

Interagency Rates Committee Annual RCC Provider Meeting FY 2025 Rate Setting

Presented by:

Dante Scancella, LCSW-C

Chief of Interagency Initiatives & Rates/IRC Chair

OUTLINE

- QSRI Rate Reform Updates
- FY 2025 – Parallel Application Process
- 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 and the class rate application.
- General Assembly actions related to the financing of 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.
- 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

FOR APPROVAL ONLY

DHS Licensed Providers:

Upload documents in CJAMS for OLM 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)

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
- Budget Workbook
- Budget Identification Form
- Lease/Mortgage Summary
- Levels of Intensity Score Sheet
- Program Description Form
- Staffing Pattern Grid

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 (7th 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 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

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

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: _____

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)

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

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): _____

LEVELS OF INTENSITY (Must be approved by the Licensing Agency. Please refer to the Levels of Intensity Instructions.) ENTER: H, I, M, L 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): _____

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	
Shift 1:										
Clock hours for shift:										
Direct Care Position #										
								0	0	
								0	0	
								0	0	
								0	0	
								0	0	
								0	0	
Total Hours by Day	0	0	0	0	0	0	0	0	0	
Shift 1										
Clock hours for shift:										
Social Worker Position #										
								0	0	
								0	0	
								0	0	
								0	0	
								0	0	
Total Hours by Day	0	0	0	0	0	0	0	0	0	
Shift 1										
Clock hours for shift:										
Other Position #										
								0	0	

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.

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*

2nd 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
Mgmt/Genl/Fac Supp								
Staff				\$ -				
Cons./Cont.				\$ -				
Mgmt & General Total	0	\$ -	0	\$ -	0	\$ -		
Direct Child Services								
Staff								
Cons./Cont.								
Direct Child Total								
Education								
Staff				\$ -				
Cons./Cont.				\$ -				
Education Total	0	\$ -	0	\$ -	0	\$ -		
Medical								
Staff								
Cons./Cont.								
Medical Total	0	\$ -						
Clinical								
Staff				\$ -				
Cons./Cont.				\$ -				
Clinical Total	0	\$ -	0	\$ -	0	\$ -		
ALL PERSONNEL CATEGORIES								
Staff				\$ -				
Consultant				\$ -				
Personnel Total	0	\$ -	0	\$ -	0	\$ -		

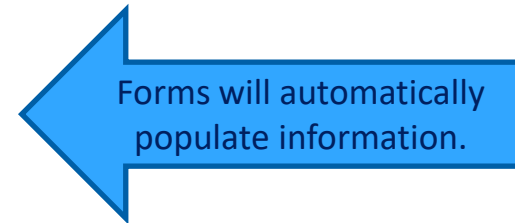
The amounts entered on Forms E2-E6 will populate in the yellow cells. There is no need to enter any information manually.

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.



Budget Form D - Allocation of Expenses by Function - SUMMARY

FY 2023

Agency/ Program Name:

3rd 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									
Total Expenses	\$ -	\$ -	\$ -						\$ -
Percent Distribution of Total									

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
Budgeted Revenue					
01 Fee for Service:					
a. Fees from Government Agencies				\$ -	N/A
b. Grants				\$ -	N/A
c. Private Pay				\$ -	N/A
Subtotal 01	\$ -	\$ -	\$ -	\$ -	N/A
USE SECTION 02 TO REPORT OTHER INCOME THAT IS APPLIED TO EXPENSES INCLUDED IN THE RATE (SEE INSTRUCTIONS)					
02 Other Income:					
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
Subtotal 02	\$ -	\$ -	\$ -	\$ -	N/A
Total Income	\$ -	\$ -	\$ -	\$ -	N/A
USE SECTION 03 TO REPORT OTHER INCOME THAT IS APPLIED TO EXPENSES INCLUDED IN THE RATE (SEE INSTRUCTIONS)					
03 Other Income:					
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					
Subtotal 03	\$ -	\$ -	\$ -	\$ -	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
	Col 1	Col 2	Col 3	Col 4	Col 5
Budgeted Expenses					
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					N/A
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					
29 Total Expenses	\$ -	\$ -	\$ -	\$ -	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

1. Income Offset (Form B1, Requested FY 2022 Budget - Col 3, Subtotal 02)	\$	-
2. Unallowable Cost (Form D, Column 02)	\$	-
3. Unallowable Cost Minus Income Offset (Line 2 Minus Line 1)	\$	-
4. Total Expenses (Form D, Column 01)	\$	-
5. Allowable Cost 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.	\$	-
6. Projected Average Daily Census - FY 2023	_____	
7. Days in Operation - FY 2023	_____	
8. FY 2023 Projected Rate Calculation		
a. Annual Per Child Rate - FY2023 (Line 5 Divided by Line 6)		
b. Monthly Per Child Rate - FY2023 (Line 8a Divided by 12)		
c. Daily Per Child Rate - FY2023 (Line 5 Divided by (Line 6 * Line 7))		
9. FY 2022 Current Approved State Rate (Enter from most current FY 2022 Rate Letter)		
a. Annual Cost Per Child		
b. Monthly Cost Per Child		
c. Daily Cost Per Child		
10. Average Daily Census for Calendar Year 2021 by Payment Source (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		
Total		0.0
11. Number of Billable Days for Calendar Year 2021 by Payment Source:		
a. Department of Human Services		
b. Department of Juvenile Services		
c. Maryland Department of Health		
d. Out of State		
e. Other/ Private Pay		
Total		0.0
12. Number of new admissions during Calendar Year 2021:		

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.
- 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.

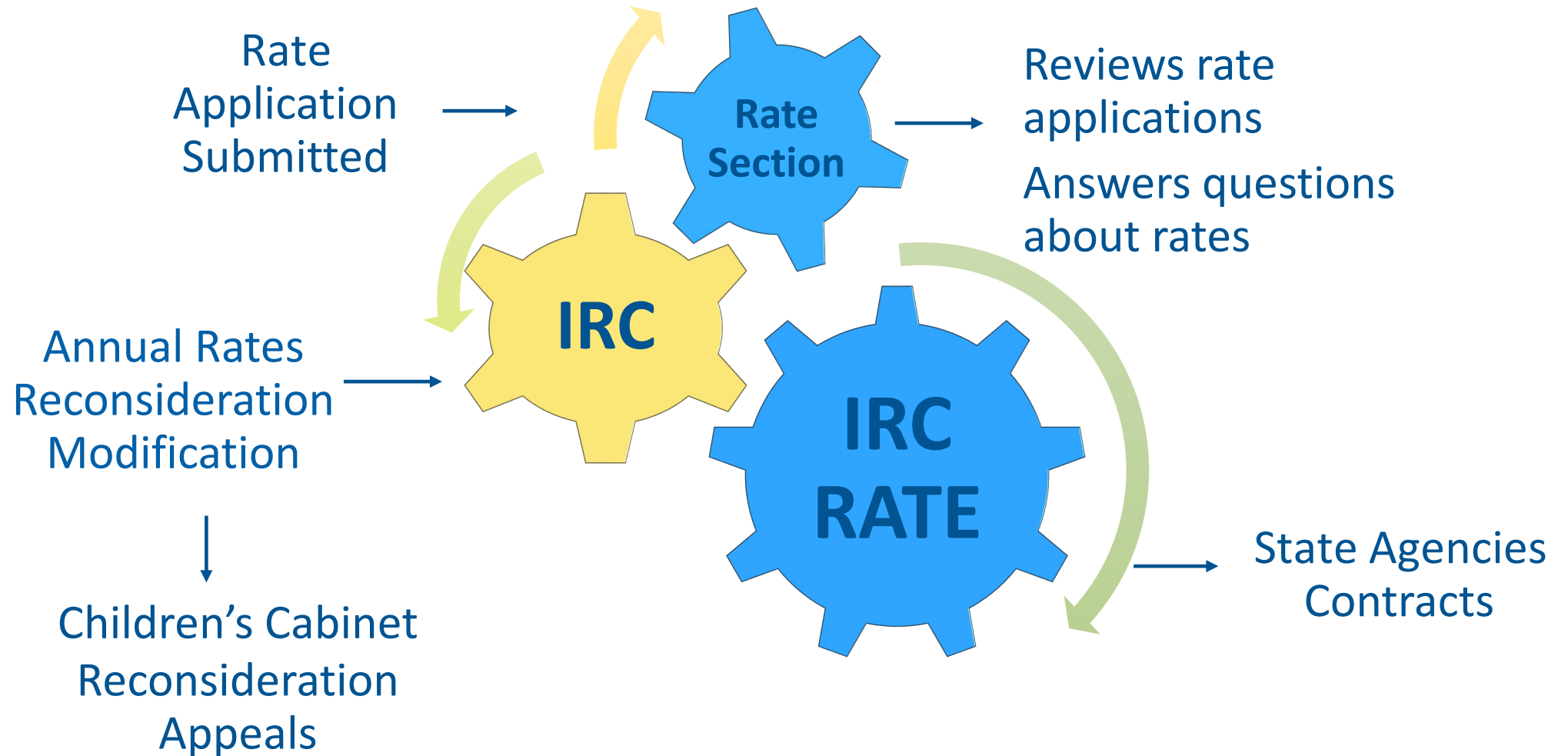


Interagency Rate Setting

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.



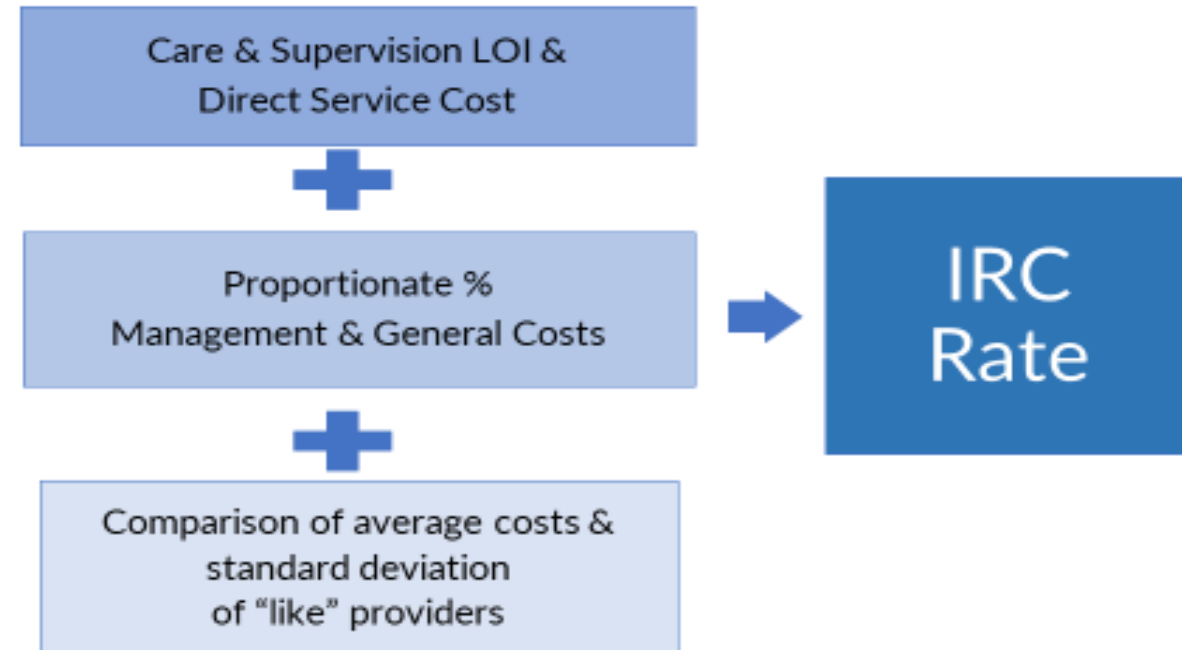
Programs with incomplete rate applications will be held to the FY 2024 rate.

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 30th 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: 7th Floor – Dante Scancelli
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

The screenshot shows the Maryland State Department of Education website. The browser address bar displays 'marylandpublicschools.org/Pages/Default.aspx'. The navigation menu includes 'About Us', 'Strategic Plan', 'The Blueprint', 'Offices and Divisions', 'News', and 'Quick Links'. A large banner image features two graduates celebrating with confetti. The banner text reads: '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.' A 'LEARN MORE' button is visible. Below the banner are three categories: 'ANNOUNCING THE RELEASE OF MARYLAND TRANSFORMS: A STRATEGIC PLAN FOR MARYLAND BY MARYLAND', 'GRANT OPPORTUNITIES', and '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

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

MSDE Rate Section: dante.scancella1@maryland.gov

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

Residential Child Care (RCC) Programs

- Includes the following programs categories:
 - ALU, DETP, GH-High, GHS, MFP, MISC, MISC-QRTP, S, & TGH
- FY 2025 - There will be a **parallel** application process for RCC providers.
 - RCC providers will submit a standard budget application (including the budget workbook and associated documents) to MSDE by February 15, 2024.
 - RCC providers will **also** submit an **SFY 2025 Class Rate Application Addendum** to MSDE by February 15, 2024.
 - ***This application addendum is site specific.***
- This parallel process was identified as regulatory changes are required to implement a class/category based rate setting model for RCC programs.

This parallel process has not changed any of the FY 2025 deadlines.

- January 16, 2024 – This remains the deadline to submit documents to licensing agencies for approval.
- February 15, 2024 – This remains the postmark deadline to submit a complete budget application via postal mail to MSDE.

Questions?