TABLE OF CONTENTS

INTRODUCTION .............................................................................................................. 1

TYPES OF PAYMENTS .................................................................................................. 1
  FAMILY FOSTER CARE PAYMENTS ............................................................................. 1
  PLACEMENT SERVICES AND PAYMENTS ................................................................. 1
  ADMINISTRATIVE RATES ........................................................................................... 1
  DETERMINATION OF CARE SUPPLEMENT (DOC) FOR FAMILY FOSTER CARE .................................................. 2
  SEMI-ANNUAL CLOTHING ALLOWANCE AND HOLIDAY ALLOWANCE ................. 2
  CASE SERVICES AND PAYMENTS ............................................................................. 3

PAYMENT PROCESSING ............................................................................................... 3
  SERVICE PAYMENT AUTHORIZATION ...................................................................... 3
  PLACEMENT DATES .................................................................................................. 3
  PAYMENT VALIDATION ............................................................................................. 4
  VALIDATING THROUGH MiFOSTER INTERACTIVE VOICE RESPONSE (IVR) ..................... 4
  VALIDATING FROM WITHIN THE MISACWIS APPLICATION ..................................... 5
  HOW TO COUNT THE DAYS IN CARE ...................................................................... 6
  APPROVED DAYS OF ABSENCE .............................................................................. 7
  TEMPORARY BREAK/Bed HOLD PAYMENTS .......................................................... 7
  RECEIVING PAYMENTS .......................................................................................... 8
  REGISTERING WITH SIGMA VENDOR SELF SERVICE (VSS) .................................. 8
  ELECTRONIC FUNDS TRANSFER (EFT) .................................................................... 9
  HELPFUL TIPS ........................................................................................................ 9
  RECORD KEEPING ................................................................................................... 9

PAYMENT ISSUES ......................................................................................................... 10
  OVERPAYMENTS .................................................................................................... 10
  ADJUSTING FOR AN UNDERPAYMENT ................................................................... 10
  REPLACING A LOST OR DESTROYED CHECK ........................................................ 10
  PAYMENT QUESTIONS OR PROBLEMS ................................................................. 11
  FREQUENTLY ASKED QUESTIONS AND ANSWERS .................................................. 12
  EXHIBIT A: 2019 CHILDREN’S FOSTER CARE PAYMENT SCHEDULE .................... 14
  EXHIBIT B: 2019 INDEPENDENT LIVING PAYMENT SCHEDULE ............................ 16
  EXHIBIT C: FOSTER PARENT PIN LETTER ................................................................ 18
  EXHIBIT D: STATE OF MICHIGAN REMITTANCE ADVICE: Check ...................... 19
  EXHIBIT E: STATE OF MICHIGAN REMITTANCE ADVICE: EFT Statement ........... 20
INTRODUCTION

This handbook is designed to help you as Michigan Department of Health and Human Services (MDHHS) foster parents, relative caregivers, placement agency foster care (PAFC) providers, child caring institutions and others who have approved paid placements. This handbook will explain:

- The process for the approval of a service authorization.
- How and when you will validate payment for each billing period.
- The different types of payments that may be available to you.
- What to do or whom to call if errors occur or if you have a question about a payment.

The payments referred to in this book are the MDHHS payments made on behalf of children funded by the state ward board and care, federal title IV-E funds, the child care fund, and general funds. Child care fund payments are not issued by MDHHS through MiSACWIS and are issued by the child’s county of court jurisdiction; therefore, the payment may arrive on a different schedule when funded by child care fund. If you are not sure of the funding source or from where you will receive payments for a child in your care, ask the child’s primary caseworker.

TYPES OF PAYMENTS

FAMILY FOSTER CARE PAYMENTS

The family foster care payment rates are determined from the United States Department of Agriculture (USDA) standard cost of raising a child. These rates are reviewed annually and adjusted according to changes in the cost of living standards. The payment rates include the normal expenses, such as food, replacement and maintenance of clothing, spending money, and the cost of personal items, such as diapers, deodorant and shampoo.

PLACEMENT SERVICES AND PAYMENTS

It is the primary caseworker’s responsibility to record the placement of the child in the Michigan Statewide Automated Child Welfare Information System (MiSACWIS). This may include an MDHHS or a PAFC caseworker. Recording the placement in MiSACWIS will create a placement service authorization that includes the family foster care rate and the appropriate fund source determined by MDHHS policy and will be routed for necessary approvals. Once approved, this authorization will generate payments for the placement service rate.

ADMINISTRATIVE RATE PAYMENTS

PAFCs and child caring institutions may receive an administrative rate based on the type of care provided and the programs offered. In MiSACWIS, the administrative rate paid to PAFCs and child caring institutions will be paid separately from the family foster care maintenance rate,
meaning the provider will receive two electronic fund transfer (EFT) deposits or checks/warrants.

For independent living youth who are supervised by PAFCs, the administrative rate paid to the PAFC will continue to be paid separately from the youth’s independent living payment. The youth’s payment will continue to be payable only to the youth and can be mailed to the youth, the PAFC, or the MDHHS office based on the mail-to-code the primary caseworker chooses in the service authorization.

**DETERMINATION OF CARE SUPPLEMENT (DOC) FOR FAMILY FOSTER CARE**

There are instances in which the age-appropriate payment rate does not cover *extraordinary* care or expenses that may be required of a foster parent. A DOC supplement may be approved by MDHHS; DOCs require the completion of documentation assessing the extraordinary tasks a foster parent must perform to meet the exceptional needs of the child.

A foster care provider or supervising agency/MDHHS staff may initiate a request for review of a DOC at any time. The request must be done in writing. Action must be taken within 30 days of the receipt of the request.

A copy of the fully approved, signed DOC form is to be provided to the foster parents. If the foster care provider or the agency disagrees with the level of care determination, an administrative review process may be initiated within 30 calendar days of the decision by completing and submitting the DHS-668 obtained from MDHHS to the MDHHS foster care worker’s supervisor.

Examples of reasons for DOC supplements include:

- Physical disabilities requiring foster parents to provide measurably greater supervision and care.
- Psychological or psychiatric needs requiring extraordinary time and attention.

**Note:** Determination of care supplements are time-limited and require MDHHS approval at the supervisor or above level both initially and at each review.

**SEMI-ANNUAL CLOTHING ALLOWANCE AND HOLIDAY ALLOWANCE**

The semi-annual clothing allowance is sent automatically to providers for children who are in state-paid family foster care placements on February 28 and August 31. The holiday allowance is sent automatically for children who are in state-paid placements such as family foster care or child caring institutions on November 30. These allowances will be paid in the next payroll *after* these dates.
CASE SERVICES AND PAYMENTS

A case service is a request for payment for such things as an initial clothing allowance, tutoring, graduation expenses, limited mental health, medical and dental services not covered by Medicaid, and transportation expenses. Each category of case service payments has its own requirements regarding age, documentation, legal status of the youth and necessary approvals.

A child placement service authorization must be in place for the same time period in order for a case service payment to be made. The assigned primary caseworker processes these payment requests, generally after submission of receipts. Questions regarding a request for case service payments should be discussed with the child’s caseworker prior to incurring the expense. Upon approval, the payments are included with the next regularly scheduled payroll. If a child is funded by the child care fund, case service payments are not issued by MDHHS through MiSACWIS and are issued by the child’s county of court jurisdiction. Providers should consult with their caseworker to determine county specific billing procedures and payment schedules. If you are not sure of the funding source or from where you will receive payments for a child in your care, ask the child’s primary caseworker.

PAYMENT PROCESSING

SERVICE PAYMENT AUTHORIZATION

It is the primary caseworker’s responsibility to record the placement of the child in MiSACWIS. This may include an MDHHS or a PAFC caseworker.

The length of time for receiving an initial payment may take longer due to the payment approval process after a child is placed in your care. Depending on each child’s circumstances, needs, and even placement type, various approvals are required. At minimum, this will include the MDHHS caseworker and supervisor, but could extend to the county director, or MDHHS central office. If attempts are made to validate payments and they are not available for validation, the child’s caseworker should be contacted. Payments may also be delayed due to state holidays or postal delays.

Please note, additional documentation and approvals may be necessary for child care fund payments based on local county procedures. Speak with the child’s caseworker if there are any questions. Initial payments should be received within 30 days of placement of the child.

PLACEMENT DATES

It is important that you keep accurate records of the child’s placement. Write down the child’s actual placement begin date and the placement end date.
PAYMENT VALIDATION

There are two ways to validate payment requests in MiSACWIS. Payment requests can be validated either through the MiFoster interactive voice response (IVR) system or from within the MiSACWIS application.

VALIDATING THROUGH MiFOSTER INTERACTIVE VOICE RESPONSE (IVR)

The following providers will validate their payment requests through the MiFoster IVR via a touchtone phone:

- MDHHS licensed foster parents who are supervised by MDHHS, regardless of fund source.
- Unlicensed relatives supervised by MDHHS.
- Non-contracted providers that do not have any contracted programs.
- PAFC foster parents who are supervised by MDHHS.
- Out-of-state providers (all provider types).

In order for you to receive a payment, you must validate the days in care for each child under your care during the billing period. All payment-billing periods, except case services payments, are eligible for payment every 14 days. Reference Exhibit A, Children’s Foster Care Payment Schedule, for the billing period dates.

**Note:** Youth in independent living do not need to validate their payments. Reference Exhibit B, Independent Living Payment Schedule, for the billing period dates.

The MiFoster IVR telephone number is 1-855-MiFoster or 855-643-6783.

To validate the days in care through the MiFoster IVR, providers will need two pieces of information:

- Their Bridges Provider ID.
- A unique MiFoster IVR PIN (personal identification number).

New providers will receive a correspondence when they are enrolled in Bridges that includes their provider ID. A Provider PIN Letter including the provider’s unique PIN will be mailed separately to the provider. See Exhibit C for an example of the PIN letter.

A video on the MiFoster IVR process is available to assist providers in learning the process.

The IVR is a simplified process for verifying payments. Providers will be able to validate one child at a time; they will also be given at least three opportunities to correct any information entered into the IVR, such as the phone-in PIN. Providers can always call back if they do not
have time to validate the days in care for all of the children placed in their care.

As a part of the validation process, providers must certify that they have provided the days in care for the children listed on the MiFoster IVR. The certification statement reads:

This is to certify that I or the agency I represent have provided the above care. I understand that payment will be made and that if I have made false statements, submitted false billings, or left out necessary information on purpose, I may be prosecuted for fraud under applicable Federal or State laws.

The MiFoster IVR will be available for payment validation 24-hours a day on business days, Monday beginning at 8 a.m. through Friday at 5 p.m.

VALIDATING FROM WITHIN THE MiSACWIS APPLICATION

Contracted PAFC and child caring institutions will complete their verification of child payment requests within the MiSACWIS application. The MiSACWIS application will generate a payment roster for each organization, and a separate payment roster for any child care fund payments. Once MDHHS has approved the payment service authorization, the agency’s payment roster will be available for verification by the roster verifier in accordance with the payroll schedule. This will continue without interruptions, barring any changes to a child’s eligibility, every two weeks until the payment service authorization has ended. PAFC and child caring institution staff will also have access to their agency’s payment history, which allows for tracking of all payments and the ability to troubleshoot any problems.

For further training on verifying a roster, please complete the Roster Verifier computer-based training.

As part of the validation process, providers must certify that they have provided the days in care for the children listed in MiSACWIS. The certification statement reads:

This is to certify that I or the agency I represent have provided the above care. I understand that payment will be made and that if I have made false statements, submitted false billings, or left out necessary information on purpose, I may be prosecuted for fraud under applicable Federal or State laws.

The MiSACWIS application will be available for payment validation on business days, Monday through Friday, 8 a.m. to 5 p.m. Reference Exhibit A, Children’s Foster Care Payment Schedule, for the payment validation dates. The MiSACWIS payroll runs after 5 p.m. on the last business day of every week.

Note: PAFCs will continue to pay their foster homes outside of MiSACWIS.
HOW TO COUNT THE DAYS IN CARE

The MiSACWIS system will calculate payments based on the service authorization begin date and each billing period thereafter based on the payment schedule. As mentioned previously, the service authorization begin and end dates are set based on the placement record in MiSACWIS.

It is particularly important to be aware of the placement end dates when you are validating payments for the billing period. You will be paid for the first day the child is placed in your care. When the caseworker ends the placement, the payment ends effective the day the child left your care. You will not be paid for the last day the child is in your care as payment is authorized for the day placed in a home or facility and not the day out.

If a date is included in the MiFoster IVR or on a payment roster for a child who was not in your care on that date, you should not validate the billing period. Instead, you should immediately contact the child’s primary caseworker. If you validate claim periods for a period a child was not in your care, recoupment will be necessary.

The following are examples of how to count days of care:

Example 1
The 14-day billing period is February 6, 2017 to February 19, 2017: Sandy Hill has been in your care for several prior billing periods. She has been in your care the entire 14-day billing period. For this billing period, you are eligible for 14 days of payment.

Example 2
The 14-day billing period is February 6, 2017 to February 19, 2017: Patty Peppermint has been in your care for several prior billing periods. During this billing period, she left your care on February 17, 2017. For the billing period, you are eligible for 12 days of payment.

Example 3
The 14-day billing period is February 6, 2017 to February 19, 2017: Tom Thumb entered your care on February 18, 2017 and he left on February 21, 2017. For the billing period, you are eligible for two days of payment. The night of the 20th would be included in the next billing period for a total of three days of payment.

Note: Do not count the actual day the youth left your care as a day of care.
APPROVED DAYS OF ABSENCE

An approved absence is any planned temporary break, such as attending summer camp or a home visit. MDHHS policy may allow you to receive payment for up to five days, as long as the placement is maintained, the child is returned to your care, and prior MDHHS approval is received. If the child is absent from your care more than five days, additional prior approvals are required per MDHHS policy. This may delay payment processing and validation. You must have prior approval from the child’s primary caseworker before the leave begins.

Example 4
The 14-day billing period is February 6, 2017 to February 19, 2017: Sam Stone was in your care on the first day of the billing period, he went on an approved home visit for three days and returned to your care. For the billing period, you are eligible for 14 days of payment.

TEMPORARY BREAK/Bed HOLD PAYMENTS

Placement with a foster home or institutional care provider is on a continuous basis. Shelter care placements are considered emergency temporary placements, and not subject to bed hold requests.

Unapproved days of absence are also known as truancies, absent without legal permission (AWOLP), or escape. These are situations when a child leaves a placement without permission and remains absent overnight. You must report unapproved absences to the child’s caseworker immediately.

Other types of temporary break situations include detentions, jail, medical hospitalization admission or psychiatric hospitalization admission.

Many times, after leaving a placement a child will be returned to the same placement. This could occur within the same billing period. However, the payment authorization is stopped effective the day the child left your care. If you are to receive payment for the temporary break, the MDHHS Federal Compliance Division will complete the manual payment request for the temporary break dates upon receiving the completed MDHHS-5406 Bed Hold Payment request from the primary worker, which does not require MiFoster IVR verification. The MDHHS Federal Compliance Division will complete the payment for the unapproved leave dates. For MiFoster IVR users, there is no payment validation needed for these payments.

Example 5
The 14-day billing period is February 6, 2017 to February 19, 2017: Sam Stone was in your care on the first day of the billing period. On February 8, 2017, he left your home on an unapproved leave home for three days and returned to your care on February 10, 2017. On the payment roster or MiFoster IVR, there will be two payment billing periods February 6, 2017 to February 7, 2017 and February 10, 2017 to February 19, 2017.
Example 6
The 14-day billing period is February 6, 2017 to February 19, 2017: Jill Walker was in your care on the first day of the billing period, she left the placement without approval on February 11, 2017. For the billing period, you are eligible for five days of payment.

RECEIVING PAYMENTS

At the end of the billing period, you will be able to validate payments through the MiFoster IVR or in MiSACWIS on the payment roster. After payment validation for all fund sources except child care funds, payment requests will be sent to the state’s accounting system for payment processing. If the payment request is funded with child care funds, then the child’s maintenance payment will be paid by the county and the administrative payment will be paid through the state’s accounting system.

Normally, a check will be received approximately one week after the Friday payroll. The electronic fund transfer (EFT) payment will also be deposited to your account in approximately one week. Reference Exhibit A, Children’s Foster Care Payment Schedule, for the tentative delivery/deposit dates.

After payment validation, for county-funded placements, the foster care worker will print out the validated payment form and submit it for payment per the local county procedures.

Note: Federal and state holidays or postal delays can slow the payment process.

REGISTERING WITH SIGMA VENDOR SELF SERVICE (VSS)

All providers must be registered in the Statewide Integrated Government Management Applications (SIGMA) Vendor Self Service (VSS) prior to receiving a payment from MiSACWIS. Providers who are enrolled in Bridges or licensed through the Department of Child Welfare Licensing (DCWL) cannot receive a payment from MiSACWIS until the VSS account has been activated. Upon creation of the VSS account, please ensure that you retain your SIGMA Vendor Code and Address ID as it may need to be provided to your caseworker or the Office of Contracts and Purchasing. Payments verified in MiSACWIS for providers who do not have a SIGMA Vendor Code and Address ID will experience a delay in payment until this information is received by MiSACWIS. Because of this it is crucial that all providers are registered in VSS as soon as possible. For more information or to signup, go to SIGMA VSS.
ELECTRONIC FUNDS TRANSFER (EFT)

Electronic funds transfer is available for direct deposit of State of Michigan payments to your bank account.

It is important to keep your address information current in VSS. Youth who are receiving independent living payments are not eligible for EFT payments.

For more information or to signup, go to SIGMA VSS.

Note: If the payment funding source is child care funds, the payment may not be eligible for EFT deposit. Contact the youth’s caseworker for information.

HELPFUL TIPS

- Do not try to validate the dates of care until after the entire 14-day billing period has ended.
- Remember the placement payment rule: Always count the first day of placement but not the day the placement ends; that is, the day the child leaves your care.
- Approved leaves must have prior approval from MDHHS and your PAFC caseworker, if applicable, before the leave begins. The primary caseworker will be responsible for updating this information in the MiSACWIS system, if necessary.
- You must report unapproved absences to the child’s caseworker as soon as possible. If you are eligible for a payment, the payment and approvals are processed at a higher level than your child’s caseworker.

RECORD KEEPING

It is suggested that you keep copies of all children’s foster care State of Michigan remittance advice documents/check stubs. Exhibit D contains copies of a remittance advice document for providers who receive a check/warrant. Exhibit E contains a screen print of the payment information obtained in VSS for providers who receive their payments via EFT.

The remittance information will help you maintain your records. If you need assistance understanding your remittance information, contact the Specialized Action Center or the child’s caseworker with any questions or problems related to a payment. If you need assistance from the Specialized Action Center, please contact them through the MDHHS Customer Support Line at 1-800-444-5364. Listen for options regarding questions about payments from MDHHS.
PAYMENT ISSUES

OVERPAYMENTS

It is the responsibility of the assigned caseworker to ensure that the child’s placement dates and payment service authorization dates are correct. It is important that you verify payments for the correct number of days of placement for each child. The payment system is designed to avoid making overpayments. The Michigan Department of Health and Human Services (MDHHS) may issue collection letters for any overpayments. In the event you receive a collection letter please make your check payable to State of Michigan – MDHHS and mail to the following address:

Overpayment Collections Unit  
PO Box 30437  
Lansing, MI 48909

If an overpayment has occurred and you have not received a collection letter from MDHHS please contact the Overpayment Dispute Resolution Unit at 1-800-419-3328 and provide the period of the overpayment, client information and possible amount.

If you have payment questions, please contact the Specialized Action Center through the MDHHS Customer Support Line at 1-800-444-5364. Listen for options regarding questions about payments from MDHHS.

ADJUSTING FOR AN UNDERPAYMENT

Occasionally an underpayment occurs. A common reason for an underpayment would be if the caseworker authorizes the standard daily rate and conditions soon indicate that a DOC is appropriate. After completion of the DOC documentation with the foster parent and obtaining required approvals, the caseworker can make a retroactive payment adjustment.

You will not need to validate the payment roster or call the MiFoster IVR a second time for the same billing period. In this situation, you have already verified you provided care for the child during the billing period. The payment adjustment for the underpayment will be included in a future EFT or check.

REPLACING A LOST OR DESTROYED CHECK

If a check becomes lost, destroyed, stolen, or undelivered, there are certain steps that must be followed.

If it was received and lost, call the child’s caseworker to verify that a payment was made and the status of the check. The caseworker cannot start the process to replace the check until four days have passed since the check was mailed.
If you believe your check was stolen, you must report the theft to the police.

If the check was destroyed, save the remains of the check. It must be attached to the affidavit referenced below.

Checks that are reported as lost, destroyed, not received, or stolen may be replaced/rewritten after recovery is made on the original warrant. Recovery means that the value of the warrant has been credited back to the account it was written from, or if a forged warrant has cleared Treasury, that the person who cashed the forged warrant has reimbursed the state.

An Affidavit Claiming Lost, Destroyed, Not Received or Stolen State Treasurer’s Warrant or an Affidavit Claiming Forged Endorsement is required to replace a warrant. In most cases, the affidavit must be notarized. These forms are available at the local MDHHS office. There are several special procedures involved in a check replacement. If a check is lost or destroyed, contact the child’s caseworker to initiate the replacement process.

To avoid lost, destroyed or stolen warrants, foster parents are strongly encouraged to register for EFT payments directly into a designated checking account. For more information or to signup, go to SIGMA VSS.

Note: If the payment funding source is child care funds, the payment may not be eligible for EFT deposit. Contact the youth’s caseworker for information for replacing a lost or stolen check.

PAYMENT QUESTIONS OR PROBLEMS

There are two resources available to you as a MDHHS provider. These include the child’s caseworker and the Specialized Action Center.

Call the child’s caseworker when you:
- Notice an error on a payment roster or on the MiFoster IVR.
- Do not know whether you should validate a payment for the child using a payment roster or the MiFoster IVR.
- Want to determine whether a check was issued and when it was mailed.
- Need to know whether the payment authorization has been approved in the system.
- Need to report a lost, destroyed, stolen, or undelivered check.

Call the Specialized Action Center when you:
- Forgot your MiFoster IVR PIN.
- Have non-child-specific payment questions.
- Want to determine whether a check was issued or when it was mailed.

If you need assistance from the Specialized Action Center, please contact them through the MDHHS Customer Support Line at 1-800-444-5364.
FREQUENTLY ASKED QUESTIONS AND ANSWERS

What is a billing period?

A billing period is a 14-day period of time; there are 26 billing periods in a year. All children’s foster care billing periods begin on a Monday and end two weeks later on a Sunday. Check the Children’s Foster Care Payment Schedule (Exhibit A) at the end of this document for the begin and end dates of the billing periods.

How often will I receive payment?

When you verify a payment roster or a payment through the MiFoster IVR, payment will usually be deposited in your bank account via EFT or mailed to you within one week.

During a billing period, another child is placed into my care. When will they appear on my payment roster or the MiFoster IVR? When will I be able to validate the day in care for this child?

The days of care will follow the same billing cycle and process as mentioned above; you should be able to validate the days in care the Monday after the billing cycle ends. However, as previously mentioned, since the service authorization requires, at a minimum, the MDHHS supervisor’s approval, and there is a delay in approving the service authorization, there may also be a delay in payment processing. If there is a significant delay, you should contact the child’s caseworker.

As a reminder, payments may be delayed due to federal and state holidays or postal delays.

Several weeks ago, we had a child placed with us, but we still have not been able to validate the days in care for the child. What should we do?

Contact the child’s caseworker to inquire about the payment service authorization.

What should I do if I identify errors when I call the MiFoster IVR?

You should not verify or approve a payment for a child listed on the MiFoster IVR if the days in care are incorrect. You must contact the child’s caseworker. If you have more than one child listed on the MiFoster IVR, you are still able to validate the days in care for the other children as long as the information is correct.

What should I do if I identify errors on the payment roster?

You should not verify or approve the payment on the roster; you can remove and delete the payment from the roster and then contact the primary caseworker. The child’s placement may need to be corrected in MiSACWIS.
What should I do if the check/warrant is lost or destroyed?

If a check is not received, lost, destroyed, or stolen, there are specific steps that you must take to replace the check. You should contact the child’s caseworker.

Should I keep copies of the State of Michigan Remittance Advice documents?

If you receive a check, keep all the payment information you receive in a secure area for future reference should there be any questions on a payment. It is very important for you to review every remittance advice/check stub you receive for foster care and report errors to the child’s caseworker immediately (Reference Exhibit D).

Your EFT payment history is available in Sigma VSS.

What should I do if I receive an overpayment or experience an underpayment?

Contact the child’s caseworker.

Do I need to ask the child’s caseworker to receive the semi-annual clothing allowances, holiday allowances, or case services payments?

Semi-annual clothing allowances and the holiday allowance are automatically sent based on payment authorizations in effect for the billing period in which these payments are made. If you do not receive these payments as expected, contact the child’s caseworker.

You will need to discuss case services payments with the child’s caseworker.
**EXHIBIT A: 2019 CHILDREN’S FOSTER CARE PAYMENT SCHEDULE**

<table>
<thead>
<tr>
<th>BILLING PERIOD BEGIN</th>
<th>BILLING PERIOD END</th>
<th>PAYMENT VALIDATION BEGIN</th>
<th>PAYMENT VALIDATION END</th>
<th>TENTATIVE CHECK/EFT APPROXIMATE DELIVERY DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/07/2019 - 01/20/2019</td>
<td>01/22/2019 - 01/25/2019</td>
<td>01/29/2019 - 02/01/2019</td>
<td>02/01/2019</td>
<td></td>
</tr>
<tr>
<td>01/21/2019 - 02/03/2019</td>
<td>02/05/2019 - 02/08/2019</td>
<td>02/12/2019 - 02/15/2019</td>
<td>02/15/2019</td>
<td>* 02/22/2019</td>
</tr>
<tr>
<td>02/04/2019 - 02/17/2019</td>
<td>02/19/2019 - 02/22/2019</td>
<td>02/26/2019 - 03/01/2019</td>
<td>03/01/2019</td>
<td></td>
</tr>
<tr>
<td>02/18/2019 - 03/03/2019</td>
<td>03/05/2019 - 03/08/2019</td>
<td>03/12/2019 - 03/15/2019</td>
<td>03/15/2019</td>
<td></td>
</tr>
<tr>
<td>03/04/2019 - 03/17/2019</td>
<td>03/19/2019 - 03/22/2019</td>
<td>03/26/2019 - 03/29/2019</td>
<td>03/29/2019</td>
<td></td>
</tr>
<tr>
<td>03/18/2019 - 03/31/2019</td>
<td>04/02/2019 - 04/05/2019</td>
<td>04/09/2019 - 04/12/2019</td>
<td>04/12/2019</td>
<td></td>
</tr>
<tr>
<td>04/15/2019 - 04/28/2019</td>
<td>04/30/2019 - 05/03/2019</td>
<td>05/07/2019 - 05/10/2019</td>
<td>05/10/2019</td>
<td></td>
</tr>
<tr>
<td>04/29/2019 - 05/12/2019</td>
<td>05/14/2019 - 05/17/2019</td>
<td>05/21/2019 - 05/24/2019</td>
<td>05/24/2019</td>
<td></td>
</tr>
<tr>
<td>06/10/2019 - 06/23/2019</td>
<td>06/25/2019 - 06/28/2019</td>
<td>07/02/2019 - 07/05/2019</td>
<td>07/05/2019</td>
<td>* 07/12/2019</td>
</tr>
<tr>
<td>BILLING PERIOD BEGIN</td>
<td>PAYMENT VALIDATION BEGIN</td>
<td>PAYMENT VALIDATION END</td>
<td>TENTATIVE CHECK/EFT APPROXIMATE DELIVERY DATE</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------</td>
<td>------------------------</td>
<td>---------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>08/05/2019 - 08/18/2019</td>
<td>08/20/2019 - 08/23/2019</td>
<td>08/30/2019</td>
<td>08/27/2019 - 08/30/2019 09/06/2019 *</td>
<td></td>
</tr>
<tr>
<td>08/19/2019 - 09/01/2019</td>
<td>09/03/2019 - 09/06/2019</td>
<td>09/13/2019</td>
<td>09/10/2019 - 09/13/2019 09/20/2019</td>
<td></td>
</tr>
<tr>
<td>12/23/2019 - 01/05/2020</td>
<td>01/07/2020 - 01/10/2020</td>
<td>01/17/2020</td>
<td>01/14/2020 - 01/17/2020 01/24/2020</td>
<td></td>
</tr>
</tbody>
</table>

*Checks (warrants) may be delayed due to holidays.

Note: The tentative check dates are not applicable for child care fund payments. The MiSACWIS payroll runs after 5 p.m. on the last business day of every week.
<table>
<thead>
<tr>
<th>BILLING PERIOD BEGIN</th>
<th>END</th>
<th>TENTATIVE CHECK/EFT APPROXIMATE DELIVERY DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/10/2018 - 12/23/2018</td>
<td>01/04/2019</td>
<td></td>
</tr>
<tr>
<td>12/24/2018 - 01/06/2019</td>
<td>01/18/2019 *</td>
<td></td>
</tr>
<tr>
<td>01/07/2019 - 01/20/2019</td>
<td>02/01/2019</td>
<td></td>
</tr>
<tr>
<td>01/21/2019 - 02/03/2019</td>
<td>02/15/2019</td>
<td></td>
</tr>
<tr>
<td>02/04/2019 - 02/17/2019</td>
<td>03/01/2019</td>
<td></td>
</tr>
<tr>
<td>02/18/2019 - 03/03/2019</td>
<td>03/15/2019</td>
<td></td>
</tr>
<tr>
<td>03/04/2019 - 03/17/2019</td>
<td>03/29/2019</td>
<td></td>
</tr>
<tr>
<td>03/18/2019 - 03/31/2019</td>
<td>04/12/2019</td>
<td></td>
</tr>
<tr>
<td>04/01/2019 - 04/14/2019</td>
<td>04/26/2019</td>
<td></td>
</tr>
<tr>
<td>04/15/2019 - 04/28/2019</td>
<td>05/10/2019</td>
<td></td>
</tr>
<tr>
<td>04/29/2019 - 05/12/2019</td>
<td>05/24/2019</td>
<td></td>
</tr>
<tr>
<td>05/13/2019 - 05/26/2019</td>
<td>06/07/2019</td>
<td></td>
</tr>
<tr>
<td>05/27/2019 - 06/09/2019</td>
<td>06/21/2019</td>
<td></td>
</tr>
<tr>
<td>06/10/2019 - 06/23/2019</td>
<td>07/05/2019 *</td>
<td></td>
</tr>
<tr>
<td>06/24/2019 - 07/07/2019</td>
<td>07/19/2019</td>
<td></td>
</tr>
<tr>
<td>07/08/2019 - 07/21/2019</td>
<td>08/02/2019</td>
<td></td>
</tr>
<tr>
<td>07/22/2019 - 08/04/2019</td>
<td>08/16/2019</td>
<td></td>
</tr>
<tr>
<td>08/05/2019 - 08/18/2019</td>
<td>08/30/2019</td>
<td></td>
</tr>
<tr>
<td>08/19/2019 - 09/01/2019</td>
<td>09/13/2019</td>
<td></td>
</tr>
<tr>
<td>09/02/2019 - 09/15/2019</td>
<td>09/27/2019</td>
<td></td>
</tr>
<tr>
<td>09/16/2019 - 09/29/2019</td>
<td>10/11/2019 *</td>
<td></td>
</tr>
<tr>
<td>09/30/2019 - 10/13/2019</td>
<td>10/25/2019</td>
<td></td>
</tr>
<tr>
<td>10/14/2019 - 10/27/2019</td>
<td>11/08/2019</td>
<td></td>
</tr>
<tr>
<td>BILLING PERIOD BEGIN</td>
<td>BILLING PERIOD END</td>
<td>TENTATIVE CHECK/EFT APPROXIMATE DELIVERY DATE</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>12/09/2019 - 12/22/2019</td>
<td>12/09/2019 - 12/22/2019</td>
<td>01/03/2020 *</td>
</tr>
<tr>
<td>12/23/2019 - 01/05/2020</td>
<td>12/23/2019 - 01/05/2020</td>
<td>01/17/2020</td>
</tr>
<tr>
<td>01/06/2020 – 01/19/2020</td>
<td>01/06/2020 – 01/19/2020</td>
<td>01/31/2020</td>
</tr>
</tbody>
</table>

*Checks (warrants) may be delayed due to holidays.

Note: The tentative check dates are not applicable for child care fund payments. The MiSACWIS payroll runs after 5 p.m. on the last business day of every week.

This includes payments for all Independent Living stipends including youth participating in the Young Adult Voluntary Foster Care (YAVFC) program. County child care funded payments may not follow this schedule and caseworkers should contact their county and local office for billing procedures.
EXHIBIT C: FOSTER PARENT PIN LETTER

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING
02/28/2019

FOSTER PARENT PHONE-IN PIN

Dear Valerie

The number listed below is your foster parent phone-in pin. You will use this number, along with your Bridges Provider ID, when calling into the phone-in process to validate all foster care children placed in your household for an identified pay period.

Phone-In Pin #: *******

The foster care phone-in number to call to validate your payments is 1-855-MiFoster. We recommend that you keep your phone-in pin secure and not share it with anyone. If you feel your phone-in pin has been compromised or if you have questions, please contact your caseworker.

Thank you.

Michigan Department of Health and Human Services (MDHHS) 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 an MDHHS office in your area.

DHS-1220-MISACWIS (Rev. 6-15)
### EXHIBIT D: STATE OF MICHIGAN REMITTANCE ADVICE: Check

**STATE OF MICHIGAN REMITTANCE ADVICE**

**BANK ID:** 000  
**VENDOR NO:** M1SC00001  
**AGENCY:** X448  
**CHECK NO:** 12345  
**CHECK DATE:** 01/05/2018

<table>
<thead>
<tr>
<th>INVOICE NUMBER</th>
<th>INVOICE DATE</th>
<th>REFERENCE DOCUMENT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWCN000011052170616GW0152211</td>
<td>491</td>
<td>SWCN00001103</td>
<td>$241.36</td>
</tr>
<tr>
<td>Vouch Ref 20170616GW015221 00112233 MELVIN THELEN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prov-1234567 Candace Smith 0700-General Foster Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/11/2017-12/24/2017 Auth Amnt: $241.36 Recoup Amnt: $0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Paid Amnt $241.36 PLEASE KEEP THIS DOC FOR YOUR TAX RECORDS

| Total Payment Amount | $241.36 |
| Net Payment Amount   | $241.36 |

**Check Total** = $241.36

---

**FOR QUESTIONS, PLEASE CALL DHHS AT (800) 444-5364**

---

**RICK SNYDER, GOVERNOR**

**MISCO0000**

**VENDOR NO:** X448  
**AGENCY:** 000 200110033  
**CHECK DATE:** 01/05/2018

**TWO HUNDRED FORTY ONE AND 36/100 DOLLARS**

013456

**PAY TO THE ORDER OF:**

**CANDACE SMITH**

4444 WEST ST
FLINT, MI 48504-4754

**JPMorgan Chase Bank, N.A.**

**Mary Jones, STATE TREASURER**
EXHIBIT E: STATE OF MICHIGAN REMITTANCE ADVICE: EFT Statement

Notice: This is not an official check or EFT notification. It may not be used as a substitute for the original document received.

<table>
<thead>
<tr>
<th>DEPARTMENT NAME</th>
<th>INVOICE DATE</th>
<th>VENDOR INV #</th>
<th>INVOICE AMOUNT</th>
<th>LINE AMOUNT</th>
<th>CHECK/EFT DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Human Services</td>
<td>0016711241.36</td>
<td>SWCR0001583317117CW0116711241.36</td>
<td>241.36</td>
<td>Vouch Ref 20171117CW01167101234567 Teddy Jones Proc-0017040 ARNOLD BETH A 0700-Age Appropriate 10/30/2017-11/12/2017 Auth Amt: $241.36 Recoup Amt: $0 Paid Amt $241.36 PLEASE KEEP THIS DOC FOR YOUR TAX RECORDS</td>
<td></td>
</tr>
<tr>
<td>Health and Human Services</td>
<td>0016711241.36</td>
<td>SWCR0001583317117CW01167112241.36</td>
<td>241.36</td>
<td>Vouch Ref 20171117CW011671001122334 Noelle Jones Proc-0017040 ARNOLD BETH A 0700-Age Appropriate 10/30/2017-11/12/2017 Auth Amt: $241.36 Recoup Amt: $0 Paid Amt $241.36 PLEASE KEEP THIS DOC FOR YOUR TAX RECORDS</td>
<td></td>
</tr>
</tbody>
</table>

The Michigan Department of Health and Human Services does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.