



**RESIDENTIAL TREATMENT SERVICES PROVIDER
(RTSP) AND CHILD PLACING AGENCY (CPA)
RATES ADMINISTRATIVE REVIEW REQUEST**

State Form 55061 (8-12)

INDIANA DEPARTMENT OF CHILD SERVICES
 Attn: General Counsel, Rate Review
 302 West Washington Street, Room E306, MS 47
 Indianapolis, IN 46204
 Child Support Hotline: 800-840-8757
 Child Abuse & Neglect Hotline: 800-800-5556
 Fax number: 317-234-4633
 E-mail address: DCS.RateReviewAndAppeals@dcs.in.gov
 Web-site: www.in.gov/dcs

INSTRUCTIONS:

To submit an Administrative Review Request, the RTSP or CPA must:

1. Complete Section 1 by filling out all of the requested information.
2. Complete Section 2 by selecting the reason for the Administrative Review Request from the options available and provide a clear, concise statement to support your reason.
3. Complete Section 3 by compiling and submitting the following documents as attachments to this form:
 - a. An itemized statement costs that the RTSP or CPA considers allowable under the provisions of 465 IAC 2-16 or 465 IAC 2-17.
 - b. A detailed statement and related information to support the requested change.
 - c. A copy of the letter from the Department of Child Services (DCS) titled, "Notice of Approved Rate and Right to Administrative Review."
4. This completed form must be mailed to DCS within thirty (30) days of the date on your "Notice of Department of Child Services Approved Rate and Right to Administrative Review" letter.
5. Send the completed form and all required attachments to DCS via email or U.S. Mail at the above address.
6. DCS will not accept or process a request for review unless all required items referred to in this form are completed and attached.
7. No request for administrative review will be acted upon by DCS if the RTSP or CPA has a current license that is in the process of being revoked by DCS.

SECTION 1	
<i>Complete the following information for the vendor corresponding to the cost report being reviewed:</i>	
Cost report identification number	Name of Vendor Executive Director
Name of vendor	County of operation
Address of vendor (number and street, city, state, and ZIP code)	
Telephone number of vendor ()	Email address of vendor
Name of program (list all applicable program names):	
Program service category	Rate listing identification
Current rate	DCS approved rate of which you are requesting a review

SECTION 2
<p><i>Check the reason(s) for your Administrative Review Request:</i></p> <p><input type="checkbox"/> Errors have been made in the cost report submitted to the Department See 465 IAC 2-16-20 (a) or 4651AC 2-17-21 (d).</p> <p><input type="checkbox"/> Errors have been made in the calculation of the rate/administrative payment.</p> <p><input type="checkbox"/> Errors have been made in the determination of the reasonableness of any cost</p> <p><input type="checkbox"/> The determination of the rate/administrative payment by DCS has a material adverse impact on child welfare in Indiana that an existing provider in the State of Indiana cannot adequately address.</p>

SECTION 2 (continued)

Please provide a clear, concise statement in support of the reason(s) selected above for the requested change. If necessary, you may continue your response on a separate document that is clearly labeled as a continuation of your Section 2 response:

SECTION 3

Compile and submit the following documents as attachments to this completed form:

- a. An itemized statement of administrative and indirect costs that the RTSP or CPA considers allowable under the provisions of 465 IAC 2-16 and 465 IAC 2-17.
- b. A detailed statement of related information in support of the requested change.
- c. "Notice of DCS Approved Rate and Right to Administrative Review" letter.

Name of vendor

Signature of Vendor Executive Director

Date signed (*month, day, year*)

Printed name of Vendor Executive Director

Upon proper submission, DCS will conduct an Administrative Review of your submitted written documentation. DCS will mail notice of the review decision to your agency within thirty (30) days of OCS's receipt of this Administrative Review Request Form.

DCS will pay, during the time the review is being conducted, the amount stated in the most recent "Notice of Approved Rate and Right to Administrative Review" letter. If a new rate is calculated based on the Administrative Review, such rate will be retroactive to the effective date stated in the "Notice of Approved Rate and Right to Administrative Review" letter: Any payments made by DCS to your agency after the effective date in the "Notice of Approved Rate and Right to Administrative Review" letter will be adjusted up or down in accordance with the new rate, if applicable, following completion of the Administrative Review.