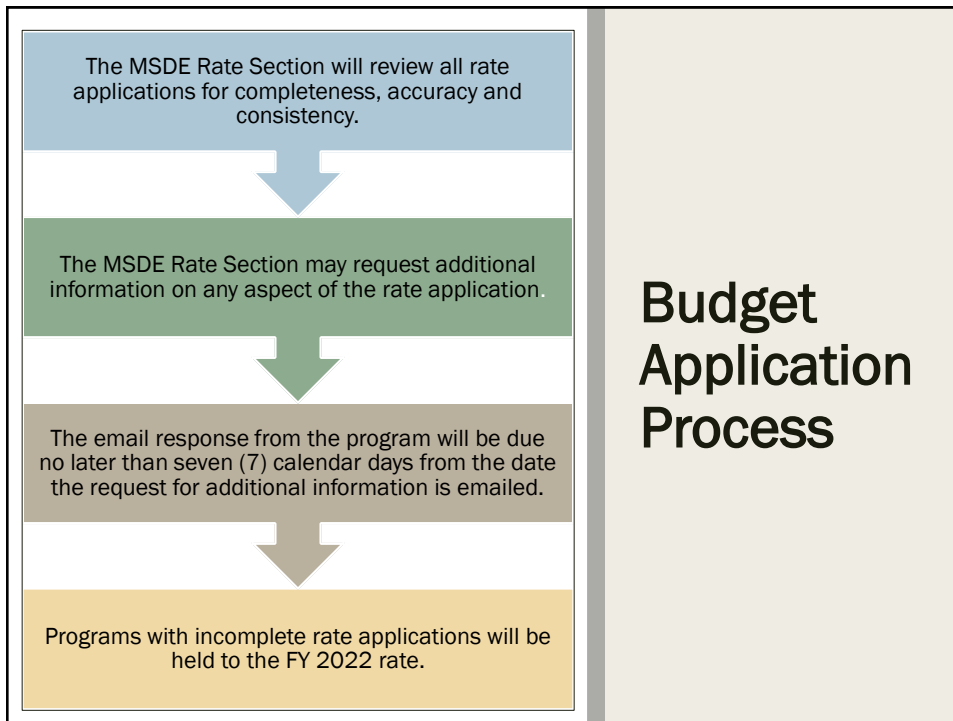


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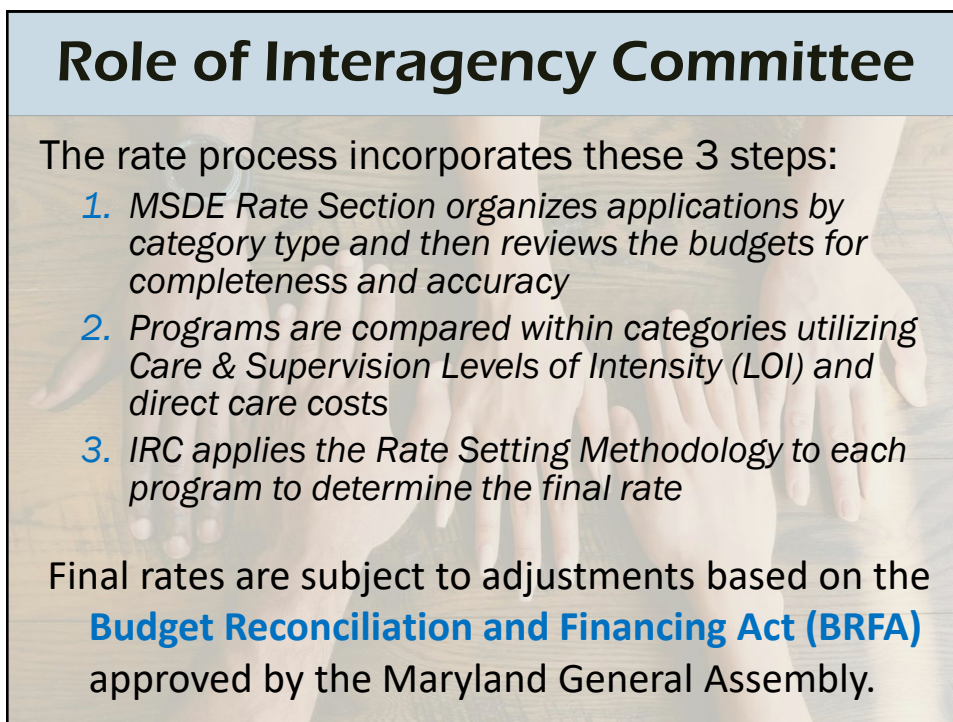
Budget Justifications

- Include written narrative to explain the variance for any expense items that change by **\$1,000 and/or 4% (increase or decrease)** from the previous year
- Explain any expenses that are not self-explanatory and/or include multiple individual cost items
- Required explanation to include cost breakdown
 - *Line 5 Contracted Services (Non-Professional)*
 - *Line 28 Other*
- Describe the reason for any personnel changes (classification, numbers of positions, hours worked, etc.)
- Written narrative must include explanation for salary changes and vacant positions

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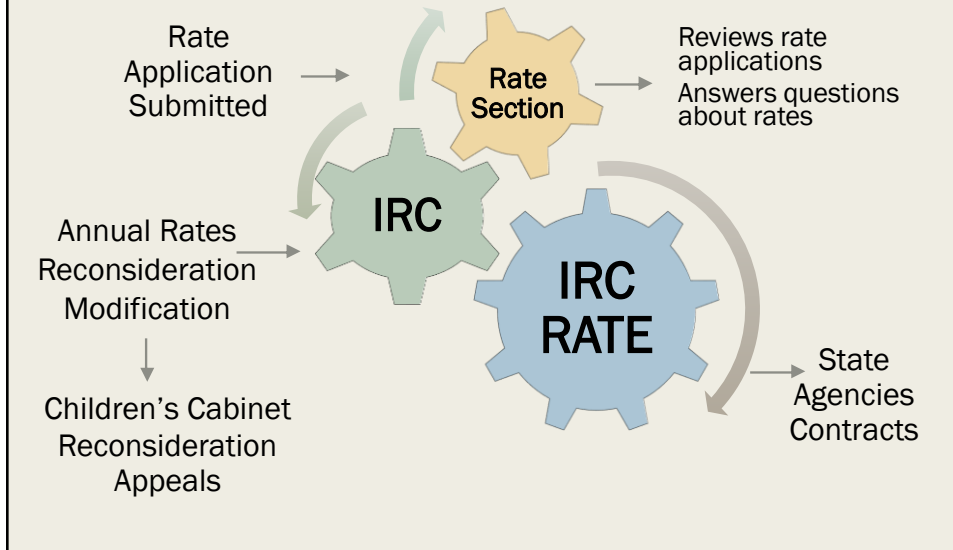


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Rate Setting Process



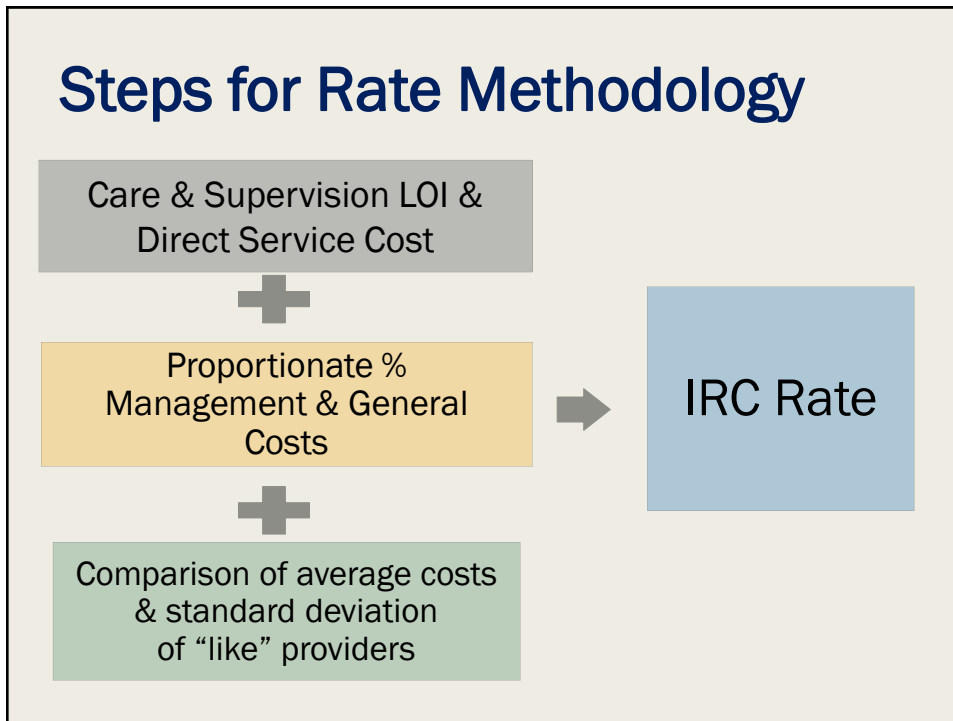
49

Program Categories

- Alternative Living Unit (ALU)
- Diagnostic, Evaluation & Treatment Program (DETP)
- Education (EDUC)
- Group Home High-Intensity (GH-High)
- Group Home (GHS)
- Independent Living (IL)
- Medically Fragile (MFP)
- Miscellaneous (MISC)
- Non-Residential (NR)
- Shelter (S)
- Teen Mother Independent Living (TMP-IL)
- Teen Mother Treatment Foster Care (TMP-TFC)
- Therapeutic Group Home (TGH)
- Treatment Foster Care (TFC)
- Treatment Foster Care Medically Fragile (TFC-MF)

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Steps for Rate Methodology



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Steps for Rate Methodology

PREFERRED OR NON-PREFERRED STATUS

PREFERRED

- Projected Direct Care Cost \leq Mean Project LOI
- Requested Rate

PREFERRED

- Projected Direct Care Cost $>$ Mean Projected LOI
- FY 2022 Rate + Federal CPI-U previous year

NON-PREFERRED

- Projected Direct Care Cost $>$ Above 1 Standard Deviation Mean Projected LOI
- Held to FY2022 Rate

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Reconsiderations

- File written request with Rate Section within 30 days of notice of FY 2023 rate
- Provide detailed information
 - *Relief Requested*
 - *Basis of Relief*
- Within 30 days of receipt of completed request, IRC will provide written notification of decision
- Appeal reconsideration decision to Children's Cabinet within 30 days of receipt of IRC's decision

Final rates are subject to adjustments based on the **Budget Reconciliation and Financing Act (BRFA)** approved by the Maryland General Assembly.

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IRC Deadlines Renewal Rate Determinations

Postmarked by February 15, 2022

- FY2023 rate before July 1st

After February 15, 2022 before May 1, 2022

- Held to FY2022 approved rate

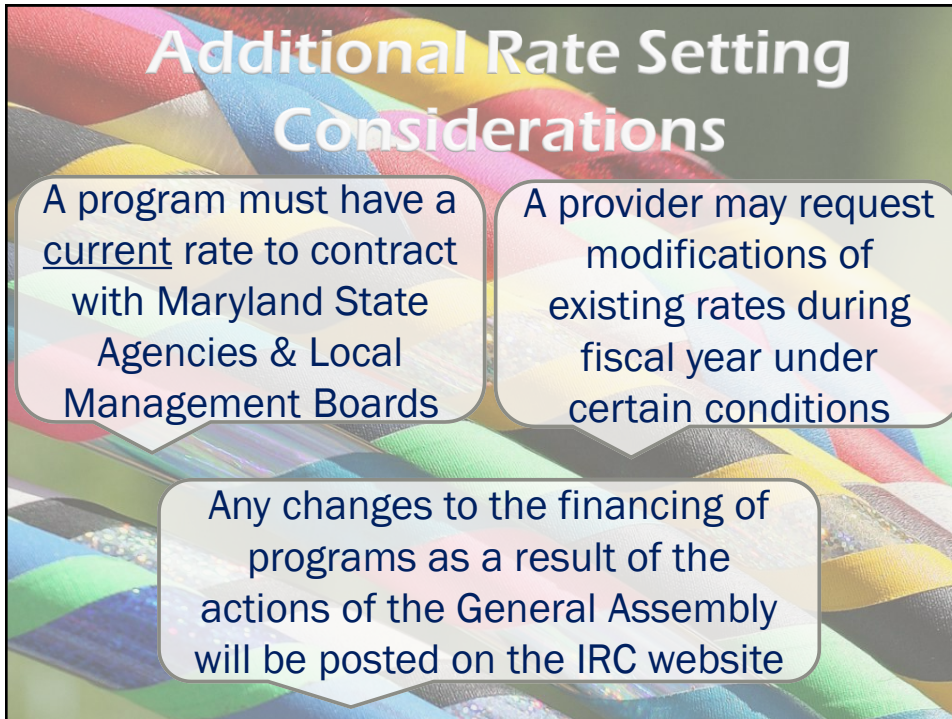
After May 1, 2022

- No rate approved prior to the expiration of the FY 2022 rate on June 30, 2022
- Held to the FY 2022 approved rate

FY 2023 rate will not be awarded without submitting renewal applications.
Rate applications submitted after June 30th will be effective the date of IRC approval.

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Additional Rate Setting Considerations



- A program must have a current rate to contract with Maryland State Agencies & Local Management Boards
- A provider may request modifications of existing rates during fiscal year under certain conditions
- Any changes to the financing of programs as a result of the actions of the General Assembly will be posted on the IRC website

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What's New FY 2023 Tip Sheet

- Provides helpful hints
- Highlights recurring challenges applications
- Read the instructions before completing the Budget Workbook Forms.
- Review **ALL** forms prior to submission.
- Contact the Rate Section for questions

WE ARE HAPPY TO ASSIST YOU!

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Common Errors

- NO CONTACT INFORMATION
- Incomplete submissions
- Missing supporting documentation
- Missing contract pages
- Incorrect staff positions & allocation of work hours
- Different amounts budget & supplemental forms
- Missing licensing approvals
- No budget justifications especially variance
- Multiple programs on electronic device
- Numerical calculations in cells
- Additional spreadsheets to workbook
- Lack timely response to follow-up inquires

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Maryland State Department of Education

Enter search term

HOME DIVISIONS/PROGRAMS STATE BOARD NEWSROOM ABOUT US THE BLUEPRINT

A message from Superintendent Mohammed Choudhury:

Welcome back to school Maryland students, families, staff and community stakeholders.

As the 2021-2022 school year begins, I want to emphasize that the Maryland State Department of Education recognizes the value of fulltime in-person

Building A Future for Every Student

Welcome Back to School Students, Families and Staff!

At the Maryland State Department of Education, we are focused on the opening of Maryland Schools for full-time, in-person instruction this fall. Our work at MSDE will continue to support local school systems as they bring students back to the classroom for a safe and successful school year. We value our students, teachers and staff and look forward to working together to make this the best school year yet!

For more information on a local school system's scheduled return date and their policies, please visit our [school system directory page](#).

#MDBack2School

News Releases

[Maryland State Board of Education Hosts Meeting Tuesday, October 26](#)

[Maryland State Department of Education, Office of School and Community Nutrition Programs Awarded 2021 Team Nutrition Training Grant](#)

[Maryland Recognizes National School Bus Safety Week October 18-22, 2021](#)

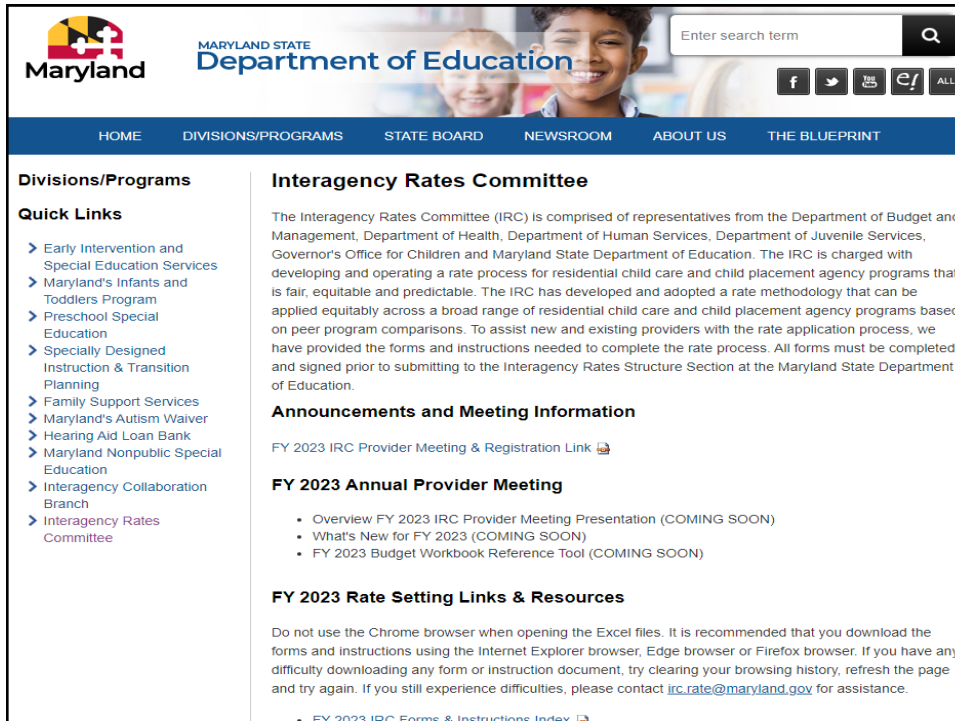
[Maryland State Department of Education's Plan for ARP Funds to Support K-12 Schools and Students Approved](#)

[Baltimore County Middle School Teacher Brianna Ross Named 2021-2022 Maryland Teacher Of The Year](#)

[Maryland State Board of Education Hosts Meeting Tuesday, September 28th](#)

[Maryland State Department of Education Awards Over \\$4 Million to Maryland Schools to Provide Fresh Fruits and Vegetables to Students](#)

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Maryland **MARYLAND STATE Department of Education**

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HOME DIVISIONS/PROGRAMS STATE BOARD NEWSROOM ABOUT US THE BLUEPRINT

Divisions/Programs

Quick Links

- Early Intervention and Special Education Services
- Maryland's Infants and Toddlers Program
- Preschool Special Education
- Specialty Designed Instruction & Transition Planning
- Family Support Services
- Maryland's Autism Waiver
- Hearing Aid Loan Bank
- Maryland Nonpublic Special Education
- Interagency Collaboration Branch
- Interagency Rates Committee

Interagency Rates Committee

The Interagency Rates Committee (IRC) is comprised of representatives from the Department of Budget and Management, Department of Health, Department of Human Services, Department of Juvenile Services, Governor's Office for Children and Maryland State Department of Education. The IRC is charged with developing and operating a rate process for residential child care and child placement agency programs that is fair, equitable and predictable. The IRC has developed and adopted a rate methodology that can be applied equitably across a broad range of residential child care and child placement agency programs based on peer program comparisons. To assist new and existing providers with the rate application process, we have provided the forms and instructions needed to complete the rate process. All forms must be completed and signed prior to submitting to the Interagency Rates Structure Section at the Maryland State Department of Education.

Announcements and Meeting Information

FY 2023 IRC Provider Meeting & Registration Link

FY 2023 Annual Provider Meeting

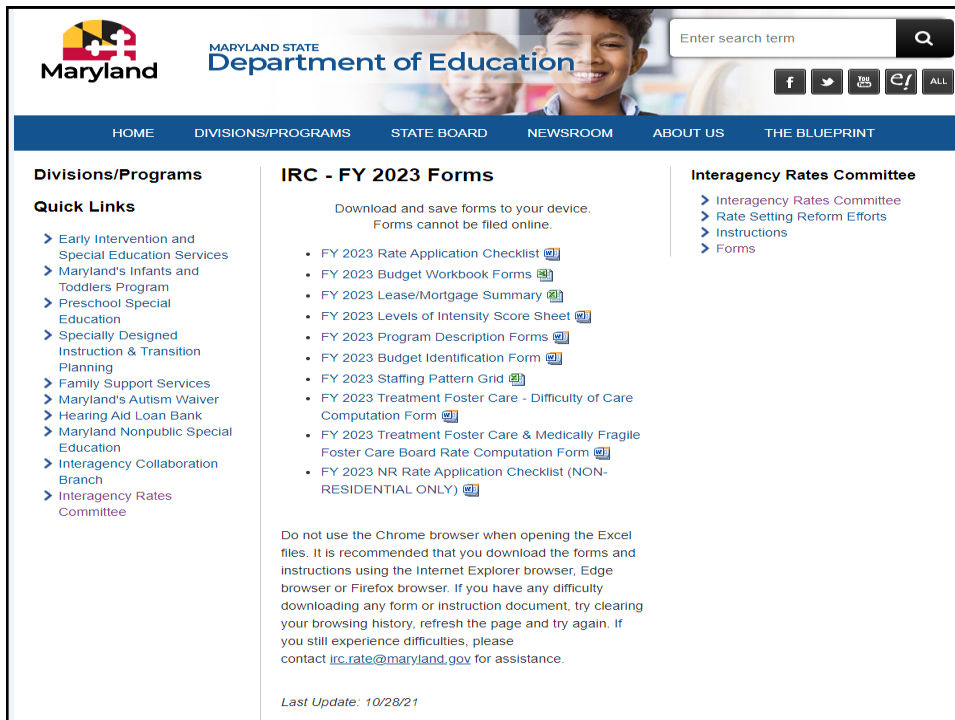
- Overview FY 2023 IRC Provider Meeting Presentation (COMING SOON)
- What's New for FY 2023 (COMING SOON)
- FY 2023 Budget Workbook Reference Tool (COMING SOON)

FY 2023 Rate Setting Links & Resources

Do not use the Chrome browser when opening the Excel files. It is recommended that you download the forms and instructions using the Internet Explorer browser, Edge browser or Firefox browser. If you have any difficulty downloading any form or instruction document, try clearing your browsing history, refresh the page and try again. If you still experience difficulties, please contact irc.rate@maryland.gov for assistance.

FY 2023 IRC Forms & Instructions Index

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Maryland **MARYLAND STATE Department of Education**

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- Interagency Rates Committee

IRC - FY 2023 Forms

Download and save forms to your device. Forms cannot be filed online.

- FY 2023 Rate Application Checklist
- FY 2023 Budget Workbook Forms
- FY 2023 Lease/Mortgage Summary
- FY 2023 Levels of Intensity Score Sheet
- FY 2023 Program Description Forms
- FY 2023 Budget Identification Form
- FY 2023 Staffing Pattern Grid
- FY 2023 Treatment Foster Care - Difficulty of Care Computation Form
- FY 2023 Treatment Foster Care & Medically Fragile Foster Care Board Rate Computation Form
- FY 2023 NR Rate Application Checklist (NON-RESIDENTIAL ONLY)

Do not use the Chrome browser when opening the Excel files. It is recommended that you download the forms and instructions using the Internet Explorer browser, Edge browser or Firefox browser. If you have any difficulty downloading any form or instruction document, try clearing your browsing history, refresh the page and try again. If you still experience difficulties, please contact irc.rate@maryland.gov for assistance.

Last Update: 10/28/21

Interagency Rates Committee

- Interagency Rates Committee
- Rate Setting Reform Efforts
- Instructions
- Forms

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Quality Service Reform Initiative (QSRI) Update



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For additional information:

Karen Powell MS, LCSW-C

Section Chief, Interagency Initiatives
 Maryland State Department of Education
 Division of Early Intervention and Special Education Services
 Interagency Initiatives & Rates Section/Interagency Collaboration
 Branch

Phone: 410-767-0233

Fax: 410-333-0298

irc.rates@maryland.gov

Budget forms may be accessed at the [IRC Website](#)

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