Presented by:
Carmen Brown
and
Paula Stokes-Kearney
Our presentation today will focus solely on the preparation of the FY 2016 Operating Budget Forms.

The FY 2016 Budget Application Process will remain unchanged from FY 2015.

Any changes to the financing of programs as a result of the actions of the General Assembly will be posted on the IRC website:

Budget forms can be accessed at:

marylandpublicschools.org/MSDE/divisions/earlyinterv/IRC.html
You should be participating in this meeting because you are responsible for the budget for your organization and program and:

- Your program received its first rate this past year and the Fiscal Year 2016 budget will be the first renewal budget you are doing, or

- You have recently been assigned the responsibility to do the rate budget for a program, or

- You want a refresher since you do this only once a year
The rate process incorporates three major steps:

1. In the first step, the MSDE Rate staff reviews each filed budget, we contact you to correct omissions or errors if necessary. Program budgets are grouped by program type categories.

2. Each program’s budget is compared to the mean of the final budgets of all other providers in the same program type category. Each provider’s intensity score is compared to the mean of the final intensity score of all other providers in the same program type category.

3. The IRC applies a set of rules, the Rate Setting Methodology, to each program to determine the final rate.
WHAT YOU DO?

- **Budget Identification Form**
  Identify the type of budget submitted to the IRC

- **Checklist**
  Submit this completed checklist with the Budget Packet

- **Lease/Mortgage Summary**
  List the address, type of space, capacity and amount of the lease or mortgage and the terms of the agreement

- **Levels of Intensity Score Sheet and SCYFIS Confirmation**
  Describe the Levels of Intensity approved by the licensing agency (refer to the Levels of Intensity Score Sheet). Demonstrate entry of the program’s Provider Profile in the on-line SCYFIS database (refer to the SCYFIS Confirmation).

- **Program Description Form**
  Description of the residential child care program

- **Staffing Pattern Grid**
  Description of a typical staffing pattern for a 24-hour, 7-day week. Include the staffing for the period that school is in session and the staffing provided during the time school is not in session.

- **Treatment Foster Care – Board Rate Computation – Difficulty of Care Computation**
  Compute the proposed **Board Rate** for approval by the Department of Human Resources
  Compute the proposed **Difficulty of Care Rate** for approval by the Department of Human Resources
Cost Guidelines
Defines the allowable expenses for the care of children in out-of-home placement

FY 2016 Levels of Intensity Manual
Provide definitions of the levels of intensity that will distinguish the capabilities of programs. Along with a broad range of information available in the Provider Profile, located in the on-line SCYFIS database; this information will be used to ensure the best possible match between a child’s needs and available service resources.

Levels of Intensity Score Sheet and SCYFIS Confirmation
Instructions for completing the Levels of Intensity Score Sheet and SCYFIS Confirmation Form

Provider Instructions
Guidance in completing the budget application. Before completing the budget forms, carefully read the instructions

Staffing Pattern
Provides instruction for completing the staffing pattern grid for each licensed facility

What’s New
WHAT'S NEW – Identifies any changes/modifications related to the rate setting process
We will look at what’s new and some of the more important aspects of the budget renewal process:

**Due Date:**

Budgets are due no later than Friday, February 15, 2015. If your program needs proof of receipt, please send the budget via certified mail or a delivery service that can provide proof of receipt. Receipts will not be issued for a budget packet(s) hand delivered to the Maryland State Department of Education.

Programs that file a complete budget by Friday, February 15, 2015 will receive a FY 2016 rate prior to July 1, 2015.

Existing programs that file a renewal rate application after February 15, 2015 but before May 1, 2015, will be held to the FY 2015 approved rate.

Renewal rate applications filed on or after May 1, 2015 will not be issued a rate for FY 2016 prior to the expiration of the FY 2015 rate on June 30, 2015.

A program must have a current rate to contract with Maryland State Agencies and Local Management Boards.
FY 2016
PROGRAM DESCRIPTION

- Parent Organization: ____________________________
- Program Name: ____________________________
- Federal ID Number: ____________________________
- Licensing Agency: ____________________________
- Residential License Capacity: ______________ OR _______
- Child Placement Agency Contract Capacity: ______________
- **Program Description:** (Provide a type written description of the program listed above. Please limit your description to 100 words.)

____________________________________________________
____________________________________________________
Budget Identification Form

- **EXISTING PROGRAM:**
  - As a currently licensed program with an existing rate issued by the Interagency Rates Committee, are you requesting a FY 2016 rate renewal? 
    - [ ] Yes

- **NEW PROGRAM:**
  - Is this a rate request for a new program budget (not currently licensed) seeking a license by: 
    - [ ] Department of Human Resources (DHR) Residential Child Care Program – Response to RFP or Statement of Need Required
    - [ ] Department of Human Resources (DHR) Child Placement Agency – No Statement of Need Required
    - [ ] Department of Juvenile Services (DJS) – Statement of Need Required
    - [ ] Department of Health and Mental Hygiene (DHMH) – No Statement of Need Required
New and existing programs must obtain written approval from the appropriate Licensing or Contracting 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

- **Care and Supervision:**
  - Clinical:
  - Educational:
  - Health and Medical:
  - Family Support:

- **Licensing Specialist**
  
  (Signature and Date):
Provider Profile in SCYFIS

- New and existing programs must demonstrate entry of the program’s Provider Profile in the on-line SCYFIS database.

- If you have NOT received instructions regarding this requirement, email scyfis.support@maryland.gov and provide the following information:
  - Name, Phone Number, Parent Organization and address, Program Name and address, Licensing Agency and contact person and License number.

- The above program has completed the Provider Profile in SCYFIS:
  - Licensing Specialist
    (Signature and Date): ________________________________

- **The Budget Package is not complete until this form is returned to the IRC with the dated signatures for both sections.**
Lease/Mortgage Summary for Program Facilities and Office Space

- Organization:  
  
- Program:  
  
- Federal ID#:  
  
- Person Authorized by the Corporation to Sign on its Behalf:  
  
  (Signature and Date):  
  
- For each facility licensed or occupied under this program, list the address, type of space, capacity, amount of the lease or mortgage and the term of the agreement. Programs with multiple sites should list each site on a separate line. Attach a copy of the page(s) of the lease/mortgage agreement that include the site address, the amount of the lease/mortgage and the signature of an authorized person for the organization. It is not necessary to include any other pages of the lease/mortgage agreement other than the pages that include the requested information. Complete this form on the enclosed diskette, print a hard copy of the form and submit it with the requested information.

<table>
<thead>
<tr>
<th>Site Address (Street, city and state)</th>
<th>Site Zip Code</th>
<th>Type of space R= residential O=office</th>
<th>Capacity Should match current license or Square footage for office space</th>
<th>Monthly Lease/Mortgage Amount *</th>
<th>Term of the Lease/Mortgage Agreement</th>
</tr>
</thead>
</table>

* Note – Total annual lease/mortgage amount must equal Budget Form B-2; Line 14.
PLEASE ASK US

Carmen Brown                   Branch Chief
Interagency Collaboration Branch
410–767–0233 or 7197

carmen.brown1@maryland.gov

Paula Stokes–Kearney             Rates Specialist
410–767–0235

paula.stokes–kearney@maryland.gov

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Budget forms can be accessed at:
marylandpublicschools.org/MSDE/divisions/earlyinterv/IRC.html