**Child Caring and Child Placing Level of Care Schedule**

TWIST Case Number:      TWIST Case Name:

Name of Private Agency:       Agency Address:

Name of Child:       Social Security Number:

Race:       Gender:

Date of Birth:       County:      Region:

|  |  |  |
| --- | --- | --- |
| **Daily Base Rate Schedule** | **Daily Rate** | **Supervisory Level of Approval** |
| Emergency Shelter w/ Treatment License | $220.59 | FSOS/Designee |
| Emergency Shelter no Treatment License | $165.44 | FSOS/Designee |
| QRTP Residential | $336.00 | FSOS/Designee |
| Non QRTP Residential | $193.50 | FSOS/Designee |
| Level Vs – Residential | $302.10 | FSOS/Designee |
| Therapeutic Foster Care Level I & Basic | $51.33 | SRA/Designee |
| Therapeutic Foster Care Level II | $108.55 | SRA/Designee |
| Therapeutic Foster Care Level III | $156.34 | SRA/Designee |
| Independent Living Placement Level I and II | $99.50 | SRA/Designee |
| Independent Living Placement Level III | $139.96 | SRA/Designee |

The payment rate for this child shall be $       per day for service covered by the Private Child Care Contract between the agency and the cabinet. Daily rates include costs or services unless expressly authorized by provisions of the Private Child Care Contract between the agency and the Cabinet for Health and Family Services.

Effective Date:       Admission Date:

Next Utilization Review Date:

Approval Signature/Title (See above approval levels for appropriate signature.)

NOTE: Submission date of review materials will affect date of rates.

Distribution: Original, Regional Billing Clerk

Copy: PCC/PCP Agency, Children’s Benefit Worker, Case Record, Gatekeeper