

## **COSTAR – RBWO**

### **106.0 UNIFORM ACCOUNTING SYSTEM (UAS) CODES**

<b>UAS</b>	<b>DESCRIPTION</b>	<b>LAST UPDATE</b>
513	Return of Runaways	Nov 2009
520	Respite	July 2017
547	Emergency Foster Care Beds	Feb 2009
597	Intensive Community Based Services – Parental Custody (State Funds)	July 2008
598	Intensive Community Based Services DFCS Custody - (State Funds)	July 2008
<b>604</b>	<b>State Related Expenses (Non-DFCS Foster Placements)</b>	<b>Oct 2019</b>
605	IV-E Institutional Foster Care (CCI Providers)	July 2016
606	State Institutional Foster Care (CCI Providers)	July 2016
607	Initial (TANF) Institutional Foster Care	July 2016
608	Voluntary Custody CCI	July 2016
609	IV-E Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies	Aug 2018
610	State Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies	Aug 2018
611	Initial TANF Privately Supervised Family Foster Care- Licensed and Approved Private Foster Care Agencies	Aug 2018
612	State Undocumented Immigrant Children in CCI	July 2016
613	Undocumented Immigrant Children in Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies	Aug 2018
614	Voluntary Custody CPA	Aug 2018
615	Parental Custody/Purchased Foster Care (CCI) State Funds	May 2013
616	Parental Custody/Purchased Foster Care (CPA) State Funds	Aug 2018
617	Community Integration Program (Effective April 1, 2008) (State Funded)	Mar 2009
618	Community Integration Program (Effective April 1, 2008) (TANF Funded)	Mar 2009
619	Permanency/Reunification Services (Terminated June 30, 2011) (State Funded)	May 2013

620      Permanency/Reunification Services (Terminated June 30, 2011)      May 2013  
(TANF Funded)

**PROGRAM NAME** – Return of Runaways

**REFERENCES:** Foster Care Services Manual: Fiscal, 1016.42

**PROGRAM PURPOSE** – To charge transportation expenses for a child in DFCS custody who runs away and is returned from out of state.

**COSTAR REPORTING** – The reported client is the child.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – The child must be in DFCS custody to use this program funding.

**PAYMENT REQUIREMENTS:** All costs related to the child’s return (meals, lodging, airfare, etc) are reimbursable with state funds. Original bills and or receipts associated with transportation expenses should be sent to accounting for payments. Copies should be retained in the county office for audit trail purposes.

**ALLOWABLE ENTITLEMENT CODES**

<b>DESCRIPTION</b>	<b>CODE</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
Air Faire	12a	
Lodgings	12b	
Meals	12c	
Other Costs	12d	

**PROGRAM NAME – Foster Care Respite Care - RBWO**

**REFERENCES:** Foster Care Services Manual

**PROGRAM PURPOSE:**

**Respite Care:**

- A. Respite for family foster care providers designed to provide the caregiver a needed break from parenting for the purposes of vacation, hospitalization or any other reason that they would be unable to care for the child in their home.
- B. The County Director and/or designee must approve all respite care services and providers.
- C. Only children in DFCS approved foster homes and Private Agency foster homes are eligible for this service.
- D. The service is limited to 10 **days** per foster home within a fiscal year to be paid at the child's current per diem rate.

**NOTE: The local county DFCS Director cannot authorize additional respite days for a foster parent beyond the 10 days limit. However, they can request a state office waiver to approve respite over 10 days which would be paid with state funds.**

**COSTAR REPORTING**

**The reported client is the child. Respite care is paid to the permanent foster home provider using the child's regular program code. Program 520 is used to pay the temporary foster home.**

**KEY PROGRAM OR ELIGIBILITY REQUIREMENT:**

A waiver is required from the Foster Care Services Director for approval to place a child in a DFCS or CPA approved foster home into respite at a CCI. The county director/designee may approve a DFCS or CPA placed child to receive respite from either a DFCS or CPA approved foster home.

**Respite Care**

Approved DFCS or private Foster Homes for a maximum of 10 days within a fiscal year (Private-defined as licensed/DFCS approved homes as listed in the Foster Care Manual) (10 consecutive days are not required). Foster homes must comply with the Minimum Standards for DFCS foster homes. Children who are in approved DFCS or Private Foster Homes are eligible for service.

Respite Care services will be **paid at the child's current per diem rate not to exceed 10 days in a fiscal year**. For CPAs this will be the foster parent rate plus any waiver amount. The Agency rate will not be paid for Respite.

## PAYMENT REQUIREMENT

### CPA will bill DFCS on the prebill or Respite invoice for CPA vendors

Effective April 1, 2005, the “head in the bed” rule, meaning the provider only gets reimbursed for the day that the child actually spends the night in the home.

(Training for Foster Parents falls under concurrent per diem, not respite care.)

Respite Care starts with the first day the child leaves the permanent foster home. The permanent foster home will receive the regular foster care per diem and the temporary home will receive the respite care per diem (520) during the respite care. The temporary home will not receive the respite care per diem for the night the child returns to the permanent foster home.

**Example:** Child leaves permanent foster home on Monday for 4 days. Regular per diem (using the child’s regular program code) is paid for the entire month (number of days child was in home). Respite per diem (520) starts the first night the child stays in the temporary home. Because the child did not sleep at the permanent foster home, this is the first day of respite care for the foster parents. Foster parents return home on Friday and pick up child. The respite care program (520) is for 4 days (Monday through Thursday) and is paid to the temporary home. Child sleeps in permanent foster home Friday night, so the per diem is the regular per diem.

Placement Page must be updated in SHINES before payment to Foster Parent is made. SHINES should clearly state “RESPITE CARE” when child goes to respite care, and “END RESPITE CARE” when leaving respite care.

Refer to the Field Fiscal Services Website, Foster Care Policy Section under Manuals, Financial Part 2 for additional requirements and guidelines.

## ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
94	Respite Care Services	Childcare, designed to provide caregiver a needed break for specified purposes as specified in respite care services not to exceed 10 days in a fiscal year.

**PROGRAM NAME** – Emergency Foster Care Beds

**REFERENCES:** Foster Care Services Manual: Fiscal, 1016.17

**PROGRAM PURPOSE** – This program is to establish emergency placement beds to be used to place children entering foster care in emergency situations. These emergency beds should be established in areas across the state where there are no emergency shelters. This program will allow counties who do not have emergency shelters to pay for foster families and child caring institutions to develop and hold empty beds in anticipation of children coming in and needing emergency placements.

**COSTAR REPORTING** - The reported client is the child.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENT** – This program is available in counties across the State without emergency shelters. The DHR Office of Planning and Budget (OPB) is to be notified when an emergency placement bed is located to ensure funds are still available. The funds for this program are limited. Therefore, only limited number of emergency beds can be approved. The DHR OPB will maintain a count and location of the beds for budgetary controls. The county Department will notify the DHR OPB budget analyst for their county before finalizing plans for emergency beds to ensure funds are available and the beds are within the authorized number. When a child is placed in a vacant bed, OPB should be notified by the County Department indicating the name of the child placed and the county. These emergency placement beds will be approved by the County Director (after determining funds are available) and will be supervised by the County Director or Supervisor. Counties with approval for these emergency beds must develop procedures to ensure that the beds are maintained in the facility for emergency placement of children entering foster care. Family Foster Homes and Institutions must meet all of the standards for approved placement homes or institutions. See rates below. Once a child is placed, the payment rate changes to the regularly approved rate for family foster care or institutional foster care.

**PAYMENT REQUIREMENT:** Case Manager obtains approval from a Budget Analyst that funds are available to designate emergency beds in the county. Case Manager will receive written confirmation of approved emergency beds of foster homes or institution and the effective date of approval. The confirmation is sent to accounting along with provider’s invoice for the cost of holding an emergency bed space(s).

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
96	Family Foster Care Emergency	Rate - \$7.00 per day to maintain an open placement bed in a home
97	Institutional Foster Emergency Beds	Rate - \$25.00 per day for child caring institution to maintain an open placement bed

**NOTE:** An approved Waiver from State Office is needed for rates above these limits.

**PROGRAM NAME** – Intensive Community Based Services – Parental Custody (State Funds)  
(Program Name change)

**REFERENCES:** Foster Care Services Manual: Fiscal, 1016.15

**PROGRAM PURPOSE** – Intensive Community Based Services is a process that gives services and supports to children with Serious Emotional Disturbances (SED) and their families in their homes and the community. A child may be living with a parent, extended family member, or a foster or adoptive family. The goals of Intensive Community Based Services are to help children live in families and be successful in school, work, and the community.

**COSTAR REPORTING**

The reported client is the child.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENT**

The state RBWO committee arranges care for children in Georgia with SED. The program is usually put in place when a child leaves a residential RBWO placement, for example when they turn 18. In addition, the program can be used to prevent residential placements. The local county department should receive a letter approving the Intensive Community Based Services from the state RBWO committee.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
W1	Intensive Community Based Services Level 1	\$50.00 per day for a minimum of 20 hours per month
W2	Intensive Community Based Services Level 2	\$90.00 per day for a minimum of 35 hours per month

Notes: All Approved RBWO Intensive Community Based Services providers will have a statewide RBWO vendor # in SMILE and are listed on the Approved RBWO provider list. Effective February 2005 (service month) payment for RBWO Intensive Community Based Services is being moved from the State Office to the Regional Payment Centers.

**PROGRAM NAME** – Intensive Community Based Services DFCS Custody - (State Funds)  
(Program Name Change)

**REFERENCES:** Foster Care Services Manual: Fiscal, 1016.15

**PROGRAM PURPOSE** – Intensive Community Based Service is a process that gives services and supports to children with Serious Emotional Disturbances (SED) and their families in their homes and the community. A child may be living with a parent, extended family member, or a foster or adoptive family. The goals of Intensive Community Based Services are to help children live in families and be successful in school, work, and the community.

### **COSTAR REPORTING**

The reported client is the child.

### **KEY PROGRAM OR ELIGIBILITY REQUIREMENT**

The state RBWO committee arranges care for children in Georgia with SED. The program is usually put in place when a child leaves a residential RBWO placement, for example when they turn 18. In addition, the program can be used to prevent residential placements. The local county department should receive a letter approving the Intensive Community Based Services from the state RBWO committee.

### **ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
W1	Intensive Community Based Services Level 1	\$50.00 per day for a minimum of 20 hours per month
W2	Intensive Community Based Services Level 2	\$90.00 per day for a minimum of 35 hours per month

Notes: All Approved RBWO Intensive Community Based Services providers will have a statewide RBWO vendor # in SMILE and are listed on the Approved RBWO provider list. Effective February 2005 (service month) payment for RBWO Intensive Community Based Services is being moved from the State Office to the Regional s.



**PROGRAM NAME – State Related Expenses (Non-DFCS Foster Placements)**

**REFERENCES:** Foster Care Services Manual: Fiscal, 1016.11, 1016.12, 1016.45

**PROGRAM PURPOSE** – To charge expenditures for a child who meets the eligibility criteria for IV-E, IV-B and Initial, but incurs a service that is 100% state funded.

**COSTAR REPORTING** – Reported client is generally the child. Count client in each entitlement code for which he/she receives services.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** - Benefits/services charged must meet programmatic guidelines (See Foster Care Manual).

**PAYMENT REQUIREMENT - The** Payment Centers will distribute to each CCI and CPA provider a pre-bill with children in their care based on the prior month payment.

CCI and CPA providers will amend the pre-bill as needed and return to the assigned payment center. Original receipts are required.

Reimbursement to the Child Caring Institution or CPA Provider must have Form 526 (DFCS Foster Care Invoice), or Pre-Bill, completed (including Child’s correct name, name and address of foster home), signed and dated by Foster Parent or supervising agency. All original receipts must be attached for reimbursement.

**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION		SPECIFIC SERVICE REQUIREMENTS
10a	Unusual Medical		<p>Maximum state funds used for Unusual Medical is \$5,000.00</p> <p>Waivers: The Regional Director can approve Unusual Medical expenses for children in custody above the \$5,000.00 limit not covered by Medicaid or any other funding source;</p> <p><b>Examples: Treatment for head lice, glasses or contact lenses</b></p> <p><b>NOTE: If a child requires the use of a SERVICE DOG for their needs, then veterinarian cost may be paid.</b></p>

CODE	DESCRIPTION	REMARKS
11	Child Restraint Devices (CRDs)	<p>Purchased in accordance with state law for a specific childbirth to 8 years who then “owns” the restraint device.</p> <p>The CRDs are reimbursed from state funds when purchased for a specific child by the foster parent. If Agency purchases the CRD and is not for a specific child, the expense must be paid from regular operating funds.</p> <p>Children age 8 and older who are small for their age, i.e., weighing under 80 pounds and/or under 4’9” in height, should use a booster seat instead of a lap/shoulder belt restraint system.</p> <p>The County Director can authorize a waiver for the age requirement and to purchase of a booster seat for the safety needs of a child. Copy of waiver should be sent with payment request to accounting.</p>
99	Written Waiver Item	<p>Expenditure, other than additional per diem, authorized by a written waiver, e.g., non-ICPC authorized travel to place/return a child; some waivers require State Office approval.</p>

**PROGRAM NAME – IV-E RBWO - CCI Providers**

REFERENCES: Foster Care Services Manual: Fiscal, 1016.33, 1016.13, 1016.16

**PROGRAM PURPOSE** – Pays for a child placed in a CCI facility that enters care and is determined to be IV-E eligible. This covers Room and Board and Watchful Oversight of children placed in CCI placement.

**COSTAR REPORTING** – Reported client is generally the child. Count one (1) for per diem and count client in each other entitlement code for which they receive services.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Benefits/services charged must meet programmatic guidelines as outlined.

**NOTE:** Concurrent per diem payments for children classified for IV-E funding, now require that the “temporary” placement home be paid from IV-B funding while the primary placement home/facility receives IV-E during the absence of a child. Only one IV-E payment may be made on behalf of the child on a single day.

**PAYMENT REQUIREMENTS - The** Payment Centers will distribute to each CCI provider a pre-bill with children in their care based on the prior month payment.

CCI providers will amend the pre-bill as needed and return to the assigned payment center. Original receipts for clothing and other incidentals are required.

If a child/youth in an CCI placement and visits overnight with siblings placed in a DFCS foster home, a basic level per diem may be paid to the DFCS foster home using concurrent per diem.

Use Program 604 for Unusual Medical (10a) and Restraint Devices (11)

**Note:** New Per Diem rates effective July 1, 2016. Per Diem rates vary by providers. Please see RBWO Provider and Per Diem Rates for CCI Facilities.

**NOTE:** Immigration/Legalization Cost can only be paid from Children’s Restricted Funds or Restricted Donation Funds designated as appropriate for this type expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
00a	Birth Certificates	Payable to Vital Records <a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a>
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records <a href="https://dph.georgia.gov/putative-father-registry">https://dph.georgia.gov/putative-father-registry</a>
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding <ul style="list-style-type: none"> <li>• Passports</li> </ul>
01	Per Diem Regular	
01a	Per Diem – Base	
01b	Per Diem – AWO	
01c	Per Diem – MWO	
01e	Per Diem – Camp	
01f	Per Diem – 2 <sup>nd</sup> Chance Homes	
01g	Per Diem – Teen Development	
01h	Per Diem – Maternity Home	
01i	Per Diem – MAAC	
01j	Per Diem – PRTF	
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>Effective July 2014 –June 2016 \$306 for birth through age 12 and \$409 for youth age 13 and over.</p> <p>July 2013 – June 2014 \$206 for birth through age 12 and \$309 for youth age 13 and over.</p> <p>Prior to July 2013 - \$200 for birth through age 12 and \$300 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions granted via written waiver by County Director or Designee.</p>

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is an expenditure of \$415 (may be a one-time expenditure or spent in incremental amounts) during a fiscal year, but it cannot be claimed during the calendar year that the child entered care</p> <p>May be paid as a state reimbursable item for any child in FFC</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces are covered under this code. Case worker should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payments, including initial up-front cost, can be paid by the orthodontist standard rate schedule. The entire orthodontic treatment cost should NOT be paid in full; this will ensure that payments are made only for services provided. The Authorization for Disbursement should request payments made directly to orthodontist, not the provider</p>
10c	Interstate Travel	ICPC authorized travel expenses for the child only with an Interstate Travel Waiver.
10d	Burial	Maximum funds used for burial expense - \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver. See Program 604 for other types of waivers

**PROGRAM NAME – State Funded RBWO – CCI Providers**

**REFERENCES:** Foster Care Services Manual: Fiscal, 1016.11, 1016.12, 1016.13, 1016.28, 1016.31, 1016.34, 1016.47, 1016.45

**PROGRAM PURPOSE** – To pay for services for any child who enters care unless IV-E funding is used. A child determined ineligible for IV-E remains IV-B eligible (100% state funds). (Program 607 must be used for 6 months prior to using 606. This covers Room and Board and Watchful Oversight of children placed in CCI placement.

**COSTAR REPORTING** – Reported client is generally the child. Count client in each other entitlement code for which they receive services.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Benefits/services charged must meet programmatic guidelines as outlined. Child must have been determined **ineligible** for other programs.

**PAYMENT REQUIREMENTS** – The Payment Centers will distribute to each RBWO provider a pre-bill with children in their care based on the prior month's payment.

CCI providers will amend the pre-bill as needed and return to the assigned payment center. Original receipts for clothing and supplemental supervision are required.

Use Program 604 for Unusual Medical (10a) and Restraint Devices (11)

**Note:** New Programs Per Diem rates effective July 1, 2016. Per Diem rates vary by providers. Please see RBWO Provider and Per Diem Rates for CCI Facilities.

**NOTE:** Immigration/Legalization Cost can only be paid from Children's Restricted Funds or Restricted Donation Funds designated as appropriate for this type expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
00a	Birth Certificates	Payable to Vital Records <a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a>
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records <a href="https://dph.georgia.gov/putative-father-registry">https://dph.georgia.gov/putative-father-registry</a>
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding <ul style="list-style-type: none"> <li>• Passports</li> </ul>
01	Per Diem Regular	
01a	Per Diem – Base	
01b	Per Diem – AWO	
01c	Per Diem – MWO	
01e	Per Diem – Camp	
01f	Per Diem – 2 <sup>nd</sup> Chance Homes	
01g	Per Diem – Teen Development	
01h	Per Diem – Maternity Home	
01i	Per Diem – MAAC	
01j	Per Diem – PRTF	
01z	Per Diem – Unapproved CCI	
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>Effective July 2014 –June 2016 \$306 for birth through age 12 and \$409 for youth age 13 and over.</p> <p>July 2013 – June 2014 \$206 for birth through age 12 and \$309 for youth age 13 and over.</p> <p>Prior to July 2013 - \$200 for birth through age 12 and \$300 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions granted via written waiver by County Director or Designee.</p>

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is an expenditure of \$415 (may be a one-time expenditure or spent in incremental amounts) during a fiscal year, but it cannot be claimed during the calendar year that the child entered care</p> <p>May be paid as a state reimbursable item for any child in FFC</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces are covered under this code. Case worker should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payments, including initial up-front cost, can be paid by the orthodontist standard rate schedule. The entire orthodontic treatment cost should NOT be paid in full; this will ensure that payments are made only for services provided. The Authorization for Disbursement should request payments made directly to orthodontist, not the provider</p>
10c	Interstate Travel	<p>ICPC authorized travel expenses for the child only with an Interstate Travel Waiver.</p>
10d	Burial	<p>Maximum funds used for burial expense - \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.</p>
99	Written Waiver Item	<p>Additional Per Diem rate authorized by a written waiver. See Program 604 for other types of waivers</p>



**PROGRAM NAME – Initial (TANF) RBWO – CCI Providers**

**REFERENCES: Foster Care Services Manual: Fiscal, 1016.11, 1016.12, 1016.13, 1016.28, 1016.34**

**PROGRAM PURPOSE** – Institutional Foster Care Per Diem and other placement related services may be charged from the date of placement for a maximum of 6 months under this UAS Program Code. \* However, if the child is determined eligible for IV-E, he/she should be moved to the appropriate IV-E UAS Program Code as soon as possible. Otherwise, at the end of the 6 months, the child should be moved to the appropriate IV-B UAS Program Code. This program covers Room & Board and Watchful Oversight of children placed in CCI placement.

**Note: This UAS Code includes short-term emergency care for up to seven days.**

- The child is reported as Initial CCI for 6 calendar months from the time he/she enters care. For example, if the child enters care in April 2006, he/she would be reported as Initial CCI THROUGH September 2006. If the child returns home in May 2006 and comes back into institutional foster care in July 2006, the child would be reported as initial CCI through September as long as legal custody had not been returned to the parent. The child is changed to IV-B funding on October 1, 2006. If legal custody is returned to the parent and the child again enters care, then the 6-month period starts all over. Of course, if IV-E eligibility is determined, then the child is immediately changed to IV-E.

**COSTAR REPORTING** – Reported client is generally the child Count client in each entitlement code for which they receive services.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Benefits/services charged must meet programmatic guidelines. See the Foster Care Manual.

**PAYMENT REQUIREMENTS** – The Payment Centers will distribute to each CCI provider a pre-bill with children in their care based on the prior month's payment.

CCI providers will amend the pre-bill as needed and return to the assigned payment center. Original receipts for clothing and other incidentals are required.

Use Program 604 for Unusual Medical (10a) and Restraint Devices (11)

**Note:** New Per Diem rates effective July 1, 2016. Per Diem rates vary by providers. Please see RBWO Provider and Per Diem Rates for CCI Facilities.

**NOTE:** Immigration/Legalization Cost can only be paid from Children's Restricted Funds or Restricted Donation Funds designated as appropriate for this type expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
00a	Birth Certificates	Payable to Vital Records <a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a>
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records <a href="https://dph.georgia.gov/putative-father-registry">https://dph.georgia.gov/putative-father-registry</a>
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding <ul style="list-style-type: none"> <li>• Passports</li> </ul>
01	Per Diem Regular	
01a	Per Diem – Base	
01b	Per Diem – AWO	
01c	Per Diem - MWO	
01e	Per Diem - Camp	
01f	Per Diem – 2 <sup>nd</sup> Chance Homes	
01g	Per Diem – Teen Development	
01h	Per Diem – Maternity Home	
01i	Per Diem - MAAC	
01j	Per Diem – PRTF	
01z	Per Diem- Unapproved CCI	
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>Effective July 2014 –June 2016 \$306 for birth through age 12 and \$409 for youth age 13 and over.</p> <p>July 2013 - June 2014 \$206 for birth through age 12 and \$309 for youth age 13 and over.</p> <p>Prior to July 2013 - \$200 for birth through age 12 and \$300 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions granted via written waiver by County Director or Designee.</p>

ALLOWABLE ENTITLEMENT CODES

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is an expenditure of \$415 (may be a one-time expenditure or spent in incremental amounts) during a fiscal year, but it cannot be claimed during the calendar year that the child entered care</p> <p>May be paid as a state reimbursable item for any child in FFC</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces are covered under this code. Case worker should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payments, including initial up-front cost, can be paid by the orthodontist standard rate schedule. The entire orthodontic treatment cost should NOT be paid in full; this will ensure that payments are made only for services provided. The Authorization for Disbursement should request payments made directly to orthodontist, not the provider</p>
10c	Interstate Travel	<p>ICPC authorized travel expenses for the child only with an Interstate Travel Waiver.</p>
10d	Burial	<p>Maximum funds used for burial expense - \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.</p>
99	Written Waiver Item	<p>Additional Per Diem rate authorized by a written waiver. See Program 604 for other types of waivers</p>

**PROGRAM NAME – Voluntary** Institutional Foster Care (CCI Providers) 561

**REFERENCES:** Foster Care Services Manual: Fiscal, 1016.13, 1016.30, 1016.33

**PROGRAM PURPOSE –** To charge expenditures for a child placed in an CCI facility that enters care by Voluntary Placement Agreement.

**COSTAR REPORTING – Reported client is generally the child.** Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS –** Benefits/services charged must meet programmatic guidelines. Note: Program 504 may be used in conjunction with this program.

**PAYMENT REQUIREMENTS:** The Payment Centers will distribute to each RBWO provider a pre-bill with children in their care based on the prior month's payment.

CCI providers will amend the pre-bill as needed and return to the assigned payment center. Original receipts are required.

Copies of waivers from the Treatment Services Unit are required for vendors receiving rates above the listed CCI rates.

Note: If a child/youth in a CCI placement and visits overnight with siblings placed in a DFCS foster home, a basic level per diem may be paid to the DFCS foster home using concurrent per diem.

Use Program 604 for Unusual Medical (10a) and Restraint Devices (11)

**Note:** New Per Diem rates effective July 1, 2016. Per Diem rates vary by providers. Please see RBWO Provider and Per Diem Rates for CCI Facilities.

**NOTE:** Immigration/Legalization Cost can only be paid from Children's Restricted Funds or Restricted Donation Funds designated as appropriate for this type expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.

**ALLOWABLE ENTITLEMENT CODES (New Rates effective July 1, 2013)**

CODE	DESCRIPTION		SPECIFIC SERVICE REQUIREMENTS
00a	Birth Certificates		Payable to Vital Records <a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a>
00b	Safety Helmets		Maximum of \$30.00
00c	Putative Father Register Search		Payable to Vital Records <a href="https://dph.georgia.gov/putative-father-registry">https://dph.georgia.gov/putative-father-registry</a>
00d	Other		Expenses that do not fall under a designated entitlement code for 100% state funding <ul style="list-style-type: none"> <li>• Passports</li> </ul>
01	Per Diem Regular		
01a	Per Diem – Base		
01b	Per Diem – AWO		
01c	Per Diem – MWO		
01e	Per Diem – Camp		
01f	Per Diem – 2 <sup>nd</sup> Chance Homes		
01g	Per Diem – Teen Development		
01h	Per Diem – Maternity Home		
01i	Per Diem – MAAC		
01j	Per Diem – PRTF		
01z	Per Diem – Unapproved CCI		

**ALLOWABLE ENTITLEMENT CODES (New Rates effective July 1, 2013)**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>Effective July 2014 –June 2016 \$306 for birth through age 12 and \$409 for youth age 13 and over.</p> <p>July 2013 – June 2014 \$206 for birth through age 12 and \$309 for youth age 13 and over.</p> <p>Prior to July 2013 - \$200 for birth through age 12 and \$300 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions granted via written waiver by County Director or Designee.</p>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is an expenditure of \$415 (may be a one-time expenditure or spent in incremental amounts) during a fiscal year, but it cannot be claimed during the calendar year that the child entered care</p> <p>May be paid as a state reimbursable item for any child in FFC</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces are covered under this code. Case worker should obtain an official estimate of the treatment cost on the orthodontist’s letterhead. Payments, including initial up-front cost, can be paid by the orthodontist standard rate schedule. The entire orthodontic treatment cost should NOT be paid in full; this will ensure that payments are made only for services provided. The Authorization for Disbursement should request payments made directly to orthodontist, not the provider</p>
10c	Interstate Travel	<p>ICPC authorized travel expenses for the child only with an Interstate Travel Waiver.</p>
10d	Burial	<p>Maximum funds used for burial expense - \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state’s maximum amount.</p>

**ALLOWABLE ENTITLEMENT CODES (New Rates effective July 1, 2013)**

CODE	DESCRIPTION		SPECIFIC SERVICE REQUIREMENTS
99	Written Waiver Item		Additional Per Diem rate authorized by a written waiver. See Program 604 for other types of waivers

**PROGRAM NAME –IV-E RBWO – CPA Providers Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies**

**REFERENCES: Foster Care Services Manual: Fiscal, Section 1016.13, 1016.14, 1016.33**

**PROGRAM PURPOSE** – To charge expenditures for a child who meets the eligibility criteria for IV-E and who is placed in family foster care supervised by a licensed and approved private agency. This program covers Room & Board and Watchful Oversight of children placed in CPA placement.

**COSTAR REPORTING** – **Reported client is generally the child.** Count client in each entitlement code for which they receive services.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Benefits/services charged must meet programmatic guidelines.

**NOTE:** Concurrent per diem payments for children classified for IV-E funding, now require that the “temporary” placement home be paid from IV-B funding while the primary placement home/facility receives IV-E during the absence of a child. Only one IV-E payment may be made on behalf of the child on a single day.

**PAYMENT REQUIREMENTS:** The Payment Centers will distribute to each CPA provider a pre-bill with children in their care based on the prior month’s payment.

CPA providers will amend the pre-bill as needed and return to the assigned payment center. Original receipts for clothing and supplemental supervision are required.

**Supplemental Supervision** – Only children in the custody of DFCS are eligible for supplemental supervision. Rates must be consistent with the CAPS established rates. A state waiver is required for all supplemental supervision.

- A CAPS waiver is required for paying a provider rates that exceed the state’s reimbursable rates.
- CAPS-funded Supplemental Supervision is available until the age of thirteen (13). A CAPS waiver is required for an exception to the age limit.
- Supplemental Supervision can be paid to Foster Parent through the foster care invoice process until CAPS is approved, or for Foster Care training but a state waiver is required.
- A State-office waiver is required to pay an informal provider that does not meet CAPS requirements.

Use Program 604 for Unusual Medical (10a) and Restraint Devices (11)

**NOTE:** Immigration/Legalization Cost can only be paid from Children’s Restricted Funds or Restricted Donation Funds designated as appropriate for this type expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.



<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
00a	Birth Certificates	Payable to Vital Records <a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a>
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records <a href="https://dph.georgia.gov/putative-father-registry">https://dph.georgia.gov/putative-father-registry</a>
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding <ul style="list-style-type: none"> <li>• Passports</li> </ul>
01a	Per Diem – Traditional	
01b	Per Diem – Base	
01c	Per Diem – MWO	
01d	Per Diem – SBWO	
01e	Per Diem – SMWO	
01f	Per Diem – SMFWO	
01g	Per Diem – NTF	
01h	Per Diem – MAAC	
01i	Per Diem- PRTF	Effective July 1, 2013: See Waiver for amount to be paid
01j	PFCM-Professional Foster Care Model	Fixed rate by provider Neighbor to Family and Chris Kids Only
01l	<a href="#">SGM (Sibling Group Model)</a>	

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>Effective July 2014 –June 2016 \$306 for birth through age 12 and \$409 for youth age 13 and over.</p> <p>July 2013 - June 2014 \$206 for birth through age 12 and \$309 for youth age 13 and over.</p> <p>Prior to July 2013 - \$200 for birth through age 12 and \$300 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions granted via written waiver by County Director or Designee.</p>
05	Annual Clothing	<p>Effective July 2016 - Annual clothing allowance is an expenditure of \$415 (may be a one-time expenditure or spent in incremental amounts) during a fiscal year, but it cannot be claimed during the calendar year that the child entered care</p> <p>July 2013 – June 2016 Annual clothing allowance was \$409</p> <p>July 2013 to June 2014 Annual Clothing allowance was \$309</p> <p>Prior to July 2013 - Annual clothing allowance was \$300</p> <p>May be paid as a state reimbursable item for any child in FFC.</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces are covered under this code. Case worker should obtain an official estimate of the treatment cost on the orthodontist’s letterhead. Payments, including initial up-front cost, can be paid by the orthodontist standard rate schedule. The entire orthodontic treatment cost should NOT be paid in full; this will ensure that payments are made only for services provided. The Authorization for Disbursement should request payments made directly to orthodontist, not the provider</p>

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
10c	Interstate Travel	ICPC authorized travel expenses for the child only with an Interstate Travel Waiver.
10d	Burial	Maximum funds used for burial expense - \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
17	Supplemental Supervision – Less than 24 hours per day	Childcare for a child placed in a regular or relative home whose foster parents work outside the home or when needed to enable the foster parent to attend foster parent training. (A registration fee for childcare may also be included here.) A state waiver is required.
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver. See Program 604 for other types of waivers
SB	Sibling Incentive	Sibling Incentive is added to the monthly per diem amounts for the sibling. \$3.44 per day, per sibling in groups of three or more siblings

**PROGRAM NAME – State Funded RBWO – CPA Providers  
Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies**

**REFERENCES: Foster Care Services Manual: Fiscal, Section 1016.13, 1016.14, 1016.33**

**PROGRAM PURPOSE** – To charge expenditures for a child who is not IV-E eligible and who is placed in family foster care supervised by a licensed and approved private agency. This program covers Room & Board and Watchful Oversight of children placed in CPA placement

**COSTAR REPORTING** – **Reported client is generally the child.** Count client in each entitlement code for which they receive services.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Benefits/services charged must meet programmatic guidelines.

**PAYMENT REQUIREMENTS:** The Payment Centers will distribute to each CPA provider a pre-bill with children in their care based on

CPA providers will amend the pre-bill as needed and return to the assigned payment center. Original receipts for clothing and supplemental supervision are required.

**Supplemental Supervision** – Only children in the custody of DFCS are eligible for supplemental supervision. Rates must be consistent with the CAPS established rates. A state waiver is required to pay any supplemental supervision

- A CAPS waiver is required for paying a provider rates that exceed the state’s reimbursable rates.
- CAPS-funded Supplemental Supervision is available until the age of thirteen (13). A CAPS waiver is required for an exception to the age limit.
- Supplemental Supervision can be paid to Foster Parent through the foster care invoice process until CAPS is approved, or for Foster Care training. A State Waiver is required.
- A State-office waiver is required to pay an informal provider that does not meet CAPS requirements.

Use Program 604 for Unusual Medical (10a) and Restraint Devices (11)

**NOTE:** Immigration/Legalization Cost can only be paid from Children’s Restricted Funds or Restricted Donation Funds designated as appropriate for this type expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
00a	Birth Certificates	Payable to Vital Records <a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a>
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	Payable to Vital Records <a href="https://dph.georgia.gov/putative-father-registry">https://dph.georgia.gov/putative-father-registry</a>

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding <ul style="list-style-type: none"> <li>• Passports</li> </ul>
01a	Per Diem – Traditional	
01b	Per Diem – Base	
01c	Per Diem – MWO	
01d	Per Diem – SBWO	
01e	Per Diem – SMWO	
01f	Per Diem – SMFWO	
01g	Per Diem – NTF	
01h	Per Diem – MAAC	
01i	Per Diem- PRTF	Effective July 1, 2013: See Waiver for amount to be paid
01j	PFCM-Professional Foster Care Model	Fixed rate by provider Neighbor to Family and Chris Kids Only
01l	SGM (Sibling Group Model)	
01z	Per Diem Unapproved CPA	See Waiver for amount to be paid
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>Effective July 2014 –June 2016 \$306 for birth through age 12 and \$409 for youth age 13 and over.</p> <p>July 2013 to June 2014- \$206 for birth through age 12 and \$309 for youth age 13 and over.</p> <p>Prior to July 2013 - \$200 for birth through age 12 and \$300 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions granted via written waiver by County Director or Designee.</p>

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
05	Annual Clothing	<p>Effective July 2016 - Annual clothing allowance is an expenditure of \$415 (may be a one-time expenditure or spent in incremental amounts) during a fiscal year, but it cannot be claimed during the calendar year that the child entered care</p> <p>July 2013 – June 2016 Annual clothing allowance was \$409</p> <p>July 2013 to June 2014 Annual Clothing allowance was \$309</p> <p>Prior to July 2013 - Annual clothing allowance was \$300</p> <p>May be paid as a state reimbursable item for any child in FFC</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces are covered under this code. Case worker should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payments, including initial up-front cost, can be paid by the orthodontist standard rate schedule. The entire orthodontic treatment cost should NOT be paid in full; this will ensure that payments are made only for services provided. The Authorization for Disbursement should request payments made directly to orthodontist, not the provider</p>
10c	Interstate Travel	<p>ICPC authorized travel expenses for the child only with an Interstate Travel Waiver.</p>
10d	Burial	<p>Maximum funds used for burial expense - \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.</p>
17	Supplemental Supervision – Less than 24 hours per day	<p>Childcare for a child placed in a regular or relative home whose foster parents work outside the home or when needed to enable the foster parent to attend foster parent training. A waiver is required from state office to pay any supplemental supervision.</p> <p>(A registration fee for childcare may also be included here.)</p>
99	Written Waiver Item	<p>Additional Per Diem rate authorized by a written waiver. See Program 604 for other types of waivers</p>
SB	Sibling Incentive	<p>Sibling Incentive is added to the monthly per diem amounts for the sibling.          \$3.44 per day, per sibling in groups of three or more siblings</p>

**PROGRAM NAME – Initial TANF RBWO – CPA Providers  
Privately Supervised Family Foster Care-Licensed and Approved Private Foster Care Agencies**

**REFERENCES: Foster Care Services Manual: Fiscal, Section 1016.13, 1016.14, 1016.33**

**PROGRAM PURPOSE** – Privately Supervised FFC – Licensed and Approved Private Foster Care Agencies Per Diem and other placement related services may be charged from the date of placement for a maximum of 6 months under this UAS Program Code. \* However, if the child is determined eligible for IV-E, he/she should be moved to the appropriate IV-E UAS Program Code as soon as possible. Otherwise, at the end of the 6 months, the child should be moved to the appropriate IV-B UAS Program Code. This program covers Room & Board and Watchful Oversight of children placed in CPA placement.

**For example**, if the child enters care in April 2008, he/she would be reported as Initial Privately Supervised FFC through September 2008. If the child is determined eligible for IV-E, he/she would be moved to the appropriate IV-E UAS Program Code effective the 1<sup>st</sup> day of the month the child was eligible. If the child is not determined to be IV-E, the child is changed to IV-B funding on October 1, 2006.

**NOTE: This UAS Code includes short-term emergency care for up to seven days.**

**COSTAR REPORTING** – Reported client is generally the child. Count client in each entitlement code for which they receive services.

**KEY PROGRAM AND ELIGIBILITY REQUIREMENTS** – Benefits/services charged must meet programmatic guidelines. See the Foster Care Manual.

**PAYMENT REQUIREMENTS:** The Payment Centers will distribute to each CPA provider a pre-bill with children in their care based on

CPA providers will amend the pre-bill as needed and return to the assigned payment center. Original receipts for clothing are required.

**Supplemental Supervision** – Only children in the custody of DFCS are eligible for supplemental supervision. Rates must be consistent with the CAPS established rates. A state waiver is required to pay any supplemental supervision.

- CAPS waiver is required for paying a provider rates that exceed the state's reimbursable rates.
- CAPS-funded Supplemental Supervision is available until the age of thirteen (13). A CAPS waiver is required for an exception to the age limit.
- Supplemental Supervision can be paid to Foster Parent through the foster care invoice process until CAPS is approved, or for Foster Care training. A State Waiver is required
- A State-office waiver is required to pay an informal provider that does not meet CAPS requirements.

Use Program 604 for Unusual Medical (10a) and Restraint Devices (11)

**UAS Code 611 (continued)**

NOTE: Immigration/Legalization Cost can only be paid from Children’s Restricted Funds or Restricted Donation Funds designated as appropriate for this type expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
00a	Birth Certificates	
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding <ul style="list-style-type: none"> <li>• Passports</li> </ul>
01	Per Diem Regular	
01a	Per Diem – Traditional	
01b	Per Diem – Base	
01c	Per Diem – MWO	
01d	Per Diem – SBWO	
1e	Per Diem – SMWO	
01f	Per Diem – SMFWO	
01g	Per Diem – NTF	
01h	Per Diem – MAAC	
01i	Per Diem- PRTF	Effective July 1, 2013: See Waiver for Amount
01j	PFCM- Professional Foster Care Model	Fixed rate by provider Neighbor to Family and Chris Kids Only
01l	SGM (Sibling Group Model)	
01z	Per Diem – Unapproved CPA	See Waiver for Amount



CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>Effective July 2014 –June 2016 \$306 for birth through age 12 and \$409 for youth age 13 and over.</p> <p>July 2013 - June 2014 \$206 for birth through age 12 and \$309 for youth age 13 and over.</p> <p>Prior to July 2013 - \$200 for birth through age 12 and \$300 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.            Exceptions granted via written waiver by County Director or Designee.</p>
05	Annual Clothing	<p>Effective July 2016 - Annual clothing allowance is an expenditure of \$415 (may be a one-time expenditure or spent in incremental amounts) during a fiscal year, but it cannot be claimed during the calendar year that the child entered care</p> <p>July 2013 – June 2016 Annual clothing allowance was \$409</p> <p>July 2013 to June 2014 Annual Clothing allowance was \$309</p> <p>Prior to July 2013 - Annual clothing allowance was \$300</p> <p>May be paid as a state reimbursable item for any child in FFC</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces are covered under this code. Case worker should obtain an official estimate of the treatment cost on the orthodontist’s letterhead. Payments, including initial up-front cost, can be paid by the orthodontist standard rate schedule. The entire orthodontic treatment cost should NOT be paid in full; this will ensure that payments are made only for services provided. The Authorization for Disbursement should request payments made directly to orthodontist, not the provider</p>
10c	Interstate Travel	<p>ICPC authorized travel expenses for the child only with an Interstate Travel Waiver.</p>

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10d	Burial	Maximum funds used for burial expense - \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
17	Supplemental Supervision – Less than 24 hours per day	Childcare for a child placed in a regular or relative home whose foster parents work outside the home or when needed to enable the foster parent to attend foster parent training. A waiver is required from state office to pay any supplemental supervision.  (A registration fee for childcare may also be included here.)
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver. See Program 604 for other types of waivers
SB	Sibling Incentive	Sibling Incentive is added to the monthly per diem amounts for the sibling. \$3.44 per day, per sibling in groups of three or more siblings

**PROGRAM NAME – State Funded RBWO for Undocumented Immigrant Children – CCI Providers**

**REFERENCES:**

**PROGRAM PURPOSE** – To pay for services for undocumented immigrant children placed in Institutional Foster Care.

**COSTAR REPORTING** – Reported client is generally the child. Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Benefits/services charged must meet programmatic guidelines as outlined. Child must have been determined **ineligible** for other programs.

**PAYMENT REQUIREMENTS** – The Payment Centers will distribute to each RBWO provider a pre-bill with children in their care based on

RBWO providers will amend the pre-bill as needed and return to the assigned payment center. Original receipts are required.

Copies of waivers from the Providers Relations Unit are required for vendors receiving rates above the listed RBWO rates.

Use Program 604 for Unusual Medical (10a) and Restraint Devices (11)

**Note:** New Per Diem rates effective July 1, 2016. Per Diem rates vary by providers. Please see RBWO Provider and Per Diem Rates for CCI Facilities.

NOTE: Immigration/Legalization Cost can only be paid from Children’s Restricted Funds or Restricted Donation Funds designated as appropriate for this type expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
00a	Birth Certificates	
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding <ul style="list-style-type: none"><li>• Passports</li></ul>
01	Per Diem Regular	
01a	Per Diem – Base	
01b	Per Diem – AWO	

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01c	Per Diem – MWO	
01e	Per Diem – CAMP	
01f	Per Diem – 2 <sup>nd</sup> Chance Homes	
01g	Per Diem – Teen Development	
01h	Per Diem – Maternity Home	
01i	Per Diem – MAAC	
01j	Per Diem – PRTF	
01z	Per Diem – Unapproved CCI	
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>Effective July 2014 - \$306 for birth through age 12 and \$409 for youth age 13 and over.</p> <p>July 2013 – June 2014 - \$206 for birth through age 12 and \$309 for youth age 13 and over.</p> <p>Prior to July 2013 - \$200 for birth through age 12 and \$300 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions granted via written waiver by County Director or Designee.</p>

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
05	Annual Clothing	<p>Effective July 2018 - Annual clothing allowance is an expenditure of \$415 (may be a one-time expenditure or spent in incremental amounts) during a fiscal year, but it cannot be claimed during the calendar year that the child entered care</p> <p>May be paid as a state reimbursable item for any child in FFC</p>
10c	Interstate Travel	<p>ICPC authorized travel expenses for the child only with an Interstate Travel Waiver.</p>
10d	Burial	<p>Maximum funds used for burial expense - \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.</p>
99	Written Waiver Item	<p>Expenditure, other than additional per diem, authorized by a written waiver, e.g., non-ICPC authorized travel to place/return a child; some waivers require State Office approval.</p>

**PROGRAM NAME – State Funded RBWO for Undocumented Immigrant Children – CPA Providers** (Privately Supervised Family Foster Care – Licensed and Approved Private Foster Care Agencies)

REFERENCES: Foster Care Services Manual: Fiscal, Section 1016.

PROGRAM PURPOSE – To charge expenditures for a child who is an undocumented immigrant and who is placed in family foster care supervised by a licensed and approved private agency.

COSTAR REPORTING – **Reported client is generally the child.** Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

KEY PROGRAM OR ELIGIBILITY REQUIREMENTS – Benefits/services charged must meet programmatic guidelines.

Use Program 604 for Unusual Medical 10a

NOTE: Effective June 1, 2005, Providers Relations Unit, state level Policy Specialist, can authorize concurrent payments of RBWO per diem and Intensive Community Based Services (Programs 597 and 598, code W1). The service is available for the last 30 days the child is in the RBWO placement.

Once the child is discharged from the RBWO placement the Intensive Community Based Services level could increase to the W2 level. Usually level changes are not effective until the 1<sup>st</sup> day of the following month, but in these situations the level change would be effective the day the child is discharged from the RBWO placement.

**PAYMENT REQUIREMENTS:** The Payment Centers will distribute to each RBWO provider a pre-bill with children in their care based on

RBWO providers will amend the pre-bill as needed and return to the assigned payment center. Original receipts for clothing and supplemental supervision are required.

Copies of waivers from the Providers Relations Unit are required for vendors receiving rates above the listed RBWO rates.

**Supplemental Supervision** – Only children in the custody of DFCS are eligible for supplemental supervision. Rates must be consistent with the CAPS established rates. A state waiver is required to pay any supplemental supervision.

- CAPS waiver is required for paying a provider rates that exceed the state's reimbursable rates.
- CAPS-funded Supplemental Supervision is available until the age of thirteen (13). A CAPS waiver is required for an exception to the age limit.
- Supplemental Supervision can be paid to Foster Parent through the foster care invoice process until CAPS is approved, or for Foster Care training. A State Waiver is required
- A State-office waiver is required to pay an informal provider that does not meet CAPS requirements.

Use Program 604 for Unusual Medical (10a) and Restraint Devices (11)

Note: If a child/youth in a RBWO placement and visits overnight with siblings placed in a DFCS foster home, a basic level per diem may be paid to the DFCS foster home using concurrent per diem.

**Concurrent payments of RBWO payments and Intensive Community Based Services payments** – a letter authorizing the concurrent payments will be sent to the SSCM and the Intensive Community Based Services provider. The provider must submit a copy of the approval letter and a new admit form when adding the child to their Pre-bill. The letter will also state the child’s current RBWO per diem provider and their level.

NOTE: Immigration/Legalization Cost can only be paid from Children’s Restricted Funds or Restricted Donation Funds designated as appropriate for this type expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
00a	Birth Certificates	
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding <ul style="list-style-type: none"> <li>• Passports</li> </ul>
01a	Per Diem – Traditional	
01b	Per Diem – Base	
01c	Per Diem – MWO	
01d	Per Diem – SBWO	

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
01e	Per Diem – SMWO	
01f	Per Diem – SMFWO	
01g	Per Diem – NTF	
01h	Per Diem – MAAC	
01i	Per Diem- PRTF	Effective July 1, 2013: See waiver for amount
01j	PFCM-Professional Foster Care Model	Fixed rate by provider Neighbor to Family and Chris Kids Only
01l	SGM (Sibling Group Model)	
01z	Per Diem – Unapproved CPA	<b>See wavier for amount</b>
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>Effective July 2014 –June 2016 \$306 for birth through age 12 and \$409 for youth age 13 and over.</p> <p>July 2013 – June 2014 \$206 for birth through age 12 and \$309 for youth age 13 and over.</p> <p>Prior to July 2013 - \$200 for birth through age 12 and \$300 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions granted via written waiver by County Director or Designee.</p>



CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
05	Annual Clothing	<p>Effective July 2016 - Annual clothing allowance is an expenditure of \$415 (may be a one-time expenditure or spent in incremental amounts) during a fiscal year, but it cannot be claimed during the calendar year that the child entered care</p> <p>July 2013 – June 2016 Annual clothing allowance was \$409</p> <p>July 2013 to June 2014 Annual Clothing allowance was \$309</p> <p>Prior to July 2013 - Annual clothing allowance was \$300</p> <p>May be paid as a state reimbursable item for any child in FFC.</p>
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Braces are covered under this code. Case worker should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payments, including initial up-front cost, can be paid by the orthodontist standard rate schedule. The entire orthodontic treatment cost should NOT be paid in full; this will ensure that payments are made only for services provided. The Authorization for Disbursement should request payments made directly to orthodontist, not the provider</p>
10c	Interstate Travel	<p>ICPC authorized travel expenses for the child only with an Interstate Travel Waiver.</p>
10d	Burial	<p>Maximum funds used for burial expense - \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.</p>
17	Supplemental Supervision – Less than 24 hours per day	<p>Childcare for a child placed in a regular or relative home whose foster parents work outside the home or when needed to enable the foster parent to attend foster parent training. A state waiver is required. (A registration fee for childcare may also be included here.)</p>
99	Written Waiver Item	<p>Expenditure, other than additional per diem, authorized by a written waiver, e.g., non-ICPC authorized travel to place/return a child; some waivers require State Office approval.</p>
SB	Sibling Incentive	<p>Sibling Incentive is added to the monthly per diem amounts for the sibling.          \$3.44 per day, per sibling in groups of three or more siblings</p>

**PROGRAM NAME – Voluntary RBWO – CPA Providers**

**REFERENCES:** Foster Care Services Manual: Fiscal, 1016.13, 1016.30, 1016.33

**PROGRAM PURPOSE – To charge expenditures for a child placed in an CCI facility that enters care by Voluntary Placement Agreement.**

**COSTAR REPORTING – Reported client is generally the child.** Clients should only be counted in a single entitlement code per month. Count client in each other entitlement code for which they receive services.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS –** Benefits/services charged must meet programmatic guidelines. Note: Program 504 may be used in conjunction with this program.

**PAYMENT REQUIREMENTS:** The Payment Centers will distribute to each RBWO provider a pre-bill with children in their care based on information received on a Form 527 (Initial Authorization of Foster Care) or Form 529 (Authorization of Foster Care Change/Termination) (or from current information on IDS Placement for pilot regions).

CCI providers will amend the pre-bill as needed and return to the assigned payment center. Original receipts are required.

Copies of waivers from the Providers Relations Unit are required for vendors receiving rates above the listed CPA rates.

Use Program 604 for Unusual Medical (10a) and Restraint Devices (11)

Note: If a child/youth in a CPA placement and visits overnight with siblings placed in a DFCS foster home, a basic level per diem may be paid to the DFCS foster home using concurrent per diem.

NOTE: Immigration/Legalization Cost can only be paid from Children’s Restricted Funds or Restricted Donation Funds designated as appropriate for this type expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
00a	Birth Certificates	
00b	Safety Helmets	Maximum of \$30.00
00c	Putative Father Register Search	
00d	Other	Expenses that do not fall under a designated entitlement code for 100% state funding <ul style="list-style-type: none"><li>• Passports</li></ul>

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01a	Per Diem – Traditional	
01b	Per Diem – Base	
01c	Per Diem – MWO	
01d	Per Diem – SBWO	
01e	Per Diem – SMWO	
01f	Per Diem – SMFWO	
01g	Per Diem – NTF	
01h	Per Diem – MAAC	
01i	Per Diem – PRTF	Effective July 1, 2013: See waiver for amount
01l	SGM (Sibling Group Model)	

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
01z	Per Diem – Unapproved CPA	See waiver for amount
04	Initial Clothing	<p>May be purchased during the first 6 months of a child’s initial placement in care according to established amounts.</p> <p>Effective July 2016 - \$311 for birth through age 12 and \$415 for youth age 13 and over.</p> <p>Effective July 2014 –June 2016 \$306 for birth through age 12 and \$409 for youth age 13 and over.</p> <p>July 2013 – June 2014 \$206 for birth through age 12 and \$309 for youth age 13 and over.</p> <p>Prior to July 2013 - \$200 for birth through age 12 and \$300 for youth age 13 and over.</p> <p>May be a one-time expenditure or spent in increments.</p> <p>Exceptions granted via written waiver by County Director or Designee.</p>
05	Annual Clothing	<p>Effective July 2016 - Annual clothing allowance is an expenditure of \$415 (may be a one-time expenditure or spent in incremental amounts) during a fiscal year, but it cannot be claimed during the calendar year that the child entered care</p> <p>July 2013 – June 2016 Annual clothing allowance was \$409</p> <p>July 2013 to June 2014 Annual Clothing allowance was \$309</p> <p>Prior to July 2013 - Annual clothing allowance was \$300</p> <p>May be paid as a state reimbursable item for any child in FFC.</p>

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10b	Unusual Dental	Maximum funds used for Unusual Dental is \$5,000.00 Braces are covered under this code. Case worker should obtain an official estimate of the treatment cost on the orthodontist's letterhead. Payments, including initial up-front cost, can be paid by the orthodontist standard rate schedule. The entire orthodontic treatment cost should NOT be paid in full; this will ensure that payments are made only for services provided. The Authorization for Disbursement should request payments made directly to orthodontist, not the provider
10c	Interstate Travel	ICPC authorized travel expenses for the child only with an Interstate Travel Waiver.
10d	Burial	Maximum funds used for burial expense - \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state's maximum amount.
17	Supplemental Supervision – Less than 24 hours per day	Childcare for a child placed in a regular or relative home whose foster parents work outside the home or when needed to enable the foster parent to attend foster parent training. (A registration fee for childcare may also be included here.)
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver. See Program 604 for other types of waivers
SB	Sibling Incentive	Sibling Incentive is added to the monthly per diem amounts for the sibling. \$3.44 per day, per sibling in groups of three or more siblings

**PROGRAM NAME – State Funded Parental Custody/Purchased RBWO – CCI Providers**

**REFERENCES: Foster Care Services Manual: Fiscal, 1016.33**

**PROGRAM PURPOSE** – Pays for a child placed in a CCI (Child Caring Institution) facility that enters care and is in the legal custody of their parents.

**COSTAR REPORTING** – Reported client is generally the child. Clients should only be counted in a single entitlement code per month.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Benefits/services charged must meet programmatic guidelines as outlined. Eligibility is not determined on Parental Custody children; their cost of care is paid from 100% state funds and parental contributions.

The RBWO provider where the child sleeps will be the only provider to receive reimbursement for that day of service.

**NOTE:** Effective June 1, 2005, Providers Relations Unit, state level Policy Specialist, can authorize concurrent payments of RBWO per diem and Intensive Community Based Services (Programs 597 and 598, code W1). The service is available for the last 30 days the child is in the RBWO placement.

Once the child is discharged from the RBWO placement the Intensive Community Based Services level could increase to the W2 level. Usually level changes are not effective until the 1<sup>st</sup> day of the following month, but in these situations the level change would be effective the day the child is discharged from the RBWO placement.

**PAYMENT REQUIREMENT:**

**Concurrent payments of RBWO payments and Intensive Community Based Services payments** – a letter authorizing the concurrent payments will be sent to the SSCM and the Intensive Community Based Services provider. The provider must submit a copy of the approval letter and a new admit form when adding the child to their Pre-bill. The letter will also state the child's current RBWO per diem provider and their level.

**Note:** New Programs, Entitlement Codes, and Per Diem rates effective July 1, 2016. Per Diem rates vary by providers. Please see RBWO Provider and Per Diem Rates for CCI Facilities

ALLOWABLE ENTITLEMENT CODES

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01	Per Diem Regular	
01a	Per Diem – Base	
01b	Per Diem – AWO	
01c	Per Diem – MWO	
01e	Per Diem - Camp	
01f	Per Diem – 2 <sup>nd</sup> Chance Homes	
01g	Per Diem – Teen Development	
01h	Per Diem – Maternity Home	
01i	Per Diem – MAAC	
01j	Per Diem – PRTF	
01z	Per Diem – Unapproved CCI	
99	Written Waiver Item	Additional Per Diem rate authorized by a written waiver

**PROGRAM NAME – State Funded Parental Custody/Purchased RBWO – CPA Providers**

**REFERENCES: Foster Care Services Manual: Fiscal, 1016.33**

**PROGRAM PURPOSE** – Pays for a child placed in a CPA (Child Placing Agency) Foster Home that enters care and is in the legal custody of their parents.

**COSTAR REPORTING** – Reported client is generally the child. Clients should only be counted in a single entitlement code per month.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Benefits/services charged must meet programmatic guidelines as outlined. Eligibility is not determined on Parental Custody children; their cost of care is paid from 100% state funds and parental contributions

**The RBWO** provider where the child sleeps will be the only provider to receive reimbursement for that day of service.

NOTE: Effective June 1, 2005, Providers Relations Unit, state level Policy Specialist, can authorize concurrent payments of RBWO per diem and Intensive Community Based Services (Programs 597 and 598, code W1). The service is available for the last 30 days the child is in the RBWO placement.

Once the child is discharged from the RBWO placement the Intensive Community Based Services level could increase to the W2 level. Usually level changes are not effective until the 1<sup>st</sup> day of the following month, but in these situations the level change would be effective the day the child is discharged from the RBWO placement.

**PAYMENT REQUIREMENT:**

**Concurrent payments of RBWO payments and Intensive Community Based Services payments** – a letter authorizing the concurrent payments will be sent to the SSCM and the Intensive Community Based Services provider. The provider must submit a copy of the approval letter and a new admit form when adding the child to their Pre-bill. The letter will also state the child's current RBWO per diem provider and their level.



**COSTAR 616 (cont)**

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01a	Per Diem – Traditional	
01b	Per Diem – Base	
01c	Per Diem – MWO	
01d	Per Diem – SBWO	
01e	Per Diem – SMWO	
01f	Per Diem – SMFWO	
01g	Per Diem – NTF	
01h	Per Diem – MAAC	
01i	Per Diem – PRTF	Effective July 1, 2013: See waiver for amount
01j	PFCM- Professional Foster Care Model	Fixed rate by provider Neighbor to Family and Chris Kids Only
01l	SGM (Sibling Group Model)	
01z	Per Diem – Unapproved CPA	See waiver for amount
99	Written Waiver Item	Expenditure, other than additional per diem, authorized by a written waiver, e.g., non-ICPC authorized travel to place/return a child; some waivers require State Office approval.

**109.617 UAS CODE – 617 DEKALB COUNTY ONLY**

**PROGRAM NAME** – Community Integration Program - STATE (Effective April 1, 2008)

**REFERENCES:** Admin Letter?

**PROGRAM PURPOSE** – Community Integration Program (CIP) is an intensive program to get foster care children out of high end residential care and back into their communities with appropriate support.

COSTAR Reporting: The reported client is the child.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENT:**

**PAYMENT REQUIREMENTS:** A Contract and a Purchase Order are required. (The Purchase Order number is the contract number.) Invoices are to be child specific in order to capture COSTAR statistical data and are to be approved and signed by the County Director or Designee.

**NOTE: The Community Integration Program - State is to be used for:**

- **Children over the age of 18**
- **Undocumented Immigrant Children**

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01	Per Diem – Care Coordination	Basic Service Rate developed for this contract to include case management for the family and child in order to maintain permanency. \$28 per day
<b>05 and 06</b>	<b>Clothing and Support Services</b>	<b>The maximum amount that can be spent between these 2 entitlement codes is \$1000 for the family</b>
05	Clothing	Clothing (may be a one-time expenditure or spent in incremental amounts) during a fiscal year. <b>See note above on spending limits.</b>
06	Support Services (Goods for Services)	Expenses which are necessary, reasonable, and directly related to participating in CIP activities. Items could include transportation, repair of vehicle, rent, utilities, camps, and extracurricular supplies/costs <b>See note above on spending limits.</b>
08	In-Hospital Care	Provision to pay for in-hospital expenses for a child in custody who is not covered by Medicaid or private insurance.  Provision for Hospitalization (5 days X \$550 day)

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
42	Non-Medicaid Eligible Services	Medical related services that are not paid by Medicaid, such as Behavior Aide/Day Respite (8hrs/mth X \$40 hr X 12 mth) Specialized care (15 sessions X \$150/session)
60	Overnight Respite	Overnight childcare designed to provide caregiver a needed break for specified purposes as specified in overnight respite care services not to exceed 5 days in a fiscal year. 2 days per month \$110 day
87	Stipends	Money paid to the mentor families to assist them in serving their families Telephone Support Stipends (\$100 month) Attendance at the family's Child & Family Team Meetings for Support (6 meetings @ \$35 per meeting) Attendance at monthly trainings to assist mentoring families on how better to serve the families they support (12 meetings @ \$35 meeting)
89	Emergency Respite	Overnight childcare designed to provide caregiver a needed break for specified purposes as specified in overnight respite care services up to 7 days. \$142 per day
93	Crisis Respite	Overnight childcare designed to provide caregiver a needed break for specified purposes as specified in overnight respite care services length of stay can be between 7 – 30 days maximum. \$165 per day
94	Day Respite	Short-term childcare designed to provide caregiver opportunity to deal with short-term situations as specified in day respite care (less than 24 hours). 2 days X \$25/hour X 6 hours

**DEKALB COUNTY ONLY**

**PROGRAM NAME** – Community Integration Program – TANF (Effective April 1, 2008)

**REFERENCES:** Admin Letter?

**PROGRAM PURPOSE** – Community Integration Program (CIP) is an intensive program to get foster care children out of high end residential care and back into their communities with appropriate support.

COSTAR Reporting: The reported client is the child.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENT:**

**PAYMENT REQUIREMENTS:** A Contract and a Purchase Order are required. (The Purchase Order number is the contract number.) Invoices are to be child specific in order to capture COSTAR statistical data and are to be approved and signed by the County Director or Designee.

**NOTE: The Community Integration Program - TANF is to be used for:**

- Children up to age 18
- Children ages 18 to 19, if still in high school – documentation required

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01	Per Diem – Care Coordination	Basic Service Rate developed for this contract to include case management for the family and child in order to maintain permanency. \$28 per day
<b>05 and 06</b>	<b>Clothing and Support Services</b>	<b>The maximum amount that can be spent between these 2 entitlement codes is \$1000 for the family</b>
05	Clothing	Clothing (may be a one-time expenditure or spent in incremental amounts) during a fiscal year. <b>See note above on spending limits.</b>
06	Support Services (Goods for Services)	Expenses which are necessary, reasonable, and directly related to participating in CIP activities. Items could include transportation, repair of vehicle, rent, utilities, camps, and extracurricular supplies/costs <b>See note above on spending limits.</b>
08	In-Hospital Care	Provision to pay for in-hospital expenses for a child in custody who is not covered by Medicaid or private insurance.  Provision for Hospitalization (5 days X \$550 day)

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
42	Non-Medicaid Eligible Services	Medical related services that are not paid by Medicaid, such as Behavior Aide/Day Respite (8hrs/mth X \$40 hr X 12 mth) Specialized care (15 sessions X \$150/session)
60	Overnight Respite	Overnight childcare designed to provide caregiver a needed break for specified purposes as specified in overnight respite care services not to exceed 5 days in a fiscal year. 2 days per month \$110 day
87	Stipends	Money paid to the mentor families to assist them in serving their families Telephone Support Stipends (\$100 month) Attendance at the family's Child & Family Team Meetings for Support (6 meetings @ \$35 per meeting) Attendance at monthly trainings to assist mentoring families on how better to serve the families they support (12 meetings @ \$35 meeting)
89	Emergency Respite	Overnight childcare designed to provide caregiver a needed break for specified purposes as specified in overnight respite care services up to 7 days. \$142 per day
93	Crisis Respite	Overnight childcare designed to provide caregiver a needed break for specified purposes as specified in overnight respite care services length of stay can be between 7 – 30 days maximum. \$165 per day
94	Day Respite	Short-term childcare designed to provide caregiver opportunity to deal with short-term situations as specified in day respite care (less than 24 hours). 2 days X \$25/hour X 6 hours