Instructions for Accessing and Navigating the OCYF
Title IV-E Eligibility Application

INTRODUCTION

Title IV-E claims for foster care payments, adoption assistance subsidies and subsidized permanent legal custodianship subsidies are submitted to the Office of Children, Youth and Families (OCYF), via the web-based Title IV-E Eligibility Application. The purpose of this attachment is to provide instructions on how to access and navigate within this system.

A. HOW TO ACCESS

1. County Children and Youth Agencies (CCYAs) can request access to the Title IV-E Eligibility Application by contacting the IV-E Billing resource account:

   ra-ocyfivebillling@pa.gov

   Once a unique user name and password are acquired from OCYF, users can access the Title IV-E Eligibility Application to submit/view invoices, upload files, generate reports and submit/view provider contract data. The Title IV-E Eligibility Application can be accessed online at:

   http://www.humanservices-r.state.pa.us/IVEQA-R/default.aspx

2. Clicking on the above link or entering the above Uniform Resource Locator (URL) in the address bar of the web browser will bring the user to the application *Log-in Screen*.

3. Users must enter their assigned username and password (which are case sensitive). The Title IV-E Eligibility Application *Home Screen* will appear after the user selects the "LOGIN" button. Any system messages will be displayed on the *Home Screen*.

4. Users can also change their password from the *Log-in Screen* by selecting "Change Password".

Note: Users can contact the Bureau of Information Systems (BIS) Help Desk for log-in issues: (800) 281-5340.

B. TAB OVERVIEW

There are six tabs on the *Home Screen*: Home; Invoices; File Upload; Search; Reports; and Administration. An overview of each tab is provided below:

- **Home:** Select this tab to return to the *Home Screen*.
- **Invoices:** Select this tab to access the Title IV-E invoices: CY-63, CY-64-FC, CY-64-AA, and CY-64-SPLC. Users are required to manually enter data when selecting these invoices.
- **File Upload:** Select this tab to submit batch file uploads containing Title IV-E claims to the Title IV-E Eligibility Application via E-Gov.
- **Search:** Select this tab to search for saved or submitted invoices. See section C (below) for specific instructions.
- **Reports:** Select this tab to view error/warning reports generated after submission of CY-63 invoices. Attachment nine (9) provides details on report functionality.
- **Administration:** Select this tab to search and enter provider contracts in the Title IV-E Eligibility Application. Attachments Seven (7) and Eight (8) provide details on contract functionality.

C. SEARCH INSTRUCTIONS

The *Invoice Search Screen* allows users to search for invoices in saved or submitted status. The search criteria can be any combination of the following: County Number, Invoice Number, Quarter Ending Date, Invoice Status, Submission Date, Program Type, or Approval Status.

Users can enter any/all of the criteria listed above and select "Search". The search results matching the input criteria will appear in a table on the screen. The invoices can be accessed directly from this table. The user will be sent to the CY-63 associated with that invoice OR the CY-64 for administrative claims only.

Attachment 2

Instructions for Completing the Title IV-E
Automated Invoice (CY-63)

INTRODUCTION

Child-specific Title IV-E eligible maintenance costs for Foster Care (FC), Adoption Assistance (AA), and Subsidized Permanent Legal Custodianship (SPLC) are identified for the report period (fiscal quarter) on the CY-63. The child-specific claims from the CY-63's are automatically totaled and summarized on the appropriate summary invoice (CY-64). The Title IV-E Eligibility Application allows for either direct entry of CY-63 data or the uploading of client data to automatically populate into the CY-63 format. The purpose of this attachment is to provide detailed instructions for completing a CY-63 within the Title IV-E Eligibility Application. Instructions for uploading CY-63 data to the application are included in Attachment 10.

A. ENTERING LINE ITEMS TO THE CY-63

Users can access the CY-63 invoice by selecting the CY-63 under the "Invoices" tab on the *Home Screen* task bar. Using this method, users must manually enter data to complete the CY-63. The following screen shot and instructions provide the details needed for entering line items into the CY-63:

1. *OCYF Approval for Payment:* This field populates the date that the Office of Children, Youth and Families (OCYF) approves the invoice.

2. *Reviewer:* This field populates the user idenitfication (ID) of the OCYF representative approving the invoice.

3. *Program (FC, AA/NR, or SPLC):* Select the program type using the appropriate radial button. This selection will determine which CY-64 will be displayed later in the invoicing process.

4. *Submission Date:* This field populates the date the invoice has been submitted for processing and approval.

5. *Quarter Ending:* Enter the last day of the report period (fiscal quarter). The date must be in MM/DD/YYYY format (ex. 03/31/2011).

6. *County:* This field populates the two (2) digit county code based on the user logged into the application.

7. *Address:* This field populates based on the two (2) digit county code.

Note: Fields labeled eight (8) through 21 in the above screen shot make up the child's line item information. A line is the residential expense for a *continuous* period of service for a service provider or the child's personal incidentals, Adoption Assistance, SPLC, or Non-recurring costs during the report period.

8. *Program:* The selections available to a user are dependent on the selection made in step three (3) of these instructions. If FC was selected, FC will be the only selection available in this drop down box. If AA was selected, the available options will be AA, Non-recurring State (NR-S), or Non-recurring Federal (NR-F). If SPLC was selected, SPLC or NR-F will be available in the drop down box. This selection will indicate what program each line item is for on the CY-63.

9. *Child's Master Client Index (MCI) Number:* Enter the child's MCI number. This field is 12 digits in length as it must consist of the county Federal Information Processing Standard (FIPS) code plus the nine (9) digit MCI number. If the MCI number is less than nine (9) digits, use "0"s in front of the number to make nine (9) total digits.

10. *Child's Last Name:* Enter the child's last name.

11. *Child's First Name:* Enter the child's first name.

12. *Child's Middle Initial (MI):* Enter the child's middle initial, if applicable. This is not a mandatory field.

13. *Judicial Determination:* This checkbox indicates whether supporting judicial documentation exists for the child. For a FC invoice, the user must check this box for every line item to indicate that judicial documentation exists.

14. *Status:* Select either "Dependent" or "Delinquent" from the dropdown box to indicate the child's dependency status.

15. *Reimbursable From Date:* Enter the begin date of the claim for the child using a MM/DD/YYYY format. The date must be within the quarter being submitted and/or equal to the quarter beginning date.

16. *Reimbursable To Date:* Enter the end date of the claim for the child using a MM/DD/YYYY format. The date must be within the quarter being submitted and/or equal to the quarter ending date. The "Reimbursable To Date" must be greater than or equal to the "Reimbursable From Date:.

17. *Residential Facility Certification:* Users must enter the certification number affiliated with the child's placement. This field is six (6) digits in length. There are several dummy values used in specific situations:

- 999999   Adoption Assistance costs
- 777777   Non-recurring Federal costs
- 111111   Non-recurring State costs
- 000000   Incidental costs on a Foster Care invoice
- 555555   SPLC costs

Note: Out of State Placements claimed under FC should use the numbering convention of "I" + two (2)-digit county code + three (3)-digit identifier created by the county.

18. *Unit Identifier:* If FC is selected, enter the two (2) character Unit Identifier (Unit ID) or Class associated with the child's placement in this Residential Facility Certification number. The Unit ID must correspond to the contract information approved in the application.

19. *Total Cost of Care:* Enter the total cost of care associated with the child's placement during the reimbursable to and from dates that pertains to the line being entered on the CY-63 (i.e. placement costs for stated dates, incidental costs for the line being entered, NR costs for the line being entered, or SPLC or AA amounts for the stated dates). Amounts must be entered using two (2) decimal places (Ex: 15689.11) Negative entries can be made using the same format with a dash preceeding the amount (Ex: -15689.11). Negative amounts will display in parentheses ().

20. *Title IV-E Allowable Maintenance:* Enter the Title IV-E Placement Maintenance allowable costs associated with the child's placement during the reimbursable to

and from dates. Amounts must be entered using two (2) decimal places (Ex: 15689.11) Negative entries can be made using the same format with a dash preceeding the amount (Ex: -15689.11). Negative amounts will display in parentheses ().

21. *Title IV-E Allowable Administration:* If FC is selected, enter the Title IV-E Administrative allowable costs associated with the child's placement during the reimbursable to and from dates. Amounts must be entered using two (2) decimal places (Ex: 15689.11) Negative entries can be made using the same format with a dash preceeding the amount (Ex: -15689.11). Negative amounts will display in parentheses ().

Note: Items 22-27 populate based on internal calculations and prior submitted invoices. The following fields can contain negative amounts which will be displayed in parentheses ().

22. *Group Home/Institution Maximum Allowable:* If the line contains a Residential Facility Certification number which corresponds to a group home/institution, the system calculates a CAP amount for the service period in this field. Any prior payments for this child, during the same service period, will be taken into account in this calcuation. Group Homes or Institutions with a per diem of less than or equal to $125 will be reimbursed at the full per diem rate. Group Homes or Institutions with a per diem greater than $125, but less than $200, will be capped at $125 maximum allowable per diem reimbursement. Per diems equal to or exceeding $200 will be capped at a $200 maximum per diem reimbursemnt. Any prior amounts reimbursed for the child for the same time period and placement on other invoices will be taken into consideration when calculating the reimbursement amount.

23. *Group Home/Institution Previously Paid CAPs:* If the CCYA has submitted an invoice for this child during the same service period under the same Residential Facility Certification number and Unit ID, the system calculates the prior CAP amount(s) from the previous invoice(s).

24. *Grand Total: Cost of Care:* This field calculates the sum of the amounts for each line item entered in the "Total Cost of Care" column.

25. *Grand Total: Title IV-E Allowable Maintenance:* This field calculates the sum of the amounts for each line item entered in the "Title IV-E Allowable Maintenance" column.

26. *Grand Total: Title IV-E Allowable Administration:* This field calculates the sum of the amounts for each line item entered in the "Title IV-E Allowable Administration" column.

27. **Grant Total: Group Home/Institutional Maximum Allowable:** This field calculates the sum of the amounts for each line item calculated in the "Group Home/Institution Maximum Allowable" column.

28. **Insert:** Once all of the required fields in the line item have been completed, the user can select "Insert" to insert the line item into the invoice.

29. **Cancel:** Select "Cancel" to erase the line item from the invoice if it has not yet been inserted.

30. **Print:** Select the "Print" button to print the CY-63. If the invoice fails to print correctly, see Attachment 6 for additional instructions.

Once a line item has been entered, additional options are open to the user to proceed with finalizing the CY-63. The following screen shot highlights the change in screen functionality and the steps necessary for CY-63 finalization.

31. **New Button:** Once a line item has successfully been inserted, select "New" to add an additional line item to the invoice. A new blank line will appear under the current completed line.

32. **Calculate CAPS Button:** Once a user has entered all of the lines items applicable to the invoice, select "Calculate CAPS". The application determines whether or not the placement types on the invoice have an applicable CAP. Users must complete this step before they can access the CY-64.

Note: The application calculates CAPS based on the following:
- CAPS are calculated for Group Home/Insitutional contracts.
- A CAP is not calculated for Foster Family contracts.
- If a contract does not exist, a CAP will not be calculated.
- A CAP is not calculated for "dummy codes".

33. *Edit*: Select "Edit" once a line has been inserted into the invoice to make corrections.

34. *Delete*: Select "Delete" to remove an entered line item from the invoice.

35. *CY64 Button*: Select "CY-64" to access the summary invoice associated with the CY-63 detailed invoice. This also automatically saves the CY-63.

36. *Save Button*: Select "Save" to save the invoice for future submission. The invoice will not go through the verification process when saved.

37. *Delete Button*: "Delete" can only be used once a CY-63 **and** CY-64 has been submitted for approval. "Delete" removes the entire invoice history from the system and returns the user to the *Home Screen*.

Instructions for Completing the Title IV-E
Title IV-E Foster Care Summary Invoice (CY-64-FC)

INTRODUCTION

The CY-64-FC summarizes the child-specific claims from the related CY-63 and combines with the total offsetting program income for all Title IV-E eligible children. Although only aggregate amounts of revenue are reported on the invoice, the County Children and Youth Agency (CCYA) must account for these revenues by each child. Title IV-D (parental support) payments must be reported separately from all other program income. Federal reporting requirements stipulate that the Federal Financial Participation (FFP) rate effective on the date of the report submission is applied to Title IV-D payments. In contrast, the child-specific cost and other program income sources use the FFP rate in effect as of the date of service. Therefore, a separate line calculating Title IV-D is included on the CY-64-FC.

In addition to the Title IV-E administrative cost information that populates form the CY-63, the CY-64-FC also combines the manually entered results from the Random Moment Time Study (RMTS) worksheet and the Direct Administrative Claim Worksheet (DACW) with the appropriate FFP to calculate the federal share of the administrative cost.

INSTRUCTIONS FOR COMPLETING THE CY-64-FC

Users can access the CY-64-FC from an associated CY-63 or from the "Invoices" tab located on the *Home Screen*. If the CY-64-FC is associated with a placement maintenance claim (CY-63), the form can be accessed directly from the completed CY-63 by selecting the CY-64 button. Claims for administrative and training reimbursement can be submitted without an associated CY-63. To claim administrative and training costs, users must manually enter data from the Random Moment Time Study (RMTS) worksheet to complete the CY-64-FC (in addition to the information that populates the form from the CY-63, if applicable). The following screen shots and instructions provide the details needed for entering line items into the CY-64-FC.

A. Header Completion

   The screen shot below is the header information required on the CY-64-FC.

COMPTROLLER'S USE ONLY:	SAP Vendor#: 141743 1		DOCUMENT #. 2

TITLE IV-E FOSTER CARE - SUMMARY INVOICE

Name and Address of the County Executive Officers	Indicate with "X" if SUPPLEMENTAL 4	X	FEDERAL ID # : 246000757 8
			FOSTER CARE
Union 3 103 S 2nd St Lewisburg PA 17837	ACH Bank Code 5	Issue Check	Invoice Period 9
	Bank Account# 6		CHILD SERVICE MONTHS
	Submission Date 7	11/10/2011	10

1. **Systems Applications and Products (SAP) Vendor Number:** This field populates with the appropriate SAP Vendor Number and is used by the Comptroller.

2. **Document Number:** This field is reserved for future use by the Comptroller.

3. **Address:** This field populates with the county name and address based on the user logged into the application.

4. **Supplemental Indicator:** Indicate with an "X" if the CY-64-FC being completed is a supplemental invoice. Any invoice submitted after the initial invoice in a report period is considered a supplemental invoice.

5. **ACH Bank Code:** This field populates based on the user logged into the application.

6. **Bank Account Number (#):** This field populates based on the user logged into the application.

7. **Submission Date:** This field populates the date that the user submits the invoice.

8. **Federal ID Number (#):** This field populates the county's Federal ID# based on the user logged in the application.

9. **Invoice Period:** If the user is completing a claim for administrative and training costs ONLY, enter the last day of the quarter in MM/DD/YYYY format for the report period being invoiced. This period may not cover more than one calendar quarter. If the CY-64-FC is associated with a CY-63 invoice, then the field populates based on the invoice period on the CY-63.

10. **Child Service Months:** When the CY-64-FC is associated with a CY-63 invoice, the user must enter the number of child service months from the CY-63. A child service month is counted for each child if the child receives services for any day in the month. For example, a child who receives

services January 31st through March 2nd is equal to three (3) child service months. If the invoice is a supplemental invoice, this field could have a negative entry. Negative entries display in parentheses ().

B. Computation of Payment Completion

The screen shot below is the Computation of Payment information necessary for completion of the CY-64-FC.

SECTION B: COMPUTATION OF PAYMENT				
FOSTER CARE ALLOWABLE SERVICE COSTS (from Grand Total Column-6 Page1 of CY-63)	1| 11	NET ALLOWABLE COST	FFP RATE	SUBTOTAL FEDERAL SHARE
OTHER INCOME (Non Title IV-D)	2| 12	3| $0 00 13	4| 14	5| $0 00 15
TITLE IV-D COLLECTION	6| 16		7| 17	8| $0 00 18
ADMINISTRATIVE COSTS	Eligible Expenditure			
	From CY63	From RMTS		
CASE PLANNING AND MANAGEMENT	9| 19	10| 20	11| 21	12| $0 00 22
PRE PLACEMENT ACTIVITIES	From Direct Claim Worksheet	13| 23	14| 24	15| $0 00 25
ELIGIBILITY DETERMINATIONS	16| 26	17| 27	18| 28	19| $0 00 29
OTHER ADMINISTRATION	20| 30	21| 31	22| 32	23| $0 00 33
TRAINING COSTS	24| 34	25| 35	26| 36	27| $0 00 37
GRAND TOTAL FEDERAL SHARE				28| $0 00 38

	Allowable Service Costs	Net Allowable Costs	Maintenance without Enhanced FFP	For Comptroller's Office Use Only : Increased Federal Share Related to American Recovery Reinvestment	Title IV-D Collections
Total	($456.00)	($456.00)	($249.93)	($28.28)	$0.00
Foster Family and Incidentals	$0.00	$0.00	$0.00	$0 00	$0.00
Group Home/ Institutional – Maximum Allowable Payment	$0.00	$0.00	$0.00	$0 00	$0.00
Group Home/ Institutional – Deferred Payment	($456.00)	($456.00)	($249.93)	($28.28)	$0.00

39 ——▶ | Back To 63 | | Submit | | Save | | Reset | | Delete | ◀—— 43

40   41   42

11. *Allowable Service Costs (Box 1):* If the CY-64-FC is associated with a CY-63 invoice, this field populates with the Grand Total: Title IV-E Allowable Maintenance costs from the CY-63 invoice. If the CY-63 invoice is a supplemental claim, this field could be negative. Negative amounts display in parentheses (). If the CY-64-FC is not associated with a CY-63 invoice, no entry is needed.

12. *Other Income (Non Title IV-D) (Box 2):* Enter the amount of other income received for all Title IV-E reimbursable children during the invoice period. Other income includes Social Security benefits, Veteran's benefits, and any other revenue not related to parental support payments. Enter this amount as a negative amount using two (2) decimal places (Ex. -500.00). Negative amounts display in parentheses ().

    NOTE: Although only the aggregate amount of other income is reported, the CCYA must account for these revenues by child.

13. *Net Allowable Cost (Box 3):* This field populates by reducing the allowable service costs (Box 1) by the amount reported as other income (Box 2).

14. *FFP Rate (Box 4):* This field populates with the FFP rate in effect for the invoice period.

15. *Other Income Subtotal Federal Share (Box 5):* This field populates by multiplying the net allowable cost (Box 3) by the FFP rate (Box 4).

16. *Title IV-D Collections (Box 6):* Enter the amount of Title IV-D (parental support payments) received for all Title IV-E reimbursable children during the invoice period. Receipts must be entered as a negative amount using two (2) decimal places (Ex. -500.00). Negative amounts display in parentheses ().

    NOTE: Although only the aggregate amount of other income is reported, the CCYA must account for these revenues by child.

17. *Title IV-D Collections FFP Rate (Box 7):* This field populates based on the FFP rate in effect at the time the invoice is submitted. This FFP rate may differ from the FFP rate in Box 4.

18. *Title IV-D Collections Subtotal Federal Share (Box 8):* This field populates by multiplying the Title IV-D collections (Box 6) by the Title IV-D Collections FFP rate (Box 7).

19. *Case Planning and Management (Box 9):* This field populates with the Grand Total: Title IV-E Allowable Administration costs from the CY-63. If the invoice is a supplemental claim, this field could be negative. Negative amounts

display in parentheses. If the CY-64-FC is not associated with a CY-63 invoice, no entry is needed.

20. *Case Planning and Management Costs from RMTS (Box 10):* Users must enter the amount calculated on line three (3) of the RMTS Worksheet for the invoice period (under Case Planning & Management in the Administrative Revenue Calculations section). Amounts must be entered using two (2) decimal places (Ex. 500.00). Negative amounts are entered in the same format with a dash preceding the amount (Ex. -500.00). Negative amounts display in parentheses ().

21. *Case Planning and Management FFP Rate (Box 11):* This field populates with the FFP rate in effect for the invoice period.

22. *Case Planning and Management Subtotal Federal Share (Box 12):* This field populates by adding all Case Planning and Management costs (Box 9 + Box 10) and multiplying by the FFP rate for administrative and training costs (Box 11).

23. *Pre-Placement Activities from RMTS (Box 13):* Users must enter the amount calculated on line seven (7) of the RMTS Worksheet for the invoice period (under Pre-Placement Activities in the Administrative Revenue Calculations section). Amounts must be entered using two (2) decimal places (Ex. 500.00). Negative amounts are entered in the same format with a dash preceding the amount (Ex. -500.00). Negative amounts display in parentheses ().

24. *Pre-Placement Activities FFP Rate (Box 14):* This field populates with the FFP rate in effect for the invoice period.

25. *Pre-Placement Activities Admin Costs Subtotal Federal Share (Box 15):* This field populates by multiplying Pre-placement activities (Box 13) by the FFP rate for administrative and training costs (Box 14).

26. *Eligibility Determinations from Direct Administrative Claim Worksheet (DACW) (Box 16):* If applicable, users must enter the amount calculated on the DACW (located under Eligible Expenses for FFP in the Summary of Eligible Expenses section). Amounts must be entered using two (2) decimal places (Ex. 500.00). Negative amounts are entered in the same format with a dash preceding the amount (Ex. -500.00). Negative amounts display in , parentheses ().

27. *Eligibility Determinations from RMTS (Box 17):* Users must enter the amount calculated on line 11 of the RMTS Worksheet for the invoice period (under Eligibility Determinations in the Administrative Revenue Calculations section). Amounts must be entered using two (2) decimal places (Ex. 500.00).

Negative amounts are entered in the same format with a dash preceding the amount (Ex. -500.00). Negative amounts display in parentheses ().

28. *Eligibility Determinations FFP Rate (Box 18):* This field populates with the FFP rate in effect for the invoice period.

29. *Eligibility Determinations Administrative Costs Subtotal Federal Share (Box 19):* This field populates by adding all Eligibility Determinations costs (Box 16 + Box 17) and then multiplying by the FFP rate for administrative and training costs (Box 18).

30. *Other Administration Costs from DACW (Box 20):* If applicable, users must enter the amount calculated on the DACW (located under Eligible Expenses for FFP in the Summary of Eligible Expenses section). Amounts must be entered using two (2) decimal places (Ex. 500.00). Negative amounts are entered in the same format with a dash preceding the amount (Ex. -500.00). Negative amounts display in parentheses ().

31. *Other Administration Costs from RMTS (Box 21):* Users must enter the amount calculated on line 15 of the RMTS Worksheet for the invoice period (under Other Administration in the Administrative Revenue Calculations section). Amounts must be entered using two (2) decimal places (Ex. 500.00). Negative amounts are entered in the same format with a dash preceding the amount (Ex. -500.00). Negative amounts display in parentheses ().

32. *Other Administration Costs FFP Rate (Box 22):* This field populates with the FFP rate in effect for the invoice period.

33. *Other Administration Costs Subtotal Federal Share (Box 23):* This field populates by adding all Other Administration costs (Box 20 + Box 21) and then multiplying by the FFP rate for administrative and training costs (Box 22).

34. *Training Costs from the DACW (Box 24):* No entry is needed. This section may be eliminated in future versions of the application.

35. *Training Costs from the RMTS (Box 25):* Enter the amount calculated on line 17 of the RMTS Worksheet for the invoice period (under Foster Care Training in the Administrative Revenue Calculations section). Amounts must be entered using two (2) decimal places (Ex. 500.00). Negative amounts are entered in the same format with a dash preceding the amount (Ex. -500.00). Negative amounts display in parentheses ().

36. *Training Costs FFP Rate (Box 26):* This field populates with the FFP rate in effect for the invoice period.

37. *Training Costs Subtotal Federal Share (Box 27):* This field populates by multiplying the training costs from RMTS (Box 25) by the FFP rate for administrative and training costs (Box 26).

38. *Grand Total Federal Share (Box 28):* This field populates with the sum of Box 5+ Box 8+Box 12+Box 15+Box 19+Box 23+ Box 27.

39. *Back to 63:* Users may return to the CY-63 invoice associated with the CY-64-FC by selecting "Back to 63". Any work completed on the CY-64-FC will be saved. The summary invoice will not go through the verification process when the "Back to 63" button is selected.

40. *Submit:* Select "Submit" to send the invoice through the validation process.

41. *Save:* Select "Save" to save the invoice for future editing and submission. The summary invoice will not go through the verification process when the "Save" button is selected.

42. *Reset:* Select the "Reset" button if the information entered into the summary invoice is inaccurate and needs to be re-entered (the entire screen). Do not use the reset button to correct a single element on the invoice summary.

43. *Delete:* Select "Delete" to remove an invoice from the application and return to the *Home screen.* For assistance deleting an invoice, contact:

ra-ocyfivebilling@pa.gov

Instructions for Completing the Title IV-E
Adoption Assistance (AA) Summary Invoice (CY-64-AA)

INTRODUCTION

The CY-64-AA summarizes the child-specific claims from the related CY-63 for subsidy and Non-recurring Special Needs adoption incident (NR) costs and combines the manually entered results from the Random Moment Time Study (RMTS) worksheet with the appropriate Federal Financial Participation rates (FFPs) to calculate the federal share of subsidies and administrative costs.

INSTRUCTIONS FOR COMPLETING THE CY-64-AA

Users can access the CY-64-AA from an associated CY-63 or from the "Invoices" tab located on the *Home Screen*. If the CY-64-AA is associated with AA subsidies or NR costs (CY-63), the form can be accessed directly from the completed CY-63 by selecting the CY-64 button. Claims for administrative and training reimbursement can be submitted without an associated CY-63. To claim administrative and training costs, users must manually enter data from the RMTS worksheet to complete the CY-64-AA (in addition to the information that populates the form from the CY-63, if applicable). The following screen shots and instructions provide the details needed for entering line items into the CY-64-AA.

A. Header Completion

The screen shot below is the header information required on the CY-64-AA.

COMPTROLLER'S USE ONLY:	SAP Vendor # . 141743 1	DOCUMENT #: 2

TITLE IV-E ADOPTION ASSISTANCE
SUMMARY INVOICE

	Name and Address of the County Executive Officers	Indicate with "X" if SUPPLEMENTAL 4		FEDERAL ID#. 246000767 8
				ADOPTION ASSISTANCE
3	Union 103 S 2nd St Lewisburg PA 17837	ACH Bank Code	Issue Check 5	Invoice Period 6/30/2010 9
		Bank Account #	6	CHILD SERVICE MONTHS
		Submission Date	11/23/2011 7	10

1. *Systems Applications and Products (SAP) Vendor Number:* This field populates with the appropriate SAP Vendor Number and is used by the Comptroller.

2. *Document Number:* This field is reserved for future use by the Comptroller.

3. *Address:* This field populates with the county name and address based on the user logged into the application.

4. *Supplemental Indicator:* Indicate with an "X" if the CY-64-AA being completed is a supplemental invoice. Any invoice submitted after the initial invoice in a report period is considered a supplemental invoice.

5. *ACH Bank Code:* This field populates based on the user logged into the application.

6. *Bank Account Number (#):* This field populates based on the user logged into the application.

7. *Submission Date:* This field populates the date that the user submits the invoice.

8. *Federal ID Number (#):* This field populates the county's Federal ID# based on the user logged in the application.

9. *Invoice Period:* If the user is completing a claim for administrative and training costs ONLY, enter the last day of the quarter in MM/DD/YYYY format for the report period being invoiced. This period may not cover more than one calendar quarter. If the CY-64-AA is associated with a CY-63 invoice, the field populates based on the invoice period on the CY-63.

10. *Child Service Months:* When the CY-64-AA is associated with a CY-63 invoice, enter the number of child service months from the CY-63. A child service month is counted for each child if the child receives services for any day in the month. For example, a child who receives services January 31st through March 2nd is equal to three (3) child service months. If the invoice is a supplemental invoice, this field could have a negative entry. Negative entries will display in parentheses ().

B. Computation of Payment Completion

The screen shot below is the Computation of Payment information necessary for completion of the CY-64-AA.

SECTION B: COMPUTATION OF PAYMENT			
ADOPTION ASSISTANCE Adoption Assistance (from Grand Total Column 6 page 1 of CY-63)	NET ALLOWABLE COST	FFP RATE	SUBTOTAL FEDERAL SHARE
	$57,000.00 **11**	61.01 **12**	$34,770.70 **13**
Administrative Cost	**14**	50.00 **15**	50.00 **16**
Training Cost	**17**	0.00 **18**	0.00 **19**
Non-recurring Special Needs adoption incident costs (separate CY-63 attached)	50.00 **24**	50.00 **25**	50.00 **26**
Title IV-E Eligible Children # **20** $ **21**			
State Only Eligible Children # **22** $ **23**			
GRAND TOTAL FEDERAL SHARE			$34,770.70 **27**

For Comptroller's Office Use Only :
Service Costs ·

Increased Federal Share Related to American Recovery Reinvestment : _____

Maintenance without Enhanced FFP : _____

28 ——▶ Back To 63 || Submit || Save || Reset || Delete ◄—— 32

29   30   31

11. **Net Allowable Cost – Adoption Assistance (Box 1):** If the CY-64-AA is associated with a CY-63 invoice, this field populates with the Grand Total: Title IV-E Allowable Maintenance costs from the CY-63 invoice. If the CY-63 invoice is a supplemental claim, this field could be negative. Negative amounts display in parentheses (). If the CY-64-AA is not associated with a CY-63 invoice, no entry is needed.

12. **FFP Rate (Box 2):** This field populates with the FFP rate in effect for the invoice period.

13. **Subtotal Federal Share – Adoption Assistance (Box 3):** This field populates by multiplying the net allowable cost (Box 1) by the FFP rate (Box 2).

14. **Administrative Cost – Net Allowable Cost (from RMTS) (Box 4):** Users must enter the amount calculated on line 21 of the RMTS Worksheet for the invoice period (under Adoption Assistance Program - Administrative in the Administrative Revenue Calculations section). Amounts must be entered

using two (2) decimal places (Ex. 500.00). Negative amounts are entered in the same format with a dash preceding the amount (Ex. -500.00). Negative amounts display in parentheses ().

15. *Administrative Cost FFP Rate (Box5):* This field populates with the FFP rate in effect for the invoice period.

16. *Administrative Cost – Subtotal Federal Share (Box 6):* This field populates by multiplying the Administrative costs (Box 4) by the FFP rate for administrative and training costs (Box 5).

17. *Training Cost – Net Allowable Cost (from RMTS) (Box 7):* Users must enter the amount calculated on line 23 of the RMTS Worksheet for the invoice period (under Adoption Assistance Program – Adoption Assistance Training in the Administrative Revenue Calculations section). Amounts must be entered using two (2) decimal places (Ex. 500.00). Negative amounts are entered in the same format with a dash preceding the amount (Ex. -500.00). Negative amounts display in parentheses ().

18. *Training Cost FFP Rate (Box 8):* This field populates with the FFP rate in effect for the invoice period.

19. *Training Cost – Subtotal Federal Share (Box 9):* This field populates by multiplying the Training costs (Box 7) by the FFP rate for administrative and training costs (Box 8).

The following instructions are for completion of the Non-recurring Special Needs Adoption Incident Costs section of the CY-64-AA.

NOTE: NR costs can be combined with subsidies on the CY-63. They do not need to be entered on a separate CY-63.

20. *Non-Recurring Section: Number of Title IV-E Eligible Children:* Enter the number of Title IV-E eligible children receiving non-recurring assistance during the invoice period (from the associated CY-63).

21. *Non-Recurring Section: Cost of Title IV-E Eligible Children:* This field populates with the Grand Total: Non-recurring federal costs from the CY-63 form. If the invoice is a supplemental claim, this field could be negative. Negative amounts display in parentheses (). If the CY-64-AA is not associated with a CY-63 invoice, no entry is needed.

22. *Non-Recurring Section: Number of State Only Eligible Children:* Enter the number of children not eligible for Title IV-E receiving non-recurring assistance during the invoice period (from the associated CY-63).

23. *Non-Recurring Section: Cost of State Only Eligible Children:* This field populates with the Grand Total: Non-recurring state costs from the CY-63 form. If the invoice is a supplemental claim, this field could be negative. Negative amounts display in parentheses (). If the CY-64-AA is not associated with a CY-63 invoice, no entry is needed.

24. *Non-Recurring Costs – Net Allowable Cost (Box 10):* This field populates with the sum of all federal and state Non-recurring costs.

25. *Non-Recurring Costs FFP Rate (Box 11):* This field populates with the FFP rate in effect for the invoice period.

26. *Non-Recurring Costs – Subtotal Federal Share (Box 12):* This field populates by multiplying all non-recurring costs (Box 10) by the FFP rate for non-recurring costs (Box 11).

27. *Grand Total Federal Share (Box 13):* This field populates with the sum of Box 3+ Box 6+Box 9+Box 12.

28. *Back to 63:* Users may return to the CY-63 invoice associated with the CY-64-AA by selecting "Back to 63". Any work completed on the CY-64-AA will be saved. The summary invoice will not go through the verification process when "Back to 63" is selected.

29. *Submit:* Select "Submit" to send the invoice through the validation process.

30. *Save:* Select "Save" to save the invoice for future editing and submission. The summary invoice will not go through the verification process when "Save" is selected.

31. *Reset:* Select "Reset" if the information entered into the summary invoice is inaccurate and needs to be re-entered (the entire screen). Do not use the reset button to correct a single element on the invoice summary.

32. *Delete:* Select "Delete" to remove an invoice from the application and return to the *Home screen.* For assistance deleting an invoice, contact:

ra-ocyfivebilling@pa.gov

Attachment 5

Instructions for Completing the Title IV-E Subsidized Permanent Legal Custodianship (SPLC) Summary Invoice (CY-64-SPLC)

INTRODUCTION

The CY-64-SPLC summarizes the child-specific claims from the related CY-63 for subsidies and Non-recurring Special Needs adoption incident (NR) costs and combines the manually entered results from the Random Moment Time Study (RMTS) worksheet with the appropriate Federal Financial Participation rates (FFPs) to calculate the federal share of subsidies and administrative costs.

INSTRUCTIONS FOR COMPLETING THE CY-64-SPLC

Users can access the CY-64-SPLC from an associated CY-63 or from the Invoices tab located on the Home Screen. If the CY-64-SPLC is associated with SPLC subsidies or NR costs (CY-63), the form can be accessed directly from the completed CY-63 by selecting the CY-64 button. Claims for administrative and training reimbursement can be submitted without an associated CY-63. To claim administrative and training costs, users must manually enter data from the RMTS worksheet to complete the CY-64-SPLC (in addition to the information that populates the form from the CY-63, if applicable). The following screen shots and instructions provide the details needed for entering line items into the CY-64-SPLC.

A. Header Completion

The screen shot below is the header information required on the CY-64-SPLC

COMPTROLLER'S USE ONLY:	SAP Vendor # 141743 1	DOCUMENT #: 2

**TITLE IV-E SUBSIDIZED PERMANENT LEGAL CUSTODIANSHIP
SUMMARY INVOICE**

Name and Address of the County Executive Officers	Indicate with "X" if SUPPLEMENTAL X 4	FEDERAL ID#. 246000757 8
		SPLC
Union 103 S 2nd St Lewisburg PA 17837	ACH Bank Code	Issue Check 5	Invoice Period: 9
	Bank Account # 6	CHILD SERVICE MONTHS
	Submission Date 11/26/2011 7	10

1. *Systems Applications and Products (SAP) Vendor Number:* This field populates with the appropriate SAP Vendor Number and is used by the Comptroller.

2. *Document Number:* This field is reserved for future use by the Comptroller.

3. *Address:* This field populates with the county name and address based on the user logged into the application.

4. *Supplemental Indicator:* Indicate with an "X" if the CY-64-SPLC being completed is a supplemental invoice. Any invoice submitted after the initial invoice in a report period is considered a supplemental invoice.

5. *ACH Bank Code:* This field populates based on the user logged into the application.

6. *Bank Account Number (#):* This field populates based on the user logged into the application.

7. *Submission Date:* This field populates the date that the user submits the invoice.

8. *Federal ID Number (#):* This field populates the county's Federal ID# based on the user logged in the application.

9. *Invoice Period:* If the user is completing a claim for administrative and training costs ONLY, enter the last day of the quarter in MM/DD/YYYY format for the report period being invoiced. This period may not cover more than one calendar quarter. If the CY-64-SPLC is associated with a CY-63 invoice, then the field populates based on the invoice period on the CY-63.

10. *Child Service Months:* When the CY-64-SPLC is associated with a CY-63 invoice, enter the number of child service months from the CY-63. A child service month is counted for each child if the child receives services for any day in the month. For example, a child who receives services January 31st through March 2nd is equal to three (3) child service months. If the invoice is a supplemental invoice, this field could have a negative entry. Negative entries display in parentheses ().

B. <u>Computation of Payment Completion</u>

The screen shot below is the Computation of Payment information necessary for completion of the CY-64-SPLC.

SECTION B: COMPUTATION OF PAYMENT			
SPLC (from Grand Total Column 6 page 1 of CY-63)	NET ALLOWABLE COST	FFP RATE	SUBTOTAL FEDERAL SHARE
	1 |$2 500 00 11	2 | 12	3 |$0 00 13
Administrative Cost	4 | 14	5 |$0 00 15	6 |$0 00 16
Training Cost	7 | 17	8 |$0 00 18	9 |$0 00 19
Non-recurring SPLC incident costs (separate CY-63 attached)	10 |$0 00 22	11 |$0 00 23	12 |$0 00 24
Title IV-E Eligible Children h | 20 s | 21			
GRAND TOTAL FEDERAL SHARE			13 |$0 00 25

For Comptroller's Office Use Only :

Service Costs :

Increased Federal Share Related to American Recovery Reinvestment : [$0 00]

Maintenance without Enhanced FFP : [$0 00]

26 → | Back To 63 | Submit | Save | Reset | Delete | ← 30

27   28   29

11. **Net Allowable Cost – SPLC (Box 1):** If the CY-64-AA is associated with a CY-63, this field populates with the Grand Total: Title IV-E Allowable Maintenance costs from the CY-63 form. If the invoice is a supplemental claim, this field could be negative. Negative amounts display in parentheses (). If the CY-64-AA is not associated with a CY-63 invoice, no entry is needed.

12. **FFP Rate (Box 2):** This field populates with the FFP rate in effect for the invoice period.

13. **Subtotal Federal Share – SPLC (Box 3):** This field populates by multiplying the net allowable cost (Box 1) by the FFP rate (Box 2).

14. **Administrative Cost – Net Allowable Cost (from RMTS) (Box 4):** Enter the amount calculated on line 27 of the RMTS Worksheet for the invoice period (under PLC Program - Administrative in the Administrative Revenue Calculations section). Amounts must be entered using two (2) decimal places (Ex. 500.00). Negative amounts are entered in the same format with a dash preceding the amount (Ex. -500.00). Negative amounts display in parentheses ().

15. *Administrative Cost FFP Rate (Box5):* This field populates with the FFP rate in effect for the invoice period.

16. *Administrative Cost – Subtotal Federal Share (Box 6):* This field populates by multiplying the Administrative costs (Box 4) by the FFP rate for administrative and training costs (Box 5).

17. *Training Cost – Net Allowable Cost (from RMTS) (Box 7):* Enter the amount calculated on line 29 of the RMTS Worksheet for the invoice period (under PLC Program – PLC Training in the Administrative Revenue Calculations section). Amounts must be entered using two (2) decimal places (Ex. 500.00). amounts are entered in the same format with a dash preceding the amount (Ex. -500.00). Negative amounts display in parentheses ().

18. *Training Cost FFP Rate (Box 8):* This field populates with the FFP rate in effect for the invoice period.

19. *Training Cost – Subtotal Federal Share (Box 9):* This field populates by multiplying the Training costs (Box 4) by the FFP rate for administrative and training costs (Box 5).

The following instructions are for completion of the Non-recurring SPLC Incident Costs section of the CY-64-SPLC.

NOTE: NR costs can be combined with subsidies on the CY-63. They do not need to be entered on a separate CY-63.

20. *Non-Recurring Section: Number of Title IV-E Eligible Children:* Enter the number of Title IV-E eligible children receiving non-recurring SPLC Assistance during the invoice period (from the associated CY-63).

21. *Non-Recurring Section: Cost of Title IV-E Eligible Children:* This field populates with the Grand Total: Non-recurring federal costs from the CY-63 form. If the invoice is a supplemental claim, this field could be negative. Negative amounts will display in parentheses (). If the CY-64-AA is not associated with a CY-63 invoice, no entry is needed.

22. *Non-Recurring SPLC Incident Costs – Net Allowable Cost (Box 10):* This field populates with the sum of all federal SPLC non-recurring costs.

23. *Non-Recurring FFP Rate (Box 11):* This field populates with the FFP rate in effect for the invoice period.

24. *Non-Recurring SPLC Incident Costs – Subtotal Federal Share (Box 12):* This field populates by multiplying all non-recurring costs (Box 10) by the FFP rate for non-recurring costs (Box 11).

25. *Grand Total Federal Share (Box 13):* This field populates with the sum of Box 3+ Box 6+Box 9+Box 12.

26. *Back to 63:* Users may return to the CY-63 invoice associated with the CY-64-FC by selecting "Back to 63". Any work completed on the CY-64-FC will be saved. The summary invoice will not go through the verification process when "Back to 63" is selected.

27. *Submit:* Select "Submit" to send the invoice through the validation process.

28. *Save:* Select "Save" to save the invoice for future editing and submission. The summary invoice will not go through the verification process when "Save" is selected.

29. *Reset:* Select the "Reset" button if the information entered into the summary invoice is inaccurate and needs to be re-entered (the entire screen). Do not use the reset button to correct a single element on the invoice summary.

30. *Delete:* Select "Delete" to remove an invoice from the application and return to the *Home screen*. For assistance deleting an invoice, contact:

ra-ocyfivebilling@pa.gov

Instructions for Printing Completed Invoices

INSTRUCTIONS FOR PRINTING A COMPLETED CY-63

1. To print a completed CY-63, click on the "Print" button located at the bottom of the CY-63 invoice. The following screen will appear:

2. Select "Acrobat (PDF) file" from the Export drop-down list (1 above).

3. Select "Export" (2 above).

4. Users can choose to open or save the file. To print, select "Open".

5. The PDF version of the CY-63 will open. Users can then print the invoice.

To print a completed CY-64 invoice select the printer icon located on the task bar.

Instructions for Using the Contract Management
Function of the Title IV-E Eligibility Application
(Institutional Facility Contracts)

INTRODUCTION

Placement maintenance claims for children in foster care are validated against contract information entered in the Title IV-E Eligibility Application. When a CY-63 associated with a CY-64-FC is submitted, the invoice is compared to the contract information to verify the county's contracted per diems for each level of service, and the Title IV-E allowable portions of each contracted per diem. The contract information is specific to each user based on the county's individual contracts entered into the application. Each contract entry contains identifying provider information (facility name and address, parent organization name and address, and certification numbers), contracted per diems for each unit or class (level of service), and the Title IV-E allowable portions of each contracted per diem.

Users can search existing and/or add new institutional contracts within the application. Users can sort existing providers by contract type (institutional or foster family), certification number, fiscal year, etc. Users can view identifying provider information for all existing contracts entered in the application (including their county contracts and all other counties' contracts). Users can only view the contracted per diems and Title IV-E allowable portions of each contracted per diem for their own contracts and not contracts entered by all counties.

A. INSTRUCTIONS FOR SEARCHING AN EXISTING CONTRACT

1. Users can access the *Contract Search Screen* by selecting the "Administration" tab on the *Home screen* of the Title IV-E Eligibility Application.

2. Select "Search an existing Contract" and then choose "Institutional Contracts" to proceed to the search criteria. The *Contract Search Screen* has the following options for refining the search process:

   - *County:* Users can search for a contract by selecting a county who currently contracts with a certain provider.
   - *Certification Number.* Users can search for a contract by entering the six (6) digit certification number of the facility associated with the contract (found on the facility's Certificate of Compliance).
   - *City.* Users can search for a contract based on the city location of the provider.
   - *Fiscal Year.* Users can search for a contract by entering the fiscal year for the contract.

- *Provider Name*: Users can search for a contract by entering the name of a specific provider.
- *Parent Organization*: Users can search for a contract by entering the name of the provider's parent organization.
- *Main Zip*: Users can search for a contract by entering the zip code of a provider.
- *Approval Status*: Users can search for a contract by approval status. Users can select either "Approved" or "Not Approved" in terms of a provider's contract approval status.

3. After entering the search criteria (only one entry is necessary), select "Search" to populate a list of all contracts that match the search criteria. If multiple search criterions are entered and no results are found, the user may need to reduce the number of criterions entered. Too many search criterions may limit the search results.

4. Users can access the identifying provider information for any of the contracts entered throughout the Commonwealth by selecting the "Contract" button. Users can only access the unit/class (level of service) information, including contracted rates, for their own contracts by selecting the "Units/Classes" button next to the provider's name in the search results. For example, Adams County can view the identifying provider information for any county's contract entered in the Title IV-E Eligibility Application, but they can only view contracted rates for each level of service for their own county's contracts.

B. INSTRUCTIONS FOR ADDING A NEW INSTITUTIONAL CONTRACT

Users can add a new institutional contract by selecting the "Administration" tab on the *Home screen* of the Title IV-E Eligibility Application. Select "Add a New Contract", followed by "Institutional Contract" to open the following data entry screen:

Institutional Facility Per Diem Calculation Worksheet

County Code: [1]   County Name: [2]

Certificate of Compliance #: [3]   Fiscal Year: [4]   Ex 08-09

Contract Effective Date: [5]   Contract End Date: [6]

Facility Name: [7]   Parent Organization: [8]

ModifiedDate: [9]

Facility Location:
- Address1: [   ]
- Address2: [   ]
- City: [   ]
- State: [Pennsylvania ▾]
- ZIP Main: [   ]
- ZIP Extn: [   ]

10

Parent Organization Mailing Address:
- Address1: [   ]
- Address2: [   ]
- City: [   ]
- State: [Pennsylvania ▾]
- ZIP Main: [   ]
- ZIP Extn: [   ]

12

11 ──▸☐ *Copy Facility Location Address to Parent Org. Mailing Address*

13 ──[Save] [Cancel]◂── 14

1. ***County Code:*** This field populates with the two (2) digit county code affiliated with the user accessing the system.

2. ***County Name:*** This field populates with the name of the county associated with the user accessing the system.

3. ***Certificate of Compliance Number (#):*** Enter the six (6) digit Certificate of Compliance number associated with the institutional facility.

4. ***Fiscal Year:*** Enter the state fiscal year the contract dates fall within, utilizing the YY-YY format. The state fiscal year runs from July 1st to June 30th. (Example: ·11-12 designates the state fiscal year 7/1/2011 through 6/30/2012).

5. ***Contract Effective Date:*** Every contract must have a designated start date. Enter the start date using the MM/DD/YYYY format.

6. ***Contract End Date:*** Every contract must have a designated end date. Enter the end date using the MM/DD/YYYY format.

7. ***Facility Name:*** Enter in the facility name as stated on the contract.

8. ***Parent Organization:*** If applicable, enter the name of the provider's parent organization.

9. *Modified Date*: This field populates with the date that the contract is created/modified.

10. *Facility Location*: Enter the physical address of the facility; including street address, city, state and zip code. The "State" field defaults to Pennsylvania, so it will only need to be updated if it's an out of state facility.

11. *Copy Facility Location Address to Parent Organization Mailing Address*: If the address of the facility is the same as the parent organization address, select this box to copy the previously entered facility address into Parent Organization mailing address section.

12. *Parent Organization Mailing Address*: Enter the physical address of the parent location; including street address, city, state and zip code.

13. *Save*: Select "Save" to save the information entered. Users are then directed to another data entry screen to enter the units/classes associated with the contract.

14. *Cancel*: Select "Cancel" to delete any information the user has entered on this screen.

C. INSTRUCTIONS FOR ADDING INSTITUTIONAL UNITS

The following data entry screen appears once the identifying provider information has been saved:

HOME   INVOICES   FILE UPLOAD   SEARCH   REPORTS   ADMINISTRATION

Add Institutional Units   17 ——▸ Go to Header ‖ Delete All ◀—— 18

15 Certification Number: 230999   16 Facility Name: RRR Group Home

Performance Based:	☐ 19			
Unit Name:	20		Unit Identifier:	21
Population Served:	22		Population Type:	Dependent 23
Type of Service:	24			

TOTAL AMOUNT CHARGED	TOTAL PROJECTED BUDGET	Total Title IV-E Allowable	Action
Facility / Direct Care expenses	25	26	
Indirect Administrative expenses	27	28	
GRAND TOTAL	29	30	

Per Diem Calculation

Total Care Days/Units provided	31		
# of Licensed Beds	32		
Occupancy Rate	33		
Calculated Per Diem	34	35	
Charged Per Diem	36	37	38 ↓ 39 ↓ Insert Cancel

Performance Based:				
Unit Name:	Unit A		Unit Identifier:	
Population Served:	Males 6-18		Population Type:	Dependent
Type of Service:			OCYF Approval:	43

TOTAL AMOUNT CHARGED	TOTAL PROJECTED BUDGET	Title IV-E Allowable	Action	
Facility / Direct Care expenses	$150,000.00	$120,000.00		
Indirect Administrative expenses	$50,000.00	$45,000.00		40
GRAND TOTAL	$200,000.00	$165,000.00		

Per Diem Calculation

Total Care Days/Units provided	800			
# of Licensed Beds	26			
Occupancy Rate	85.00			
Calculated Per Diem	$250.00			
Charged Per Diem	$250.00	$100.00	41 ↓ 42 ↓ Edit Delete	

15. **Certification Number:** This field populates from the certification number entered on the previous identifying provider information screen.

16. **Facility Name:** This field populates from the facility name entered on the previous identifying provider information screen.

17. **Go to Header:** Select "Go to Header" to navigate back to the previous identifying provider information screen.

18. *Delete All:* When entering a contract for a new fiscal year using a previous year's contract, the user may select the "Delete All" button to delete all units/classes associated with the certification number. This allows the user to update the units/classes for a new fiscal year.

19. *Performance Based:* Select this box to indicate that the contract has a varying (monthly/quarterly) per diem based on performance.

20. *Unit Name:* Counties have the ability to list multiple units/classes associated with a certification number. Enter the name of the unit associated with the associated level of service.

21. *Unit Identifier:* Enter the two (2) character unit identifier (Unit ID) associated with the unit name entered. The Unit ID entered will be used to validate information entered into the CY-63 as part of the invoicing process to determine if the correct per diem is being billed by the county.

22. *Population Served:* Enter the type of population served by the institutional unit (ex. Males 13-17).

23. *Population Type:* Select either "Dependent", "Delinquent", or "Both" from the available drop-down box to describe the population type being served.

24. *Type of Service:* Enter a description of the level of service provided by this unit. The service may be defined by the population served (ex. Male Sexual Offenders 13-15 years of age).

25. *Facility/Direct Care Expenses – TOTAL PROJECTED BUDGET:* Enter the total budgeted expenses for the facility/direct care expenses using two (2) decimal places (ex. 2000.50).

26. *Facility/Direct Care Expenses – Total Title IV-E Allowable:* Enter the total Title IV-E allowable portion of the total budgeted expenses for the facility/direct care expenses using two (2) decimal places (ex. 2000.50).

27. *Indirect Administration Expenses – TOTAL PROJECTED BUDGET:* Enter the total budgeted indirect administration expenses of the facility/unit using two (2) decimal places (ex. 2000.50).

28. *Indirect Administration Expenses – Total Title IV-E Allowable:* Enter the total Title IV-E allowable portion of the total budgeted indirect administration expenses of the facility/unit using two (2) decimal places (ex. 2000.50).

29. *Grand Total – TOTAL PROJECTED BUDGET:* This field populates the total projected budgeted expenses for Facility/Direct Care expenses and Indirect Administration expenses.

30. *Grand Total – Total Title IV-E Allowable:* This field populates the amount the total Title IV-E allowable portion of the projected budgeted expenses for Facility/Direct Care expenses and Indirect Administration expenses.

31. *Total Care Days/Units Provided:* Enter the projected total care days/units provided in the contract based on the licensed number of beds and occupancy rate.

32. *Number (#) of Licenses Beds:* Enter the number of licensed beds assigned to the unit/class.

33. *Occupancy Rate:* Enter the average percentage of beds projected to be occupied during the contract period. Percentages must be entered using two (2) decimal places. (ex. 85% is entered as .85).

34. *Calculated Per Diem – TOTAL PROJECTED BUDGET:* This field populates by dividing the total projected budget by the total care days/units projection.

35. *Calculated Per Diem – Total Title IV-E Allowable:* This field populates by dividing the total Title IV-E allowable amount by the total care days/units projection.

36. *Contracted Per Diem – TOTAL PROJECTED BUDGET:* The contracted per diem may differ from the calculated per diem. Enter the contracted per diem for services in this unit/class, based on the county's contract with the provider. The contracted per diem is used to validate information entered into the CY-63.

37. *Contracted Per Diem – Total Title IV-E Allowable:* Enter the portion of the contracted per diem that is allowable for Title IV-E reimbursement. The Title IV-E allowable rate is used to validate information entered into the CY-63.

38. *Insert:* Select "Insert" to add the details of this unit to the facility's contract information. The information entered will appear in the Unit Table on the screen, and a new data entry section becomes available to add additional units.

39. *Cancel:* Select "Cancel" to clear information that has been entered for a unit.

40. *Units Table:* Each inserted unit appears in the Units table. This table contains all of the detailed information for each unit associated with the facility.

41. *Edit:* Select "Edit" to modify information. When editing is complete, select "Update" to save the edits, or "Cancel" to cancel the edits.

42. *Delete:* Select the Delete button located in the Units Table to delete a specific unit within a contract. If the unit has appeared on a submitted CY-63 invoice it can not be deleted.

43. *OCYF Approval:* All classes with per diems over $200 must be reviewed and approved by OCYF.

D. INSTRUCTIONS FOR UPDATING CONTRACTS TO A NEW FISCAL YEAR

Users are able to copy all of an institutional facility's contract information from one fiscal year to another. The user must have an existing contract with the provider to copy the information to a new fiscal year. Users can copy identifying provider information from another county to their own using the instructions in Section E.

To copy existing contract information to a new fiscal year, search and select the contract information will be copied from (see section A in this attachment).

☑ *Copy Facility Location Address to Parent Org. Mailing Address*

1 ——▸☐ *Update Fiscal Year for this Contract & Save as New Contract*

| Save | Delete | Cancel | Go to Units |

1. *Update Fiscal Year for this Contract & Save as New Contract:* Select this check box to begin the process of updating contracts to a new fiscal year.

When this step has been completed, the following screen will appear to complete the update:

SEARCH   REPORTS   ADMINISTRATION

Institutional Facility Per Diem Calculation Worksheet

County Code: [ ]   County Name: [Union]

Certificate of Compliance #: [466342]   Fiscal Year: [2]   Ex. 08-09

Contract Effective Date: [3]   Contract End Date: [4]

Facility Name: [WLS Group Home]   Parent Organization: [WLS Group Home]

ModifiedDate: [12-07-2011]

Facility Location: **Parent Organization Mailing Address:**

Address1: [222 Hope St.]   Address1: [222 Hope St.]

Address2: [ ]   Address2: [ ]

City: [Lewisburg]   City: [Lewisburg]

State: [Pennsylvania]   State: [Pennsylvania]

ZIP Main: [17837]   ZIP Main: [17837]

ZIP Extn: [2232]   ZIP Extn: [2232]

☑ *Copy Facility Location Address to Parent Org. Mailing Address*

☑ *Update Fiscal Year for this Contract & Save as New Contract*

5 → [Save]   [Delete]   [Cancel] ← 7

6 →

2. *Fiscal Year:* Enter the fiscal year the new contract dates fall within utilizing the YY-YY format. The state fiscal year runs from July 1st to June 30th. (Example: 11-12 to designate the fiscal year 7/1/2011 through 6/30/2012).

3. *Contract Effective Date:* Every contract must have a designated start date. Enter that date using the MM/DD/YYYY format.

4. *Contract End Date:* Every contract must have a designated end date. Enter that date using the MM/DD/YYYY format.

5. *Save:* Select "Save" to save the information entered on the general information screen and open the *Add Institutional Units Screen.*

6. *Delete:* Select "Delete" to delete any information entered by the user and cancel the fiscal year update process.

7. *Cancel:* Select "Cancel" to delete any information the user has entered into the fiscal year update page. The user can continue entering information to update the fiscal year.

Once the user selects "Save", the user is taken to the *Add Institutional Units Screen.* The user must review and edit this information for the new fiscal year.

E. INSTRUCTIONS FOR COPYING INFORMATION FROM A DIFFERENT COUNTY

The following instructions are for copying **all** of an institutional facility's contract information from one county to the county of the user without having to re-enter the data.

The first step is to utilize the search features of the contract management system (see section A in this attachment) to find and select the contract that needs to be copied from a different county. The search process allows a user to access providers from any county in the Commonwealth. When opening a contract from a county different than the user's home county, the screen will have the following checkbox available:

☑ *Copy Facility Location Address to Parent Org. Mailing Address*

1 ──➤☐ *Copy This Contract Information to My Contracts List*

[Cancel]

1. ***Copy This Contract Information to My Contracts List:*** Select this check box to begin the process of copying information from another county to the user's home county.

When this step has been completed, the following screen will appear to complete the update:

SEARCH   REPORTS   ADMINISTRATION

Institutional Facility Per Diem Calculation Worksheet

County Code:	County Name:
Certificate of Compliance #: 454333	Fiscal Year: [ ] Ex 08-09
Contract Effective Date:	Contract End Date:
Facility Name: Joe's Home	Parent Organization: Joe's Home
ModifiedDate :	

Facility Location:

Address1: 212 Arch Street
Address2:
City: Philadelphia
State: Pennsylvania
ZIP Main: 18092
ZIP Extn: 1121

Parent Organization Mailing Address:

Address1: 212 Arch Street
Address2:
City: Philadelphia
State: Pennsylvania
ZIP Main: 18092
ZIP Extn: 1121

☑ *Copy Facility Location Address to Parent Org. Mailing Address*
☑ *Copy This Contract Information to My Contracts List*

5 ──➤[Save] [Cancel]◄── 6

2. *Fiscal Year:* Enter the state fiscal year the contract dates fall within utilizing the YY-YY format. The state fiscal year runs from July 1st to June 30th. (Example: 11-12 to designate the fiscal year 7/1/2011 through 6/30/2012).

3. *Contract Effective Date:* Every contract must have a designated start date. Enter the start date using the MM/DD/YYYY format.

4. *Contract End Date:* Every contract must have a designated end date. Enter the end date using the MM/DD/YYYY format.

5. *Save:* Select "Save" to save the identifying provider information and open the *Add Institutional Units Screen.*

6. *Cancel:* Select "Cancel" to delete information the user has entered into the fiscal year update page. The user can continue entering information.

Once the user selects "Save", the *Add Institutional Units Screen* appears. The user must add unit information that pertains to the facility. The unit information does not transfer from another county.

Instructions for Using the Contract Management
Function of the Title IV-E Eligibility Application
(Foster Family Contracts)

INTRODUCTION

Placement maintenance claims for children in foster care are validated against contract information entered in the Title IV-E Eligibility Application. When a CY-63 associated with a CY-64-FC is submitted, the invoice is compared to the contract information to verify the county's contracted per diems for each level of service, and the Title IV-E allowable portions of each contracted per diem. The contract information is specific to each user based on the county's individual contracts entered into the application. Each contract entry contains identifying provider information (facility name and address, parent organization name and address, and certification numbers), contracted per diems for each unit or class (level of service), and the Title IV-E allowable portions of each contracted per diem.

Users can search existing and/or add new foster family contracts within the application. Users can sort existing providers by contract type (institutional or foster family), certification number, fiscal year, etc... Users can view identifying provider information for all existing contracts entered in the application (including their county contracts and all other counties' contracts). Users can only view the contracted per diems and Title IV-E allowable portions of each contracted per diem for their own contracts and not contracts entered by all counties.

A. INSTRUCTIONS FOR SEARCHING FOR AN EXISTING CONTRACT

1. Users can access the *Contract Search Screen* by selecting the "Administration" tab on the *Home screen* of the Title IV-E Eligibility Application.

2. Select "Search an existing Contract" and then choose "Foster Family Contracts" to proceed to the search criteria. The *Contract Search Screen* has the following options for refining the search process:

   - *County:* Users can search for a contract by selecting a county who currently contracts with a certain provider.
   - *Certification Number:* Users can search for a contract by entering the six (6) digit certification number of the facility associated with the contract (found on the facility's Certificate of Compliance).
   - *City:* Users can search for a contract based on the city location of the provider.
   - *Fiscal Year:* Users can search for a contract by entering the fiscal year for the contract.

- *Provider Name*: Users can search for a contract by entering the name of a specific provider.
- *Parent Organization*: Users can search for a contract by entering the name of the provider's parent organization.
- *Main Zip*: Users can search for a contract by entering the zip code of a provider.
- *Approval Status*: Users can search for a contract by approval status. Users can select either "Approved" or "Not Approved" in terms of a provider's contract approval status.

3. After entering the search criteria (only one entry is necessary), select "Search" to populate a list of all contracts that match the search criteria. If multiple search criterions are entered and no results are found, the user may need to reduce the number of criterions entered. Too many search criterions may limit the search results.

4. Users can access the identifying provider information for any of the contracts entered throughout the Commonwealth by selecting the "Contract" button. Users can only access the unit/class (level of service) information, including contracted rates, for their own contracts by selecting the "Units/Classes" button next to the provider's name in the search results. For example, Adams County can view the identifying provider information for any county's contract entered in the Title IV-E Eligibility Application, but they can only view contracted rates for each level of service for their own county's contracts.

B. INSTRUCTIONS FOR ADDING A NEW FOSTER FAMILY PROVIDER CONTRACT

Users can add a new foster family contract by selecting the "Administration" tab on the *Home screen* of the Title IV-E Eligibility Application. Select "Add a New Contract", followed by "Foster Family Contract" to open up the following data entry screen:

Foster Family Per Diems by Class of Service

1. **County Code**: This field populates with the two (2) digit county code affiliated with the user accessing the system.

2. **County Name**: This field populates with the name of the county associated with the user accessing the system.

3. **Certificate of Compliance Number (#)**: Enter the six (6) digit Certificate of Compliance number associated with the institutional facility.

4. **Fiscal Year**: Enter the state fiscal year the contract dates fall within, utilizing the YY-YY format. The state fiscal year runs from July 1st to June 30th. (Example: 11-12 designates the state fiscal year 7/1/2011 through 6/30/2012).

5. **Contract Effective Date**: Every contract must have a designated start date. Enter the start date using the MM/DD/YYYY format.

6. **Contract End Date**: Every contract must have a designated end date. Enter the end date using the MM/DD/YYYY format.

7. **Facility Name**: Enter in the facility name as stated on the contract.

8. **Parent Organization**: If applicable, enter the name of the provider's parent organization.

9. *Modified Date*: This field populates with the date that the contract is created/modified.

10. *Facility Location*: Enter the physical address of the facility; including street address, city, state and zip code. The "State" field defaults to Pennsylvania, so it will only need to be updated if it's an out of state facility.

11. *Copy Facility Location Address to Parent Organization Mailing Address*: If the address of the facility is the same as the parent organization address, select this box to copy the previously entered facility address into Parent Organization mailing address section.

12. *Parent Organization Mailing Address*: Enter the physical address of the parent location; including street address, city, state and zip code.

13. *Save*: Select "Save" to save the information entered on this screen. Users are directed to another data entry screen to enter the units/classes associated with the contract.

14. *Cancel*: Select "Cancel" to delete any information the user has entered on this screen.

C. INSTRUCTIONS FOR ADDING INSTITUTIONAL UNITS

The following data entry screen appears once the identifying provider information has been saved:

HOME INVOICES FILE UPLOAD SEARCH REPORTS ADMINISTRATION

⚠ foster family contract detail record inserted

Add Foster Family Classes   17 [Go to Header][Delete All] 18

Certification Number: 222222   15   Facility Name: BSW Foster Care   16

Performance Based ☐ 19

Contracted Per Diem Rates by Class of Service	Class	Total Per Diem	Title IV-E Allowable Maintenance	Title IV-E Allowable Administrative	Action	
Foster Family Class	20	21	22			
Administrative Cost		23		24	28	29
Total Per Diem		25	26	27	Insert	Cancel

Performance Based

Contracted Per Diem Rates by Class of Service	Class	Total Per Diem	Title IV-E Allowable Maintenance	Title IV-E Allowable Administrative	OCYF Approval	Action	
Foster Family Class	A	$75.00	$75.00				30
Administrative Cost		$5.00		$5.00	31	32 33	
Total Per Diem						Edit Delete	

15. **Certification Number:** This field populates from the certification number entered on the previous identifying provider information screen.

16. **Facility Name:** This field populates from the facility name entered on the previous identifying provider information screen.

17. **Go to Header:** Select "Go to Header" to navigate back to the previous identifying provider information screen.

18. **Delete All:** When entering a contract for a new fiscal year using a previous year's contract, the user may select "Delete All" to delete all units/classes associated with the certification number. This allows the user to update the units/classes for a new fiscal year.

19. **Performance Based:** Select this box to indicate that the contract has a varying (monthly/quarterly) per diem based on performance.

20. **Foster Family Class:** Enter the two (2) character foster family Class Identifier (Class ID) associated with the foster family class entered. The Class ID entered will be used to validate information entered into the CY-63 as part of the invoicing process to determine if the correct per diem is being billed by the county.

21. *Foster Family Class – Total Per Diem:* Enter the total placement maintenance per diem for each foster family class using two (2) decimal places (ex. 2000.50).

22. *Foster Family Class – Title IV-E Allowable Maintenance:* Enter the total Title IV-E allowable portion of the placement maintenance per diem for each foster family class using two (2) decimal places (ex. 2000.50).

23. *Administrative Costs – Total Per Diem:* Enter the total administrative per diem cost for each foster family class using two (2) decimal places (ex. 2000.50).

24. *Administrative Costs – Title IV-E Allowable Maintenance:* Enter the total Title IV-E allowable portion of the administrative per diem cost for each foster family class using two (2) decimal places (ex. 2000.50).

25. *Total Per Diem:* This field populates the total per diem by adding the total placement maintenance per diem and the total administrative per diem for a foster family class. The total per diem is used to validate information entered into the CY-63 as part of the invoicing process to determine if the correct per diem is being billed by the county.

26. *Total Per Diem – Title IV-E Allowable Maintenance:* This field populates the amount entered in "Foster Family Costs – Title IV-E Allowable Maintenance". The total Title IV-E allowable maintenance per diem entered will be used to validate information entered into the CY-63 as part of the invoicing process to determine if the correct per diem is being billed by the county.

27. *Total Per Diem - Title IV-E Allowable Administrative:* This field populates the amount entered in "Administrative Costs – Title IV-E Allowable Maintenance". The total Title IV-E allowable administrative per diem entered will be used to validate information entered into the CY-63 as part of the invoicing process to determine if the correct per diem is being billed by the county.

28. *Insert:* Select "Insert" to add the details of this class to the provider's contract information. The information entered will appear in the Class Table on the screen, and a new data entry section becomes available to add additional classes.

29. *Cancel:* Select "Cancel" to clear information that has been entered for a class.

30. *Class Table:* Each inserted class appears on the Class Table. This table contains all of the detailed information for each class associated with the provider.

31. *OCYF Approval:* All classes with per diems over $200 must be reviewed and approved by OCYF.

32. *Edit:* Select "Edit" to modify information. When editing is complete, select "Update" to save the edits, or "Cancel" to cancel the edits.

33. *Delete:* Select "Delete" to delete a specific foster family class within a contract. If a class has appeared on a submitted CY-63 invoice it can not be deleted.

D. INSTRUCTIONS FOR UPDATING CONTRACTS TO A NEW FISCAL YEAR

Users are able to copy all of a foster family provider's contract information from one fiscal year to another. The user must have an existing contract with the provider to copy the information to a new fiscal year. Users can copy identifying provider information from another county to their own using the instructions in Section E.

To copy existing contract information to a new fiscal year, search and select the contract information will be copied from (see section A in this attachment).
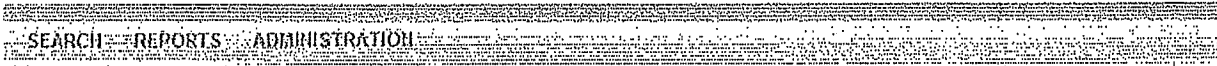
☑ *Copy Facility Location Address to Parent Org. Mailing Address*

1 ——▶☐ *Update Fiscal Year for this Contract & Save as New Contract*

| Save | Delete | Cancel | Go to Units |

1. *Update Fiscal Year for this Contract & Save as New Contract:* Select this check box to begin the process of updating contracts to a new fiscal year.

When this step has been completed, the following screen will appear to complete the update:

SEARCH   REPORTS   ADMINISTRATION

Foster Family Per Diems by Class of Service

County Code: | | County Name: | |

Certificate of Compliance #: |222222| Fiscal Year: | | Ex 08-09

Contract Effective Date: | | Contract End Date: | |

Facility Name: |BSW Foster Care| Parent Organization: |BSW Foster Care|

ModifiedDate: | |

Facility Location: **Parent Organization Mailing Address:**

Address1: |113 Edgemont Drive| Address1: |113 Edgemont Drive|

Address2: | | Address2: | |

City: |Lewisburg| City: |Lewisburg|

State: |Pennsylvania ∨| State: |Pennsylvania ∨|

ZIP Main: |17837| ZIP Main: |17837|

ZIP Extn: | | ZIP Extn: | |

☑ *Copy Facility Location Address to Parent Org. Mailing Address*

☑ *Update Fiscal Year for this Contract & Save as New Contract*

5 ——→ | Save | | Delete | | Cancel | ←—— 7
6 ——→

2. *Fiscal Year:* Enter the fiscal year the new contract dates fall within utilizing the YY/YY format. The state fiscal year runs from July 1st to June 30th. (Example: 11/12 to designate the fiscal year 7/1/2011 through 6/30/2012).

3. *Contract Effective Date:* Every contract must have a designated start date. Enter the date using the MM/DD/YYYY format.

4. *Contract End Date:* Every contract must have a designated end date. Enter the date using the MM/DD/YYYY format.

5. *Save:* Select "Save" to save the information entered on the general information screen and open the *Add Foster Family Class Screen.*

6. *Delete:* Select "Delete" to delete information entered by the user and cancel the fiscal year update process.

7. *Cancel:* Select "Cancel" to delete any information the user has entered into the fiscal year update page. The user can continue entering information to update the fiscal year.

Once the user selects "Save", the *Add Foster Family Class Screen* appears. The user must review and edit this information for the new fiscal year.

E. INSTRUCTIONS FOR COPYING INFORMATION FROM A DIFFERENT COUNTY

The following instructions are for copying all of a foster family provider's contract information from one county to the county of the user without having to re-enter the data.

The first step is to utilize the search features of the contract management system (see section A in this attachment) to find and select the contract that needs to be copied from a different county. The search process allows a user to access providers from any county in the Commonwealth. When opening a contract from a county different than the user's home county, the screen will have the following checkbox available:

☑ *Copy Facility Location Address to Parent Org. Mailing Address*

1 ─────▶☐ *Copy This Contract Information to My Contracts List*

[Cancel]

1. ***Copy This Contract Information to My Contracts List:*** Select this check box to begin the process of copying information from another county to the user's home county.

When this step has been completed, the following screen will appear to complete the update:

SEARCH   REPORTS   ADMINISTRATION

Foster Family Per Diems by Class of Service

County Code: [ ]   County Name: [ ]
Certificate of Compliance # [343221]   Fiscal Year: [2] Ex. 08-09
Contract Effective Date: [3]   Contract End Date: [4]
Facility Name: [Help Kids]   Parent Organization: [Help Kids]
ModifiedDate: [ ]

Facility Location: **Parent Organization Mailing Address:**
Address1: [315 W. Steelers St]   Address1: [315 W. Steelers St.]
Address2: [ ]   Address2: [ ]
City: [Pittsburg]   City: [Pittsburg]
State: [Pennsylvania ▾]   State: [Pennsylvania ▾]
ZIP Main: [17855]   ZIP Main: [17855]
ZIP Extn. [1234]   ZIP Extn: [1234]

☑ *Copy Facility Location Address to Parent Org. Mailing Address*
☑ *Copy This Contract Information to My Contracts List*

5 ─────▶[Save] [Cancel]◀───── 6

2. *Fiscal Year:* Enter the state fiscal year the contract dates fall within utilizing the YY/YY format. The state fiscal year runs from July 1st to June 30th. (Example: 11-12 to designate the fiscal year 7/1/2011 through 6/30/2012).

3. *Contract Effective Date:* Every contract must have a designated start date. Enter the start date using the MM/DD/YYYY format.

4. *Contract End Date:* Every contract must have a designated end date. Enter the end date using the MM/DD/YYYY format.

5. *Save:* Select "Save" to save the identifying provider information and open the "Add Foster Family Class" data entry screen.

6. *Cancel:* Select "Cancel" to delete information the user has entered into the fiscal year update page. The user can continue entering information.

Once the user selects "Save", the *Add Foster Family Class Screen* appears. The user must add foster family class information that pertains to the provider. The class information does not transfer from another county.