

Extraordinary Payment Request

Use of form: This form is required by DCF 52.68(3), 54.11(3), 57.64(3) for any licensee that is requesting an extraordinary payment in addition to the daily rate established by the Department of Children and Families for a specific child in care. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Please Note: This form is **NOT** for the purpose of determining the Exceptional Rate for the foster parent payment.

Name – Provider / Program

Foundations Health and Wholeness, Foster Care Program

Name – Child for Whom an Extraordinary Payment is Being Requested

Amount for Extraordinary Payment Per Day (*as calculated on supporting documentation)
\$163.92/Day

Time Period for Extraordinary Payment

Length of placement or until weekly contacts are reduced

Provide rationale for the request that includes all of the following.

1. An explanation of the child's service needs that are not accounted for in the daily rate.
See attached
2. Yes No Are the child's service needs paid for by another source; e.g., Medicaid, insurance, SSI, etc.? If "Yes", specify the source. No
3. Provide a breakdown of the additional costs by cost category (as defined per the Provider Cost and Service Report) and the means by which additional services be provided. See attached

The provider must submit additional documentation with a rationale for the request that includes:

- a. An explanation of the child's service needs.
- b. Any services that are not being provided due to economic constraints.
- c. Documentation of the need for additional services by a person with expertise in the child's type of need. This professional must have the appropriate certification or licensure to determine the treatment being requested is proper and necessary to meet the needs of the child.

This form shall be signed and dated by the licensee submitting the request to the Wisconsin Public Purchaser. An electronic signature will be accepted.

Name – Licensee

SIGNATURE – Licensee

Title – Licensee

Date Signed

The residential care center program, group home agency or child placing agency, and any authorized representative shall submit this form to the Wisconsin Public Purchaser for approval. The Purchaser shall approve or deny the request or recommend an alternative to meet the child's needs within 10 working days after receipt of the form.

For Wisconsin Public Purchaser Use Only

Per DCF 52.68(4), 54.11(4), 57.64(4) the Wisconsin Public Purchaser will send the completed form to the Department of Children and Families within 20 days of the approval or non-approval of the request.

Name – County / State agency

Is the request approved or denied? Approved Denied Note: A licensee may not appeal the denial of a request for an extraordinary payment.

If approved, provide the end date for extraordinary payment:

Provide the justification for the determination.

Yes No Is the child enrolled in the Children's Long-Term Support (CLTS) Waivers?
 Severe Emotional Disability Physical Disability Developmental Disability

The signature requested below must be by an authorized Representative. This person must be able to make financial decisions for the agency. An electronic signature will be accepted.

Name – Authorized Representative

SIGNATURE – Authorized Representative

Title

Date Signed
