

# COSTAR – RBWO

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## General Information

### Types of Foster Care Eligibility

1. **Initial Per Diem** – All children in DFCS Room, Board and Watchful Oversight (RBWO) foster care falls into one of the two Initial Per Diem Categories when they first enter placement. The appropriate initial per diem UAS codes are 607 or 611. The maximum length of time that a child can be paid from one of these initial per diem categories is **SIX** months.

**NOTE: The first month a child comes into care counts as the first month toward the six-month maximum regardless of the number of days the child is actually in care during that month.**

A child is reported as Initial RBWO for six calendar months from the time he/she enters care.

- For example, if the child enters care in April 2021, he/she would be reported as Initial RBWO through September 30, 2021.
  - If the child returns home in May 2021 and comes back into foster care in July 2021, the child would be reported as Initial RBWO through September 30th as long as legal custody had not been returned to the parent.
  - If legal custody is returned to the parent and the child again enters care, then the six-month period starts over.
  - If the child enters care in April 2021, and is determined to be IV-B eligible, IV-B funding would begin October 1<sup>st</sup>, 2021.
  - If the child is determined to be IV-E eligible, the child would not remain in initial for the full six months but would be changed to IV-E based on the Rev Max effective dates. This will more than likely require a rerate.
2. **IV-E Eligibility** - When it is determined that a child is IV-E eligible, the effective date should be the first day of the month in which all eligibility requirements are met. This usually is back to the original date of placement and would require rerates be completed. The appropriate IV-E per diem UAS codes are 605 or 609.

To be IV-E eligible, a child must be under the age of 18. The child must be changed to IV-B eligibility effective the month after the eighteenth birthday. The foster care eligibility screen in SHINES should be completed by REV MAX to support the change in the UAS per diem category. The appropriate IV-B per diem UAS codes for children over the age of 18 should be 606 or 610.

**Exception:** An exception to being IV-E eligible from the first day of the month is when there is a change in the status of the child's placement. For example, the foster home is out of compliance. The child would lose IV-E eligibility the effective day of the change in placement status and would remain ineligible for IV-E funding until the foster home is recertified.

3. **IV-B Eligibility** –When a child is determined to be IV-B, the child should be left in the Initial Per Diem category through the first six months. The change to IV-B should be effective the first day of the seventh month of the child's placement. A partial month is counted as one month. The appropriate IV-B per diem UAS codes are 606 or 610.

**Example:** If a child entered care 03/05/08 and was determined to be IV-B, then REV MAX would complete the foster care eligibility screen in SHINES changing eligibility status from Initial to IV-B effective 09/01/08.

**Exception 1:** If a child leaves care (both physical and legal custody is relinquished), then re-enters care Initial eligibility will start over.

**Exception 2:** If a child leaves care (both physical and legal custody is relinquished), then re-enters care and is over 18 the child’s per diem can only be expensed to IV-B.

Foster care **children 18 and over** may sign themselves back into the custody of DFCS which will make them eligible for ILP services and the foster home will continue to receive foster care benefits. These benefits are paid from IV-B funding via UAS Codes 606 or 610.

**BIRTHDAY RATE CHANGES** - The child’s per diem rate changes the month following the child’s birthday even if their birthday is on the 1<sup>st</sup> day of the month.

**Re-Rates based on Form 529 (Authorization of Foster Care Change/Termination)** – 529’s are still completed by REV MAX for any foster children eligibility changes or due to foster homes being out of compliance. REV MAX will submit the 529’s to the Regional Accounting offices who will review and disseminate them to Cathy’s appropriate Billing Specialist (based on the provider where child is currently placed). Billing Specialist will review the 529’s within 48 hours and if the 529 has been sent to the wrong payment center, they should forward the 529’s to the correct billing specialist and copy all parties from the original email. All Re-Rates must be completed within 30 business dates of date received.

Please refer to the below Form 529 Re-Rate instructions for REV MAX staff.



2019- 10.1 Form 529  
re-rate\_ Revised.docx

RBWO is placement for children in Group Type Settings (CCI) or in Private Foster Home Type Settings (CPA). The payment centers will process expenditures for RBWO children that are paid from state funding for:

- Per Diem (regular and waived rates)
- Respite (520) or Concurrent Care (regular RBWO programs, but both placements cannot be paid IV-E), no ADMIN FEE or SIBLING INCENTIVE
- Bed Holds for 10 days in a given month, cannot use IV-E funds, all per diem and ADMIN FEES are to be paid
- Annual Clothing (based on Fiscal Year)
- Initial Clothing (full six months from date of initial placement)
- Car Seats

**The Billing Specialist will process:**

- Unusual Medical
- Unusual Dental
- Daycare, until CAPS is approved

The provider will need to bill the local county on any other expenditures that the child may incur from county funding for items such as but not limited to:

Enrichment Activities (521-80)

Allowances

Bed Holds outside of 10 days in a given month

Birthday

Christmas

Diapers/Formula/Wipes

Haircuts

School Supplies

## Pre-Bill Process

The last three days of each month, the Payment Center personnel are to review the pre-bill to ensure that the following items are populating correctly on the pre-bill.

- Dates child should be paid for (see note below on how to find the most current information in SHINES)
- Children's correct name, PID# and Child #
- Daily per diem rate
- Waiver rates, if applicable
- Expiration Date for the waiver, if applicable
- UAS program

NOTE: All corrections needed to daily per diem, waiver, waiver expiration date and UAS program are to be updated in the SMILE statewide database. If the Payment Center's accounting personnel is out of the office or does not have time to complete, the payment center should email them to the [CHILDREQUEST@dhs.ga.gov](mailto:CHILDREQUEST@dhs.ga.gov) email address to be updated.

NOTE: The Placement Log listed under the RESOURCE Tab in SHINES can be used to provide the most current dates a child was in the placement for the month being reimbursed, any new admits, any discharges, etc. It will also provide you with whether the placement is approved, the program designation for payment of care and the rates currently approved for each child.

On the first working day of each month, it is the responsibility of each CCI and CPA provider to download their pre-bill from the SMILE Web Portal. The provider should:

- Review their Pre-Bills
- Make any needed corrections
- Sign and date the pre-bill
- Mail the pre-bill to their payment center by the 10<sup>th</sup> of the month
- The payment center has 30 days from receipt of the pre-bill within which to pay the provider for the previous month's invoices **as long as the information is accurate in SHINES.**

The CCI and CPA providers will update their pre-bill as needed and return to the assigned payment center. The following are changes/additions that could be expected to be seen on the pre-bill:

- Changes in Rates, a copy of the WAIVER must be attached
- Add Sibling Incentives if not indicated on the Pre-Bill
- Placement date changes, such as if a child entered or left the agency during the month
- Items added to OTHER such as clothing, medical, dental, daycare, car seat, etc., original receipts must be attached
- Pre-Bill should be signed and dated by the Agency
- Complete New Admit Forms for any new children they received during the month, if not on the pre-bill, or for children that are not listed on the Pre-Bill
- Complete New Admit Forms for RESPITE request, no other spreadsheets/forms are accepted **and a copy of the email where the county approved the placement must be attached.**

Reimbursement for per diem must be itemized on a separate RBWO Pre-Bill for each month.

## Payment Process

**Any outstanding invoice reports that are outside of the current fiscal year will need to be submitted to the respective Unit Manager for review. Any documentation as to the delay in processing the payment will also need to be included. If needed, they will forward to the Sr Director of Accounting and Delivered Services for approval to pay.**

Payment Center staff should use their RBWO Per Diem Schedules provided to them by the RBWO Manager to ensure providers are billing for allowable program designations. Not all agencies have the same rates or same program designations and therefore you will need these to ensure that the vendor is billing only for program designations that are approved in their contract.

Before any payments can be made, the case manager and/or REV MAX staff must ensure all placements, legal status, payment of care and foster care eligibility has been entered into SHINES and be in an approved status. In order for invoices to generate correctly in SHINES, this must be done before COB on the last day of the month.

**Special Per Diem (99)** must be entered into SHINES on the payment of care page and be in an approved status before the foster care invoice can be processed. A copy of the Waiver from the CCTU unit at the state office must be uploaded into SHINES under External Documents.

**SIBLING INCENTIVE** - Effective July 1, 2006, Foster Parents who care for 3 or more sibling children in an RBWO Foster Home are entitled to a per child sibling supplement (\$3.44 a day).

- Children's restricted funds are not to be used to pay the cost of the sibling incentive supplement.
- If the number of sibling children drops below 3 for any reason, the foster home becomes ineligible for the sibling supplement.
- If any of the 3 sibling children is adopted and causes the number of "foster care siblings" to drop below 3, the sibling incentive is discontinued.
- If a relative caregiver obtains legal custody of any of the siblings and causes the number of "foster care siblings" to drop below 3, the sibling incentive is discontinued.
- If any of the 3 sibling children is attending college and not living in the foster parent's home on a daily basis, the sibling incentive is discontinued.
- Foster homes who are providing **concurrent or respite care** are not eligible for the sibling supplement. The supplement is intended for the Permanent Foster Care Home.

**HEAD IN THE BED RULE** - Effective April 1, 2005, the "head in the bed" rule, means that the RBWO provider where the child sleeps will be the only provider to receive reimbursement for that day of service.

**RESPITE (Benefit of the Foster Home)** - a copy of the email between the agency and the case manager must be submitted with the Pre-Bill in order for payments to be processed. The placement and payment of care must be entered into SHINES before payments are processed. The email must contain the following information:

- Email must clearly state this is for RESPITE for the Foster Home (UAS-520/94 for the temporary foster home)
- Name of the Child or Children
- Name of the Foster Home where they will be staying
- The first and last date the child will be in the home
- The email must show that the case manager approved for the foster home to be reimbursed
- To be eligible for RESPITE payments, the child must return back to the original foster home
- ADMIN FEE (Fixed Payment to Agency-per Rate Schedule) are not included on RESPITE payments
- RESPITE Foster Homes are not eligible for Sibling Incentive
- Foster Home is allowed 10 days of RESPITE in the Fiscal Year

SHINES - RESPITE is considered a move and a placement must be added to the Placement Page in SHINES and under the section called Temporary Placement Type marked as RESPITE NIGHT before the Agency is paid. The placement Start date will be the day the child leaves the permanent Foster Home and the End date will be the date the child leaves the temporary Foster Home. A Payment of Care must also be entered into SHINES indicating this is a Concurrent Per Diem with the same start/end dates as the placement and the correct RBWO program type in order for the payment to be processed.

**Example:** Child leaves permanent foster home on Monday for 4 days. Regular per diem (using the child's regular UAS program code) is paid for the entire month (number of days child was in home as long as they do not exceed the 10-day respite limit). Respite per diem (520) starts the first night the child stays in the temporary home. Foster parents return home on Friday and picks up the child. The respite care program (520) is for 4 days (Monday through Thursday) and is paid to the temporary home.

**CONCURRENT (Benefit of the Foster Child)** - a copy of the email between the agency and the case manager must be submitted with the Pre-Bill in order for payments to be processed. The placement and payment of care must be entered into SHINES before payments are processed. The email must contain the following information:

- Email must clearly state this is for CONCURRENT placement for the Foster Child
- Name of the Child or Children
- Name of the Foster Home where they will be staying
- The first and last date they will be in the home
- The email must show that the case manager approved for the foster home to be reimbursed

**NOTE: Foster Parent Training will be considered as Concurrent Foster Care.**

**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. Although both the primary and temporary placements will be paid for the night the child leaves to go to the temporary placement, only one IV-E payment may be made on behalf of the child on a single day.

**BED HOLD** - a copy of the email between the agency and the case manager must be submitted with the Pre-Bill in order for payments to be processed (in SMILE). The only three reasons for a bed hold are due to child being hospitalized, incarcerated or on runaway status. The placement must be updated in SHINES to show BED HOLD and was approved before payments are processed. The email must contain the following information:

- Name of the Child
- The dates that the county is agreeing to hold the bed, policy is 10 days per month. Anything over 10 days the county is responsible for paying from county funds.
- The email must show that the case manager approved for the agency to be reimbursed.

**CLOTHING, MEDICAL, DENTAL, DAYCARE and CAR SEATS** (forward Unusual Medical, Unusual Dental, and Daycare Invoices to the Billing Specialist for processing) – Agencies are to submit all OTHER type expenditures along with the Pre-Bill. They should not be sending the pre-bill with only per diem items listed and then send another document or the Outstanding Invoice Report with all of the clothing, medical, daycare and car seat expenditures later. There may be instances where some receipts come in late, but this should not be the normal protocol. Please notify the RBWO Manager if this is occurring.

**NOTE:** Before any payments are made to vendors for Medical, Dental or Daycare type expenditures, we must have a copy of their W9 and their E-Verify form (expenses over \$2500.00 in a single check).

**NOTE: When entering Clothing, Medical, Dental, Daycare and Car Seats** into SHINES or SMILE, you must split the expenditures out according to the correct service months for reporting purposes. It is best to enter a different line item for each receipt to help the providers in reconciling their invoices.

**90 DAY RULE:** Any expenditures for clothing, medical, dental, daycare, car seats, etc. that are submitted for processing over 90 days must be approved by the RBWO Manager. The provider must produce evidence where they have been submitting the expenditures for reimbursement before the 90 days expires in order to be considered for reimbursement outside of the 90 days. We start counting 90 days the first day of the month after the purchase is made, so if clothing was bought on June 10, they have until the end of September to submit receipts for reimbursement.

**ORIGINAL RECEIPTS:** Must include name of store, date purchased, and items must be able to be identified as a clothing item (For online purchases printed order showing paid is accepted). We prefer separate receipts per child, but this is not mandated. However, we ask that the receipts not be highlighted to identify different children’s items as it fades and makes the receipts hard to read; they would need to write the child’s name to the side of each item.

The County Director may grant a written waiver permitting additional clothing if the child is “hard to fit” or is in “dire need” of an additional wardrobe. **A copy of the waiver must be maintained with the receipts for audit purposes, and these expenditures are to be paid from entitlement code “99”.**



Direct payment for clothing to local stores is not permitted when federal/state funds are being used. If this situation occurs, then county funds (if allowed under county policy) would have to cover the cost of the expense.

The SHINES Invoice report should be used to help monitor clothing expenditures as this will allow payment centers to see all clothing cost paid during the fiscal year. The report can be found and downloaded as follows:

- Reports Tab
- Financial Management
- Invoice
- Begin Month should be 07/XXXX if looking at annual clothing, or date of initial placement if looking at initial clothing
- End Month should be 06/XXX if looking at annual clothing, or six months from date of initial placement if looking at initial clothing
- Person ID – Enter Child’s PID#
- Invoice Type – Choose Foster Care
- Report Format – PDF or EXCEL is available

**CAR SEATS:** The State of Georgia requires all children “under age eight” must be transported in an approved transportation device (childcare seat or booster seat). For children age 8 and older, but 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. The foster parent should purchase the car seat and then attach a paid receipt to a foster care invoice to be reimbursed. The car seat then “belongs” to that child and should be taken with the child in the event of a placement move. Maximum reimbursement is \$200 from state funds. Anything over \$200 must be paid for from county funds or not reimbursed.

**SUPPLEMENTAL SUPERVISION** – Only children in the custody of DFCS are eligible for supplemental supervision. Rates must be consistent with the CAPS established rates.

- Supplemental Supervision can be paid to the CPA Agency through the Pre-Bill invoice process for the first two weeks until CAPS is approved, once paid receipts are provided, or for when foster homes are attending Foster Care training. No WAIVER is needed.
- In the event that DFCS fails to apply for CAPS in a timely manner, unexpected cost of Supplemental Supervision may be paid directly to the Daycare Provider once receipts are provided. A copy of a state approved WAIVER must be attached to the receipts for audit documentation.
- A State-office waiver is required to pay an informal provider that does not meet CAPS requirements.
- A CAPS waiver is required for paying a provider’s 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.
- RBWO (CCI providers) are no longer eligible for supplemental supervision services.
- Rates as of Feb 2022 can be located at:  
[www.caps.decal.ga.gov/assets/downloads/CAPS/AppendixC-CAPS%20Reimbursement%20Rates.pdf](http://www.caps.decal.ga.gov/assets/downloads/CAPS/AppendixC-CAPS%20Reimbursement%20Rates.pdf)

**IMMIGRATION/LEGALIZATION COST** – These expenditures can only be paid from a Child’s Restricted Funds or Restricted Donation Funds designated as appropriate for this type of expense. Per our legal department, neither Federal, State, nor County funds can be used to pay these costs.

**5-Day Payment Processing Rule** begins the business day after the date on the email sent to Regional Accounting or the date stamped in by Regional Accounting.

**EARLY CLOSEOUT:** Quarterly, Regional Accounting must close 3 business days before the end of the month due to Cost Allocation activity. Therefore, there may be times that the 5 business days may not be met as we cannot process checks once the books are closed until the first of the following month.

**INVOICING ERRORS:** If when the regional accounting office's review the payment packages they are not complete, then the regional accounting office will email the county a request for the needed information. The payment packages will not be mailed back to the county offices. The counties will correct and resubmit via email.

**SHINES INVOICES** – Due to the fact that all invoices only drop on the last day of the month, staff cannot begin to work these packages until the first working day of the following month. Therefore, any payment packages date stamped into the regional accounting office with a prior month's date, the 5-business day rule will not begin until the first working day of the following month.

**SHINES PAYMENT RULE** – There is an additional 3-day process before a payment package processed in SHINES will roll over to SMILE for processing.

**DIRECT DEPOSIT RULE** – There is an additional 3-day process before funds for a processed payment package will post to a client/family/vendor's account.

## CLOTHING SCHEDULE

<b>Date Client Comes into DFCS Custody</b>	<b>Initial Clothing Begins date child comes into care and is for 6 full months</b>	<b>Annual Clothing (cannot be in same calendar year as child entered care)</b>	<b>Annual Clothing schedule thereafter</b>
January 2021	January 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
February 2021	February 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
March 2021	March 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
April 2021	April 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
May 2021	May 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
June 2021	June 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
July 2021	July 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
August 2021	August 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
September 2021	September 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
October 2021	October 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
November 2021	November 2021	Jan 1 to June 30, 2022	July 2022 to June 2023
December 2021	December 2021	Jan 1 to June 30, 2022	July 2022 to June 2023

**EXAMPLES OF INITIAL CLOTHING RULE:**

- Child enters care on January 6, 2021, they are eligible for Initial Clothing from:  
**January 6, 2021 thru July 5, 2021 (full 6 months)**
- Child enters care on June 30, 2021, they are eligible for Initial Clothing from:  
**June 30, 2021 thru December 29, 2021 (full 6 months)**
- Child enters care on October 23, 2021, they are eligible for Initial Clothing from:  
**October 23, 2021 thru April 22, 2022 (full 6 months)**

**UAS CODE – 520**

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

**REFERENCES:** Foster Care Services Manual

**PROGRAM PURPOSE:**

Respite Care:

- A. Respite for DFCS or CPA foster homes 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 home.

**KEY PROGRAM OR ELIGIBILITY REQUIREMENT** - A waiver is required from the Foster Care Services Director for approval to place a child that is in a DFCS or CPA 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 foster home.

**ALLOWABLE ENTITLEMENT CODES**

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

**UAS CODE – 604 (Effective August 2006)**

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

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

**PROGRAM PURPOSE** – Used to charge expenditures for children who are currently placed in UAS Program 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615 and 616 and incurs a service that can only be paid from 100% state funds

**COSTAR REPORTING** – Reported client is 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).

UAS 604 (cont.)

**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
08	In-Hospital Care	Pays for in-hospital expenses for a child in care who is not covered by Medicaid or private insurance.
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/Amerigroup/Child’s Insurance.</p> <p>Unusual Medical should only be used if...</p> <ul style="list-style-type: none"> <li>the medical procedure is denied by Medicaid/Amerigroup/Child’s Insurance</li> <li>the child is undocumented</li> <li>the child is living in an out of state placement</li> </ul> <p>Supporting documentation must be attached in all instances to the check request when submitted</p> <p>If no supporting documentation can be provided, the request will have to be approved by Sr Director of Accounting and Delivered Services.</p> <p>Request for the following expenditures will also be considered appropriate:</p> <ul style="list-style-type: none"> <li>• Eye Glasses/Contacts and repairs or replacement of lens and frames</li> <li>• Formula for infants when prescribed by doctor</li> <li>• In-Home Nursing Services, an MOU is required and must be executed by state leadership</li> <li>• Lab Fees</li> <li>• Lice Treatment and Fee</li> <li>• Office visit Co-Pays if on child’s family insurance</li> </ul> <p>Prescriptions for children first coming into care or Prescriptions that are denied by Medicaid/Amerigroup</p>

**UAS Program 604 (Continued)**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10b	Unusual Dental	<p>Maximum funds used for Unusual Dental is \$5,000.00</p> <p>Waivers: The Regional Director can approve Unusual Dental expenses for children in custody above the \$5,000.00 limit not covered by Medicaid/Amerigroup/Child’s Insurance.</p> <p>Braces and other dental services needed for the child are covered under this code.</p> <p>For braces, the case manager should obtain an official estimate of the treatment cost on the orthodontist’s letterhead. Payment can only be made as the services are rendered and therefore, we are not to pay the entire orthodontic treatment up front.</p> <p>The Authorization for Disbursement (ADPOR) should request payments made directly to orthodontist, not the provider. A copy of the monthly statement/invoice from the orthodontist should be attached to the ADPOR.</p>
11	Child Restraint Devices (CRDs)	<ul style="list-style-type: none"> <li>• Max of \$200, anything over this amount will have to be paid from county funds.</li> <li>• Purchased in accordance with state law for a specific child from birth to eight years of age. The CRD then belongs to that child.</li> <li>• 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.</li> <li>• 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.</li> <li>• The County Director can authorize a waiver for the age requirement and to purchase a booster seat for the safety needs of a child. Copy of waiver should be sent with payment request to accounting.</li> </ul>
99	Written Waiver Item	<p>Expenditure authorized by a written waiver; some waivers require State Office approval.</p>

**UAS CODE – 605 (Effective August 2006)****PROGRAM NAME – IV-E RBWO - CCI Providers**

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

**PROGRAM PURPOSE** – To pay expenditures for a child who meets the eligibility criteria for IV-E and who are placed in a Room, Board and Watchful Oversight/CCI placement.

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

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – The service worker (case manager) is responsible for referring the child to the Regional Revenue Maximization Center to determine eligibility.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
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 – Base	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01f	Per Diem – 2 <sup>nd</sup> Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP or TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem – MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Effective July 1, 2013: See Waiver for amount to be paid



**UAS 605 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

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 - \$306 for birth through age 12 and \$409 for youth age 13 and over</p> <p>May be a one-time expenditure or spent in incremental amounts.</p>
05	Annual Clothing	<p>May be paid as a state reimbursable item for any child in RBWO</p> <p>May be a one-time expenditure or spent in incremental amounts during a fiscal year</p> <p>Cannot be claimed during the calendar year that the child entered care</p> <p>Effective July 2022 – clothing allowance is an expenditure of \$690</p> <p>Effective July 2016 – clothing allowance is an expenditure of \$415</p> <p>Effective July 2014 – clothing allowance is an expenditure of \$409</p>
10d	Burial	<p>Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state’s maximum amount.</p>
99	Written Waiver Item	<p>Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.</p>

**UAS CODE – 606 (Effective August 2006)**

**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 charge expenditures for a child who is not eligible for IV-E and who are placed in a Room, Board and Watchful Oversight/CCI placement

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

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – The service worker (case manager) is responsible for referring the child to the Regional Revenue Maximization Center to determine eligibility.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
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 – Base	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01f	Per Diem – 2 <sup>nd</sup> Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP or TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem – MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Effective July 1, 2013: See Waiver for amount to be paid

**UAS CODE – 606 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01z	Per Diem – Unapproved CCI	Refer to State Waiver issued by CCTU
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>May be a one-time expenditure or spent in incremental amounts.</p>
05	Annual Clothing	<p>May be paid as a state reimbursable item for any child in RBWO</p> <p>May be a one-time expenditure or spent in incremental amounts during a fiscal year</p> <p>Cannot be claimed during the calendar year that the child entered care</p> <p>Effective July 2022 – clothing allowance is an expenditure of \$690</p> <p>Effective July 2016 – clothing allowance is an expenditure of \$415</p> <p>Effective July 2014 – clothing allowance is an expenditure of \$409</p>
10d	Burial	Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state’s maximum amount.
99	Written Waiver Item	Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.

**UAS CODE – 607 (Effective August 2006)**

**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** – To charge expenditures for a child when he/she first enters care and who are placed in a Room, Board and Watchful Oversight/CCI placement

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

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Initial services may continue for up to six 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 six months, the child should be moved to the appropriate IV-B UAS program code. Benefits/services charged must meet programmatic guidelines (See Foster Care Manual).

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
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>

**COSTAR 607 (Continued)**

**ALLOWABLE ENTITLEMENT CODES**

<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 – Base	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem - MWO	Refer to Rate Schedule
01f	Per Diem – 2 <sup>nd</sup> Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP or TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem - MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Effective July 1, 2013: See Waiver for amount to be paid
01z	Per Diem- Unapproved CCI	Refer to State Waiver issued by CCTU
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>May be a one-time expenditure or spent in incremental amounts.</p>

**COSTAR 607 Continued**

**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
05	Annual Clothing	<p>May be paid as a state reimbursable item for any child in RBWO</p> <p>May be a one-time expenditure or spent in incremental amounts during a fiscal year</p> <p>Cannot be claimed during the calendar year that the child entered care</p> <p><b>Effective July 2022 – clothing allowance is an expenditure of \$690</b></p> <p>Effective July 2016 – clothing allowance is an expenditure of \$415</p> <p>Effective July 2014 – clothing allowance is an expenditure of \$409</p>
10d	Burial	<p>Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state’s maximum amount.</p>
99	Written Waiver Item	<p>Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.</p>

**109.608 UAS Code – 608**

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

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

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

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

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS –** The service worker (case manager) is responsible for referring the child to the Regional Revenue Maximization Center to determine eligibility.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
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 – Base	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01f	Per Diem – 2 <sup>nd</sup> Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP or TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem – MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Effective July 1, 2013: See Waiver for amount to be paid
01z	Per Diem – Unapproved CCI	Refer to State Waiver issued by CCTU

**COSTAR 608 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

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 - \$306 for birth through age 12 and \$409 for youth age 13 and over</p> <p>May be a one-time expenditure or spent in incremental amounts.</p>
05	Annual Clothing	<p>May be paid as a state reimbursable item for any child in RBWO</p> <p>May be a one-time expenditure or spent in incremental amounts during a fiscal year</p> <p>Cannot be claimed during the calendar year that the child entered care</p> <p>Effective July 2022 – clothing allowance is an expenditure of \$690</p> <p>Effective July 2016 – clothing allowance is an expenditure of \$415</p> <p>Effective July 2014 – clothing allowance is an expenditure of \$409</p>
10d	Burial	<p>Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state’s maximum amount.</p>
99	Written Waiver Item	<p>Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.</p>



**UAS Code – 609****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 a family foster care supervised by a licensed and approved private agency.

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

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – The service worker (case worker) is responsible for referring the child to the Regional Revenue Maximization Center to determine eligibility.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
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	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule
01h	Per Diem – MAAC	Refer to Rate Schedule

**UAS Code – 609 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01i	Per Diem- PRTF	Effective July 1, 2013: See Waiver for amount to be paid
011 (letter-L)	SGM (Sibling Group Model)	Refer to Rate Schedule
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>May be a one-time expenditure or spent in incremental amounts.</p>
05	Annual Clothing	<p>May be paid as a state reimbursable item for any child in FFC</p> <p>May be a one-time expenditure or spent in incremental amounts during a fiscal year</p> <p>Cannot be claimed during the calendar year that the child entered care</p> <p>Effective July 2022 – clothing allowance is an expenditure of \$690</p> <p>Effective July 2016 – clothing allowance is an expenditure of \$415</p> <p>Effective July 2014 – clothing allowance is an expenditure of \$409</p>

**UAS Code – 609 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
10d	Burial	Maximum funds used for burial expense are \$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	<ul style="list-style-type: none"> <li>• See specifications on page 7 above as to when this program should be used.</li> <li>• Childcare when the foster parent attends foster parent</li> <li>• A registration fee for childcare may also be included here</li> </ul>
99	Written Waiver Item	Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.
SB	Sibling Incentive	<ul style="list-style-type: none"> <li>• Added to the monthly per diem amount for the siblings</li> <li>• \$3.44 per day, effective 7/1/16, per sibling</li> <li>• \$103. 00 per sibling, effective 7/1/13 <b>per sibling</b></li> <li>• Must be in sibling groups of three or more</li> </ul>

**UAS Code – 610**

**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.

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

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – The service worker (case worker) is responsible for referring the child to the Regional Revenue Maximization Center to determine eligibility.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
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	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule

**UAS Code – 610 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01h	Per Diem – MAAC	Refer to Rate Schedule
01i	Per Diem- PRTF	Effective July 1, 2013: See Waiver for amount to be paid
01l (letter-L)	SGM (Sibling Group Model)	Refer to Rate Schedule
01z	Per Diem Unapproved CPA	Refer to State Waiver issued by CCTU
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>May be a one-time expenditure or spent in incremental amounts.</p>
05	Annual Clothing	<p>May be paid as a state reimbursable item for any child in FFC</p> <p>May be a one-time expenditure or spent in incremental amounts during a fiscal year</p> <p>Cannot be claimed during the calendar year that the child entered care</p> <p>Effective July 2022 – clothing allowance is an expenditure of \$690</p> <p>Effective July 2016 – clothing allowance is an expenditure of \$415</p> <p>Effective July 2014 – clothing allowance is an expenditure of \$409</p>

**UAS Code – 610 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10d	Burial	Maximum funds used for burial expense are \$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	<ul style="list-style-type: none"> <li>• See specifications on page 7 above as to when this program should be used.</li> <li>• Childcare when the foster parent attends foster parent</li> <li>• A registration fee for childcare may also be included here</li> </ul>
99	Written Waiver Item	Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.
SB	Sibling Incentive	<ul style="list-style-type: none"> <li>• Added to the monthly per diem amount for the siblings</li> <li>• \$3.44 per day, effective 7/1/16, per sibling</li> <li>• \$103. 00 per sibling, effective 7/1/13 per sibling</li> <li>• Must be in sibling groups of three or more</li> </ul>

**UAS Code – 611**

**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** – To charge expenditures when a child is first placed in family foster care supervised by a licensed and approved private agency.

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

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – Initial services may continue for up to six 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 six months, the child should be moved to the appropriate IV-B UAS program code. Benefits/services charged must meet programmatic guidelines (See Foster Care Manual).

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
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>

**UAS Code – 611 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01	Per Diem Regular	
01a	Per Diem – Traditional	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule
01h	Per Diem – MAAC	Refer to Rate Schedule
01i	Per Diem- PRTF	Effective July 1, 2013: See Waiver for Amount
01l	SGM (Sibling Group Model)	Refer to Rate Schedule
01z	Per Diem – Unapproved CPA	Refer to State Waiver issued by CCTU



**UAS Code – 611 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

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 - \$306 for birth through age 12 and \$409 for youth age 13 and over</p> <p>May be a one-time expenditure or spent in incremental amounts.</p>
05	Annual Clothing	<p>May be paid as a state reimbursable item for any child in FFC</p> <p>May be a one-time expenditure or spent in incremental amounts during a fiscal year</p> <p>Cannot be claimed during the calendar year that the child entered care</p> <p>Effective July 2022 – clothing allowance is an expenditure of \$690</p> <p>Effective July 2016 – clothing allowance is an expenditure of \$415</p> <p>Effective July 2014 – clothing allowance is an expenditure of \$409</p>

**UAS Code – 611 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10d	Burial	Maximum funds used for burial expense are \$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	<ul style="list-style-type: none"> <li>• See specifications on page 7 above as to when this program should be used.</li> <li>• Childcare when the foster parent attends foster parent</li> <li>• A registration fee for childcare may also be included here</li> </ul>
99	Written Waiver Item	Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.
SB	Sibling Incentive	<ul style="list-style-type: none"> <li>• Added to the monthly per diem amount for the siblings</li> <li>• \$3.44 per day, effective 7/1/16, per sibling</li> <li>• \$103. 00 per sibling, effective 7/1/13 <b>per sibling</b></li> <li>• Must be in sibling groups of three or more</li> </ul>

**UAS Code – 612**

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

**REFERENCES:**

**PROGRAM PURPOSE** – To charge expenditures for a child who is an undocumented immigrant and who is placed in RBWO/CCI placement. All immigrant children can be provided foster care services regardless of their immigration status.

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

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** - The service worker (case manager) is responsible for referring the child to the Regional Revenue Maximization Center to determine eligibility.

**Note:** An undocumented immigrant child is not IV-E eligible. Expenditures are absorbed through Title IV-B, county and/or local funds.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
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	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01f	Per Diem – 2 <sup>nd</sup> Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP or TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem – MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Refer to Rate Schedule See Waiver for amount to be paid
01z	Per Diem – Unapproved CCI	Refer to State Waiver issued by CCTU

**UAS CODE – 612 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

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 - \$306 for birth through age 12 and \$409 for youth age 13 and over</p> <p>May be a one-time expenditure or spent in incremental amounts.</p>
05	Annual Clothing	<p>May be paid as a state reimbursable item for any child in FFC</p> <p>May be a one-time expenditure or spent in incremental amounts during a fiscal year</p> <p>Cannot be claimed during the calendar year that the child entered care</p> <p>Effective July 2022 – clothing allowance is an expenditure of \$690</p> <p>Effective July 2016 – clothing allowance is an expenditure of \$415</p> <p>Effective July 2014 – clothing allowance is an expenditure of \$409</p>
10d	Burial	<p>Maximum funds used for burial expense are \$5,000 (unless the County Director/ Designee grants a waiver to exceed the state’s maximum amount.</p>
99	Written Waiver Item	<p>Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.</p>

**UAS Code – 613 (Effective July 2013)**

**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 RBWO/CPA placement. All immigrant children can be provided foster care services regardless of their immigration status.

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

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** - The service worker (case manager) is responsible for referring the child to the Regional Revenue Maximization Center to determine eligibility.

**Note:** An undocumented immigrant child is not IV-E eligible. Expenditures are absorbed through Title IV-B, county and/or local funds.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
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	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule
01h	Per Diem – MAAC	Refer to Rate Schedule

**UAS CODE – 613 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01i	Per Diem- PRTF	Effective July 1, 2013: See waiver for amount
01l (letter-L)	SGM (Sibling Group Model)	Refer to Rate Schedule
01z	Per Diem – Unapproved CPA	Refer to State Waiver issued by CCTU
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>May be a one-time expenditure or spent in incremental amounts.</p>
05	Annual Clothing	<p>May be paid as a state reimbursable item for any child in FFC</p> <p>May be a one-time expenditure or spent in incremental amounts during a fiscal year</p> <p>Cannot be claimed during the calendar year that the child entered care</p> <p>Effective July 2022 – clothing allowance is an expenditure of \$690</p> <p>Effective July 2016 – clothing allowance is an expenditure of \$415</p> <p>Effective July 2014 – clothing allowance is an expenditure of \$409</p>

**UAS CODE – 613 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10d	Burial	Maximum funds used for burial expense are \$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	<ul style="list-style-type: none"> <li>• See specifications on page 7 above as to when this program should be used.</li> <li>• Childcare when the foster parent attends foster parent</li> <li>• A registration fee for childcare may also be included here</li> </ul>
99	Written Waiver Item	Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.
SB	Sibling Incentive	<ul style="list-style-type: none"> <li>• Added to the monthly per diem amount for the siblings</li> <li>• \$3.44 per day, effective 7/1/16, per sibling</li> <li>• \$103. 00 per sibling, effective 7/1/13 <b>per sibling</b></li> <li>• Must be in sibling groups of three or more</li> </ul>

**109.614 UAS Code – 614**

**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 RBWO/CPA facility by Voluntary Placement Agreement.

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

**KEY PROGRAM OR ELIGIBILITY REQUIREMENTS** – The service worker (case manager) is responsible for referring the child to the Regional Revenue Maximization Center to determine eligibility.

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
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	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule



**UAS CODE – 614 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01h	Per Diem – MAAC	Refer to Rate Schedule
01i	Per Diem – PRTF	Effective July 1, 2013: See waiver for amount
01l (letter-L)	SGM (Sibling Group Model)	Refer to Rate Schedule
01z	Per Diem – Unapproved CPA	Refer to State Waiver issued by CCTU
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>May be a one-time expenditure or spent in incremental amounts.</p>
05	Annual Clothing	<p>May be paid as a state reimbursable item for any child in FFC</p> <p>May be a one-time expenditure or spent in incremental amounts during a fiscal year</p> <p>Cannot be claimed during the calendar year that the child entered care</p> <p>Effective July 2022 – clothing allowance is an expenditure of \$690</p> <p>Effective July 2016 – clothing allowance is an expenditure of \$415</p> <p>Effective July 2014 – clothing allowance is an expenditure of \$409</p>

**UAS Code – 614 (continued)**

**ALLOWABLE ENTITLEMENT CODES**

CODE	DESCRIPTION	SPECIFIC SERVICE REQUIREMENTS
10d	Burial	Maximum funds used for burial expense are \$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	<ul style="list-style-type: none"> <li>• See specifications on page 7 above as to when this program should be used.</li> <li>• Childcare when the foster parent attends foster parent</li> <li>• A registration fee for childcare may also be included here</li> </ul>
99	Written Waiver Item	Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.
SB	Sibling Incentive	<ul style="list-style-type: none"> <li>• Added to the monthly per diem amount for the siblings</li> <li>• \$3.44 per day, effective 7/1/16, per sibling</li> <li>• \$103. 00 per sibling, effective 7/1/13 <b>per sibling</b></li> <li>• Must be in sibling groups of three or more</li> </ul>

**UAS CODE – 615**

**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.

**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.

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

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01	Per Diem Regular	Refer to Rate Schedule
01a	Per Diem – Base	Refer to Rate Schedule
01b	Per Diem – AWO	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01f	Per Diem – 2 <sup>nd</sup> Chance Homes	Refer to Rate Schedule
01g	Per Diem – ILP and TLP	Refer to Rate Schedule
01h	Per Diem – Maternity Home	Refer to Rate Schedule
01i	Per Diem – MAAC	Refer to Rate Schedule
01j	Per Diem – PRTF	Refer to Rate Schedule
01z	Per Diem – Unapproved CCI	Refer to State Waiver issued by CCTU
99	Written Waiver Item	Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.

**109.616 UAS CODE – 616**

**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.

**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.

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

**ALLOWABLE ENTITLEMENT CODES**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>SPECIFIC SERVICE REQUIREMENTS</b>
01a	Per Diem – Traditional	Refer to Rate Schedule
01b	Per Diem – Base	Refer to Rate Schedule
01c	Per Diem – MWO	Refer to Rate Schedule
01d	Per Diem – SBWO	Refer to Rate Schedule
01e	Per Diem – SMWO	Refer to Rate Schedule
01f	Per Diem – SMFWO	Refer to Rate Schedule
01g	Per Diem – NTF	Refer to Rate Schedule
01h	Per Diem – MAAC	Refer to Rate Schedule
01i	Per Diem – PRTF	Effective July 1, 2013: See waiver for amount.
01l	SGM (Sibling Group Model)	Refer to Rate Schedule
01z	Per Diem – Unapproved CPA	Refer to State Waiver issued by CCTU
99	Written Waiver Item	Expenditure authorized by a written waiver, e.g., some waivers require State Office approval.