

REIMBURSEMENTS

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Direct Deposit

- If you chose to sign up for direct deposit into your own personal account then you complete and return the attached form along with a voided check, unless you are using a savings account and the check is not required. We will then enter the information into our TWIST system and the direct deposit becomes effective that day. There is no waiting period to start or stop your direct deposit.
-
- If at any time you decide you do not want the direct deposit anymore, we can turn it off immediately and you can start receiving the reimbursement on the debit card. If you choose to use the US Bank/ReliaCard Debit Card then just email CFC.TWISTResourceDir@ky.gov to register for the card.
-
- Both options still allow you to receive your remittance statement in the mail, which will give you the information regarding what the reimbursement was for and how much each month.
-
- If you have any questions or concerns, please contact your billing specialist or email CFC.TWISTResourceDir@ky.gov

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF PROVIDER PAYMENT
(Please print or type all information)

Enter the following provider information. Please remember to attach a voided check.

Provider Information	
Provider Name:	_____
Provider SSN/FED:	_____
Street:	_____
City:	State: Zip:
Telephone #	Contact:
Email Address:	_____

Financial Institution Information	
Bank Name:	_____
Branch:	_____
Or correspondent Bank (if applicable)	
City:	State: Zip:
Bank Routing #	_____
Account #	_____
Account Type (select one) <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

<p>I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky receives written notice of cancellation from me.</p>	
Signature _____	Date _____
Name Printed _____	
<p>I, the undersigned, hereby cancel the authorization for the Commonwealth of Kentucky to originate electronic deposit entries into my checking/savings account. The cancellation is effective as soon as the State of Kentucky has reasonable opportunity to act upon it.</p>	
Signature _____	Date _____
Name Printed _____	
For TWIST Use	
Received By _____ Date _____	Entered By _____ Date _____

REIMBURSEMENT

- The foster care per diem/structure was designed to give foster parents flexibility to decide how to spend money for the children placed in their homes. The rates below were effective 7/1/2024

	Basic	Advanced	Degreed
Regular foster care Birth – 11	\$24.10	\$26.40	N/A
Regular foster care Age 12 +	\$26.20	\$28.50	N/A
Care Plus Home/Child	\$42.40	\$47.70	N/A
Medically Fragile	\$42.40	\$47.70(2yrs exp)	\$50.90(RN,MD)

The above foster care per diem/rates include the costs of:

Housing

Transportation (non-medical)

Routine babysitting

Respite

Clothing

Incidentals

Utilities (electricity, phone, etc)

School supplies/fees/activities

Recreational/Sport/Social activities

Hair care

Personal allowances

111a Foster Home Contract Supplement

DCBS Number:
DCBS Name:

DPP-111A
(Rev.9/06)

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

FOSTER HOME CONTRACT SUPPLEMENT

Section A:

1. Name of Child:

Child's TWIST Case Number:

Date of Birth:

Child's SSN:

2. Placement Date:

3. Effective Date of Rate:

4. Foster Care Rate:

Basic:

Advanced:

5. Emergency Shelter Rate (Basic)

6. Medically Complex Rate (Basic, Adv., Degreed)

7. Specialized Medically Complex Rate (Advanced or Degreed)

8. Care Plus Rate (Basic or Advanced)

9. Supplemental Services Rate

APPROVED:

Signature

Supervisor

Title

Date

Section B:

Date the Medical Passport (forms DSS 106, 106A, and 106A-1 through 106A-6) was given to the Foster Home Parents

Child's Current Grade Level

Child is performing (Circle One) At Grade Level Below Grade Level Above Grade Level

Name and address of school child previously attended:

Date the Educational Passport was requested from the school:

Name and address of school child will be attending, if different:

DCBS Number:
DCBS Name:

DPP-111A
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COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division for Protection and Permanency

As required by KRS 605.090, the following history and risk factors regarding the child being placed were disclosed and discussed with the Foster Home parents.

Abuse

- Neglected
- Physically Abused
- Sexually Abused or Exploited
- Juvenile Sex Offender as defined by KRS 635.505(2)

Health

- Attachment difficulties
- Allergies
- Developmental delays
- Eating habits or disorders
- Failure to thrive
- Medically Complex (including HIV)
- Medications
- Physical Handicaps
- Special nutritional needs
- Speech disorders
- Sleeping difficulties

Cooperation

- Cooperative
- Non-Cooperative

Behaviors

- Attachment difficulties
- Destroys property
- Inappropriate sexual acts or behaviors
- Fire-setting
- Hyperactive
- Injury to self (cutting, etc.)
- Lying
- Makes friends easily
- Physically aggressive
- Rocking, head banging, etc.
- Running away (AWOL)
- Sense of humor
- Sexually aggressive
- Smokes
- Substance abuse problems
- Stealing
- Suicidal
- Verbally aggressive
- Wetting, soiling, smearing

111a Foster Home Contract Supplement cont'd...

DCBS Number:
DCBS Name:

DPP-111A
(Rev.9/06)

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

Personal

- Talents (sports, music, art, etc.)
- Likes/Dislikes (foods, animals, etc.)
- Religious activities
- Musical tastes
- Favorite color

For each item checked give a written explanation. Also, list any behaviors that indicate a safety risk for the placement.

This is the child's (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15)
placement.
(Circle one)

DCBS Number:
DCBS Name:

DPP-111A
(Rev.9/06)

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

Section C:

We understand the information contained in this document and agree to fulfill our responsibilities to making this child's placement in this home successful.

Social Service Worker (SSW) Name (Print) Foster Home Primary Caregiver Signature and Date

SSW Home Phone Number SSW Work Phone Number Foster Home Secondary Caregiver Signature and Date

Supervisor Signature and Date Home Address

Supervisor Home Phone Number Supervisor Work Phone Number

- **In addition to your foster care per diem you will also receive:**

- **Initial Clothing Allowance:**

•	Child's Age	Amount
•	Birth to 1 year	\$100.00
•	1 through 2 years	\$120.00
•	3 through 4 years	\$130.00
•	5 through 11 years	\$180.00
•	12 years and older	\$290.00

- Initial clothing is only issued at the time of removal. If the youth has moved from another placement they may have already received this. Please check to verify. The initial clothing money is sent to you so you can make purchases right away. You will need to send in a copy of your receipts.

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Eastern Mountain Region
Recruitment and Certification Team
Clothing Worksheet

Monthly Allowances – included in per diem

<u>Age of Child at End of Month</u>	<u>Monthly Clothing</u>	<u>Monthly Personal Allowance</u>	<u>Monthly Incidentals</u>
0-2	\$25.00	\$ 0.00	\$ 6.00
3-4	\$30.00	\$ 1.00	\$ 5.00
5-11	\$35.00	\$ 7.50	\$ 5.00
12 & Over	\$40.00	\$20.00	\$10.00

Incidentals include items such as: first aid supplies, baby oil/powder, deodorants, personal hygiene items toiletries, diaper rash ointment - basically regular medicine cabinet items.

However, foster parent are expected to provide routine hygiene products for foster children, even if all the monthly incidentals have been spent.

CHILD'S NAME: _____ AGE: _____

RESOURCE PARENT'S NAME: _____

MONTH/YEAR: _____ TWIST: _____

MINIMUM AMOUNT PER MONTH: _____ BALANCE FROM LAST MONTH: _____

Description of clothing	Amount of Purchase

BALANCE REMAINING _____

SIGNATURE OF CHILD _____
(if applicable)

PERSONAL ALLOWANCE DUE	SIGNATURE OF CHILD	DATE	AMT. RECEIVED
\$ _____	_____	____	\$ _____
\$ _____	_____	____	\$ _____
\$ _____	_____	____	\$ _____
\$ _____	_____	____	\$ _____
\$ _____	_____	____	\$ _____

INCIDENTAL ALLOWANCE DUE	HOW USED	DATE	AMOUNT SPENT
\$ _____	_____	____	\$ _____
\$ _____	_____	____	\$ _____
\$ _____	_____	____	\$ _____
\$ _____	_____	____	\$ _____
\$ _____	_____	____	\$ _____

COMPLETE THIS FORM FOR EACH FOSTER CHILD AND ATTACH ALL CLOTHING RECEIPTS.

**** Goes to your R&C worker with receipts.**

- **Christmas** - \$60.00
- **Birthday** - \$25.00
- **Annual Supplemental School Clothing Allowance**
 - 3 years through 10 years \$ 50.00
 - 11 years or older \$100.00
- Child must have been in care for 30 days and exhausted the entire initial clothing allowance and be enrolled in regular pre-school, kindergarten, school.
- **Lifeline items** - \$70.00 start-up for initial six(6) month placement period and \$25.00 every six months for maintenance per child – you might need to check what has already been spent in previous placements.
- **Senior Expenses** – \$650.00 - graduation package, senior pictures, class ring, prom, yearbook, etc,. Can also use annual school clothing allowance if not used.

CHILDCARE

- **Day Care** – Working foster parents / one working foster parents and one disabled with documentation can be approved for childcare for while you are working away from the home. We follow childcare regulations must abide by rate regulations for licensed or certified facilities or for private providers. Justification and approvals needed through your R&C worker. Childcare is approved for attendance only.
- Payment is issued direct to your childcare provider. It is a taxable income.
- Full Day is five (5) or more hours per day
- Part Day is less than five (5) hours per day
- "Infant" means a child who is less than one (1) year old.
- "Toddler" means a child who has reached the first birthday up to, but not including, the third birthday.
- "Preschool child" means a child who has reached the third birthday up to, but not including, the sixth birthday.
- "School-age child" means a child who has reached the sixth birthday.

CHILD CARE BILLING STATEMENT

For timely and accurate reimbursement by the Department for Community Based Services (DCBS) Protection and Permanency (P&P), the provider of child care for foster children shall fill out and submit the information on this form on each child that attends your facility on a **monthly basis**. The completed form, including all required information should be submitted with the provider's original signature.

Provider Name: _____

Complete Mailing Address: _____

Phone Number _____ Licensed Certified Registered/Private

Child's Last Name	Child's First Name	Service Mo/Yr	# of days billed	Full Day Part Day	Daily Rate	Total Charges to DCBS
				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day		
				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day		
				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day		
				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day		
				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day		
				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day		
				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day		
				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day		

CERTIFICATION STATEMENT FOR PROVIDER: I certify that the information provided is accurate. Knowingly reporting of false information is subject to criminal and civil penalties.

Signature of Provider _____ Title _____ Date _____

Please remit invoice to: **Cindy McKee / Billing Specialist**
PO Box 39
Vanceburg, KY 41179

Email: CindyL.McKee@ky.gov
Phone: 606-796-2145 ext 109
Fax: 606-796-3595


- **Recruitment Bonus**

- #s 1 and 2 \$100.00
- #s 3 and 4 \$150.00
- #s 5 and 6 \$200.00
- 7 or more \$250.00

As an approved foster parent if you refer another individual to become a foster home, once they are approved you will receive a recruitment bonus. This is for each family that is approved.

- **Tuition Assistance and/or Tuition Waiver** are available for our youth going to college. There are other expenses such as computers that may be reimbursable through other funds.
- **Board** – Child on extended commitment, goes away to college and returns to your home during breaks/weekends, etc.
- **Driver's Education & Insurance** - Youth age 16 to 21 are eligible for up to \$500 to complete state approved driver's education program. As funds allow, cost of increase to insurance for age 16 to 18 may be reimbursed quarterly.
- **Special Clothing Expenditure** – In some circumstances, special clothing can be approved. If there is a sudden an unexpected significant weight gain/loss Pregnancy, birth of child, etc. – this must be pre-approved to be reimbursed.

- **Respite** – normal respite is included in your per diem.
- For Medically Fragile or Care Plus (2 days) or Specialized Medically Fragile (3 days) – additional are reimbursed with receipt.
- You are responsible to pay your respite provider


CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

Andy Beshear, Governor Division of Administration and Financial Management Steven Stack, MD, Secretary
100 South KY Hwy 10, Suite 1
Frankfort, KY 40601
800-438-7000
606-435-6100 fax

By signing this form you affirm that you provided the service to the child you listed on this form. The Cabinet for Health and Family Services, Division of Administration and Financial Management, is reimbursing the parent who has paid for this service.

Foster Parent Respite Accountability Sheet

Child's Name	Date (s) of Service	Amount Paid	Providers Signature

Providers Signature _____
Providers phone Number _____
Parents Signature _____
Date Submitted _____

Please submit this attached to your Foster Parent Billing Invoice monthly for reimbursement.
**For Care Plus and Medically Complex placements only

Kentucky.gov **TEAM KENTUCKY** An Equal Opportunity Employer EEOE

- **Training Expenses:** for trainings that are approved by R&C, Mileage, babysitting, meals, hotel – any fees associated with mandatory trainings. Also covers Foster Care Association meetings, and Adoption Network Support meetings; panel or trainers.

APPROVAL FOR TRAINING EXPENSES

Foster Parent Name: _____
County Foster Parent Resides In: _____
County Training Was Held In: _____ Total Mileage: _____
Date of Training: _____ Training Hours: _____
Title of Training: _____

Babysitting Provided by: _____ Contact# _____
For the following Children: (Foster only)
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Amount Paid to Babysitter: _____
If spouse did not attend training, were they working? _____
If Overnight training – meals provided: _____

Approved: _____
Verified Attendance at training/meeting: _____

Total mileage _____ x _____ mileage rate = Mileage total: \$ _____
Babysitting total: \$ _____ Meals (when applicable): \$ _____
TOTAL REIMBURSEMENT: \$ _____

R&C Approval: _____

R&C Worker Date R&C FSOS Date

TRANSPORTATION

There is mileage already built into the per diem you receive. Any normal day to day transportation is part of your per diem.

Any mileage that exceeds what is included for

- Family visitation
- Court appearances
- Case conferences

Can be reimbursed at the current mileage rate

		Resource Parent Transportation Log		
		<u>August 2019</u> Month/Year	<u>Your Name</u>	<u>Resource Home</u>
Child's Name	Date of Transportation	Destination/Purpose	Number of Miles	
Billy Child	8/1/19	11 State Police Post Rd London KY/Visitation with Family	60 (Round trip mileage)	
Billy Child	8/8/19	11 State Police Post Rd London KY/Visitation with Family	60	
Billy Child	8/14/19	DCBS Office Lexington KY/Sibling visit	120	
Billy Child	8/15/19	300 S KY Ave Corbin, KY/ DCBS Meeting	20	
Billy Child	8/16/19	11 State Police Post Rd London KY/Visitation with Family	60	
Billy Child	8/23/19	Family Courthouse Williamsburg, Ky/Court Date	40	
Billy Child	8/24/19	11 State Police Post Rd London KY/Visitation with Family	60	
Billy Child	8/30/19	DCBS Office Lexington KY/Sibling visit	120	

Total Miles for month per child	<u>540</u>	x	<u>.42</u>	/per mile =	\$ <u>\$226.80</u>
Included in per diem		-			\$ <u>\$102.06</u>
Amount due					\$ <u>\$124.20</u>

Non-Emergency Medical Transportation(NEMT) (Doctor visits, Therapy, Counseling-Medical)

The NEMT program is paid through Medicaid. It reimburses for travel associated with medical transportation paid by Medicaid. Medical, dental, vision, therapy appointments.

Complete the 1 page application and submit it along with your

- Driver's license
- social security card
- vehicle registration
- vehicle insurance.

**Your name and address must be the same on all documents.

Once approved you will get a broker number and you will submit your mileage monthly for reimbursement.

MEDICAL EXPENSES

- **Medications or medical treatment** – All youth that enter foster care are issued a medical card. Most have coverage prior to entering DCBS custody. There are no co-pays for foster children. We can pay for items but only those **denied** by the medical card as a non-covered item, treatment not covered by card if pre-approved. (such as over the counter medications)
- Prior authorizations may be needed by the physician for coverage.
- Please check before paying for medications. You cannot be reimburse for something that will be covered by the medical card.

