

 <p>Michigan Department of Human Services</p> <p>CSA</p> <p>Children's Services Administration Communication Issuance</p>	Type: <input type="checkbox"/> Informational Memorandum (IM) <input checked="" type="checkbox"/> Program Instruction (PI) <input type="checkbox"/> Policy Guide (PG)	
	Issuance Date:	Obsolete Date: N/A
	Response Due: N/A	
	Log No.:	
	Contact: Julie Jackson at Jacksonj13@michigan.gov	
	Originating Office: Federal Compliance Division	
	Subject/Title: DHS-400, Child Welfare Funding Specialist Monthly Report	
	Distribution: <input checked="" type="checkbox"/> DHS Child Welfare Staff <input type="checkbox"/> BCAL <input type="checkbox"/> Private Agency Child Welfare Staff <input type="checkbox"/> CWTI <input type="checkbox"/> CSA Central Office Managers/Staff <input type="checkbox"/> SACWIS <input 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:	

The DHS-400, Child Welfare Funding Specialist Monthly Report, is an important data collection tool used regarding title IV-E eligibility statewide. **Effective June 1, 2013**, the Child Welfare Funding Specialist (CWFS) must complete the DHS-400 within the [Federal Compliance Division's \(FCD\) SharePoint site](#). The DHS-400 continues to be due on the 15th day of the month following the report period. This report must be completed for each county individually to ensure that the data collected is accurate. The data collected is used in part to determine the effectiveness of the CWFS positions. The data is also used by FCD to determine what additional training and technical assistance is needed. The **draft** DHS-400 is attached to ensure that all needed June 2013 data is collected.

Helpful Hints for Completing the DHS-400 in SharePoint

From the FCD SharePoint home page, select CWFSForms which will take you to the updated DHS-400.

- Home
- Pictures
 - Images
- Documents
 - Shared Document
 - Source Infopath Forms
 - CWFSMonthlyReport
 - CWFSForms**
 - Site Pages
 - CWFSForms-New

When the county is selected the appropriate CWFS worker and CWFS supervisor names should appear. If they do not, contact FCD at dhs-federalcompliance@michigan.gov to update this list. These names are populated from the CWFS Worker List on the FCD SharePoint site. Please check this list regularly to ensure that your county is accurately reflected. To make changes to this list, contact FCD at dhs-federalcompliance@michigan.gov.

Several fields in the form will calculate. For example, in Section B, all the entries must equal the **Total eligible by not title IV-E reimbursable** box. Once the **Unlicensed provider** and **Limited-term due to SSI** boxes are completed, the total will prefill in the **Total eligible by not title IV-E reimbursable** box. If a number is entered in any **Other** boxes, the comment box must also be completed.

B. Total eligible but not title IV-E reimbursable: .

<input type="text" value="3"/> Unlicensed provider	<input type="text"/> Court ordered placements
<input type="text" value="3"/> Limited-term due to SSI	<input type="text"/> Dual supervision
<input type="text"/> Shelter	<input type="text"/> Hospital
<input type="text"/> Other	

While working on completing the DHS-400, it can be saved as draft. Once it is complete, select **submit** and it will be routed to the CWFS supervisor identified. Emails will be sent to all the CWFS workers and supervisors identified with every change and movement of the DHS-400 in the approval process. A link to the form will be provided in the email which can be forwarded to upper management in the local office. The CWFS supervisor can then enter comments and route back to the CWFS, or select **submit** and the DHS-400 will be sent to FCD. If changes are needed after submission to FCD, email the FCD mailbox to have the report rejected and sent back to the local DHS office.

Reports created from the DHS-400 will be available in the near future for both FCD and the local DHS offices. Any questions about this new process should be submitted to the FCD mailbox at dhs-federalcompliance@michigan.gov.

CHILD WELFARE FUNDING SPECIALIST MONTHLY REPORT

Michigan Department of Human Services

This report is to be completed and submitted to the Federal Compliance Division by the 15th day of the month following the Report Period. The information must be inclusive of all Child Welfare Funding Specialist (CWFS) activities.

County District Name (one report per county/district)	Report Period
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Initial Funding Determinations

Number of Initial Determinations completed during this report period: _____.

Indicate the total number of cases for each category and number of cases in each sub-category below:

- A. Total eligible and title IV-E reimbursable: _____.
- B. Total eligible but not title IV-E reimbursable: _____.
- | | |
|-------------------------------|--------------------------------|
| _____ Unlicensed provider | _____ Court ordered placements |
| _____ Limited-term due to SSI | _____ Dual supervision |
| _____ Other, please explain: | _____ Hospital |
| | _____ Shelter |
| | _____ AWOLP |
- C. Total ineligible: _____.
- | | |
|---|--|
| _____ AFDC Standard (over income/assets) | _____ No deprivation |
| _____ Not removed from specified relative | _____ Not a US Citizen/qualified alien |
| _____ Lack of contrary finding | |
| _____ Lack of reasonable efforts to prevent removal finding | |
| _____ Placement date and court ordered removal date do not coincide | |
| _____ Other, please explain: | |

Please indicate those court officials (judges or referees) who are responsible for the above noted errors:

- D. Total initial funding determinations completed within 30 days of receiving file: _____.

Reimbursability Determinations

Number of reimbursability determinations completed during this report period: _____.

Indicate the total number of cases for each category and number of cases in each sub-category below:

- A. Total continued eligible and title IV-E reimbursable: _____.
- B. Total continued eligible but not title IV-E reimbursable: _____.
- | | |
|--|------------------------------------|
| _____ Unlicensed provider | _____ Court ordered placements |
| _____ Limited-term due to SSI | _____ Untimely permanency findings |
| _____ Insufficient permanency findings (ineligible goals, absent reasonable efforts, compelling reasons) | |
| _____ Dual supervision without DHS placement and care on both the DL and N/A case | |
| _____ Other, please explain: | |
- C. Discontinued eligibility: _____.
- | | | |
|--|------------------------------|-----------|
| _____ Order placing for adoption entered | _____ Child returned home | _____ Age |
| _____ Guardianship order entered | _____ Other, please explain: | |

- D. Non-IV-E eligible reimbursability determinations: _____.
- E. Maximization of IV-E benefits _____.
 _____ Gained IV-E reimbursability
 _____ Relative became licensed _____ Other, please explain:
 _____ Database correction (help desk ticket)
- F. Total reimbursability determinations completed within two weeks of being notified that it is needed: _____.

Court Orders

- Number of removal orders entered into SWSS FAJ: _____.
- Number of administrative errors requiring correction (JC 90 can correct): _____.
 Type of administrative errors:
 _____ Removal date _____ Name(s)
 _____ Missing signatures _____ Date of birth
 _____ Hearing date _____ Other, please explain:
- Number of Permanency Orders entered into SWSS FAJ: _____.
- Number of other court orders entered into SWSS FAJ: _____.
- Number of petitions entered into SWSS FAJ: _____.

Help Desk Tickets submitted

- _____ Correct initial funding _____ Correct previous reimbursability determination
- _____ Correct legal status _____ Correct placement
- _____ Initial funding determination needed for dual ward case not under DHS supervision at removal _____ Other – please explain:

Other CWFS Activities

Please report below any other activities completed by each CWFS.

- _____ Title IV-E case reads completed
- _____ Payment authorizations
- _____ Reconciliation Notices completed
- _____ IV-E to SWBC _____ total amount reconciled
- _____ SWBC to IV-E _____ total amount reconciled
- _____ IV-E to CCF _____ total amount reconciled
- _____ CCF to IV-E _____ total amount reconciled
- _____ IV-E to LTD _____ total amount reconciled
- _____ LTD to IV-E _____ total amount reconciled
- _____ Recoupment Notices completed
- _____ From IV-E _____ total amount recouped
- _____ From SWBC _____ total amount recouped
- _____ From LTD _____ total amount recouped
- _____ From CCF _____ total amount recouped

_____ Other – please explain:

Questions/Concerns

Please indicate below any questions or concerns you have for the Federal Compliance Division regarding funding, eligibility or related policy.

Submitted by	Date
Supervisory Review	Date
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	

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