

COMMONWEALTH OF KENTUCKY
 Cabinet for Health and Family Services
 Department for Community Based Services
 Division of Protection and Permanency

Transitional 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 through June 30, 2022	Daily Rate on or After July 1, 2022	Supervisory Level of Approval
Emergency Shelter with Treatment License	\$126.80	\$193.50	FSOS/Designee
Emergency Shelter no Treatment License	\$111.60	\$145.12	FSOS/Designee
QRTP Residential		\$298.50*	FSOS/Designee
Non QRTP Residential	Leveled residential rates (below)	\$193.50*	FSOS/Designee
Level 1 - Residential	\$51.19		FSOS/Designee
Level II - Residential	\$61.52		FSOS/Designee
Level III - Residential	\$109.71		FSOS/Designee
Level IV - Residential	\$193.50		FSOS/Designee
Level V - Residential	\$256.70		FSOS/Designee
Level Vs – Residential	\$302.10	\$302.10*	FSOS/Designee
PCC Basic Foster Care, Level I & II	\$44.82		SRA/Designee
PCP-Therapeutic Foster Care Level I & II (step down)	\$76.10		SRA/Designee
PCP-Therapeutic Foster Care Level III	\$83.16		SRA/Designee
PCP-Therapeutic Foster Care Level IV	\$101.23		SRA/Designee
PCP-Therapeutic Foster Care Level V	\$139.96		SRA/Designee
Therapeutic and Treatment Foster Care Level I		\$44.82*	SRA/Designee
Therapeutic and Treatment Foster Care Level II		\$83.16*	SRA/Designee
Therapeutic and Treatment Foster Care Level III		\$139.96*	SRA/Designee
Independent Living-Standard Rate	\$83.16		SRA/Designee
Independent Living – Level 1	\$76.10		SRA/Designee
Independent Living – Level 2	\$76.10		SRA/Designee
Independent Living – Level 3	\$83.16		SRA/Designee
Independent Living – Level 4	\$101.23		SRA/Designee
Independent Living – Level 5	\$139.96		SRA/Designee
Independent Living – PCP - Level I and II		\$83.16	SRA/Designee
Independent Living – PCP - Level III		\$139.96	SRA/Designee

*Rate effective upon Utilization Review occurring on or after July 1, 2022

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

