The follow process helps to define steps to determine the Financial Impact for Residential placements under the FFPSA.

1. Determine the *specified* population
	1. Children placed at residential home, including
		1. DSS Residential Child Care Facilities. A current list available at: <https://files.nc.gov/ncdhhs/documents/files/dss/licensing/rccfacilities.pdf>
		2. Residential Treatment Homes
			1. Level 2, payment is standard board rate
			2. Level 3, payment can be $43 or $33 per day, depending on beds in facility
			3. Level 4, payment can be $40 or $43 per day, depending on beds in facility
	2. Number of Children in each placement that are eligible for IVE Funding AND the placement is expected to exceed 14 days.
	3. Identify and remove any IVE clients that meet the exception due to qualification and placement in an adolescent parenting program.  There should be no impact for these clients when placement is appropriate and coded correctly.
	4. Extended Foster Care clients’ payments are already processed outside of FFPSA guidelines and should not be included in the *specified* population.
2. Determine the monthly trend of placements each period for the *specified* population. Depending on implementation schedule this will allow your agency to determine if or how quickly cost will rise as the federal share decrease to new long-term placements into residential care.
3. Determine the average length of stay for clients in residential homes. As new placements are made this data can help your agency determine an implementation period\*\*.

*For example, if your agency determines that clients typically stay 6 months in residential settings, then the assumption can be made that after six months, all placements in residential will be considered as “new” under FFPSA.*

Only new placements will be considered as an increased cost. However, it is important to note that although a client may maintain an ongoing placement with a Private Agency, if they are moved between facilities, this will be considered **a new placement**.

Estimated Schedule of Cost for the *Specified* Population of **NEW IV-E clients, in residential care, in excess of 14 days:**

For *Specified* PopulationEstimated Cost, per Child, Per Month\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DSS Residential | $4,580  | $747  | $746  | $3,087  |
| Residential Treatment - Level 2 | $698  | $114  | $114  | $470  |
| Residential Treatment - Level 3 | $1,333  | $113  | $318  | $902  |
| Residential Treatment - Level 4 | $1,240  | $709  | $531  | $0  |

 *\*for placements exceeding 14 days*

Example of potential **monthly cost** -

|  |
| --- |
| **During implementation -** County determines the following:  |
|  | For "New" Clients Entering Residential |
| Placement Type | Total Clients | **IVE Clients** | Non IVE Clients | **Federal Share(no longer available)=COST INCREASE** |
| DSS Residential | 2 | **1** | 1 | $3,087 |
| Residential Treatment - Level 2 | 1 | **1** | 0 | $470 |
| Residential Treatment - Level 3 | 2 | **2** | 0 | $1,804 |
| Residential Treatment - Level 4 | 0 | **0** | 0 | $0 |
| *Estimated monthly cost during the implementation period\*\** | $5,361 |
| Cost is determined based on number of IVE clients X Federal Share COST INCREASE |
|  |
| **Full implementation** - all clients in original residential placements on 10/01/2021 have moved |
| Placement Type | Total Clients | **IVE Clients** | Non IVE Clients | **Federal Share(no longer available)=COST INCREASE** |
| DSS Residential | 6 | **2** | 4 | $6,174 |
| Residential Treatment - Level 2 | 1 | **1** | 0 | $470 |
| Residential Treatment - Level 3 | 5 | **2** | 3 | $1,804 |
| Residential Treatment - Level 4 | 0 | **0** | 0 | $0 |
| *Estimated ongoing monthly cost with full implementation*  | $8,448 |
| Cost is determined based on number of IVE clients X Federal Share COST INCREASE |

 ***Please Note: This was a tool to prepare for the change that happened as of 10/01/21. HOWEVER- ongoing, counties will need to make sure they budget residential placements as a 50/50 split only.***