

Child Care Fund Reimbursement Program

Frequently Asked Questions FY 2020

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Program Eligibility and Reimbursement	1
Annual Plan & Budget	3
State Pays First	5
Monthly Reimbursements	8
Basic Grant	8
On-Site Reviews	8

Program Eligibility and Reimbursement

What defines an intensive program/service?

An intensive program/service is that in which the worker-to-caseload ratio is not more than 1 to 20 and there is not less than an average of one face-to-face contact per week during the period the case is open for service.

How is “at risk” defined?

For the purposes of the Child Care Fund (CCF) reimbursement program, “at-risk” refers to a youth who is at-risk of out-of-home placement. If the intensive programming was not available for the child and/or their parents, it is likely a formal request would be made to place the youth into foster care or the juvenile justice system. This is due to either the child or parent’s behaviors, which present safety concerns.

From time to time we’re unable to meet with a youth once a week (for example, the youth is unavailable or the caseworker is on vacation). How do we account for this?

The intensive service standard includes *average* weekly face-to-face contacts; intermittent or occasional missed weekly face-to-face contacts may not result in non-compliance with this standard. To mitigate those occasional missed contacts, additional face-to-face contacts (more than once per week) may be made, or a substitute caseworker can conduct the weekly face-to-face while the primary caseworker is on leave. Documenting these additional contacts will demonstrate the average weekly face-to-face requirement during the on-site review.

What about when a youth runs away, or refuses to participate in scheduled contacts?

In instances where missed contacts are not occasional and cannot easily be made up with additional contacts, weekly searches and/or collateral contacts to locate a runaway youth or to meet with non-compliant youth must be documented in the case plan. Collateral contacts include telephone, email, text or in-person contacts with individuals, organizations, or resources relevant to the youth and family (for example school, neighbors, therapists, relatives, etc.). Evidence of these strategies will be considered acceptable when MDHHS evaluates CCF policy compliance during an on-site review.

If a youth is referred to more than one CCF funded program, is the youth required to be seen face-to face by each provider weekly, or just be seen once weekly?

The youth does not need to be seen weekly by each provider when participating in multiple program, but does need to be seen weekly by the caseworker with overall case management for the youth.

Should youth be counted twice if they are temporarily placed in another program during a reporting period? For example, if a youth is enrolled in one IHC program and is temporarily placed in another IHC program for a couple of days, should they be counted in both IHC programs for the month?

Yes. If a youth is receiving services from more than one IHC program in a county/tribe, they should be counted once within each separate IHC program.

Can caseworkers carry both intensive and non-intensive cases and, if so, how do we ensure they don't exceed the 1:20 intensive caseload standard?

Each county/tribe will determine the methodology for calculating their mixed caseload formula based on weekly visit standards. For example, youth are seen weekly in the county as part of an intensive in-home care program, and monthly as part of a non-intensive program. In this example the intensive case requires 4 times the number of visits (one every week, or four visits a month) as the non-intensive case (one a month) – in other words, 1 intensive case is equal to 4 non-intensive cases.

Under this example, a full-time caseworker responsible for 10 intensive cases may also carry 40 non-intensive cases, for a total of 50 cases.

Caseload ratios will be affected and/or reduced based on the caseworker's full- or part-time employment status. Under the previous example, a caseworker working 20 hours a week (half-time or 50%, based on a full-time 40-hour work week) could carry 10 intensive cases and no other intensive or non-intensive cases (50% of 20 intensive cases is 10 intensive cases with no room for other cases).

When a child is placed in foster care and the goal is to maintain them in the same school they attended when removed, are mileage costs reimbursable under CCF to transport them to school?

Youth in foster care were removed from the definition of homeless youth under the McKinney Vento Act and now included in title I funds for education under the Every Student Succeeds Act. The cost for education transportation is covered under either title IV-E or limited term, but only if the youth has been placed in a school district outside of their school of origin and they are being transported back to that school. If/when the youth moves to a new school or switches to the local school district where they are placed, that school district then becomes responsible for transportation.

When a child is in foster care through neglect/abuse, can the foster parent be reimbursed for transporting the child to parental visitation? To sibling visits?

If the child is in foster care and is being monitored by DHHS, then foster parents can be reimbursed for both parental visitation and sibling visitation transportation expenses. This information can be found in MDHHS policy, FOM 903-9.

Can expenses for parents to attend parenting time be reimbursed?

Volunteer transportation, Strong Families/Safe Children or flexible funds should be first utilized for transportation assistance for reunification. Payment of transportation costs for a parent to attend parenting time may not be made from county child care funds unless explicitly identified in the county's annual plan and budget, at which time they are a reimbursable expenditure.

Is mileage a CCF reimbursable expense if I am a county/court/tribal official attending a meeting as a representative of a member association, not as a representative of my county/tribe in CCF-eligible activity?

Mileage or travel when acting in a role as representative of a member association or group, such as the Michigan Association for Family Court Administration (MAFCA), is not a CCF eligible expense. Mileage or travel for individuals traveling for that role/purpose should be charged to the member association or an alternate fund source.

How do we purchase and account for bulk purchases of items such as bus passes and instant drug tests?

Payment documentation must identify the specific youth served. An inventory log must be maintained that shows items purchased with identification of youth that received items. Items not yet disbursed should be maintained in a secure location and agree with the inventory log.

Annual Plan & Budget

Why must the MDHHS local office director sign the DHS-2091 for my county's budget when they don't have a subaccount?

The Child Care Fund Administrative Rules state that "each annual plan and budget shall be certified by the presiding probate judge of the juvenile division, director of the county department, and chairperson of the county board of commissioners or county executive."

Although the local MDHHS may not have a subaccount, they are still responsible for some of the services and out-of-home placements that are supported with CCF monies. It is important to consistently communicate how much has been budgeted for specific out-of-home placement types. In the event the MDHHS local office sees a notable placement trend or high-expense residential placements that might surpass the amount budgeted, the local office director will have a frame of reference regarding how much money was budgeted and when to alert the court of a possible budget overage.

Can caseworkers work across IHC programs without being included in the budget?

A caseworker can work across IHC programs only if they are included in the approved annual plan and budget. An exception to this would be when a non-IHC caseworker is temporarily covering for an IHC caseworker who is on leave or holiday. If the non-IHC caseworker becomes the primary caseworker, an amendment to the budget must be completed to include the caseworker.

Can we use CMH dollars to cover half the funding for a program, and then be reimbursed for the other half that the county would otherwise be paying for, basically doubling the CMH dollars?

CMH dollars – or other funds received from local, state or federal governmental entities – are not eligible for reimbursement by the Child Care Fund. However, these funds may be used to offset or supplement the total cost of the program.

How do closed-end contracts work with regard to CCF reimbursement?

Generally, when a county/court/tribe has a closed-end contract with a service provider, the contractor has a target number of youth they believe they can serve each month for the monthly/quarterly/annual amount they are charging. This information is customarily provided in contract language.

The CCF Handbook states that *“Closed-end contracts must include a report reflecting number of children served; CCF reimbursement is not allowed for contracted services not actually rendered.”* If the expressed established # of youth served threshold is not met, some type of year-end reconciliation would occur regarding how many children were *actually served* and how much of the contract was used as a result. At the time of an on-site review, we would look for evidence of the reconciliation and the methodology used to conduct it.

Can the court/tribe enter into a contract for their juvenile justice youth at an agreed-upon rate for their institutional care placements?

Yes, the court/tribe does not need to adhere to the state-established rates or contracts, and may negotiate a rate with any institutional care placement. These contracted amounts must be included on the court/tribe’s MDHHS-5731.

Can the County Juvenile Officer Grant (CJO) salary be included in an IHC program?

The portion of the County Juvenile Officer’s (CJOs) salaries that support the CCF IHC program that are not already covered by the CJO grant can be applied to an IHC program.

Do the courts/tribes need to complete the Abuse/Neglect portion of the out-of-home care section of the 2091, since these expenditures will be paid first by MDHHS under State Pays First?

No. Under State Pays First (SPF), MDHHS is paying 100% of costs associated with out-of-home care for abuse/neglect youth. The 50% cost match owed by the county will appear on their chargeback report at a later date. Fiscal planning for this amount should be included in whatever chargeback planning the county/court/tribe is currently providing to their commissioners. This section of the 2091 has been determined to be optional for the courts/tribes to complete, however, and can be completed to include the anticipated 50%

contribution if it is helpful in determining the overall budget. Any amounts included in this section do not affect the bottom line of a county/tribe budget.

Why is it important for budget amendments and fiscal year-end projections to be completed timely?

MDHHS receives a line-item appropriation each year in its budget from the Legislature for the purpose of Child Care Fund reimbursements. Because this is a fund source specifically appropriated its own line, additional funds cannot be added to this amount without the Legislature's approval, and MDHHS must monitor to ensure the total expenditures do not surpass the amount appropriated in the CCF budget line.

Must counties/tribes pay unlicensed relative placements for juvenile justice-only youth?

MDHHS began paying eligible unlicensed relatives caring for abuse/neglect youth on 4/1/19. Payment to these unlicensed relative caregivers, as well as any private agency foster care (PAFC) supervising the case, is paid entirely out of state funds, and not charged back to the county. Counties/tribes may choose to pay unlicensed relatives caring for juvenile justice-only youth; if they do, the amount is reimbursable and should be included on the 207.

State Pays First

What is State Pays First?

State Pays First (SPF) is a new initiative in response to Senate Bill 101 that amends PA 280 (1939), which requires the department to pay expenses for children under department supervision, and then be reimbursed by the county. This applies to both abuse/neglect and juvenile justice youth under department supervision. It does not impact juvenile justice youth under court supervision. The effective date for implementation of SPF is 10/1/2019. There will be changes in MiSACWIS and the department's technology rolling out in the months leading up to that date.

What are the changes to the FY20 budget forms?

Changes to the FY20 budget forms are specific to the abuse/neglect population. Counties will not be required to provide MDHHS the budget for the costs for this population. However, there is a section on the 2091 that would allow the counties to provide their 50% cost estimate rather than their 100% expenditure as in previous years. This is not mandatory, but can be used to capture information for budgeting purposes. The 2091 will include separate lines specifically for out-of-home care programs for abuse/neglect youth and JJ youth, whose expenditures will continue to be paid as with the current process, 100% by counties up front with 50% reimbursement by the department.

How will foster care providers be paid?

Foster care providers will be paid via MiSACWIS in the same manner that MDHHS pays when the child is IV-E or SWBC funded. Additional information will be provided by MDHHS staff to ensure that all providers are prepared for implementation.

If a foster parent currently being paid directly by the county is suddenly not receiving payments after SPF goes into effect, can the county/tribe pay the foster parent directly to avoid an interruption in payment, and then request reimbursement from the state?

No. The county/tribe should not pay a foster parent directly after 10/1/19, when SPF goes live. This sets up the possibility for duplicate payments – from both the county/tribe and MDHHS – and creates the need for recoupment from the foster parent. If a foster parent is not receiving timely payment, they should contact their foster care worker directly. Courts/tribes should encourage those foster parents they currently pay directly, to contact their MDHHS foster care worker prior to 10/1 to ensure they are enrolled in the MiSACWIS and SIGMA systems and are set up to call in to and use the Interactive Voice Response (IVR) system.

How will SPF affect the 10% administrative rate?

The 10% administrative rate will continue to apply to direct expenditures only. Thus, counties will see a reduced amount overall as expenditures for abuse/neglect youth will no longer be included on the 206b/207.

Will there continue to be a 206b?

For MDHHS foster youth, items such as clothing and holiday allowances will be paid through MiSACWIS, so there will be no need to bill them on the 206b. Parental and sibling visitation will also be paid through MiSACWIS. The only exceptions would be for some counties that use IHC programming to pay for services that don't meet state foster care policies for abuse/neglect youth, those could continue to be paid through the 206b. Additionally, prior year expenses that are still eligible to be paid and reimbursed will not be paid through MiSACWIS. The county may elect to set up a 206b line to accommodate those as well.

Will the counties receive a bill for their 50% portion, or will this be part of the monthly chargeback?

A new chargeback report is being developed that will be similar to the existing report but will identify charges or credits based on category. A ledger detailing all of the charges or credits will also be included. There are two different rates being applied (50% county/state share, and chargeback related to SWBC funding); the new report will have them separated so calculations are clear. MDHHS and counties are exploring whether an offset or a direct bill is desirable and will update at a later point.

How will revenue received be reported in situations where it would otherwise be reported on the 206b? For instance, if a foster parent is paid twice and they return the overpayment, it's currently reported as revenue on the 206b.

Anything paid through that process would appear on the 206b, but abuse/neglect charges will be paid by the state, so if a recoupment is required it will appear as a credit on the offset report. Any recoupments for payments that were previously paid by the county would continue to be reported back through the 206b/207.

How are we going to keep up on overpayments and corrections? It can take a significant amount of time to find these and get them paid.

Part of this initiative is better efficiency around timeliness, reporting, error detection, and correction, and we're looking to increase and maximize resources. We are also designing a

module where counties can review the chargeback/offset in real time to allow for communication ahead of time for anything that doesn't look right. We are proposing a 30-day window in which the counties could review charges prior to a finalized offset being created. Additionally, once MDHHS collects overpayments from a provider the county would be reimbursed for their share.

Will it be possible to view title IV-E cases on a report in the new chargeback system?

The chargeback reports will be inclusive of CCF or SWBC funded children, but MDHHS is working on additional views or reports in MiSACWIS to support the county's/tribe's needs.

How will child support and SSI be handled? Those are currently being reported as revenue on the 207.

For abuse/neglect youth, the state will become the payee for any government-ordered support, such as FOC orders and SSI. There will be no need for the county to report this as revenue on their 207. On the chargeback report, if the SSI covers the total cost of care, then there's no obligation for the county. If the SSI reduces the amount of care, but does not cover it complete, then the remainder would be the amount split between county and state. This will clearly show on the chargeback report, as a child with a \$0 cost share or a reduced cost share. The county will remain the payee for court-ordered support where their administrative fees apply.

What's the benefit of the state collecting the FOC and SSI? Without being involved as the payee we won't know what amount the state will be receiving and could in essence be double-charging the families the cost of care without knowing how much money is being redirected to the state. This will make it harder for the county to track those payments.

As the state will be funding these costs first, it is necessary to understand funding for each child in order to produce the necessary reimbursements and reconciliations. There will be an indicator in MiSACWIS for youth with government-ordered support to switch the payee to the state, thus allowing the state to visualize and apply these benefits to funding, before requesting reimbursement from the county. This will allow the state to completely reconcile benefits and other funding prior to requesting the obligation from the county.

If year-end payments are not completed prior to 9/30, will the county still be responsible for these charges on 10/1 or will they be paid through MiSACWIS?

The county will maintain responsibility for any expenses incurred for service dates prior to 10/1/19, and charges should flow through the 207/206b. Any expenses incurred on or after 10/1/19 will be paid out of MiSACWIS.

Monthly Reimbursements

When the amount of SSI or RSDI the court receives for a child is higher than their cost of care, should the child's placement be included on the monthly 207 report? What should happen to the leftover funds?

If the amount is higher, the child's placement should not be included on the monthly 207. The governmental benefit should be kept to credit that youth's placement and care costs for the month. If there are leftover funds, an account for the child should be created for the remainder of the month.

Funds in the account can then be used for something the child needs beyond what is paid or, at the end of his/her time in care, the money could be returned to the Social Security Administration. For more information, please review SSI and RSDI rules on the Social Security Administration's website.

Are Child Care Fund reimbursements federal money?

No, there is no federal funding for child care fund reimbursement; it is from the state of Michigan's General Fund. MDHHS does, however, have federal claiming/reporting responsibilities related to child care fund expenditures and is therefore bound to certain federal claiming requirements.

Basic Grant

Are basic grant payments being offset by accumulated chargebacks?

The basic grant payment is never offset by other charges for any reason. If the county owes the state, the county will still receive the full basic grant payment regardless of what is owed to the state.

Can the CJO salary be combined with the basic grant?

The basic grant cannot be used to supplant or duplicate existing service cost or to pay for any judicial functions that are the responsibility of the court.

On-Site Reviews

Is the objective of the on-site review to evaluate the efficacy or usefulness of CCF eligible services?

No, the purpose of an on-site review is to assess whether the county, court or tribe was compliant in the following areas:

- Recording and reporting revenues and costs that were accurate and allowable according to CCF state laws, regulations and departmental policy.
- General Employee requirements in accordance with Supreme Court Administrative Orders and CCF departmental policy.

- Basic Grant, In-Home Care and Out-of-State Placement requirements according to CCF state laws, regulations and departmental policy.

What items are looked at during an on-site review?

The fiscal review includes a review sample in areas such as non-payroll expenditures, payroll expenditures, and revenue reporting.

Compliance with CCF reimbursement eligibility requirements is also evaluated at an on-site review. Sampled areas of review can include employee qualifications, out-of-state placements, in home care youth case files, and basic grant youth case files.

Is it necessary to document or log mileage and non-scheduled payments by child to support requests for reimbursement of that type during an audit?

Yes. CCF eligibility very clearly requires the intensive services to be specific to a child or an approved program. The only way to verify compliance with this requirement is the ability to maintain an ongoing process by which the county/court/tribe can collect and later produce documentation for audits which support the reimbursement eligibility.

What are some examples of acceptable documentation to support program-specific mileage (that which is not child-specific) or non-scheduled payments purchased in bulk?

Acceptable documentation for mileage expenditures that are not child-specific would include a log that details the purpose or reason for the mileage in a trip description field. This should be easily identifiable to the program.

For non-scheduled payments that are purchased in bulk (for example, rewards and incentives for youth, or bus tokens and gas cards related to program activities), a log should be kept with identifying information on the items purchased, youth receiving the item, and the remaining inventory on hand. See the example below:

Purchased 4 bus passes Date XX/XX/XXXX Amount \$XX.XX

Bus Ticket Log

Bus Ticket #	Type	Youth Identifier
1234	1 bus ride	Jane Doe
1235	1 bus ride	John Doe
1236	1 bus ride	
1237	1 bus ride	

In the example above, two bus passes have been provided to eligible youth in the program. Reviewers would expect to be able to see ticket 1236 and 1237, upon request and presented as part of supporting documentation with the invoice during an onsite review.

How does the review team determine what counties will be reviewed each year? How often is the rotation of reviews?

MDHHS utilizes an annual risk assessment to determine which courts or tribes to visit for an on-site monitoring review. The risk assessment considers a variety of factors identified by

MDHHS. MDHHS then develops a scoring scale for each factor and adds up all the factor scores to develop an overall risk assessment score. Typically, at least 20 courts or tribes with the highest scores on the risk assessment are selected for an on-site monitoring review for the upcoming year. The goal is to perform an on-site review at least once every 4 years for each court or tribe. However, certain risk factors may result in more frequent or less frequent reviews for a court or tribe.

Our county is moving towards a paperless system, and our files are being scanned and held electronically. Can we use these scanned records/documents for the on-site review, or are we required to keep the paper documentation?

Electronic-only records are acceptable. The on-site reviewers will need access to computer terminal(s) with the paperless system, and at least a demonstration of how to operate the program(s) to locate the information needed for the review.

Why is my County Commissioner sent a copy of a CCF On-Site Review Findings report?

Chapter 400 of the Michigan Compiled Laws (MCL), entitled the “Social Welfare Act”, provides specific language regarding juvenile justice services and CCF reimbursement. Sections 400.117c (1) and 400.117c (4) require the county commissioner and county treasurer have a role in the designation and recording of CCF-reimbursable accounts. Child Care Fund Administrative Rule (R 400.2008) requires the chairperson of the county board of commissioners to certify the Annual Plan & Budget. The on-site review final report is shared with the county commissioner because of their expected role in authorizing the budget and oversight of the financial accounts.