

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

Child Caring and Child Placing Level of Care Schedule

TWIST Case Number: _____ TWIST Case Name: _____
 Name of Private Agency: _____ Agency Address: _____
 Name of Child: _____ Social Security Number: _____
 Race: _____ Gender: _____
 Date of Birth: _____ County: _____ Region: _____

Daily Base Rate Schedule	Daily Rate	Supervisory Level of Approval
Emergency Shelter w/ Treatment License	\$220.59	FSOS/Designee
Emergency Shelter no Treatment License	\$165.44	FSOS/Designee
QRTP Residential	\$336.00	FSOS/Designee
Non QRTP Residential	\$193.50	FSOS/Designee
Level Vs – Residential	\$302.10	FSOS/Designee
Therapeutic Foster Care Level I & Basic	\$51.33	SRA/Designee
Therapeutic Foster Care Level II	\$99.50	SRA/Designee
Therapeutic Foster Care Level III	\$139.96	SRA/Designee
Independent Living Placement Level I and II	\$99.50	SRA/Designee
Independent Living Placement Level III	\$139.96	SRA/Designee

The payment rate for this child shall be \$_____ per day for service covered by the Private Child Care Contract between the agency and the cabinet. Daily rates include costs or services unless expressly authorized by provisions of the Private Child Care Contract between the agency and the Cabinet for Health and Family Services.

Effective Date: _____ Admission Date: _____

Next Utilization Review Date: _____

Approval Signature/Title (See above approval levels for appropriate signature.)

NOTE: Submission date of review materials will affect date of rates.

Distribution: Original, Regional Billing Clerk
 Copy: PCC/PCP Agency, Children’s Benefit Worker, Case Record, Gatekeeper