

Child Care Fund Reimbursement

2016 Training

Welcome!!

Child Care Fund Monitoring Unit

Kelly Walters, CCFMU Manager

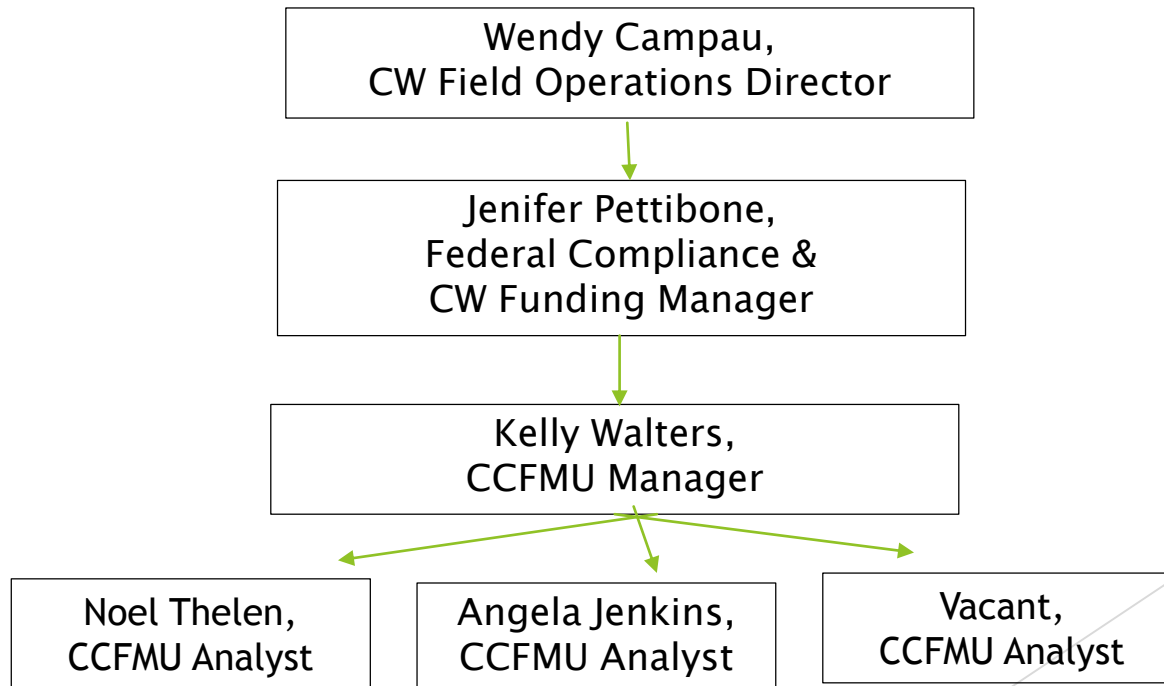
Angela Jenkins, CCFMU Analyst

Noel Thelen, CCFMU Analyst

Contact MDHHS-CCFMU@michigan.gov

Child Care Fund Monitoring Unit

- ▶ CCFMU located w/in Federal Compliance and Child Welfare Funding Division
- ▶ Children's Services Agency in MDHHS



Who We Work With

Courts & Tribes who supervise youth

- ▶ Foster Care
- ▶ Institutional Care
- ▶ Independent Living
- ▶ Juvenile Justice
- ▶ At risk of out-of-home placement (In-Home Care)

Local DHHS offices & Tribes who supervise youth

- ▶ Foster Care
- ▶ Institutional Care
- ▶ Independent Living
- ▶ Juvenile Justice
- ▶ Child Protective Services (CPS) Category I OR II

Role of Child Care Fund Monitoring Unit

- ▶ Annual Plan and Budget review for reimbursement eligibility
- ▶ Monthly DHS-207/DHS-206B reconciliation
- ▶ County Juvenile Officer payments (quarterly)
- ▶ Technical assistance
- ▶ Annual trainings

PRIMARY ROLE: ensure programming & related reimbursements within parameters set by statute, administrative rules, & handbook

Expectations of Training

Gain understanding of:

- ▶ Child Care Fund vs. CCF-Reimbursability
- ▶ Programming Eligibility
- ▶ Allowable expenditures
- ▶ Site Reviews (fiscal and program)
- ▶ Submission of Annual Plan and Budget documents
- ▶ Submission of monthly expenditure documents

The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

History and Overview

History

- Original legislation enacted in 1955
- Legislation directs reimbursement eligibility determination and oversight to MDHHS
 - Specific line item in MDHHS budget
- Annual amounts distributed to counties capped until 1997 (Headlee Case decided)
- Spending in this budget line exceeded \$400,000,000 in 2009
- Currently approximately \$360,000,000

Governing Authorities

State Statutes, Administrative Rules, &
other Governing Documents

State Statutes

- ▶ The Social Welfare Act MCL 400.117a et al., MCL 400.73a, 400.74
- ▶ Department of Human Services
Administrative Rules for State Juvenile
Wards R400.321 - 400.371
- ▶ CCF Handbook (2013 version)

Child Care Fund Reimbursement: Placements

Reimburses counties/tribes for 50% of county-funded out-of-home placement costs (Juvenile Justice & Neglect/Abuse)

- ▶ Family Foster Homes
- ▶ Independent Living
- ▶ Residential Placements

Rule of thumb regarding OOH placement reimbursement: if MDHHS wouldn't normally pay for it, will not be reimbursable.

Child Care Fund Reimbursement: Placements

Examples of Placement-related Expenditures that are **NOT** CCF-reimbursable:

- ▶ Board & Care payments to unlicensed relative placements
- ▶ Administrative rates for private agency foster care (PAFC) oversight of:
 - Unlicensed relative placements
 - Supervision of case after youth returned home
- ▶ Administrative rates for court foster homes

Child Care Fund Reimbursement: Placement Non-Scheduled Payments

Administrative Rule 400.2023

Reimbursable family foster care expenditures and costs

Non-Scheduled Payments for things like:

- ▶ Initial clothing allowances
- ▶ Foster parent transportation to/from visits
- ▶ Foster parent training
- ▶ Public transportation to/from service programming as part of service plan
- ▶ Medical, dental, psychological, psychiatric services *if not covered under other fund source* (Medicaid, Private Insurance, etc.)

Child Care Fund Reimbursement: Placement Non-Scheduled Payments

R 400.2023 Reimbursable family foster care expenditures and costs.

Rule 23. (1) The following child-specific direct supervision or purchased placing agency family foster care expenditures are reimbursable within state-established rates or approved intensive rates:

(a) Care provided in the following locations:

- (i) Foster family homes.
- (ii) Foster family group homes.
- (iii) Legal guardian homes.
- (iv) Homes of related persons.

(b) Initial clothing, clothing maintenance, and within state rates as specified in published policies

CAVEAT: Payment of daily rate (per diem or administrative) to unlicensed placements MUST be outlined/budgeted for in AP & B as NSP under Family FC.

CANNOT be charged under regular foster placement: MDHHS no authority to pay/reimburse unlicensed placements.

CCF Reimbursement: County-Operated Detention

- ▶ "County-operated facility" means a facility licensed or approved as a child caring institution to provide group care, shelter care, or detention administered and **staffed by county employees**.
- ▶ These costs are restricted to the following expenditures for **services and goods necessary to provide direct services** to the youth placed in the facility:
 - The cost for direct care, administrative, and support staff who devote 100% of their time to the youth placed in the facility.
 - The cost of supportive services on a prorated basis when supported by documentation.
 - Prorated space costs when the entire facility is not utilized as a child care institution.
 - A once-a-year allowance for a gift at holiday time for each ward in institutional care.

Child Care Fund Reimbursement: Programming

Reimbursement for intensive programming that keeps youth from being placed out-of-home or can get them home sooner.

- ▶ Must meet standards set w/in Administrative Rules (same as outlined in CCF Handbook)
- ▶ Cannot be for judicial costs
- ▶ Must have Court or MDHHS involvement
 - Court petition filed/held in abeyance
 - Court petition filed/diverted to informal docket
 - Court petition filed and accepted
 - MDHHS Category I or II CPS cases

In-Home Care Programming Eligibility

- ▶ Written complaint (petition) has been received and accepted by the Court, and:
 - An order into the program OR
 - Youth/parent signed agreement to receive IHC services
- ▶ Not for judicial costs
- ▶ Services are intensive - defined in Admin. Rules
 - Worker caseload size of the staff is less than 1:20
 - Weekly face-to-face contact (average)
- ▶ Court staff responsible for case plan programming/monitoring meet standards established by juvenile court and administrative guidelines for care of children

In-Home Care Programming Eligibility

Services are used to accelerate the early return of youth from out-of-home care and BOTH of the following apply:

- The case plan identifies an early return goal
- The services are provided to members of the child's family

In-Home Care Programming Eligibility

Local DHHS can provide IHC services to Category I and II CPS cases, provided that:

- ▶ The IHC service is an alternative to out-of-home care
- ▶ IHC services prevent the need to petition the juvenile court for removal or prevent placement in voluntary foster care
- ▶ Non-scheduled payments cannot pay if otherwise available through alternative fund source

Duplication of Services & Other Funding Sources

- ▶ Non-scheduled payments cannot pay if otherwise available through other funding sources
(Examples: Medicaid, State Emergency Relief, Foster Parent Fingerprinting)
- ▶ Example: Foster children categorically eligible for Medicaid. CCF can NOT be used to access medical services quicker.
- ▶ Programming cannot DUPLICATE existing programming or extend eligibility to Federal or State-Funded programming

Basic Grant

- ▶ \$15,000 grant (100% State funded)
- ▶ Counties with population of 75,000 or less
- ▶ Can pay for programs or services - looser requirements from In-Home Care programming
- ▶ Youth required to meet 2 of 6 documented factors:
 - History of confirmed abuse and/or neglect
 - History of school truancy, suspensions or expulsions
 - Run away from home
 - Use of alcohol or drugs
 - Ineffective, inconsistent or nonexistent parental control
 - Negative or delinquent peer relationship(s)

Child Care Fund Audit on State of Michigan/DHHS

- ▶ Audit began in 2013 and ended in spring 2015
- ▶ Report released to public on June 9, 2016

<http://audgen.michigan.gov/projects/recently-released-projects.html>

- ▶ Performance audit on State of Michigan/DHHS- looks at how we are/aren't providing adequate oversight to CCF reimbursement according to statute, administrative rules, and CCF handbook
- ▶ 3 Material Conditions
- ▶ 3 Reportable Conditions

Child Care Fund Audit on State of Michigan/DHHS

Reportable Condition

Less severe than material; falls w/in any of the following:

- significant deficiency in internal control
- all instances of fraud
- illegal acts (unless unrelated to audit objectives)
- significant violations of provisions of contracts or grant agreements
- significant abuse that has occurred or is likely to have occurred

Material Condition (more severe)

- could impair management ability to operate program in effective/efficient manner
- could adversely affect judgement concerning effectiveness of program

CHILD CARE FUND REIMBURSEMENT and DOCUMENTATION

WHAT WE'VE LEARNED

- ▶ Be prepared to show documentation
monthly reimbursement requests : General Ledgers (official),
case lists, etc.
site reviews: youth's case file, petitions/court orders,
bills/invoices, etc.
- ▶ **Effective FY17**: spreadsheet/homemade general ledgers
CANNOT replace General Ledger as documentation
- can *accompany* for clarity -
- ▶ Documentation should clearly match/track to expenditure
- ▶ Must be reflected in Annual Plan and Budget that was approved
by the CCFMU

Child Care Fund Monitoring Overview

Scott Werner

*Bureau of Audit, Reimbursement,
& Quality Assurance Manager*

Fiscal Factors: Clarification & Points of Emphasis

Scott Werner

*Bureau of Audit, Reimbursement,
& Quality Assurance Manager*

Annual Plan and Budget

How, When & What to Submit
When Reimbursement Will Begin

Annual Plan and Budget

- ▶ To be eligible for CCF reimbursement, each county circuit court/tribe must submit an AP&B
- ▶ All forms must be completed and routed to CCFMU in MiSACWIS by October 1st
- ▶ Once proper documentation received, CCFMU analyst will start review process (2 levels of analyst review)
 - Program(s) or budget(s) requiring additional/edited information will be returned via the MiSACWIS system
 - The administrative unit required to make corrections and/or additions and reapprove
 - Final approval by the CCFMU manager completed by December 15 provided all documents have been properly submitted
- ▶ Monthly reimbursement requests may begin following final budget approval

Annual Plan and Budget: The MiSACWIS Process

- ▶ All counties are required to complete an Annual Plan and Budget and monthly expenditure reports in the MiSACWIS System
 - ▶ Web-based, secure, encrypted program accessible only with user ID and password provided by the MiSACWIS Security Administrator
 - ▶ Allows to complete a budget, amend an approved budget, request reimbursements
 - ▶ Forms electronically generated and approved by the county circuit court, tribe, or local DHHS director. As forms are entered into the MiSACWIS system, all calculations will be automatically carried through to other forms in the system. ***Forms are required to be completed as they appear in the order they appear on MiSACWIS to avoid complications and the need to recreate the form(s)***

Annual Plan & Budget MiSACWIS Forms Due by October 1

- ▶ The seven budget documents to be completed in MiSACWIS on or before October 1
 - ▶ Manual entry:
 - ▶ In-Home Care/Basic Grant Program/Budget Detail Report & Request (DHHS-2094/4471)
 - ▶ County Child Care Budget Summary (DHHS-2091)
 - ▶ Indirect Cost Plan hard copy or scanned in copy
 - ▶ Auto-generated:
 - ▶ In-Home Care Summary (DHHS-2093)
 - ▶ Basic Grant Summary (DHHS-2095), if applicable
 - ▶ In-Home Care Certification (DHHS-167)
 - ▶ Basic Grant Certification (DHHS-168), if applicable
 - ▶ Child Care Fund Package Approval

In-Home Care/ Basic Grant Program/ Budget Detail Report & Request

Budget Detail and Program Component Request (DHS-2094/4471)

Organization: County Fiscal Year: October 1,
2015 through September 30, 2016 Status: Approved

In-Home Care / Basic Grant Budget Detail Report (DHS-2094)

Michigan Department of Health and Human Services (MDHHS)
Children's Services Agency

[REDACTED] County for October 1, 2015 through September 30, 2016

Service Component (Full Title/Name) *	Check One: *
<input type="text" value="Program"/>	<input type="radio"/> In-Home Care <input checked="" type="radio"/> Basic Grant

In-Home Care/ Basic Grant Program/ Budget Detail Report & Request

A. Personnel

Administrative Unit: * MDHHS Court

1. Salary and Wages				
Name(s)	Job Title	Hours/Week	Yearly Cost	
Worker	Diversion St			delete
<div>Add Row</div>				
2. Fringe Benefits				
WORKERS				delete
RETIREMEI				delete
MEDICAL				delete
LONGEVITY				delete
SICK LEAV				delete
FICA:				delete
<div>Add Row</div>				
Total Personnel				

B. Program Support (For employees identified in "A" above)

In-Home Care/ Basic Grant Program/ Budget Detail Report & Request

1. Travel	Rate/Mile	Estimate No. of Miles	Yearly Cost	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	delete
2. Supplies and Materials (Description/Examples)			Yearly Cost	
TELEPHON			<input type="text"/>	delete
POSTAGE			<input type="text"/>	delete
SUPPLIES			<input type="text"/>	delete
<input type="button" value="Add Row"/>				
3. Other Costs (Description/Examples)	Rate/Unit		Yearly Cost	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	delete
<input type="button" value="Add Row"/>				
<p>* Must comply with the definitions and limits listed for court operated facilities in the Child Care Fund Handbook.</p>		<p>Total Program Support</p>		

C. Contractual Services

1. Unit Rates					
Names	Rate	Unit Type	Total Units/ Contract	Yearly Cost	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	del ete
<input type="button" value="Add Row"/>					
2. Closed End Contracts					
<input type="text"/>				<input type="text"/>	del ete
<input type="button" value="Add Row"/>					
Total Contractual				\$0.00	

D. Non-Scheduled Payments

Type of Service (Description)	Anticipated No. Units to be Provided	Average Cost of Each Service Unit	Yearly Cost	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	del ete

Add Row

Total Non-Scheduled

\$0.00

E. Service Component - In-Home Care or Basic Grant

(Add Totals for A, B, C, and D above)

Total Service Component Cost

F. Public Revenue:

If you plan to fund any portion of this service component with other public revenue including other Child Care Funds or Basic Grant monies, or if this component is generating revenue (i.e. third party payments) specify the following:

Source	To Be Provided	Yearly Cost	
	PROBATION	\$85,501.00	delete
Add Row			
Total Public Revenue			

G. Subtract Total Public Revenue from Total Service Component Cost (E-F)

Total Cost to Basic Grant, Net Anticipated IHC Matchable Expenditure (Gross Costs Less Other Revenue)	\$15,000.00
--	-------------

In-Home Care / Basic Grant Program Component (DHS-4471)

Report/Request

Michigan Department of Health and Human Services (MDHHS)

Children's Services Agency

County for October 1, 2015 through September 30, 2016

One of these forms must be completed for **EACH** In-Home Care or **Basic Grant Service** component for which there was **State Reimbursement** during the past fiscal year or proposed for next fiscal year as a new, revised, or continued component.

Component Manager *	Telephone Number
----------------------------	-------------------------

I. Program Specific Information:

1. Component Status *

☒ Continued ☐ Terminated ☐ Revised ☐ New

2. Target Population(s) Served - Check all that apply. *

A. Children Under Jurisdiction of Court

☒ Delinquent ☐ Neglect

B. Children NOT Under Jurisdiction of Court

☒ Written Complaint ☐ CPS Category I, II, or III ☐ Children likely to come under Jurisdiction of the Court

3. Area(s) of Intended Impact - Check primary area(s) only. *

A Reduction In:

☒ Number of Youth Petitioned ☐ Number of Days of Out-of-Home Detention
☐ Number of Adjudications ☐ Number of Days of Shelter Care
☐ Number of Days of Residential Treatment Care

☐ Number of Adjudications

☐ Number of Days of Residential Treatment Care

☐ Number of Days of Family Foster Care

☐ Number of State Wards Committed (Act 150 & 220)

4. Service Focus - Check all that apply. *

☒ Provide early intervention to treat within the child's home

☐ Effect early return from foster or institutional care

II. Service and Cost Information for Fiscal Year Completed or Being Requested for Next Fiscal Year:

Instructions

In columns 6 & 7 enter the actual number and costs from the last full year. In columns 8 & 9 enter the number and costs projected for the next fiscal year.

	Time Period Reported (for full prior fiscal year)		Time Period Reported	
5.	6. Actual Number	7. Actual Cost	8. Projected Number	9. Projected Cost
A. Number of Youth Served *	<input type="text"/>		<input type="text"/>	
B. Number of Service Units	<input type="text"/>		<input type="text"/>	
(Define): <input type="text"/>				
C. Total Component Cost		<input type="text" value="\$15,000.00"/>		<input type="text" value="\$15,000.00"/>
D. Average Cost Per Unit		<input type="text"/>		<input type="text"/>
E. Average Cost Per Youth		<input type="text"/>		<input type="text"/>

III. Impact Evaluation-Must be completed for continuing or ending components.

Area(s) of Impact	10. Number of Youth Served	Estimated Reductions	
		11. Number of Days	12. Cost

III. Impact Evaluation-Must be completed for continuing or ending components.

Area(s) of Impact	10. Number of Youth Served	Estimated Reductions	
		11. Number of Days	12. Cost
A. Youth Petitioned	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Adjudications	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Days of Family Foster Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Days of Out-of-Home Detention	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Days of Shelter Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Days of Residential Treatment Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. State Wards	<input type="text"/>	<input type="text"/>	<input type="text"/>

IV. Program Assessment / Evaluation - (Use Data from October 1, 2014 through September 30, 2015)

Program Service Type:

Diversion

Count each youth only once for the following data regarding this program.

- | | | | | |
|----|--|----------------------|---------|---------------------------------|
| A. | Total number of youth served in this program during the previous fiscal year. | <input type="text"/> | 100.00% | <input type="checkbox"/>
N/A |
| B. | Number of youth released from this program within the previous fiscal year, who have achieved the goals of this program. | <input type="text"/> | % | <input type="checkbox"/>
N/A |
| C. | Number of youth released from this program within the previous fiscal year, who did not achieve the goals of this program. | <input type="text"/> | % | <input type="checkbox"/>
N/A |
| D. | Number of youth continuing services with the program. | <input type="text"/> | % | <input type="checkbox"/>
N/A |
| E. | Number of youth moved from this program to Out-of-Home care within the previous fiscal year. | <input type="text"/> | % | <input type="checkbox"/>
N/A |
| F. | Number of youth released from Out-of-Home Care and placed into this program within the previous fiscal year. | <input type="text"/> | % | <input type="checkbox"/>
N/A |

Average length of time (in days) a youth was

service ☐

Specify which date was used as beginning date.

- H. Ending date is date discharged from program
(as stated on discharge summary):

**V. Program Description - Must be
completed for all components, except
those being terminated, each year.**

(minimum of 250 characters
required)

Close

County Child Care Budget Summary (DHS-2091)

Michigan Department of Health and Human Services (MDHHS)

Children's Services Agency

County for October 01, 2015 through September 30, 2016



Click to sign in

	Court Contact Person [REDACTED] - CCF Organization Management	Telephone Number	E-Mail Address [REDACTED]
015 through September 30, 2016	MDHHS Contact Person [REDACTED] - CCF Organization	Telephone Number [REDACTED]	E-Mail Address [REDACTED]

TYPE OF CARE CHILD CARE FUND	ANTICIPATED EXPENDITURES		
	MDHHS	COURT	COMBIN
oster Care.....	\$0.00	[REDACTED]	[REDACTED]
al Care.....	\$0.00	\$0.00	
Care.....	\$0.00	[REDACTED]	[REDACTED]
ent Living.....	\$0.00	\$0.00	
ALS.....	\$0.00	[REDACTED]	[REDACTED]
.....	\$0.00	\$0.00	
nditure.....	\$0.00	[REDACTED]	[REDACTED]

Expenditure.....	\$0.00		
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Click
signature

SHARING RATIOS	County 50% / State 50%
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CHILD CARE FUND	COURT	COMBINED
During Release Appeal Period.....		

SHARING RATIOS	County 0% / State 100%
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JUVENILE JUSTICE SERVICES FUND	MDHHS	COURT	COMBINED
	\$0.00	\$15,000.00	

SHARING RATIOS	County 0% / State 100% \$15,000.00 Maximum
----------------	---

TOTAL EXPENDITURE.....	
------------------------	--

BUDGET DEVELOPMENT CERTIFICATION

SIGNED HAVE PARTICIPATED IN DEVELOPING THE PROGRAM BUDGET PRESENTED ABOVE. We certify that the budget submitted represents an anticipated gross expenditure for the fiscal year: October 01, 2015 through September 30, 2016; and any requests for funding shall adhere to all state law, administrative rules and child care fund handbook authority.

Signature

Date

SHARING RATIOS

County 0% / State 100%
\$15,000.00 Maximum



Click
signa

TOTAL EXPENDITURE.....

BUDGET DEVELOPMENT CERTIFICATION

SIGNED HAVE PARTICIPATED IN DEVELOPING THE PROGRAM BUDGET PRESENTED ABOVE. We certify that the budget submitted represents an anticipated gross expenditure for the fiscal year: October 01, 2015 through September 30, 2016; and any requests for funding shall adhere to all state law, administrative rules and child care fund handbook authority.

Signature	Date
Director of MDHHS Signature	Date
Board of Commissioner's Signature	Date
Executive Signature	Date

Department of Health & Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, marital status, sex, sexual orientation, gender identity or expression, 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 an

AUTHORITY: Act 87, Publication of 1978, as amended
COMPLETION: Required.
PENALTY: State reimbursement will be withheld from local government.

2015)

Annual Plan & Budget: Required Signatures

R 400.2008 County child care fund expenditure reimbursement; eligibility.

Rule 8. (1) To be eligible for state child care reimbursement, a county shall annually submit a plan and budget, on forms provided by the office, which conform to the requirements established in published policies and procedures. 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.

Administrative Rules (above – from page 3) require certification by all of the following:

- Judge
- Local DHHS director
- Chairperson of county board of commissioners
(or county executive)

Other Budget Documents

- ▶ These should be scanned and uploaded into MiSACWIS in the Budget Documents section
 - ▶ IHC Employee Certification forms (for DHS-4471/DHS-2094)
 - ▶ Cost allocation plans
 - ▶ County operated facility information
 - ▶ Updated county contact information
 - ▶ Chart of accounts (including descriptions and coding)

CCF Local Subaccounts

- ▶ Court - All 83 counties and 8 tribes
- ▶ DHHS - approximately half of counties

These are still the county's funds!

- County fronts money w/ their local CCF \$.
- MDHHS or its agents (MDHHS board member, county director, etc.) CANNOT enter into an agreement on behalf of the county's CCF.

Amendments to Annual Plan and Budget

- ▶ Can be made to the approved AP & B at any time throughout the fiscal year until September 1. Technical assistance on the step-by-step process to amend is available from the CCFMU
 - ▶ Amendment Steps to Take:
 - (changes to program components; monetary or services)
 - Amend the IHC program component(s)
 - Approval by county
 - Approval by CCFMU
 - DHS-2091 updated(if budget has been increased or decreased)
- **If anything on 2091 form changes all 3 signatures required on updated form****
- ▶ Once the budget receives final approval in MiSACWIS, reimbursement of expenditures can resume

Monthly Reporting of Child Care Fund Expenditures

Filling out and Submitting
DHS-207 or DHS-206B

The DHS-207 and 206B

- ▶ Court Expenditures: 207
- ▶ Local DHHS (if subaccount) 206B
- ▶ Create and approve a report each month regardless of spending
- ▶ Requires Judge or local DHHS director's electronic approval of form
- ▶ Submission to CCFMU by 15th of month for upcoming offset



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[Logged In: Jackson, Angela | Central Office](#)[Table 1](#)

Monthly Report On Foster Care Under the State of Michigan DHHS (04HS-206b)

Organization: Alcona County

Fiscal Year:

October 1, 2015 through September 30, 2016

Reporting Period:

May

Section A

Children provided care, total days care provided under the jurisdiction of the Family Division of the Circuit Court, and expenditures by order of the family court judge of probate from the Child Care Fund.

Family Foster Care

	Total # of Youth Served This FY (C)	Total # of Youth Served This Mo. (D)	Days Care Provided (E)	Gross Expenditures (F)	Adjustments ¹ (G)	Adjusted Reimbursable Expenditures (H)	Total Budget (I)	Total Remaining (J)
A. Court Supervised								
1. Family Foster Care Payments				\$0.00	\$0.00	\$0.00		
2. Other (non-scheduled) Payments (NSP)				\$0.00	\$0.00	\$0.00		
B. Private Agency - In-State								
1. Family Foster Care Payments				\$0.00	\$0.00	\$0.00		
2. Other (non-scheduled) Payments (NSP)				\$0.00	\$0.00	\$0.00		
3. Administrative Rate				\$0.00	\$0.00	\$0.00		
C. Private Agency - Out-Of-State								
1. Family Foster Care Payments				\$0.00	\$0.00	\$0.00		
2. Other (non-scheduled) Payments (NSP)				\$0.00	\$0.00	\$0.00		
Total Family Foster Care	7			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Monthly Report On Foster Care Under the State of Michigan DHHS (04HS-206b)

Organization: Alcona County

Fiscal Year:

October 1, 2015 through September 30, 2016

Reporting Period:

May

	C	D	E	F	G	H	I	J
A. Court Operated								
1. Detention				\$0.00	\$0.00	\$0.00		
2. Group Care Facility				\$0.00	\$0.00	\$0.00		
3. Shelter Care Facility				\$0.00	\$0.00	\$0.00		
4. Other				\$0.00	\$0.00	\$0.00		
B. Another County's Institution (Court or MDHHS)								
1. Institutional Care Payments				\$0.00	\$0.00	\$0.00		
2. Other (non-scheduled) Payments (NSP)				\$0.00	\$0.00	\$0.00		
C. Private Institution - In-State								
1. Institutional Care Payments				\$0.00	\$0.00	\$0.00		
2. Other (non-scheduled) Payments (NSP)				\$0.00	\$0.00	\$0.00		
D. Private Institution - Out-Of-State								
1. Institutional Care Payments				\$0.00	\$0.00	\$0.00		
2. Other (non-scheduled) Payments (NSP)				\$0.00	\$0.00	\$0.00		
Total Institutional Care	7			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

In-Home Care

	Total # of Youth Served This FY (C)	Total # of Youth Served This Mo. (D)	Days Care Provided (E)	Gross Expenditures (F)	Adjustments ¹ (G)	Adjusted Reimbursable Expenditures (H)	Total Budget (I)	Total Remaining (J)
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Monthly Report On Foster Care Under the State of Michigan DHHS (04HS-206b)

Organization: Alcona County

Fiscal Year:

October 1, 2015 through September 30, 2016

Reporting Period:

May

Independent Living

	Total # of Youth Served This FY (C)	Total # of Youth Served This Mo. (D)	Days Care Provided (E)	Gross Expenditures (F)	Adjustments ¹ (G)	Adjusted Reimbursable Expenditures (H)	Total Budget (I)	Total Remaining (J)
A. Per Diem Payments								
B. Other (non-scheduled)				\$0.00	\$0.00	\$0.00		
Total Independent Living	7			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Receipts Applicable To CCF Reimbursable Expenditures

	Total # of Youth Served This FY (C)	Total # of Youth Served This Mo. (D)	Days Care Provided (E)	Gross Expenditures (F)	Adjustments ¹ (G)	Adjusted Reimbursable Expenditures (H)	Total Budget (I)	Total Remaining (J)
A. Net Probate Court Ordered Collections²				\$0.00				
B. Government Benefit Collections				\$0.00				

Monthly Report On Foster Care Under the State of Michigan DHHS (04HS-206b)

Organization: Alcona County

Fiscal Year:

October 1, 2015 through September 30, 2016

Reporting Period:

May

Total Receipts Applicable To CCF Reimbursement

Totals								
Total Adjusted Expenditures Subject Reimbursement At 50%	7	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Expenditures Subject To (50%) Reimbursement	7				\$0.00			
Total State Reimbursement Due					\$0.00			

1. Institutional Care Payments				\$0.00	\$0.00	\$0.00		
2. Other (non-scheduled) Payments (NSP)				\$0.00	\$0.00	\$0.00		
Total Institutional Care	7			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

In Home Care								
	Total # of Youth Served This FY (20)	Total # of Youth Served This FY (20)	In-Home Care Provided (4)	Gross Expenditures (5)	Adjustments ¹ (6)	Adjusted Reimbursable Expenditures (7)	Total Budget (8)	Total Reimbursement (9)

Monthly Report On Foster Care Under the State of Michigan 00000 (0045-2006)								
Organization	Alcona County	Fiscal Year	October 1, 2015 Through September 30, 2016			Reporting Period	May	
Independent Living								
	Total # of Youth Served This FY (20)	Total # of Youth Served This FY (20)	In-Home Care Provided (4)	Gross Expenditures (5)	Adjustments ¹ (6)	Adjusted Reimbursable Expenditures (7)	Total Budget (8)	Total Reimbursement (9)
A. Per Diem Payments				\$0.00	\$0.00	\$0.00		
B. Other (non-scheduled)				\$0.00	\$0.00	\$0.00		
Total Independent Living	7			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Receipts Applicable To CCF Reimbursable Expenditures								
	Total # of Youth Served This FY (20)	Total # of Youth Served This FY (20)	In-Home Care Provided (4)	Gross Expenditures (5)	Adjustments ¹ (6)	Adjusted Reimbursable Expenditures (7)	Total Budget (8)	Total Reimbursement (9)
A. Net Probate Court Ordered Collections ²				\$0.00				
B. Government Benefit Collections				\$0.00				

Monthly Report On Foster Care Under the State of Michigan 00000 (0045-2006)								
Organization	Alcona County	Fiscal Year	October 1, 2015 Through September 30, 2016			Reporting Period	May	
Total Receipts Applicable To CCF Reimbursement								
	7					\$0.00		
Totals								
	Total # of Youth Served This FY (20)	Total # of Youth Served This FY (20)	In-Home Care Provided (4)	Gross Expenditures (5)	Adjustments ¹ (6)	Adjusted Reimbursable Expenditures (7)	Total Budget (8)	Total Reimbursement (9)
Total Adjusted Expenditures Subject Reimbursement At 50%	7		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Expenditures Subject To (50%) Reimbursement	7					\$0.00		
Total State Reimbursement Due						\$0.00		

1) Includes debit and credit correction transfers (Journal entry corrections of over or under reported expenditures or revenues).
2) 25% may be deferred to offset costs of court ordered collection and deposited in the general fund.

Section B

Expenditures made under the Basic Grant program as authorized by Section 117e of Act 87, PA 1978.

Basic Grant								
	Total # of Youth Served This FY (20)	Total # of Youth Served This FY (20)	In-Home Care Provided (4)	Gross Expenditures (5)	Adjustments ¹ (6)	Adjusted Reimbursable Expenditures (7)	Total Budget (8)	Total Reimbursement (9)
Total Basic Grant	7			\$0.00		\$0.00	\$0.00	\$0.00

Section C

DECLARATION

I certify that (to the best of my knowledge and belief) the data contained in these reports are correct and is agreed with the instructions and definitions established by the Michigan Department of Health and Human Services for this report, that this is a correct statement of expenditures and that the net reimbursable expenditures represent no cost to capital outlay. Appropriate documentation is available and will be maintained to support costs reported.

The monthly reimbursements are approved subject to fiscal and program review. By accepting reimbursement the County/Tribal agrees to accept responsibility for any acceptance or other payment irregularity in the program found after fiscal and program review.

The Michigan Department of Health and Human Services (DHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disabilities. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, we are invited to make your needs known to an DHHS office in your locality.

Family Court Judge (Signature) _____ Date _____

NOTARIZING: F.A. 200 of 100 and Section 117 e of Act 87 of P.A. 1978. COMPLETION: Inventory

Approved _____

Other _____

DHS-207/206B

Required Documentation

Attach the following monthly supporting documents prior to submittal:

1. Summary General Ledger (for the time period covered by the DHS-207).
2. Detailed General Ledger (for the time period covered by the DHS-207).
3. Monthly case listing for each CCF funded program (institutional, foster care, in-home care, and independent living) identified by provider, youth name or number, dates in and out of program, and case worker.

DHS-207/206B

Required Documentation

1. Summary General Ledger (for the time period covered by the DHS-206B).
2. Detailed General Ledger (for the time period covered by the DHS-206B).
3. Monthly case listing for each CCF funded program (institutional, foster care, in-home care, and independent living) identified by provider, youth name or number, dates in and out of program, and case worker.

Notable Dates re: Monthly Reimbursements

15th *Deadline for 206b/207 submission in order to hit next offset*

24th *Data pulled by MDHHS Accounting for offset*

27th *Basic Grants go out*

Last working day of month

Offset statements go out

First week of following month

Payment issued

Fiscal and Program Site Review Observations

-Scott Werner's 3rd PowerPoint-

CCFMU Resources

- ▶ Unit Mailbox: MDHHS-CCFMU@michigan.gov
- ▶ CCFMU Website
Michigan.gov/mdhhs
> Doing Business w/ MDHHS > Child Care Fund
[http://www.michigan.gov/mdhhs/0,5885,7-339-71551_66660--
-,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_66660--,00.html)

Closing Comments