

# Interagency Rates Committee Annual Provider Meeting FY 2025 Rate Setting

*Presented by:*

*Dante Scancella, LCSW-C*

*Chief of Interagency Initiatives & Rates/IRC Chair*

# OUTLINE

- QSRI Rate Reform Updates
- Overview
- Submission Requirements & Deadlines
- FY 2025 Rate Application
  - Forms
  - Budget Workbook Forms
- Questions

# Interagency Rates Committee



## FY 2025 IRC Rate Review Process

- Focus on preparing FY 2025 budget application.
- General Assembly actions related to financing programs will be communicated via email and/or posted on the IRC's website.
- Providers will receive one (1) rate letter per rate budget application submitted.
- ALL rate-setting documents can be accessed at: [IRC Website](#).

## GENERAL REMINDERS

- Forms that require approval by ALL Licensing Agencies are due by January 16, 2024.
  - Levels of Intensity Checklist/Score Sheet
  - Personnel Cost Detail Forms (Budget Forms E2-E6)
  - Written budget justification for staffing changes
  - Staffing Pattern Grid(s)
  - Board Rate Computation
  - Difficulty of Care Forms
- Completed FY 2025 Budget Applications
  - MAIL applications to MSDE.
  - Postmark required no later than February 15, 2024.

ONLY

Treatment Foster Care  
Medically Fragile TFC  
Mother Baby TFC

# GENERAL REMINDERS

## FOR APPROVAL ONLY

DHS Licensed Providers:

**Upload documents in CJAMS for OLM approval. Email documents to SSA for approval.**

DJS/DDA/BHA Licensed Providers:

***Email Documents for Licensing Agency approval.***

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

**ONLY**

Treatment Foster Care  
Medically Fragile TFC  
Mother Baby TFC

**HAND DELIVERED BUDGET APPLICATIONS WILL NOT BE ACCEPTED.**

**To obtain Delivery Confirmation (highly recommended):**

- Send the rate application via certified mail, or
- Use delivery service that will provide proof of receipt.

**ALL BUDGET APPLICATIONS MUST BE MAILED TO MSDE AND  
MUST BE POSTMARKED BY  
FEBRUARY 15, 2024.**

## Multiple programs with same program type

*Consolidate budget if identical LOIs & program description OR ...  
Separate application with all requirements.*

## Multiple programs within different categories

*Separate application with all requirements.*

## Type III or Type I General Education Schools

*Submit separate budget application for each approved location.  
Include Agency/Program Name on each budget spreadsheet.*

## Non-Residential (NR) providers

*Separate application with all relevant requirements.*





# BUDGET APPLICATION REQUIREMENTS

## Required Documents:

- Application Checklist
  - ✓ Non-Residential Checklist, if applicable
- Budget Workbook
- Budget Identification Form
- Lease/Mortgage Summary
- Levels of Intensity Score Sheet
- Program Description Form
- Staffing Pattern Grid (not required for CPA agencies)
  
- Board Rate Computation
- Difficulty of Care Computation

ONLY

Treatment Foster Care  
Medically Fragile TFC  
Mother Baby TFC

## Treatment Foster Care (TFC) Supplemental Requirements

### Submit Supplemental Forms

- Difficulty of Care
- Board Rate Computation

### Required Program Categories

- TFC: Treatment Foster Care
- TFC-MF: Treatment Foster Care Medically Fragile
- TMP-TFC: Teen Mother Program Treatment Foster Care

### Non-Residential Program Documentation Requirements

- FY 2025 Non-Residential Application Checklist
- Budget Identification Sheet
- Current DJS Evidenced Based Practice Contract
- Lease/Mortgage Summary
- FY 2025 Budget Workbook
  - Most EBP staffing should be on Forms E4 & E6.
  - Consult with DJS before submitting expenses on other staffing tabs.
- Staffing Pattern Grid
- Program Description Form
- FY 2023 Annual Audited Financial Statement

***Please contact DJS (Mr. Obeahon - [alexander.obeahon@maryland.gov](mailto:alexander.obeahon@maryland.gov)) with any questions.***

# BUDGET APPLICATION SUBMISSION REQUIREMENTS

# SUBMISSION REQUIREMENTS

## Download forms & instructions from IRC Website.

- It is critical that you FOLLOW the instructions and complete all forms ACCURATELY.

## The person authorized to sign on behalf of the Corporation MUST sign and date required documents.

- Budget Identification Form
- Rate Application Checklist
- Budget Workbook (Form A)

## MAIL completed FY2025 Budget Application Packet.

- Include one (1) signed hard (paper) copy of Budget Workbook Forms.
- Include one USB drive with all budget application documents/per program.
- Mailing Address **(NEW)**

Maryland State Department of Education  
Office of Policy Analysis & Fiscal Compliance  
Attention: IRC - Dante Scancella (7<sup>th</sup> Floor)  
200 W. Baltimore Street  
Baltimore, MD 21201

# Electronic Copy

- Submit FY 2025 Budget Workbook on a flash drive/USB drive.
- Label the flash drive with Parent Organization & Program Name.
- Please DO NOT password protect documents.
- MUST include the EXCEL version of the Budget Application.
- Include separate electronic submission for EACH program requesting a rate.

**PLEASE TEST TO MAKE SURE EXCEL 2007 OPENS THE BUDGET APPLICATION.**

# ON-LINE RESOURCES

## Provider Instructions

Acts as guidance to complete the Budget Application.

**REMINDER:** Read carefully before starting the budget workbook.

## Cost Guidelines

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

## Staffing Pattern Instructions

Provides instructions for completing the staffing pattern grid for each licensed facility.

## What You Need to Know

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



## ON-LINE RESOURCES

### FY 2016 Levels of Intensity Manual

Provides definitions of the levels of intensity that will distinguish the capabilities of programs and is used to ensure the best possible match between a child's needs and available service resources.

### Levels of Intensity Score Sheet Instructions

Provides instructions for completing the Levels of Intensity Score Sheet.









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

Serves as a reference document for guidance in identifying personnel duties and responsibilities for allocation across categories and is referenced in the Provider Instructions.



# FY 2025 RATE APPLICATION

# FORMS

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

# Completing Forms

## Save EACH Document With Your Program Name

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

# Budget Workbook Form

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

**Budget Form A - Residential Child Care/Child Placement Agency Operating Budget**

Program Budget                       Education Budget                       Non-Residential  
 Renewal Application                       New Rate Application                       Modification

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

Federal ID Number: \_\_\_\_\_

Parent Organization: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Location(s): \_\_\_\_\_ **Attach one copy of the license issued to each facility/location.**

Mailing Address - Street Address: \_\_\_\_\_

Mailing Address - P.O. Box, Suite or Floor (if applicable): \_\_\_\_\_

Mailing Address - City: \_\_\_\_\_

Mailing Address - State: \_\_\_\_\_

Mailing Address - Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Chief Administrative Officer: \_\_\_\_\_ Email address: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_ Email address: \_\_\_\_\_

Budget Preparer: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Licensing Agency/Approval Agency: \_\_\_\_\_

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

**\*\*CAPACITY: (ATTACH DOCUMENTATION):**

Actual Census (Budget Form C - Line 10 Total): \_\_\_\_\_ 0.00

*If the program operates less than a full year, enter the dates of operation from (month/year) to month/year*

Projected Average Daily Census (Budget Form C - Line 6): \_\_\_\_\_ 0.00 Occupancy

Number of Days School is in Session: \_\_\_\_\_

*(For educational programs only)*

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**SECTION III: Rates**

# Budget Identification Form

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

**FY 2025  
Budget Identification Form  
(SUBMIT WITH BUDGET PACKAGE)**

**ORGANIZATION:**

**PROGRAM NAME:** Type Name of Program

**PROGRAM CATEGORY:** Select Program Category Type

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

**EXISTING PROGRAM:**

As a currently licensed program with an existing rate issued by the Interagency Rates Committee, are you requesting a FY 2025? (Check Only One "Yes" Box Only – Either Rate Renewal or Rate Modification)

**RATE RENEWAL:**

- Yes
- No

**RATE MODIFICATION:**

- Yes
- No

**NEW PROGRAM:**

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

- Department of Human Services (DHS) Residential Child Care Program  
*(Response to RFP or Statement of Need Required)*
- Department of Human Services (DHS) Child Placement Agency  
*(No Statement of Need Required)*
- Department of Juvenile Services (DJS)  
*(Statement of Need Required)*

# Rate Application Checklist

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

**FY 2025 CHECKLIST**  
(SUBMIT WITH RATE APPLICATION PACKAGE)

**ORGANIZATION:**

**PROGRAM NAME:** Type Name of Program

**PROGRAM TYPE:** Select Program Type

**PROGRAM CATEGORY:** Select Program Category Type

**TFC, TMP-TFC, OR TFC-MF PROGRAMS ONLY:**

- DIFFICULTY OF CARE COMPUTATION FORM COMPLETED & SIGNED
- BOARD RATE COMPUTATION FORM COMPLETED & SIGNED

**ALL PROGRAMS:**

- 1 COPY OF THE BUDGET IDENTIFICATION FORM – SIGNED & DATED
- 1 COPY OF CURRENT LICENSE PER FACILITY
- CHILD PLACEMENT AGENCY PROGRAMS ONLY: REQUIRED CONTRACT PAGES (SEE INSTRUCTIONS)
- 1 COPY OF SERVICE LEVEL INTENSITY SCORE SHEET FORM:
  - APPROVED LOIs: [Select](#) [Select](#) [Select](#) [Select](#) [Select](#)
  - LEVELS OF INTENSITY SIGNED BY PROGRAM ADMINISTRATOR AND LICENSING SPECIALIST
- 1 COPY OF THE LEASE/MORTGAGE SUMMARY FOR PROGRAM FACILITIES AND OFFICE SPACE  
**SUPPORTING DOCUMENTATION FOR EACH ENTRY ON THE FORM MUST BE ATTACHED**
- 1 Thumb Drive COPY OF THE COMPLETED FY 2025 BUDGET SAVED IN EXCEL 2007
- 1 COPY OF COMPLETED FY 2025 BUDGET
  - FORM A COVER SHEET – SIGNED AND DATED
  - FORM B-1 OPERATING STATEMENT – INCOME
  - FORM B-2 OPERATING STATEMENT - EXPENSES
  - FORM C RATE COMPUTATION REPORT
  - FORM D ALLOCATION OF EXPENSES
  - FORM E-1 PERSONNEL COST DETAIL SUMMARY FORM
  - FORM E-2 MANAGEMENT AND GENERAL
  - FORM E-3 DIRECT CHILD SERVICES & FACILITY SUPPORT
  - FORM E-4 EDUCATION
  - FORM E-5 MEDICAL
  - FORM E-6 CLINICAL
  - END SUMMARY INFO
  - UNIQUE CONTROL NUMBER ASSIGNED TO EACH POSITION ON FORMS E2-E6
- 1 COPY OF STAFFING PATTERN GRID

# Lease/Mortgage Summary

- List details for property expenses in the budget.
- Must match Line 14 (Rent) on Forms B2 & D.
  - *Required Signature*
  - *Excel Template*
  - *Calculates Lease Terms*

**Lease/Mortgage Summary for Program Facilities and Office Space**

**Organization:** \_\_\_\_\_  
**Program:** \_\_\_\_\_  
**Federal ID#:** \_\_\_\_\_

**Person Authorized by the Corporation to Sign on its Behalf:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For each facility licensed or occupied under this program, enter the site address and list the lease information in the columns below. Programs with multiple locations should list each site address on a separate line. Attach the supporting documentation for all sites listed on this form. The supporting documentation must be a lease/mortgage agreement that includes the site address, the amount of the lease/mortgage, terms of agreement, and the signature of an authorized person for the organization. Lease agreement(s) must reconcile with the lease/mortgage amount entered on Line 14 Rent on Form B2 and Form D and the "Total Annual Lease/Mortgage Amount" for this form. It is not necessary to include any other pages of the lease/mortgage agreement other than the pages that include the requested information.

Site Address				Type of Space	Capacity	Monthly Lease/Mortgage Amount	Terms of Lease Mortgage Agreement	Lease/Mortgage Amount for Term
Street	City	State	Zip Code	Residential (R) Office (O)				
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
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								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
<b>Total Annual Lease/Mortgage Amount</b>								\$ -



# Levels of Intensity Score Sheet

- Documents the Levels of Intensity approved by the licensing agency.
- Select drop-down for Program Type/Category.
  - *Required Signature*
  - *Fillable Template*
  - *Licensing Agency Approval*

Refer to the Levels of Intensity Manual

FY 2025  
LEVELS OF INTENSITY SCORE SHEET

New and existing programs must obtain written approval from the appropriate Licensing Agency prior to submitting the Levels of Intensity Score Sheet to the Interagency Rates Committee (IRC) at the Maryland State Department of Education.

Organization:

Program Name:

Program Type/Category:

Federal ID #:

Person Authorized by the Corporation to Sign on its Behalf:

(Signature and Date): \_\_\_\_\_

<b>LEVELS OF INTENSITY</b> (Must be approved by the Licensing Agency. Please refer to the Levels of Intensity Instructions.)  ENTER: <b>H, I, M, L</b> or N/A	Care and Supervision: <input type="text" value="Select LOI"/>
	Clinical: <input type="text" value="Select LOI"/>
	Educational: <input type="text" value="Select LOI"/>
	Health and Medical: <input type="text" value="Select LOI"/>
	Family Support: <input type="text" value="Select LOI"/>

Licensing Specialist  
(Signature and Date): \_\_\_\_\_

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The Budget Package is not complete until this form is returned to the IRC with the dated signatures.

# Program Description Form

**FY 2025  
PROGRAM DESCRIPTION**

- Brief description of program and services.
- Include licensed capacity & FY2025 projected capacity.
  - *Fillable Template*

**Parent Organization:**

**Program Name:** Type Name of Organization

**Federal ID Number:** Type Name of Organization

**Licensing Agency:** Select Licensing Agency

PROVIDE THE CAPACITY FOR APPROPRIATE PROGRAM TYPE

**Residential License Capacity:** Enter RCC License Capacity

**Child Placement Agency Contract Capacity:** Enter CPA Contract Capacity

**Non-Residential State Agency Contract Capacity:** Enter NR Contract Capacity

**FY 2025 IRC Projected Capacity Request:** Enter Projected Capacity Request  
(Include an explanation in budget justification if there is an anticipate capacity change)

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

Type Name of Organization

# Staffing Pattern Grid

- Description of a typical staffing pattern 24 hours/day & 7 days/week.
- Select staffing timeframe (drop-down menu)
- Tab for schedule timeframe
  - 52 weeks
  - 39 weeks
  - 13 weeks
- Total should match hours on Form E3
  - Excel Template
  - Licensing Agency Approval

**Staffing Pattern Grid - Residential Child Care Programs**

Organization: \_\_\_\_\_

Program: \_\_\_\_\_

Staffing pattern used for the following months: September 2023-June 2024

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Weekly Hours	Total Annual Hours	
<b>Shift 1:</b>										
Clock hours for shift:										
Direct Care Position #										
								0	0	
								0	0	
								0	0	
								0	0	
								0	0	
								0	0	
<b>Total Hours by Day</b>	0	0	0	0	0	0	0	0	0	
<b>Shift 1</b>										
Clock hours for shift:										
Social Worker Position #										
								0	0	
								0	0	
								0	0	
								0	0	
								0	0	
<b>Total Hours by Day</b>	0	0	0	0	0	0	0	0	0	
<b>Shift 1</b>										
Clock hours for shift:										
Other Position #										
								0	0	

# TFC Difficulty of Care

- Compute the proposed rate.
- Total must match budget Line 6 on Forms B2 & D.
  - *Fillable Template*
  - *SSA Approval*

**FY 2025**  
**Treatment Foster Care and Treatment Foster Care Medically Fragile Programs**  
**Difficulty of Care Computation**

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

**Enter the approved Proposed Monthly Difficulty of Care Payment to Foster Parents as the TFC Difficulty of Care on Form D, Line 06.**  
**After approved by the Department of Human Services/Social Services Administration, include this form with the completed budget application packet submitted for IRC consideration.**

Organization:

Program Name:

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

Approved by Department of Human Services:

<hr/>	<hr/>	<hr/>
Name	Signature	Date

# TFC Board Rate

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

**FY 2025**  
**Treatment Foster Care and Treatment Foster Care Medically Fragile Programs**  
**Board Rate Computation**

SSA/CW #19-16 Guidelines for Foster Care Board Rate and Expenditures effective July 1, 2019 establishes the Board Rate for foster care children at \$887 per month for youth ages 0-11 and \$902 per month for youth ages 12 and above.

Organization:

Program Name:

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**Board Rate Computation:**

- 1. Number of Child Days in CY 2023**
  - a. # Child days for children age 0-11 =
  - b. # Child days for children age 12 and over =
  - c. Total # of child days for children of all ages (1a + 1b) =
- 2. Ratio of child days for 0-11 and 12+ age groups**
  - a. Ratio of Child days age 0-11 (1a + 1c) =
  - b. Ratio of Child days age 12+ (1b + 1c) =
  - c. Total (must equal 1) =
- 3. Weighted Board Rate**
  - a. Ratio of Child days age 0-11 x Monthly Board rate = 2a x \$887 =
  - b. Ratio of Child days age 12+ x Monthly Board Rate = 2b x \$902 =
  - c. Sum of weighted Board rate 3a + 3b =

**Enter the approved Weighted Board Rate (3c) as the TFC Board Payment on Form D, Line 07. After approved by the Department of Human Services/Social Services Administration, include this form with the completed budget application packet submitted for IRC consideration.**

**NOTE:**

- *Include a budget note that identifies the source of the data used to develop these averages.*
- *Food, clothing, recreation and personal needs are included in the Board Payment to the foster parents and may not be included on Form D, lines 10, 11, 12 and 13. If the program provides food for families during treatment foster care training, the projected amount of the food may be included on Form D, line 10.*
- *If the program claims these expenses, it must provide a written explanation that must be approved by the Department of Human Services, Social Services Administration (DHS/SSA).*

Approved by Department of Human Services:

# BUDGET WORKBOOK FORMS

## DEEP DIVE

# Order to Complete Budget Forms

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

**MUST INCLUDE ACTUAL EXPENSES.**

Consult the FY 2025 Budget Workbook Reference Tool for directions.

## Critical Requirement

Validate each program budget to run the methodology for program category comparisons.

## Forms E2 through E6 Personnel Details

- Request personnel costs based on service continuum for agency.
- Assign personnel to appropriate category.
  - Form E2 Management, General & Facility Support
  - Form E3 Direct Child Services
  - Form E4 Education
  - Form E5 Medical
  - Form E6 Clinical
- Designate each position as SALARIED STAFF (S) or CONSULTANT/CONTRACTOR (C).
- Enter unique control number for each position.
- No more than 2,080 annual hours for any one position.
- Must be approved by licensing agency.
- Enter the approved hours and salaries based on FY2024 approved rate.



Agency/ Program Name:

Complete Forms E2-E6 first.  
Submit to Licensing Agency for approval.

Position Number (col 1)	Position Title (col 2)	Current FY 2022 Approved Budget (col 3)		FY 2023 Projected Budget (col 4)		Change from Previous Year (col 5)		% Change from Previous Year (col 6)		(S) Staff or (C) Cons/Contr (col 7)
		Annual Hours Worked	Annual Salary	Annual Hours Worked	Annual Salary	Annual Hours Worked	Annual Salary	Annual Hours Worked	Annual Salary	
						0	\$ -			
						0	\$ -			
						0	\$ -			
						0	\$ -			
						0	\$ -			
						0	\$ -			
						0	\$ -			
						0	\$ -			
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						0	\$ -			
						0	\$ -			
						0	\$ -			
						0	\$ -			
						0	\$ -			
						0	\$ -			
						0	\$ -			
<b>TOTAL - DIRECT CHILD &amp; FAC. SUPP.</b>		0	\$ -	0	\$ -	0	\$ -			

Each employee should have a unique position number (Column 1).

The yellow cells are locked. Enter updates in the other cells. The required information will automatically populate in Columns 5 & 6.

The maximum number of annual hours for any employee is 2080 hours/year in Columns 3 & 4.

Contact Rate Section to discuss programs with more than 40 different positions.

Staff (S) and Consultant (C) designations reflect the actual number of employees supporting delivery of program services. The totals will automatically populate at the bottom of Columns 4 & 5.

Budget \$ Staff	\$	-
Budget \$ Consultant	\$	-
Total Staff + Cons	\$	-

Total count of "Staff"	
Total count of "Consultant"	

# Form E1

## Personnel Cost Summary

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

2<sup>nd</sup> budget form reviewed.

Agency/ Program Name:

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

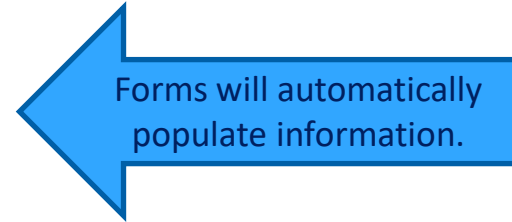
The amounts entered on Forms E2-E6 will populate in the yellow cells. There is no need to enter any information manually.

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

## Form D

# Allocation of Expenses by Function Summary

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



**Budget Form D - Allocation of Expenses by Function - SUMMARY**

FY 2023

Agency/ Program Name:

3<sup>rd</sup> budget form reviewed

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

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

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

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

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

Error warnings will be visible in Column L.

Total expenses in Columns 3 and 9 should be equal.

Column 09 must equal column 03

# Form B1

## Operating Statement for INCOME

- Summarizes revenue from all sources
  - *Column 1: Actual FY 2023 revenue*
  - *Column 2: FY 2024 revenue based on current rate.*
  - *Column 3: Projected FY 2025 revenue*
- Column 3 Line 1a “ Fees for Services – Fees from Government Agencies” - leave blank until Form C is completed.
  - *Form C Line 5 should be entered into this cell.*
- Enter information into Sections 2 & 3 if applicable.
- The spreadsheet will automatically populate Columns 4 & 5 to show variance.



Agency/ Program Name:

Program Component:  Residential

4th budget form reviewed along with B2

	Actual FY 2021	Approved FY 2022 Budget	Projected FY 2023 Budget	\$ Variance FY 2022/FY 2023	% Variance FY 2022/FY 2023
	Col 1	Col 2	Col 3	Col 4	Col 5
<b>Budgeted Revenue</b>					
<b>01 Fee for Service:</b>					
a. Fees from Government Agencies				\$ -	N/A
b. Grants				\$ -	N/A
c. Private Pay				\$ -	N/A
<b>Subtotal 01</b>	\$ -	\$ -	\$ -	\$ -	N/A
<b>USE SECTION 02 TO REPORT OTHER INCOME THAT IS APPLIED TO EXPENSES INCLUDED IN THE RATE (SEE INSTRUCTIONS)</b>					
<b>02 Other Income:</b>					
a. Contributions				\$ -	N/A
b. Donated Materials				\$ -	N/A
c. Donated Services					
d. Food Services					
e. Medicaid Payments					
f. Miscellaneous					
g. MSDE/USDA					
h. Operating Fund					
i. Operating Fund Investment Income				\$ -	N/A
j. Other (specify)				\$ -	N/A
k. Transfer From Other Agency Funds				\$ -	N/A
l. United Way Allocations				\$ -	N/A
<b>Subtotal 02</b>	\$ -	\$ -	\$ -	\$ -	N/A
<b>Total Income</b>	\$ -	\$ -	\$ -	\$ -	N/A
<b>USE SECTION 03 TO REPORT OTHER INCOME THAT IS APPLIED TO EXPENSES INCLUDED IN THE RATE (SEE INSTRUCTIONS)</b>					
<b>03 Other Income:</b>					
a. Contributions					
b. Donated Materials					
c. Donated Services					
d. Food Services					
e. Medicaid Payments					
f. Miscellaneous					
g. MSDE/USDA					
h. Operating Fund					
i. Operating Fund Investment Income					
j. Other (specify)					
k. Transfer From Other Agency Funds					
l. United Way Allocations					
<b>Subtotal 03</b>	\$ -	\$ -	\$ -	\$ -	N/A

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

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

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

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

# Form B2

## Operating Statement for EXPENSES

- Projected expenses on Form D should be the same as amounts on Form B-2.  
*Column 3 should be the same as Form D Column 1.*
- Summarizes all expenses  
*Column 1: Actual FY 2023 expenses*  
*Column 2: FY 2024 expenses based on current rate.*  
*Column 3: Projected FY 2025 expenses*
- Include written explanation for any expense in Line 5 “Contracted Services” and/or Line 28 “Other.”



Agency/ Program Name:

Program Component:  Residential

4th budget form reviewed along with B1

	Actual FY 2021	Approved FY 2022 Budget	Projected FY 2023 Budget	\$ Variance FY 2022/FY 2023	% Variance FY 2022/FY 2023
Budgeted Expenses	Col 1	Col 2	Col 3	Col 4	Col 5
01 Employees					
a. Salaried			\$		N/A
b. Contractual/Consultant					
02 Payroll Taxes					
03 Fringe Benefits					
04 Staff Development Costs					
05 Contracted Services (non-professiona					
06 TFC Difficulty of Care			-	\$	-
07 TFC Board Payment			-	\$	-
08 TFC Respite Care			-	\$	-
09 Publicity					
10 Food					
11 Clothing					
12 Recreation			\$		
13 Personal Needs Allowance			\$		
14 Rent			\$		
15 Utilities				\$	-
16 Repairs and Maintenance					N/A
17 Insurance and Taxes					N/A
18 Interest					N/A
19 Supplies					N/A
20 Depreciation/Use Allowance					N/A
21 Equipment Rental/Lease and Repairs					N/A
22 Printing/Copying			\$		N/A
23 Telephone			\$		N/A
24 Postage and Shipping					
25 Memberships and Subscri					
26 Conferences and Conven					
27 Travel and Transportation					
28 Other					
<b>29 Total Expenses</b>	\$ -	\$ -	\$ -	\$ -	N/A

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

Rent should match the Lease/Mortgage Form

Column 3 should be the same as Form D Column 1

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

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

# Form C

## Rate Computation

- Spreadsheets calculate total allowable costs.
  - Lines 1-5 populate automatically.
  - Annual, monthly, and daily rate are calculated.
  - Total # children served.
  - Total # billable days for last 12 months (*Calendar Year 2023*)
- Enter the following information manually:
  - Line 6 - Projected Average Daily Census FY2025.
  - Line 7 - Days in Operation.
  - Line 9 - FY 2024 Approved State Rate (*Refer to rate letter.*)
  - Lines 10a-e - Payment Source
  - **Lines 11a-e - Number of Billable Days**
  - Line 12 - Number of New Admissions (*Calendar Year 2023*)

Agency/ Program Name:

5th budget form reviewed

Program Component:  Residential  CPA

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

Refer to FY 2024 Rate Letter for Line 9.

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

## Form A

# Residential Child Care/Child Placement Agency Operating Budget

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

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

Last budget form reviewed.

**SECTION I: General**

*(Enter data beginning in column G)*

Federal ID Number: \_\_\_\_\_  
 Parent Organization: \_\_\_\_\_  
 Program Name: \_\_\_\_\_  
 Program Location: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Chief Administrator: \_\_\_\_\_  
 Chief Financial Officer: \_\_\_\_\_  
 Budget Preparer: \_\_\_\_\_  
 Type of Organization: \_\_\_\_\_  
 Licensing Agency/Approval Agency: \_\_\_\_\_

Enter the names and contact information for representatives who should be contacted if the Rate Section has questions about the budget application.

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

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

**SECTION II: Census Information**

*(Enter Data Beginning in Column G)*

**\*\*CAPACITY: (ATTACH DOCUMENTATION):**

Actual Census (Budget Form C - Line 10 Total): 0.00

*If the program operates less than a full year, enter the dates of operation from (month/year) to month/year*

Projected Average Daily Census (Budget Form C - Line 6): 0.00

Number of Days School is in Session: \_\_\_\_\_

*(For educational programs)*

Occupancy

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

**SECTION III: Rates**

Rates Data:	Per Year	Per Month	Per Day
FY 2022 Current Approved Rate (Form C, Item # 9):	\$ -	\$ -	\$ -
FY 2023 Projected Rate (Form C, Item #8):		#VALUE!	
% Change			

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

Person authorized by the Corporation to sign on its behalf: \_\_\_\_\_

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

**\*\* See FY2023 Provider Instructions (page 25)**

## Rounding Budget Figures

### Yearly & Monthly Calculations

- Use standard rounding rules to round to the nearest dollar.

### Daily Calculations

- Use standard rounding rules to round to the nearest cent.

## Budget Justifications

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

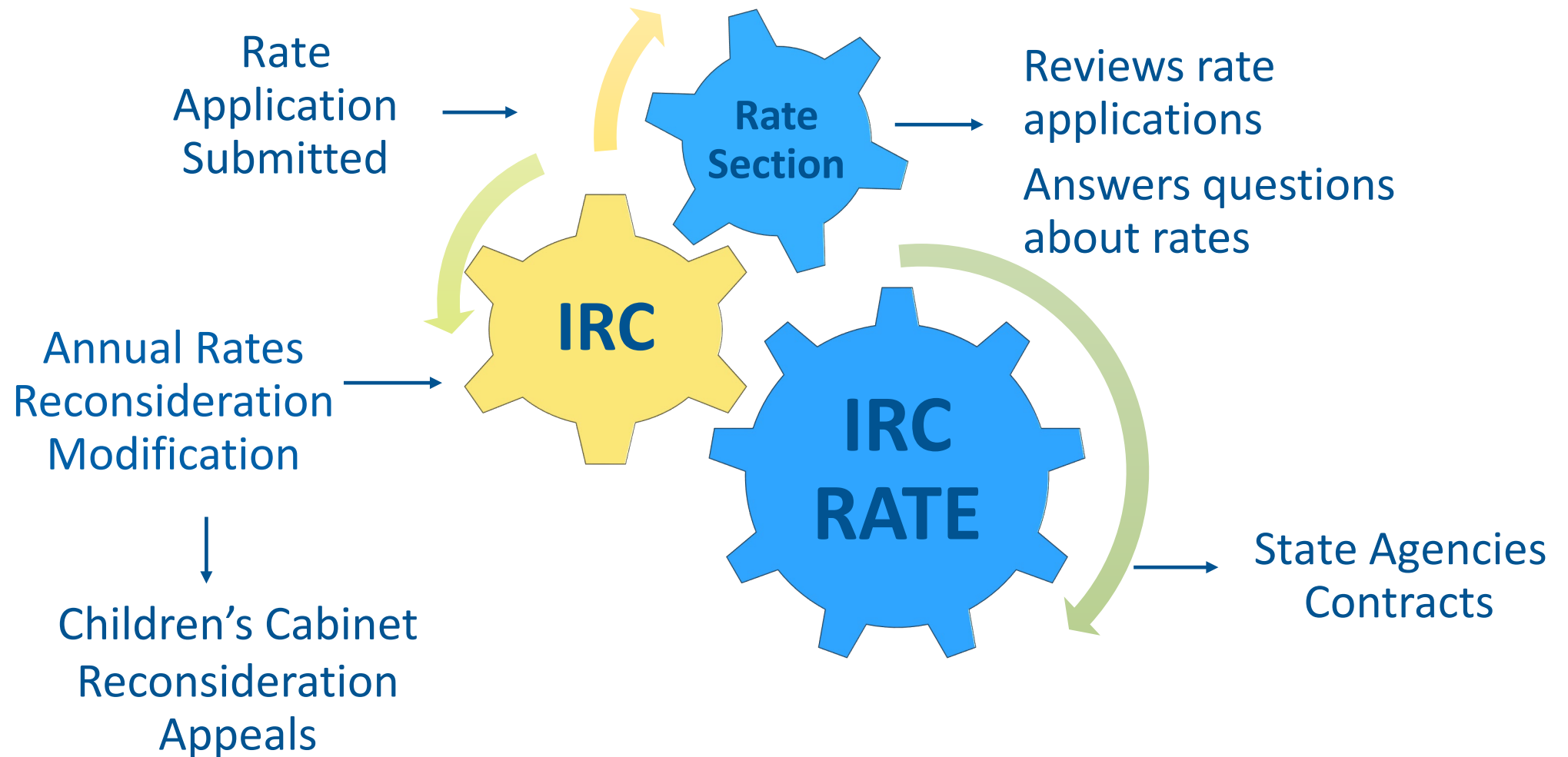
# Interagency Rate Setting



# Interagency Rates Committee



# Interagency Rate Setting Process



The MSDE Rate Section will review all rate applications for completeness, accuracy and consistency.



The MSDE Rate Section may request additional information on any aspect of the rate application.



The email response from the program will be due no later than seven (7) calendar days from the date the request for additional information is emailed.



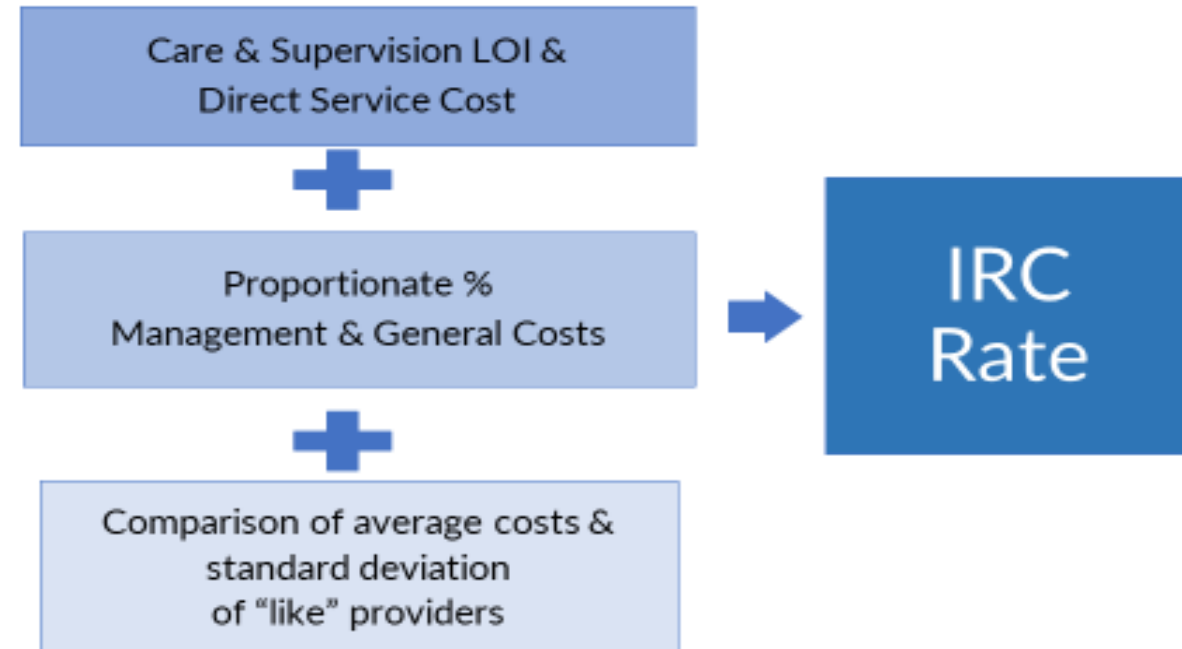
Programs with incomplete rate applications will be held to the FY 2024 rate.

# Budget Application Process

The rate review process incorporates these three (3) steps:

- 1) MSDE Rate Section organizes applications by category type and reviews budgets for completeness and accuracy.
- 2) Programs are compared within categories utilizing Care & Supervision Levels of Intensity (LOI) and direct care costs.
- 3) IRC applies the Rate Setting Methodology to each program to determine the final rate.

## Steps for Rate Methodology



# Program Categories

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

## Steps for Rate Methodology Preferred/Non-Preferred Provider Status

### PREFERRED

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

### PREFERRED

- Projected Direct Care Cost  $>$  Mean LOI
- FY 2024 Rate + Federal CPI-U previous year

### NON-PREFERRED

- Projected Direct Care Cost  $>$  1 Standard Deviation  $\wedge$  Mean LOI
- Held to FY 2024 Rate

## Additional Considerations

A program must have a current rate to contract with Maryland State Agencies & Local Management Boards.

Under certain conditions, a provider may request a modification of existing rates during fiscal year.

Any changes to the financing of programs as a result of the actions of the General Assembly will be posted on the IRC website and/or communicated via email.



### Reconsideration Requests

- File written request with the Rate Section within 30 days of notice of FY 2025 rate.
- Provide detailed information
  - *Relief Requested*
  - *Basis of Relief*
- Within 30 days of receipt of the completed request, IRC will provide written notification of decision.
- Appeal reconsideration decision to Children's Cabinet within 30 days of receipt of the IRC's decision.

## Deadlines

Postmarked by February 15, 2024

- FY 2025 Rate Before July 1st

After February 15, 2024, but before May 1, 2024

- Held to FY 2024 approved rate.

After May 1, 2024

- No rate approved prior to the expiration of the FY 2024 rate on June 30, 2024.
- Held to the FY 2024 approved rate.

An FY 2025 rate will not be awarded without submitting a renewal application. Rate applications submitted after June 30<sup>th</sup> will be effective the date of IRC approval.

## “What You Need to Know”

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

Interagency Rates Committee (IRC)  
Residential Child Care/Child Placement Agency  
FY2025 Budget Application Tip Sheet

### Important

- DO NOT submit compact discs (CDs). Use a flash drive to submit the electronic budget workbooks.
- DHS licensed programs should upload approval documents into the CJAMS Provider Portal & will also need to submit a FULL budget application package to the IRC.
- An approved QRTP designation is required for QRTP rate consideration.

### The following budget application forms are due to Licensing Agencies by January 15, 2024:

- Levels of Intensity Score Sheet
- Levels of Intensity Checklist
- Personnel Cost Detail Forms (Budget Forms E2-E6)
- Narrative justifying any staffing related changes (if applicable).
- Staffing Pattern Grid
- Difficulty of Care Computation Form (TFC, TFC-MF, & TMP-TFC Providers Only)
- Board Rate Computation Form (TFC, TFC-MF, & TMP-TFC Providers Only)

### Fillable Templates:

- Rate Application Checklist
- Non-Residential Checklist
- Budget Identification Form
- Levels of Intensity Score Sheet
- Program Description Form
- Lease Mortgage Summary
- Staffing Pattern Grid
- Difficulty of Care Computation Form
- Board Rate Computation Form

COMPLETED BUDGET APPLICATIONS MUST BE POSTMARKED TO MSDE NO LATER THAN FEBRUARY 15, 2024,  
NOTE: REQUIRED DOCUMENTS **MUST** BE MAILED AND **MAY NOT** BE HAND DELIVERED.

All required documents on flash drive with electronic Budget Workbook Forms are to be filed with:

**The Maryland State Department of Education**  
**Interagency Rates Section**  
**Attn: 7<sup>th</sup> Floor – Dante Scancella**  
**200 West Baltimore Street**  
**Baltimore, Maryland 21201**

### Common Mistakes

- No contact information.
- Incomplete submissions.
- Missing supporting documentation.
- Missing contract pages.
- Incorrect staff positions & allocation of work hours.
- Different amounts on budget & supplemental forms.
- Missing licensing agency approvals.
- No budget justifications (especially related to variance).
- Multiple programs on the same electronic device.
- Numerical calculations in cells.
- Additional spreadsheets added to workbook.
- Lack of timely response to follow-up inquiries.

Let me show you how to find it.....

# INTERAGENCY RATES COMMITTEE WEBSITE

Maryland State Department of Education

marylandpublicschools.org/Pages/Default.aspx

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**Announcing the Release of Maryland Transforms: A Strategic Plan for Maryland By Maryland**

It's a transformational time in Maryland! The Maryland State Board & Department of Education are committed to moving with urgency to actualize the bold, transformative change our students deserve.

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ANNOUNCING THE RELEASE OF MARYLAND TRANSFORMS: A STRATEGIC PLAN FOR MARYLAND BY MARYLAND

GRANT OPPORTUNITIES

CHILD CARE SCHOLARSHIPS

## Committed to a transformative path forward in support of every Maryland student

At the Maryland State Department of Education, we are a dedicated team of educators, specialists, and administrators joined together by a single vision: to be a system of world-class schools where students acquire the knowledge and skills necessary for success in college, career, and life.



# INTERAGENCY RATES COMMITTEE WEBSITE

The screenshot shows a web browser window displaying the Maryland State Department of Education website. The URL is [marylandpublicschools.org/programs/Pages/Special-Education/irc/index.aspx](http://marylandpublicschools.org/programs/Pages/Special-Education/irc/index.aspx). The page features a blue header with the MARYLAND STATE DEPARTMENT OF EDUCATION logo and the tagline "EQUITY AND EXCELLENCE". Navigation links include "About Us", "Strategic Plan", "The Blueprint", "Offices/Divisions", "News", and "Quick Links". A search icon is also present.

**Early Intervention and Special Education Services**

- Overview
- Maryland's Infants and Toddlers Program
- Preschool Special Education
- Specially Designed Instruction & Transition Planning
- Family Support & Dispute Resolution Branch
- Family Support Services
- Autism Waiver
- Hearing Aid Loan Bank
- Restraint and Seclusion

**Interagency Rates Committee**

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

**FY 2024 Rate Setting Links & Resources**

- Overview FY 2024 IRC Provider Meeting Presentation
- QSRi - IRC Update 2022
- What you Need To know for FY2024 Tip Sheet
- FY 2024 Budget Workbook Reference Tool
- FY 2024 IRC Forms & Instructions Index

**IRC - FY 2024 Forms & Instructions**

Please follow ALL instructions.  
Download and save forms to your device.  
Forms cannot be completed or submitted online.

- FY 2024 Rate Application Checklist
- FY 2024 Budget Workbook Forms
- FY 2024 Lease/Mortgage Summary
- FY 2024 Levels of Intensity Score Sheet
- FY 2024 Program Description Forms
- FY 2024 Budget Identification Form
- FY 2024 Staffing Pattern Grid
- FY 2024 Treatment Foster Care - Difficulty of Care Computation Form

All necessary documents, instructions, etc., are located on this page.

# Thank you for your commitment to Maryland's children, youth, & families!

For Additional Information:

IRC email address: [irc.rates@maryland.gov](mailto:irc.rates@maryland.gov)

MSDE Rate Section: [dante.scancella1@maryland.gov](mailto:dante.scancella1@maryland.gov)

Budget forms may be accessed via the IRC's webpage.