

Bulletin

June 4, 2008

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County & Tribal Directors
- Social Service Supervisors and Staff
- Fiscal Supervisors

ACTION / DUE DATE

Please complete and transmit the required abstract by the 20th day after the end of each calendar quarter.

EXPIRATION DATE

The policies in the bulletin in effect until June 4, 2010.

Title IV-E Foster Care Abstract and Claiming Process

TOPIC

Revised Requirements for Completing the Title IV-E Foster Care Abstract and Transmitting Claims.

PURPOSE

Assist county and tribal social service agencies on making federal claims using the revised Title IV-E Foster Care Abstract requirements. These revisions include changes in the instructions for Title IV-E foster care abstract.

CONTACT

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Financial Operations Division
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SIGNED

CHRISTINE BRONSON
Deputy Commissioner

BACKGROUND

Title IV-E maintenance reimbursement is available to county social service agencies for the placement costs for Title IV-E eligible children in foster care. Federal reimbursement is also available to any tribal social service agency that has signed a Title IV-E maintenance agreement with the Minnesota Department of Human Services (DHS) and has made foster care payments on behalf of eligible children in out-of-home placement.

The Title IV-E Abstract is the documentation submitted to DHS to report required data about Title IV-E eligible children in out-of-home placements. The Title IV-E Abstract has two functions. First, it allows social service agencies to claim eligible foster care maintenance expenditures for Title IV-E reimbursement. Second, it allows the social service agency to submit data that is used to calculate Title IV-E administrative earnings.

CHANGES

Effective immediately, the information in this bulletin updates and replaces DHS bulletin no. 07-32-09 (July 5, 2007) with the current federal and state rules and regulations for the Title IV-E Foster Care Program.

Attachment A of this bulletin includes more clarification on the connection between the rule codes and BRASS codes. This additional information is found on pages A8 & A9.

Attachment A also includes an exception for reporting certain child support recoveries, as explained on pages A12 & A13.

LEGAL REFERENCES

Social Security Act, Title IV, Part E

45, CFR Part 1356.10 to 1356.71

Minnesota Statutes, section 256.01

Minnesota Rules, parts 9550.0300 to 9550.0360

Minnesota Rules, parts 9545.0755 to 9545.0845

WHAT CAN BE CLAIMED

Maintenance

Maintenance costs of providing food, clothing, shelter, daily supervision, school supplies, personal incidentals, and reasonable travel to the child's home for visitation are reimbursable at the federal financial participation rate equal to the state's Medical Assistance (MA) rate.

Approved amounts are categorized into three age groups and are published in the annual foster care rates bulletin for children placed in a family foster care home. For children placed in a group residential facility, approved amounts are published in the quarterly per diem rates bulletin.

Intake & Planning

Administrative costs for the intake and planning activities necessary to place a child in out-of-home foster care are reimbursable at the federal financial participation rate of 50 percent. Approved amounts are published in the quarterly per diem rates bulletin.

Initial Clothing

Clothing is allowable to the extent that it is purchased within sixty days of the initial placement. All placements subsequent to the initial sixty days are ineligible for the initial clothing allowance. Approved amounts are categorized into three age groups and are published in the annual foster care rates bulletin. The initial clothing allowance is reimbursable at the federal financial participation rate for maintenance costs. The claim for the clothing must correspond with an eligible claim for maintenance.

Childcare

Childcare provided to a foster child to facilitate a foster parent's employment outside the home or to facilitate participation in activities that are beyond the realm of "ordinary parental duties" such as, attendance at judicial reviews, case conferences, school conferences or foster parent training are reimbursable at the federal financial participation rate for maintenance costs, if the claim corresponds with a claim for maintenance to an eligible provider with service dates equal to the maintenance claim service dates or fall inside of the range of the maintenance claim service dates. Respite care or childcare to allow an evening out is not an allowable expenditure.

Rule 4 Administration & Training

Administrative fees from eligible Rule 4 (Minnesota Rules, parts 9545.0755 – 9545.0845) placing agencies are reimbursable at the federal financial participation rate of 50 percent or 75 percent, depending on the approved amounts published in the quarterly per diem rates bulletin. Rule 4 claims are only eligible if the claim corresponds with a claim (same service dates) for maintenance to an eligible provider.

ATTACHMENTS

Attachment A - Required Data for the Title IV-E Foster Care Abstract

This attachment is the revised comprehensive set of required data for the Title IV-E Foster Care Abstract. Attachment A replaces DHS bulletin no. 07-32-09 (July 5, 2007).

Attachment B - DHS-2570X

This sample report is a summary of claims that organizes the claim data into federal claiming categories, shows the amounts that are eligible for reimbursement, and the federal share to be paid. The federal claiming categories are maintenance (includes initial clothing & childcare), intake & planning, and training. Each of these categories is further defined by rule number and quarter.

Attachment C - DHS-2570X Summary

This sample report is a summary of claims organized into a one-line-per-quarter format. This format is useful for reconciliation purposes.

Attachment D - DHS-2570A Non-Reimbursable Claims

This is a sample report of the non-reimbursable claims. This report is sent to social service agencies as notification of client-specific costs that have been disallowed. The social service agency, in turn, can use this form to correct previously submitted data and request the correction of a non-reimbursable claim. Printed on the DHS-2570A report, in the far right column for each claim, is a state reference number that is assigned to each claim by the Title IV-E claiming system. This number is useful to identify a specific claim if you call DHS and need assistance. Also printed on this report is a county claim number which is the same as the Social Services Information System (SSIS) payment ID number. This number is useful for locating the claim in the SSIS system. Instructions on how to correct claims are found in Attachment A.

Attachment E - DHS-2570R Rejected Claims

This is a sample report of rejected claims that can no longer be corrected. These claims were initially reported on DHS-2570A as non-reimbursable. Claims that were not corrected are moved to a final rejected status.

ACTION REQUIRED

Complete Title IV-E Foster Care Abstract

Each county and eligible tribe must submit a completed Title IV-E Foster Care Abstract every calendar quarter. This report is due 20 calendar days after the end of the quarter.

Failure to submit complete, accurate, and timely reports will result in the delay of Title IV-E maintenance, intake & planning, and training reimbursement. DHS payments based on late reports will be made on the next regular payment date.

Transmit Report

Social service agencies will use SSIS to generate the Title IV-E Foster Care Abstract to transmit their completed report to DHS.

Critical Errors

Some errors that are made when completing the Title IV-E Abstract are called critical errors and will result in the rejection of the entire Title IV-E Abstract. SSIS will generate warnings if a report is created that contains a critical error. The error will need to be corrected and the report re-generated.

Review Non-reimbursed Claims and Submit Corrections

The DHS-2570A report is sent to social service agencies after the Title IV-E Abstract has been audited. This report details the claims that were initially rejected. These non-reimbursed claims can be corrected if DHS receives the DHS-2570A, with the corrections noted, within 45 days from the date DHS mailed the DHS-2570A to the appropriate county or tribal social service agency.

QUESTIONS

Please direct questions on Title IV-E claims, completion of the abstract, electronic transmission of the Title IV-E Abstract, or the correction of non-reimbursable claims on the DHS-2570A report to:

Rhonda Lord
Title IV-E Auditor
(651) 431-3787 or rhonda.lord@state.mn.us
FAX (651) 431-7480

Please direct questions on Title IV-E fiscal policy to:

Deb Jensen
Title IV-E Fiscal Management Analyst
(651) 431-3740 or deb.jensen@state.mn.us
FAX (651) 431-7480

Special Needs

This information is available in other forms to people with disabilities by contacting us at (651) 431-3776 (voice) or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech to speech relay service).

**REQUIRED DATA FOR THE TITLE IV-E
FOSTER CARE ABSTRACT**

- A. OVERVIEW**
- B. CLAIMING PROCESS**
- C. GENERAL INFORMATION**
- D. REQUIRED CLAIM DATA ELEMENTS**
 - 1. Child's Name**
 - 2. Child's Identification Number**
 - 3. Date of Birth**
 - 4. Age**
 - 5. Student Status**
 - 6. Difficulty Of Care Assessment Number**
 - 7. Continuous Placement Start Date**
 - 8. Best Interest Date**
 - 9. VPA Signed Date**
 - 10. Placement Type**
 - 11. Provider Type**
 - 12. Service Code**
 - 13. Rule Code**
 - 14. Foster home / Provider Name**
 - 15. License / Automation Number & Sub Codes**
 - 16. Service Dates**
 - 17. Amount Paid**
 - 18. Date Paid**
- E. REQUIRED RECOVERIES**
- F. REQUIRED CHILD COUNTS**
- G. SUPPLEMENTAL CLAIMS**
- H. CORRECTIONS and REVISIONS**
 - 1. Backing out claims**
 - 2. Refunds**
 - 3. Correcting Non-reimbursable claims**
- I. TIME LIMITATIONS**

A. OVERVIEW

The Title IV-E Abstract is an electronic report required by DHS to provide the data needed for processing Title IV-E maintenance claims. The Title IV-E Abstract report is maintained by the Social Service Information System (SSIS). SSIS produces the Abstract from five SSIS data tables. County and tribal social service agency staff enters data into SSIS and uses SSIS to generate the abstract report. The purpose of this attachment is to explain the components of the Title IV-E Abstract and give descriptions of the required data. The Title IV-E Abstract includes three types of data:

Required Claim Data Elements

There are 18 elements of detailed data needed to create a Title IV-E claim.

Required Recoveries

The required recoveries is the information that must be reported when a recovery or refund of payments is received during the quarter on behalf of Title IV-E children in placement.

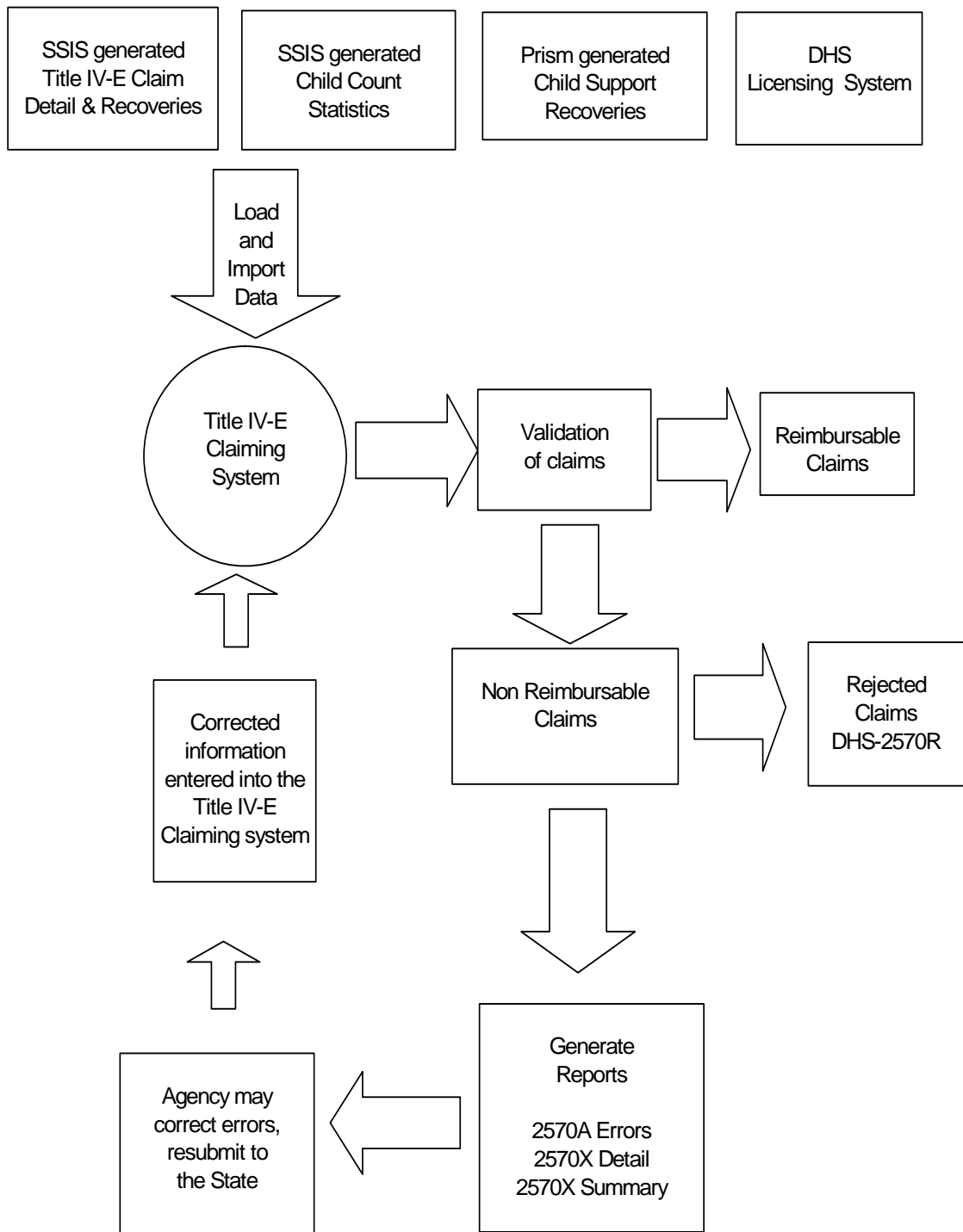
Required Child Counts

Submission of this report is mandatory even if a county or tribe has no Title IV-E eligible children in placement. This report provides the data on the average number of children in foster care placement which supports quarterly maintenance claims and the SSTS child count ratio needed to claim federal Title IV-E administrative reimbursement.

As a sub-set of this data, information is also collected on the average number of American Indian children in foster care placement; the resulting American Indian child count ratios are used for claiming administrative money for tribal projects, such as the Social Services Administrative Tribal Time Study (SSATTs).

B. CLAIMING PROCESS

Once DHS receives the Title IV-E Abstract, the validation of the claim begins. The abstract data is imported into the Title IV-E claiming system. The Title IV-E claiming system interfaces with the PRISM child support collections system and with the DHS licensing system. The claims are audited, validated and separated into “reimbursable claims” and “non-reimbursable claims”. The reimbursable claims are paid to each social service agency based on the federal financial participation rates. The non-reimbursable claims are detailed in the DHS-2570A report and sent to the appropriate county or tribal social service agency. The social service agency then has forty-five days to correct any claim data and resubmit the DHS-2570A to DHS. These claims are corrected in the Title IV-E claiming system and go through the claiming process again. If the corrected claims are now reimbursable, a payment results. If the corrected claims are still not reimbursable, then these claims are rejected and are detailed on the DHS-2570R *Rejected Claims* report and sent to the appropriate county or tribal social service agency.



C. GENERAL INSTRUCTIONS

1. Abstracts are due at DHS twenty calendar days after the quarter's end and must be submitted even if the county or eligible tribal social service agency made no Title IV-E reimbursable expenditures during the quarter.
2. Report only children for whom the social service agency has legal responsibility.
3. Report claims by calendar month. If a child is in placement from April 3rd through May 16th, then the claim must be separated. The first claim must have the placement dates April 3rd – April 30th. The second claim must have the placement dates May 1st – May 16th.
4. Use the cash basis of accounting for this abstract. The expenditures and revenues are to be those actually disbursed or received during the quarter, not accruals owed or earned. Under no conditions may a social service agency claim more under Title IV-E than the actual expenditures less offsets.
5. All figures reported must be rounded to the nearest whole dollar.
6. Initial clothing must be purchased within 60 days of the initial placement. Clothing costs for purchases outside of this time frame are not eligible and cannot be reimbursed.
7. County and tribal social service agencies are responsible for maintaining case files and financial records in such a manner as to leave a clear audit trail. Claims under Title IV-E must be adequately supported and must be held for the entire period that relates to the child's continuous placement plus 3 years (retention period for possible state or federal audit).
8. Written communication relating to the Title IV-E abstract should be addressed as follows:

Rhonda Lord
DHS Financial Operations
PO Box 64940
St. Paul, MN 55164-0940

D. REQUIRED CLAIM DATA ELEMENTS

The primary function of this portion of the foster care abstract is to report actual cash payments for the eligible maintenance costs of Title IV-E eligible children in out-of-home placement. There are eighteen required elements of data for each claim.

1. CHILD'S NAME

The child's full name, as shown on the child's birth certificate.

2. CHILD'S IDENTIFICATION NUMBER

The child's RID number (Recipient Identification Number), also known as the PMI number, is assigned by the MAXIS System for each child appearing on the abstract. Social service agencies are required to provide this information or the claim will become non-reimbursable.

3. DATE OF BIRTH

The child's birth date, as shown on the child's birth certificate. If the child is 18 years old, the question about the child's school status must be completed.

4. AGE

The child's age as of the last day of the month. Claims are computed on the rates established for the child based on the child's age as of the last day of the month.

Full month reimbursement is allowed for the month of the 18th or 19th birthday. If a child who is not a student turns 18, the entire month is reimbursable. If a child who is a student and graduates during the month of their 19th birthday, the entire month is reimbursable. The amount submitted to the state for reimbursement may include any days paid after the birthday during the month of the birthday.

5. STUDENT STATUS

If the child is 18 years old, the child's school status will be audited. If the child is 18, a full time student, and will graduate before age 19, then the "student status" should indicate Y (yes). If the child is 18 **but is not** a full time student **or is not** expected to graduate before age 19, then child is **ineligible** for Title IV-E reimbursement.

6. DIFFICULTY OF CARE ASSESSMENT NUMBER

The number of DOC (difficulty of care) points that were assigned to the child per the assessment review found in the child's case file is a number between zero and 225. DOC cannot be retroactive to a previous month; however, it is assumed to be effective back to the first day of the month in which the assessment review was dated and signed.

The DOC value must be supported by the documentation of the DOC assessment.

Note: For a claim adjustment of the DOC points (using **Service Code G**), the number reported can range from a negative 225 to a positive 225.

If claiming retroactive DOC because a review had been conducted but accounting had not been informed, we must know when the review was signed by the worker. Report only amounts that were **not** previously claimed; these amounts must be entered separately for each month. Retroactive DOC can only be claimed within the current federal fiscal year. (October 1 through September 30)

7. CONTINUOUS PLACEMENT START DATE

The date that the placement first started for this continuous placement episode. This information is used to count the first 60 days of the placement for the clothing claim.

8. BEST INTEREST DATE

For court-ordered placements, the date of the initial court order that contains the “best interest of the child” statement. This information is used to determine when reimbursement for Title IV-E claims can begin.

9. VPA SIGNED DATE

For voluntary placements, the date that the voluntary placement agreement (VPA) is signed by all necessary parties. This information is used to count the 180 days of Title IV-E eligibility for voluntary placements.

10. PLACEMENT TYPE

The placement type is either “court-ordered” or “voluntary”. County and tribal social service agencies must develop internal procedures to ensure that:

- a. Court-ordered and voluntary status is reviewed on a regular basis; and
- b. Social service staff routinely and promptly enters changes in placement authority on SSIS, as to any change in placement type.

11. PROVIDER TYPE

Provider type must be either a **family** foster home or **group** facility.

Family Type Providers

Claims with a rule number of 1, OT2 or OSH, must have the family provider type.

Claims for Rule 4 placing agencies, with the corresponding Rule 1 (Minnesota Rules, Chapter 2960) family foster home claim, must have provider type Family.

Group Type Providers

Any group facilities published in the quarterly per diem rates bulletin on Attachment A (Group 1 and Group 2) must have the group provider type.

12. SERVICE CODE

Service codes are used to identify the type of service being provided. Claim data for each type of service must be listed on a separate line and coded with the correct service code.

Maintenance - Code “A”

Use code A, or maintenance, for amounts paid to providers for eligible maintenance costs – Basic maintenance plus Difficulty of Care maintenance (DOC).

Initial Clothing - Code “B”

Use code B, or clothing, for amounts paid for eligible initial clothing costs. The child’s age at the end of the month of initial placement will determine the maximum claimable amount allowed for clothing. List the date that the foster care provider or social service agency directly purchased the clothing as the **start date and end date**.

The original date the social service agency reimbursed the provider is the **payment date**. The provider name is the name of the vendor that the social service agency reimbursed for the clothing purchase. Initial clothing is allowable to the extent that it is purchased within sixty days of the initial placement, not merely placement in this home or facility. All placements subsequent to the initial sixty days are ineligible for the initial clothing allowance. Approved clothing amounts are categorized into three age groups and are published in the annual foster care rates bulletin, which is effective January first of each year.

Childcare Costs - Code “C”

Use code C, or childcare, for amounts paid for eligible childcare costs. Childcare provided incidental to the child’s placement and identified under Brass code 214X are eligible at the rate paid by the social service agency. Childcare costs are eligible **ONLY** when a corresponding claim (with the same service dates) is made for maintenance (service code A or service code E) to an eligible provider. Childcare dates should be reported using the actual dates that the care was provided for the child. These dates must be equal to the maintenance claim service dates or fall inside of the range of the maintenance claim service dates. The provider name is the name of the vendor that the social service agency reimbursed for the childcare.

Rule 4 Placing Agency’s Administrative Fee - Code “D”

Use code D, or placement, for amounts paid for the eligible administrative fee costs of Rule 4 placing agencies. Rule 4 Administrative Fee costs can only be claimed if the Rule 4 placing agency is listed in the per diem rates bulletin for the quarter that corresponds to the service dates of the claim. Like childcare costs, Rule 4 costs are eligible **ONLY** when a corresponding claim (with the same service dates) is made for maintenance (service code A or service code E) to an eligible provider. Rule 4 administrative fee service dates must be equal to, or less than, the maintenance claim service dates.

Basic Maintenance - Code “E”

Use code E for amounts paid to providers for eligible maintenance costs when the social service agency will break out the basic maintenance costs as a separate payment from the DOC maintenance payment.

Difficulty of Care (DOC) - Code “F”

Use code F for amounts paid to providers for eligible difficulty of care (DOC) maintenance costs when the social service agency will break out the DOC maintenance costs as a separate payment from the basic maintenance payment. DOC claims coded “F” are eligible ONLY when a corresponding claim (with the same service dates) is made for Basic maintenance (service code E) to the same eligible provider. The DOC value must be greater than zero.

Adjustment of DOC - Code “G”

Use code G for amounts paid to providers for eligible difficulty of care (DOC) maintenance costs when an adjustment of a previous claim due to a change in the DOC points needs to be submitted. A DOC adjustment should be one claim with the number of points being adjusted. For example, if the child was at 40 DOC points and went to 70 total DOC points, then a “G” claim would report only 30 DOC points and the vendor payment amount for these additional 30 points. DOC adjustment claims coded “G” are eligible ONLY when a corresponding claim is made for maintenance (service code A or service code E) to the same eligible provider, and the service dates are equal to the maintenance claim service dates or fall inside of the range of the maintenance claim service dates. The DOC value may range from -225 to +225.

13. RULE CODE

Each claim must be identified using the correct rule code.

Rule Codes for Family Foster Homes

- 1** - for **children’s residential** family foster homes, licensed under the authority of DHS and DOC (Department of Corrections). All Rule 1 type homes should be paid using BRASS code 181x.
- 4** - for Rule 4, **child placing agencies**, licensed under the authority of DHS.
- OT2** - for **Tribal family foster** homes licensed or approved by the tribal governments. (When using this code, enter the exact phrase *TRIBAL* in the license number field.)
- OSH** - for licensed **out-of-state family foster** homes. (Enter the exact phrase *O of S* in the license number field when using this code.)

SSIS-Fiscal requires that all foster care maintenance payments for family foster homes, including family foster homes licensed by the department of corrections, tribally approved homes and out-of-state family foster homes be coded to BRASS Code 181x *Child Family Foster Care* in order for the claim to be submitted as a “FAMILY” type of claim.

These homes are eligible for Title IV-E reimbursement at the Basic plus Difficulty of Care (DOC) foster care rates, as published in the *Annual Foster Care Rates* bulletin. However, if the wrong BRASS code is used, the SSIS system will not allow a DOC point value to be entered and these claims will not be submitted as Family-type claims. The DOC value must be supported by the documentation of the DOC assessment.

Rule Codes for Group Residential Facilities

Approved Title IV-E residential facilities appear in Attachment A of the per diem rates bulletin, which is published quarterly. Claims for out-of-state facilities that do not appear on the quarterly bulletin must be approved before reimbursement can be authorized. Refer to the quarterly per diem rates bulletin for instructions on adding out-of-state facilities to the approved list of Title IV-E facilities.

Choose the DHS licensing rule code from the following choices:

5 - for **children’s residential facilities with mental health certification**, licensed under the authority of DHS.

8 - for **group residential** homes and shelters, licensed under the authority of DHS.

22 - for Rule 22, **transitional living** facilities, licensed under the authority of DHS.

31 - for Rule 31 (Minnesota Rules, parts 9530.6405 – 9530.6505), **group residential facilities with chemical dependency certification**, licensed under the authority of DHS.

CP - for facilities with **correctional program certifications**, licensed by the Department of Corrections.

TR - for tribally approved American **Indian group residential** facilities.

OSF - for approved **out of state facilities**.

14. FOSTER HOME or PROVIDER NAME

The name of the provider should be listed as follows:

- a. Full name of the foster care home provider.
- b. In cases where the vendor is a Rule 4 placing agency (Path, Volunteers of America etc.) - List the name of the Rule 4 agency (Approved Rule 4 agencies are listed in Attachment A of the quarterly per diem rates bulletin.)
- c. For an approved residential child caring facilities licensed by DHS, Department of Corrections, out-of-state or by an Indian tribal government - List the name of the facility/program (Approved children group residential facilities/programs are listed in Attachment A of the quarterly per diem rates bulletin.)
- d. In cases where the vendor is a childcare provider or clothing vendor, such as Target – The name of the vendor may be the name that appears on the payment.

Approved Title IV-E residential facilities appear in the quarterly per diem rates bulletin. These bulletins are categorized by groups and rule codes within groups. Claims for out-of-state facilities that do not appear on the quarterly bulletin must be approved before reimbursement can be authorized.

15. LICENSE / AUTOMATION NUMBER & SUB CODES

The DHS license number must be listed for each family foster home, applicable to the period of time covered by the service dates, for each Title IV-E claim.

For the group facility's license number, social service agencies must use the information from the correct per diem rates bulletin for the period of time covered by the service dates for each claim. Bulletins are published for each new quarter. Social service agencies must pay attention to each new quarter in which a bulletin is published in case a lead county contract has expired or has changed in some other manner.

• Assigned Automation Numbers

The DHS claiming process requires the use of a license number or a code number equivalent to a license number for each claim. For this reason, all facilities and group homes not licensed by DHS have been assigned a Title IV-E automation number. Facilities licensed by Corrections have been assigned codes that begin with "DC," out-of-state facilities begin with "OS," and tribal-approved facilities begin with "TR."

Tribally approved family foster homes have been assigned the word TRIBAL as the license number.

Out-of-state family foster homes covered by the interstate compact have been assigned the word O OF S as the license number.

- **Sub Codes**

Sub codes have been assigned to facilities that operate multiple programs under the same DHS license number. Correctional facilities are also defined by sub codes when more than one program is operated by the same facility. The sub code is simply a one-character extension of the license number.

Automation Numbers and Sub Codes are listed in Attachment A of the quarterly per diem rates bulletin.

16. SERVICE DATES

The starting and ending service dates for each month of service.

Do not cross months; the beginning service date and the ending service date must both be for the same month. In some instances, the same date may be used for both start and end days, if the child was in placement only one day. If a child was in multiple placements during a month, each placement must be entered separately.

Do Not Overlap “Start” and “End” dates when splitting service dates.

Example: A child was in placement A from 3/1/06 through 3/15/06 and transferred to placement B on 3/15/06 and stayed there through 3/31/06. This claim data must be separated on two lines. 03/01/2006 is the start date of the first claim line. 03/15/06 is the end date of the first claim line, so the second claim line **cannot** begin with the same date. The second claim line must start with 03/16/2006 and end with 03/31/2006. Overlapping dates will result in the rejection of one of the claim lines.

17. AMOUNT PAID

This amount must be the vendor payment amount from the county or tribal vendor payment system for the corresponding service code. The payment for each type of service provided must be listed on a separate line.

Example: Claim Line 1 = Code A in the Service Code field and the amount of costs paid for the maintenance service in the Vendor Payment Amount field.

Claim Line 2 = Code B in the Service Code field and the amount of costs paid for the initial clothing in the Vendor Payment Amount field.

Claim Line 3 = Code C in the Service Code field and the amount of costs paid for the child care in the Vendor Payment Amount field.

Claim Line 4 = Code D in the Service Code field and the amount of costs paid for the Rule 4 administrative fees in the Vendor Payment Amount field.

18. DATE PAID

The original date that the county or tribal social service payment was made to the vendor, for the service coded on each line.

E. REQUIRED DATA RECOVERIES

The primary function of this portion of the foster care abstract is to report actual cash received during the quarter on behalf of Title IV-E eligible children in placement. Recoveries are sorted by **placement type** (court ordered or voluntary). The Title IV-E claiming system will adjust all recoveries on the Rule 1 maintenance claim portion of the foster care abstract. Report all recoveries, other than child support collections, receipted for Title IV-E children during the quarter.

Examples of recoveries that must be reported include:

- Social Security (other than SSI)
- Old Age, Survivors
- Disability Insurance (OASDI)
- Refunds of IV-E reimbursement
- Refunds of child support recoveries, if it is an exception (see below for an explanation of an exception)

Do not report Supplemental Security Income (SSI) as a recovery. Federal policy announcement ACYF-PA-94-02 (February 4, 1994) announced the change in policy to allow concurrent eligibility for payments under SSI and Title IV-E foster care. The SSI payment is not a reduction of the IV-E claim. However, Title IV-E payments are a reduction of the SSI benefit. Therefore, when seeking IV-E reimbursement for a child that also receives SSI, the local Social Security Administration (SSA) office must be contacted. The SSA will reduce the SSI payment by the amount of IV-E to be received. Once the child returns home, contact the local SSA office again so that the SSA can resume issuing the original SSI benefit or adjust the amount of the benefit.

Do not report data for the PRISM child support recoveries. DHS will complete this portion of the abstract. If the amount that DHS reported for PRISM child support recoveries on the DHS Summary 2570X does not balance with the social service agency's records, the county or tribe needs to contact the Child Support Payment Center (CSPC) to make any adjustments. These adjustments will show up on next quarter's report. An example of an adjustment would be when a social service agency receives a PRISM IV-E foster care distribution for a child that is not IV-E eligible and the DHS Summary 2570X shows an amount that needs to be adjusted. The normal process would be to follow PRISM instructions to request a PRISM adjustment and receive approval from the Child Support Payment Center (CSPC).

Child Support Recoveries Exception

When an adjustment in a child support IV-E foster care distribution is large, CSPC might require that the county or tribe set up a recoupment and instructs the social service agency to send a check back to CSPC, before moving the payment to the correct case or obligation. This type of refund, where the social service agency sends a check back to CSPC to adjust the incorrect distribution amount, does not show as a negative to IV-E foster care on the social service agency's month-end PRISM check detail, and it does not get adjusted on the PRISM data used by DHS on the IV-E abstract. Therefore, in these instances, the social service agency should go into SSIS and show the amount that they sent back to CSPC for the refund to IV-E foster care, as a "Negative Recovery" in the CURRENT QUARTER. The PRISM amount from the original quarter will not change and the negative adjustment will be shown in the "Other Recovery" column, for the quarter in which the negative recovery was entered into SSIS, on the DHS Summary 2570X report. These two amounts will reconcile the needed adjustment.

F. REQUIRED DATA CHILD COUNTS

The primary function of this portion of the foster care abstract is to report a monthly-unduplicated count of children, in foster care, for whom the social service agency has made payments to providers during the quarter. The data collected from this section of the abstract is used to calculate the Title IV-E ratio. The Title IV-E ratio is used in the calculation of Title IV-E administrative earnings.

There are seven types of child count data that need to be completed for the child counts section of the abstract. The types of data are:

1. IV-E Eligible, Reimbursable Child
2. IV-E Eligible, Non- Reimbursable Child
3. Total Children in Placement
4. IV-E Eligibility Unknown, and Placement < 30 Days
5. IV-E Eligible, Indian Child
6. Total Indian Children in Placement
7. Indian Children IV-E Eligibility Unknown, and Placement < 30 Days

Each type of data requires three monthly counts. One count for each month in the current quarter being reported. Each count must be unduplicated, counting a child once no matter how many months of service or types of service are paid for in that month.

Total Children in Placement

The number of all children for whom a payment was made, under age 18 in foster care placement who are the social service agency's legal responsibility, either directly or through a placement agreement, including emergency placements. Also include students who are 18 and will graduate before age 19.

Exclude these children from the count:

- Refugee unaccompanied minors and all other 100 percent federally funded refugee children, even those who are Title IV-E reimbursable.
- All Medical Assistance waiver-funded children, except children receiving a Community Alternatives for Disabled Individuals (CADI) Waiver, Traumatic Brain Injury (TBI) Waiver, Mental Retardation/Related Conditions (MR/RC) Waiver or Community Alternative Care (CAC) Waiver. CADI, TBI, MR/RC and CAC waivers do not include room and board and therefore children receiving these waivers should not be excluded from the count.
- All children whose adoption has been finalized, unless they are returned to foster care as new placements.
- All respite care placements.
- All children not the legal responsibility of the social service agency.
- All children placed by a corrections or tribal agency where there is no Placement Agreement with the local county social service agency. (This refers to tribes that have not signed a Title IV-E maintenance agreement with DHS.)
- All children placed in facilities that are primarily for the detention of children who are adjudicated delinquent. (Such as Red Wing, Thistle Dew, Hennepin Home School or other secure correctional facilities.)

IV-E Eligibility Unknown, and Placement < 30 Days

The number of all children, included in the “Total Children in Placement Care” count, for whom Title IV-E eligibility is unknown, or has not been completed **and** the placement is less than thirty days.

IV-E Eligible, Reimbursable Child

The number of all children, included in the “Total Children in Placement” count, who have been determined to be Title IV-E eligible, who are in foster care placement, and were determined to be **reimbursable** under Title IV-E.

IV-E Eligible, Non- Reimbursable Child

The number of all children, included in the “Total Children in Placement” count, who have been determined to be Title IV-E eligible, who are in foster care placement, and were determined to be **non-reimbursable** under Title IV-E. Exclude children in unlicensed placements, unless the home is that of a relative and in the process of becoming licensed.

IV-E Eligible, Indian Child

The number of all children, IV-E eligible reimbursable and non-reimbursable, who are **American Indian children**. This number is a sub-set of the data reported in the “IV-E Eligible, Reimbursable Child” and the “IV-E Eligible, Non-Reimbursable Child” count data fields. Exclude children in unlicensed placements, unless the home is that of a relative and in the process of becoming licensed.

Total Indian Children in Placement

The number of all children, included in the “Children in Placement” count, who are **American Indian children**. This number is a sub-set of the data reported in the “Children in Placement” count data fields.

Indian Children IV-E Eligibility Unknown, and Placement < 30 Days

Identify the American Indian children who are in placement less than thirty days **and** whose eligibility determination for Title IV-E has not been completed. This number is a sub-set of the data reported in the “IV-E Eligibility Unknown, and Placement < 30 Days” count data fields.

G. SUPPLEMENTAL CLAIMS

Claiming maintenance and intake and planning expenditures that were not previously reported on the original abstract can be submitted as a supplemental claim. SSIS-Fiscal will add these claims on the IV-E abstract automatically whenever a change was entered into either MAXIS or SSIS for a previously ineligible claim that can now be considered as eligible. Supplements for prior quarters will be submitted at the same time as the abstract for the current quarter. The Title IV-E claiming system can sort the claims by proper quarter, based on the payment dates. Supplemental claims are reported in the same manner as current claims and are subject to the same auditing requirements.

H. CORRECTIONS and REVISIONS

Sometimes the data that was submitted in a prior quarter was in error or requires some additional documentation to correct the claim. Here are some ways to correct or revise prior quarter claims.

1. Backing Out Claims

For claims that were submitted in a prior quarter and later were found to be for a child that was not really Title IV-E eligible or reimbursable, the claim should be submitted in the current foster care abstract as a negative claim. Please make sure all the data reported is exactly the same as it was reported originally. (i.e. Same service codes, dates of service, etc.)

2. Refunds

A refund occurs when the payee returns all or part of the money received in the period of disbursement. A cancellation occurs when a warrant or other payment is canceled prior to its being honored. If the entire expenditure was refunded or canceled in the same quarter as the original expenditure, then the expenditure and the refund or cancellation cancel each other and would not be included on the IV-E abstract. However, if a partial refund is received, or a refund of an expenditure from a prior quarter is received, the refund would then be treated as a recovery.

3. **Correcting Non-reimbursable Claims**

Claims that have been rejected after the initial auditing process are listed on the DHS-2570A Non-Reimbursable Claims report. This report is sent to the appropriate county or tribal social service agency as notification of client specific costs that have been disallowed. Social service agencies, in turn, can use this form to correct previously submitted data and request the correction of a non-reimbursable claim. This report must be returned to DHS to request the correction of a non-reimbursable claim.

Social service agencies have a maximum of 45 calendar days, from the date the report was sent, to return the DHS-2570A with any additional documentation needed to support a correction of a non-reimbursable claim. The "Date Sent" and "Date Due" are printed on the report. Any DHS-2570A report received by DHS after the 45th day will not be accepted and the claims will remain non-reimbursable and are moved into a final rejected status.

Clear and detailed information to correct an error must be provided for any disallowed claims to request the correction. This information must be written on the DHS-2570A; social service agencies may also need to submit additional documentation, such as a copy of a license.

Return the corrected DHS-2570A and supporting documentation to:

Rhonda Lord
DHS Financial Operations
PO Box 64940
St. Paul, MN 55164-0940

I. **TIME LIMITATIONS**

Social service agencies have up to one year from the original due date to submit a supplemental claim for the Title IV-E Foster Care Program.

Example: The January - March 2007 quarterly report was due at DHS on April 20, 2007. Therefore, social service agencies have until April 20, 2008 (one year from the original due date) to submit a supplemental claim for the January - March 2007 quarter.

<u>Service Dates</u>	<u>Payment Date</u>	<u>Original Due Date</u>	<u>Last Date Accepted by DHS</u>
02/01/08 -02/28/08	03/15/08	04/20/08	04/20/09
05/08/08 -05/31/08	06/15/08	07/20/08	07/20/09
07/01/08 -07/31/08	08/15/08	10/20/08	10/20/09
10/01/08 -10/10/08	11/15/08	01/20/09	01/20/10

ATTACHMENT B

Schedule 2570X

Minnesota Department of Human Services

Title IV-E Foster Care Program

To: County

Attention: Title IV-E Contact Person/ Fiscal Supervisor

County Summary

From: Rhonda Lord - Title IV-E Section (651) 431-3787

Date Sent: May 30, 2008

The Audit of your Title IV-E abstract indicates the distribution to be as follows (Please adjust you books accordingly).

		Claims					Recoveries				Net				Amount	Admin.	
		Submit.	Over		Intake &		Child		Non-		Eligible	FFP	Fed.	Prior	Due	Adjust-	Net Due
Rule	Quarter	Gross	Billed	Maintenance	Planning	Training	Support	Other	Reimburs.	Rejected	Claims	Rate	Share	Payment	County	ment	County
Title IV-E Foster Care Maintenance																	
Detail by Rule																	
1	12/07	63,749	0	63,749	0	0	1,879	200	3,826	462	57,382	51.11%	29,328	0	29,328	0	29,328
1	1/08	55,372	843	54,529	0	0	1,665	0	7,251	0	45,613	50.00%	22,807	0	22,807	0	22,807
1	2/08	79,198	0	79,198	0	0	2,154	0	12,354	0	64,690	50.00%	32,345	0	32,345	0	32,345
8	2/08	18,642	0	18,642	0	0	0	150	1,235	0	17,257	50.00%	8,629	0	8,629	0	8,629
Other	2/08	9,872	0	9,632	0	0	0	0	3,696	0	5,936	50.00%	2,968	0	2,968	0	2,968
Payment Summary																	
	12/07	63,749	0	63,749	0	0	1,879	200	3,826	462	57,382	51.11%	29,328	0	29,328	0	29,328
	1/08	55,372	843	54,529	0	0	1,665	0	7,251	0	45,613	50.00%	22,807	0	22,807	0	22,807
	2/08	107,712	0	107,472	0	0	2,154	150	17,285	0	87,883	50.00%	43,942	0	43,942	0	43,942
Title IV-E Foster Care Intake and Planning, Other than Rule 5																	
Detail by Rule																	
8	2/08	9,872	0	9,872	0	0	0	0	2,589	0	7,283	50.00%	3,642	0	3,642	0	3,642
Payment Summary																	
	2/08	9,872	0	9,872	0	0	0	0	2,589	0	7,283	50.00%	3,642	0	3,642	0	3,642
Title IV-E Foster Care Intake and Planning, Rule 4 Agency Administration																	
Detail by Rule																	
4	1/08	41,345	610	0	40,735	0	0	0	3,542	0	37,193	50.00%	18,597	0	2,379	0	2,379
4	2/08	37,520	0	0	37,520	0	0	0	12,450	0	25,070	50.00%	12,535	0	2,379	0	2,379
Payment Summary																	
	1/08	41,345	610	0	40,735	0	0	0	3,542	0	37,193	50.00%	18,597	0	2,379	0	2,379
	2/08	37,520	0	0	37,520	0	0	0	12,450	0	25,070	50.00%	12,535	0	2,379	0	2,379
Title IV-E Foster Care Intake and Planning, Rule 4 Agency Administration																	
Detail by Rule																	
4	1/08	2,587	0	0	0	2,587	0	0	847	0	1,740	50.00%	870	0	2,379	0	2,379
4	2/08	3,254	0	0	0	3,254	0	0	542	0	2,712	50.00%	1,356	0	2,379	0	2,379
Payment Summary																	
	1/08	2,587	0	0	0	2,587	0	0	847	0	1,740	50.00%	870	0	2,379	0	2,379
	2/08	3,254	0	0	0	3,254	0	0	542	0	2,712	50.00%	1,356	0	2,379	0	2,379

Minnesota Department of Human Services

Schedule 2570X Summary

To: County

Title IV-E Foster Care Program

Attention: Title IV-E Contact Person/ Fiscal Supervisor

County Summary

From: Rhonda Lord - Title IV-E Section (651) 431-3787

Date Sent: May 08, 2008

The Audit of your Title IV-E abstract indicates the distribution to be as follows (Please adjust you books accordingly).

Quarter	Submit. Gross	Ineligible Claims						Net Ineligible Claims	Eligible Claims			Net Eligible Claims	Fed. Share	Prior Payment	Amount Due County	Admin. Adjust- ment	Net Due County
		Over Billed	Child Support	Other Recovery	Non IV-E Portion	Non- Reimburs.	Rejected		Main- tenance	Intake & Planning	Training						
1/05	37,807	0	2,930	0	1,268	0	676	4,874	29,681	3,210	42	32,933	16,477	16,477	0	0	0
2/05	41,769	4,040	1,565	0	857	0	8,173	14,635	24,041	3,034	59	27,134	13,582	13,582	0	0	0
3/05	34,954	4,041	1,286	0	204	0	8,032	13,563	20,174	1,187	30	21,391	10,703	10,703	0	0	0
4/05	52,988	8,110	941	0	1,137	0	647	10,835	37,710	4,354	89	42,153	21,099	21,099	0	0	0
1/06	43,157	5,930	465	0	1,542	0	948	8,885	29,016	5,159	97	34,272	17,160	17,160	0	0	0
2/06	53,354	2,064	3,270	0	2,708	0	3,016	11,058	35,461	6,706	129	42,296	21,180	21,180	0	0	0
3/06	68,475	0	1,369	0	3,387	8,254	0	13,010	47,029	8,291	145	55,465	27,769	27,769	0	0	0
4/06	83,904	0	2,261	1,085	1,569	13,370	0	18,285	59,256	6,242	121	65,619	32,840	31,711	1,129	0	1,129
1/07	96,352	0	1,929	672	1,725	216	0	4,542	77,274	14,302	234	91,810	45,964	44,999	965	0	965
2/07	64,419	0	4,528	224	1,173	0	0	5,925	47,803	10,515	176	58,494	29,291	27,028	2,263	0	2,263
3/07	47,083	0	2,251	0	1,395	0	0	3,646	30,701	12,525	211	43,437	21,771	16,500	5,271	0	5,271
4/07	70,383	0	1,541	1,792	1,065	0	0	4,398	55,681	10,126	178	65,985	33,037	23,919	9,118	0	9,118
1/08	64,901	0	1,820	687	1,294	16	0	3,817	48,271	12,591	222	61,084	30,598	0	30,598	0	30,598

Minnesota Department of Human Services

Schedule 2570

To: County
Attention: Title IV-E Contact Person/ Fiscal Supervisor

Title IV-E
NON-REIMBURABLE CLAIMS
444 Lafayette Road
St. Paul, MN 55155-3810

05/30/2002

From: Rhonda Lord - Title IV-E Section (651) 431-3787

Page No: 1

Date Sent: July 30, 2008 The Schedule 2570A must be received by the DHS Financial Operations Division within 45 days from the date sent (at left)
Date Due: September 13, 2008 If additional information is insufficient to support a change, the invalid claim will remain non-reimbursable.
Please provide complete information since this decision will be final.

Placement Type	Recipient Name RID No.	Date Of Birth	Age	Student Yes/No	Foster Home Name DHS License Number	Rule	Service From Provider Type	Service Thru	Difficulty of Care Points	Service Code	Paid Amount Paid Date	Cty Ref # State Ref #
Court Ordered	Abunga, Paul 12123456	08/15/1998	10		Rhonda Skybird 1024689	1	03/01/2008 Family	03/31/2008	10	Maintenance	\$625.00	0841592 982332
					Provider license is unknown.							
					Recipient age is not calculated correctly.							0851287
					Rhonda Skybird 1024689	1	04/01/2008 Family	04/30/200	10	Maintenance	\$575.00	982333
					Provider license is unknown.							
					Recipient age is not calculated correctly.							0861068
					Rhonda Skybird 1024689	1	05/01/2008 Family	05/31/2008	10	Maintenance	\$625.00	982334
					Provider license is unknown.							
					Recipient age is not calculated correctly.							

ATTACHMENT E

Minnesota Department of Human Services

Schedule 2570

Title IV-E REJECTED CLAIMS

To: County
Attention: Title IV-E Contact Person/ Fiscal Supervisor

05/30/2007

From: Rhonda Lord - Title IV-E Section (651) 431-3787

Page No: 1

Print Date: 07/30/2008

These claims were previously listed on Schedule 2570A, were not reversed and are now in rejected status.
These claims are not eligible for Title IV-E reimbursement.

Placement Type	Recipient Name RID No.	Date Of Birth	Age	Student Yes/No	Foster Home Name DHS License Number	Rule	Service From Provider Type	Service Thru	Difficulty of Care Points	Service Code	Paid Amount Paid Date	Cty Ref # State Ref #
Court Ordered	Abunga, Paul 12123456	08/15/1998	9		Rhonda Skybird 1024689 Provider license is unknown.	1	03/01/2008 Family	03/31/2008	10	Maintenance	\$625.00	0841592 982332
					Rhonda Skybird 1024689 Provider license is unknown.	1	04/01/2008 Family	04/30/2008	10	Maintenance	\$575.00	0851287 982333
					Rhonda Skybird 1024689 Provider license is unknown.	1	05/01/2008 Family	05/31/2008	10	Maintenance	\$625.00	0861068 982334