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	Subject/Title: FY 13 Family Incentive Grant																
	Distribution: <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> DHS Child Welfare Staff</td> <td><input checked="" type="checkbox"/> BCAL</td> </tr> <tr> <td><input checked="" type="checkbox"/> Private Agency Child Welfare Staff</td> <td><input checked="" type="checkbox"/> CWTI</td> </tr> <tr> <td><input checked="" type="checkbox"/> CSA Central Office Managers/Staff</td> <td><input type="checkbox"/> SACWIS</td> </tr> <tr> <td><input checked="" type="checkbox"/> Native American Tribes</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Data Management</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> DHS County Directors</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Adult Services Staff</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> DHS Child Welfare Staff	<input checked="" type="checkbox"/> BCAL	<input checked="" type="checkbox"/> Private Agency Child Welfare Staff	<input checked="" type="checkbox"/> CWTI	<input checked="" type="checkbox"/> CSA Central Office Managers/Staff	<input type="checkbox"/> SACWIS	<input checked="" type="checkbox"/> Native American Tribes		<input type="checkbox"/> Data Management		<input checked="" type="checkbox"/> DHS County Directors		<input type="checkbox"/> Adult Services Staff		<input type="checkbox"/> Other:
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Public Act 200 of 2012, Section 574(2) reallocated \$375,000 to support family incentive grants to facilitate initial licensure of a home (recruitment) or licensure renewal for an existing foster family home (retention) through DHS for appropriate home improvement expenditures. For fiscal year (FY) 2013, the act continues to allow for payment of physical exams for the foster family applicants.

The funds are available to all public and private foster care child placing agencies and their providers on a "first-come, first-served" basis for FY 2013 (October 1, 2012 through September 30, 2013). Once the funds (\$375,000) are exhausted, the reimbursement of payments to facilitate licensing will end. It is anticipated that the family incentive grant (FIG) funds will be utilized to the full potential intended. This informational memorandum provides updated information and clarification on the FIG usage, eligible items and reimbursement process.

Eligible Services or Purchases

The funds can only be used to assist with a home improvement purchase or service to facilitate the licensure of a foster home or for payment for the required physical exam for the licensing applicant. The prospective foster parent must be enrolled with the Bureau of Children and Adult Licensing at the time of funding request. Examples of appropriate purchases/services from recent reimbursements include window egress installation, extermination, well repair, door frames, bathroom plumbing, electrical service, stairway hand rails, gun lock box, carbon monoxide/smoke detectors, and beds and mattresses for newly recruited foster homes. The reimbursement limit for beds, mattresses, and cribs remains at \$300 per foster family. However, for relative licensure, there may be special circumstances warranting an exception to this amount.

Ineligible Expenditures

FIG funds cannot be used for the following items:

- Portable cribs or play yards.
- Bassinets.
- Animal vaccinations.
- Physical exams for anyone other than the foster parent applicants (does not include other household members).
- Security deposits for rentals or utilities.
- Interpreters.
- Transportation costs or vehicles.
- Replacement of dirty or worn carpeting.

- Dressers or other furniture (other than the beds and mattresses as described above).
- File cabinets or fire-proof boxes.
- Bedding (which includes sheets, blankets, pillows, crib pads, and all other bed linens).
- Personal needs.
- Infant supplies including outlet covers, cabinet locks, and baby gates.
- Any other item that is not a home improvement required for licensing.

If you require clarification of fund reimbursement eligibility for a specific home improvement item or service, contact Mary Somma at sommam@michigan.gov for assistance. Payment vouchers submitted for ineligible items will be denied reimbursement for the ineligible expenditure amount.

Funding Cap

To assure the funds are maximized to the full benefit intended, the cap on fund expenditures remains \$500 (except for beds, see above) as in FY 2012. While a funding cap was established to support equity and availability among counties and agencies, there is an exception process in place for home improvements over the \$500 limit.

Exception Process

An exception process is required for all eligible reimbursements over the \$500 cap. Exception requests must be made in advance and submitted in writing in the form of an electronic memo to ensure appropriate fund expenditure and reimbursement availability. Please note that the exception request must include:

- Requestor name, agency, phone number, and email address.
- Full name (first and last) of foster family. If foster parents are a couple, include both foster parent names.
- For prospective foster parents provide the enrolled license number.
- Indication if the foster family is a relative family or a licensed foster family.
- Item or services required to complete the licensing process.
- Specific licensing rule currently in non-compliance which will be rectified by the expenditure.
- Exact cost of the eligible home improvement item/service.
- Estimated time for completion of the improvement.
- Each foster child's name, DOB, gender, permanency goal and progress to that goal.
- Two estimates for any exception request over \$1,500.

Email the exception request to sommam@michigan.gov for review. Identify the exception request in the subject line of the email with the foster family name/DHS County Office or private agency/FIG Exception. A response to the request will be submitted as a return email within 7-10 business days.

Receipts

Verifiable receipts with a legible date of purchase are required for reimbursement. Written estimates cannot be used as a receipt. Receipts must reflect appropriate purchases or services within the current fiscal year. Items not essential to the home repair project on the receipts are excluded from the reimbursement total. All verifiable receipts must document the entire expenditure or service has been paid in full and clearly document balance due is zero. A physician's office or medical clinic receipt with the applicant's full name is needed for reimbursement for physical/medical exams. In addition, documentation must be provided that states the physician's office or medical clinic conducted a physical/medical exam for each foster parent applicant.

Supervisor Oversight

Oversight by foster care/licensing supervisors is required to ensure the appropriate use of funds, including verification that an expenditure is eligible for FIG reimbursement. It is important to ensure that relatives being licensed will be caring for children over a time period that warrants the expenditure.

Payment Process: DHS Licensed Homes

The foster parent or contractor providing the home improvement item or service is reimbursed first from county funds. Payment authorizations for home improvement items/services are processed using a Local Payment Authorization (DHS-1291) form, whether or not the purchase is for a prospective foster home (recruitment) or a currently licensed home (retention).

It is crucial that each purchase is appropriately and accurately specified with the correct funding account source.

As in previous years, there are two separate accounts for Section 574(2) to designate appropriate funding for the expenditures:

1. **Title IV-E** claimable or
2. **General** (non-title IV-E claimable) expenditures.

Title IV-E claimable purchases are for the following items only:

- Physical exams for foster parent applicants.
- Beds and cribs, including mattresses.
- Carbon monoxide and/or smoke detectors.
- Trigger locks or lock boxes for guns.

Other home improvement purchases or services can still be made using the general fund specification. Purchases for a prospective licensed family may include both title IV-E and general fund purchases. For example, funds may be used to purchase a carbon monoxide detector (title IV-E eligible) and to replace a broken window (NOT title IV-E eligible). Two separate DHS-1291 purchase authorizations **must** be submitted: one DHS-1291 for the detector (title IV-E funding), and the other DHS-1291 for the window (general fund).

DHS FC Worker Responsibility – DHS-1291

1. The county and worker number must be entered in the appropriate boxes (#10-13).
2. Box #17, check "Other (Specify)" and enter "FC Licensing Incentive Home Improvement." **Indicate the specific funding account** of the purchase/service, as instructed above ("**title IV-E**" or "**General**").
3. Box #18: indicate "State Reimbursable Funds."
4. Box #20, 21, 22, & 24: list the name and address of the person or vendor to whom the check or purchase order will be sent, including the SS number (individual) or Federal Employer ID number (business).
5. Box #23: list the specific goods or services authorized. Indicate if expenditure is for a relative or non-relative licensed home. **Please include full foster family name if not payee in box #23 or #38.**
6. Attach original receipt or copy, invoice or request for purchase order to the DHS-1291.
7. Submit completed DHS-1291 form along with the authorization documents (receipts/invoices/purchase order request) to the supervisor for approval.
8. **Exceptions**-Include copy of approval email.
9. Forward the completed DHS-1291 with the supervisor's signature and attachments to the local fiscal office.

DHS Supervisor Responsibility – DHS-1291

The local office foster care/licensing supervisor reviews the DHS-1291 and receipt/invoice/purchase order to verify appropriate home improvement purchase/service and amount of expenditure and to ensure accuracy for specified funding account. The DHS supervisor also reviews the DHS-1291 to ensure the worker specified that the expenditure is for a relative or non-relative foster home.

DHS Local Office Fiscal Responsibility

1. Process the DHS-1291 as usual to issue payment to payee/vendor.

2. Prepare [DHS-1582](#), Payment Voucher, using the coding below for each funding source to obtain reimbursement:
 - Family Incentive Grant: Title IV-E Eligible - Index Code 64450, Program Cost Code 72562
 - Family Incentive Grant: General - Index Code 64450, Program Cost Code 72563
3. For either funding source, the AOBJ (Grp05) are coded as follows:
 - Purchased services, 6125.
 - Title IV-E expenditures (except health related services), 6245.
 - Purchased health related services (for physical exams only), 6114.
4. Box #11 N.I.G.P. Commodity Code for all funding is FTR-16-32.
5. Box #12 Vendor Invoice Number on the DHS-1582 must include the two letter count identifier and the six digits from the warrant.
6. Box #14 - Message/Notepad must include the full name(s) of the foster parent(s).
7. Box #18 - Description of Item or Service box must be completed to accurately reflect item or service purchased (i.e. match invoice/receipt).
8. Box #21, 23 - **Contact Person Name** is Mary Somma, (517) 373-9171, GTB #510. DHS Central Office Accounting requires the contact person information within DHS Central Office for this fund.
9. Box #24/25 - Authorized Approval Signature of DHS employee are for Central Office Use only.
10. Box #26 must be entered with the following name **only**: Nancy Rostoni.

Mail the DHS-1582 along with all payment documentation; copies of DHS-1291, checks/warrants, receipts/invoices and exception memo/approval (if applicable) for processing to address located at the end of this memo.

Process for Wayne County DHS (only)

Wayne County DHS does not reimburse the county treasurer, as the county does not have a Social Welfare fund. Therefore, the reimbursement process for Wayne County DHS is different. The payment is processed directly into MAIN. However, all Payment Vouchers, DHS-1582, require initial review by the DHS Foster Care Program Office within Central Office (FCPO) for eligibility, tracking and monitoring of the funds. **Prior to submitting a FIG reimbursement**, the payment voucher must first be submitted to the DHS Program Office for the review. Once the Program Office has completed the review, the voucher will be faxed back to the Wayne County DHS worker for payment processing. For the review and tracking process, Wayne County must fax the DHS-1582 to Mary Somma @ 517-241-7047. Include the DHS worker name and fax number for return. The FIG reimbursement process for Wayne County is for homes licensed by DHS. The instructions specific to FIG expenditures, eligibility, receipts and exception requests remain applicable. If the relative home is referred to a private agency for licensing, the private agency is to reimburse the relative home as indicated below.

Payment Process: Placement Agency Foster Care Providers (PAFC)

The instructions specific to expenditures, eligibility, receipts and exception requests are applicable to the PAFC providers. Placement agencies are also required to first reimburse the foster parent or service provider and then submit the payment documentation to DHS Foster Care Program Office for reimbursement to their agency.

Reimbursement will be made to PAFC providers, provided that the appropriated funds are available, with the following documents:

- Receipt or invoice for eligible item or service (must include the foster home applicant name).
- Invoice on agency letterhead billing DHS for the amount indicated on the receipt. The agency invoice must include the full name of the foster parent(s), the item/service expenditure and a **unique invoice number** (entered in box #12 on the DHS-1582).
- Copy of the agency check reimbursing the foster parent or contractor.
- DHS-1582, Payment Voucher with the agency mailing address and federal ID number. Complete boxes #14, 18, 21, 22, 23 as noted above.

- **Exceptions** - Include copy of approval email, not entire email chain or additional copy of the exception request.

Process the DHS-1582 as soon as payment has been made to ensure prompt reimbursement and to assist with the timely monitoring and tracking of expenditures for the state.

Incomplete or incorrect authorizations will be returned for correction. The Foster Care Program Office will forward all correct Payment Vouchers, DHS-1582, with the supporting payment documentation to DHS Central Office Accounting for processing.

Submit all required reimbursement documentation to:

Mary Somma, Departmental Analyst
MDHS, Suite 510
Foster Care Program Office
235 S. Grand Ave.
Lansing, MI 48933
Fax: 517-241-7047

PAYMENT VOUCHER
Department of Human Services

FOR DHS ACCOUNTING USE ONLY

Voucher Number

Instructions:

* See Reverse Side for Non-Discrimination Statement and P.A. 431 Information

1. a. Payee / Vendor Names			3. Department Code 4 3 1			4. Audited	5. Due Date
b. Supplemental Name (If Applicable)			6. Payee Type (Check One)			6A. Federal Employment ID No.	
c. Supplemental Address (If Applicable)			<input checked="" type="checkbox"/> BUSINESS → 2			6B. Social Security No.	
d. Delivery Address (If Applicable)			<input type="checkbox"/> INDIVIDUAL → 3			7. Purchase Order Number	
e. City			f. State	g. Zip Code		8. Address/Mail Code	9. Date Prepared
h. Country (If Other Than U.S.)			2. Special Handling Needed? <input type="checkbox"/> NO <input type="checkbox"/> YES			10. Vendor Signature (To be signed if invoice is not submitted) Date	

11. Voucher Description: 32 Characters (Information Vendor Needs to Identify Payment)

12. Vendor Invoice No. 14. Message/Notepad: (Additional Information to the Payee, If Needed)

13. Blanket Purchase Order No.

15. This Area is Reserved for Intradepartmental Information

16. N.I.G.P. Commodity Code	17. CS-138	18. Complete Description of Item or Service	19. Item Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$

21. Contact Person Name	22. Phone No. ()	20. Voucher Total \$
23. Location / Address		

I certify that these expenditures were pre-approved and necessary to accomplish the DHS mission according to the executive directive criteria. The most cost effective option available and that the items claimed represent proper charges.
Check one box only. 1. Legal Mandate 2. Health & Safety 3. Budgetary Savings 4. OPR Supplies/Services/Travel

24. Authorized / Approval Signature of DHS Employee Date	25. Authorized / Approval Signature of DHS Employee Date
26. Print Name Date	27. Print Name Date

28. Distribution Method:	29. Agency Code	30. Approp. Year	31. Index Code	32. Program Cost Account (PCA)	33. Agency Object Code (AOBJ)	34. Agency Code AC2	35. Distribution (Dollar Amount)
A. <input type="checkbox"/> SINGLE	431	2 0					\$
	431	2 0					\$
B. <input type="checkbox"/> MULTIPLE (Enter Dollar Amounts in Column 35)	431	2 0					\$
	431	2 0					\$
	431	2 0					\$
	431	2 0					\$

36. Total → \$

INSTRUCTIONS

IMPROPER OR INCOMPLETE PAYMENT VOUCHERS WILL BE RETURNED AND REQUIRED

RESUBMISSION. It is especially important to assure that the account coding structures are accurate and that the payment voucher has proper authorized signature(s). **NOTE:** Remove all paper clips and staple the original vendor invoice, billing, etc., to the back of the DHS-1582 Payment Voucher. **DO NOT** attach payment envelopes, payment stubs, or additional copies of the DHS-1582 to the payment voucher. Payment Vouchers submitted without the original documentation require two PAL (Payment Authorization Listing) signatures. Print clearly or type payment voucher.

- 1a. Enter **FULL** legal name of business or **FULL LEGAL** name of individual.
- 1b. Enter supplemental name.
- 1c. Enter supplemental name.
- 1d. Enter address where payment will be sent. **DO NOT** address payments to DHS address in accordance with DMB policy.
- 1e. Enter city name in full.
- 1f. Enter the two-character abbreviation only.
- 1g. Enter either 5 or 9 digit zip code.
- 1h. Central office use only.
2. Central office use only.
3. Enter 5 digit department code after the 431#.
4. Central office use only.
5. Central office use only.
6. Enter payee FEIN#.
- 6b. Enter payee Social Security number.
7. Enter Purchase Order number if applicable.
8. Enter mail code if known or check ADPICS.
9. Enter date prepared.
10. If an invoice is not submitted, vendor **MUST** sign here.
11. Enter information needed by the payee to identify the payment, i.e., account number, names of persons or program for which payment is being made.
12. Enter vendor invoice number. This box **MUST** be filled out. If no invoice number is applicable, use date of service, receipt number, account number, etc.
13. Enter Blanket Purchase Order number if applicable.
14. Enter Message/Note Pad additional information to payee that will appear on the check stub or note pad.
15. Enter information important to the department.
16. Enter N.I.G.P. Commodity Code. **DO NOT** leave blank.
17. Enter CS-138 number if the commodity code being used in Box 16 starts with the number '9'. For assistance, please see state intranet site http://www.michigan.gov/mdcs/o,1607,7-147-6879_9331---,00.html
18. Enter Complete Description of item or service.
19. Enter amount.
20. Enter total dollar amount of payment voucher.
21. Enter full name of contact person.
22. Enter phone number of contact person.
23. Enter location/address of contact person.
24. Signature of authorized DHS employee from the PAL (Payment Authorization Listing). **DO NOT** use black ink. Signature must be exactly as it appears on payment authorization list. Person signing must not have authorized procurement. When signing the voucher you are verifying that the expenditures were pre approved and necessary to accomplish the DHS mission according to the Executive Directive criteria. You must check only one of the 4 categories certifying that costs have been incurred in accordance with the Executive Directive 2007-17.
25. Second authorized PAL signature is needed if original invoice is a copy or fax.
26. Authorized signer **CLEARLY PRINT** name.
27. Second authorized signer **CLEARLY PRINT** name if applicable.
30. Enter appropriation year.
31. Enter index code.
32. Enter program cost account (PCA).
33. Enter agency object code.
34. Enter AC2 code if applicable.
35. Enter dollar amount.
36. Enter total dollar amount of payment voucher.