

Exhibit 5: Provider Reimbursement Rates

Provider Name: _____

Provider Operational Hours: _____

PROVIDER must mark the appropriate box below indicating the appropriate provider type. In addition, PROVIDER must mark whether or not it has a Gold Seal Quality Care Designation. PROVIDER must mark whether it requires the parent to pay the differential between the Reimbursement Rate and Copayment and the private pay rate. Finally, PROVIDER must complete the table below marked “To be completed by PROVIDER.” COALITION will complete the remainder of the Exhibit.

Does PROVIDER have a Gold Seal Designation for children ages 0-5? Yes No

Does PROVIDER have a Gold Seal Designation for school aged children? Yes No

PROVIDER’S Private Pay Rates

(To be Completed by PROVIDER)

CARE LEVEL	(INF) <12 MTH	(TOD) 12<24 MTH	(2YR) 24<36	(PR3) 36<48	(PR4) 48<60	(PR5) 60<72	(SCH) In School	(SPCR) Special Needs If applicable
Full-Time Daily Rates								
Part-Time Daily Rates								
Before or After School Rates	N/A	N/A	N/A	N/A				

If PROVIDER charges a registration fee please check one and provide the amount: \$ _____

One time fee

Annual fee

Other Describe: _____

Does PROVIDER require the parent to pay the differential between the Approved Reimbursement Rate and the PROVIDER’S Private Pay Rate? Yes No

COALITION Maximum Reimbursement Rates
(To be Completed by COALITION)

CARE LEVEL	(INF) <12 MTH	(TOD) 12<24 MTH	(2YR) 24<36 MTH	(PR3) 36<48 MTH	(PR4) 48<60 MTH	(PR5) 60<72 MTH	(SCH) In School	(SPCR) Special Needs
Full-Time Daily Rates								
Full-Time Gold Seal Daily Rates								
Part-Time Daily Rates								
Part-Time Gold Seal Daily Rates								
Before or After School Rates								

Quality Performance Incentive Rate: _____ %

Child Assessment Rate: _____ %

Contracted Slots Rate: _____ %

Cost of Additional Program Assessment conducted by the Coalition: \$ _____

Approved PROVIDER Reimbursement Rate*
(To be Completed by COALITION)

CARE LEVEL	(INF) <12 MTH	(TOD) 12<24 MTH	(2YR) 24<36 MTH	(PR3) 36<48 MTH	(PR4) 48<60 MTH	(PR5) 60<72 MTH	(SCH) In School	(SPCR) Special Needs If applicable
Full-Time Daily Rates								
Part-Time Daily Rates								
Before or After School Rates		N/A	N/A	N/A				

**Note: The Approved PROVIDER Reimbursement Rate PROVIDER will be paid shall not exceed PROVIDER's Private Pay Rates for each category.*

***VPK Wrap Rates will be calculated per child based on the child's full or part time unit of care and the Approved Provider Reimbursement Rates for full or part time care, whichever is applicable, as indicated in the table above.*

Effective Date of Rates Established in This Exhibit _____