

**Attachment 9****Instructions for Generating Reports  
Using the Title IV-E Eligibility Application****INTRODUCTION**

The Title IV-E Eligibility Application generates error/warning reports to assist users during the validation process. Once a CY-63 invoice has been completed, or uploaded, the user submits the invoice for validation. Users can access error/warning reports once a CY-63 invoice has been submitted. Users can only view error/warning reports related to invoices still awaiting OCYF approval; the reports are not accessible once the invoice has been approved for payment by OCYF.

***General Report Information***

All reports will contain the following information, if applicable.

1. Invoice Number
2. Quarter Ending Date
3. Child's MCI Number
4. Child's First Name
5. Child's Middle Initial
6. Child's Last Name
7. Print Button

All other information will be specific to the type of report selected.

Error/warning reports are separated into two types: Auto-Denial and Non Auto-Denial. An Auto-Denial report results when a CY-63 invoice does not pass validation and contains errors which require correction. A Non Auto-Denial report contains possible errors which may require correction. OCYF will contact the county for supporting documentation, if necessary.

Summary reports contain all Auto-Denial and Non Auto-Denial errors/warnings.

**A. INSTRUCTIONS FOR UTILIZING THE REPORT SEARCH SCREEN**

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



### REPORT SEARCH

1	County :	60 - Union	▼
2	Quarter Ending Date :	6/30/2011	▼
3	Invoice Identifier & Number :	8238 .. 60CY64FC6302011001	▼
4	Report Type :	Summary	▼
5	Reports :	Summary	▼

6

- 1. County:** This field populates with the two (2) digit county code and county name affiliated with the user accessing the system.
- 2. Quarter Ending Date:** This field populates the quarter ending date of any submitted invoices which have not been approved by OCYF. Users can select the drop down box to view possible choices and highlight their selection.
- 3. Invoice Identifier & Number:** This field populates the invoice numbers associated with the county and quarter ending date selected in the prior steps. Users can select the drop down box to view possible choices and highlight their selection.
- 4. Report Type:** User select the report type (Auto-Denial, Non Auto-Denial, and Summary) by using the drop down box to view possible choices and highlight their selection.
- 5. Reports:** User select the specific report type by using the drop down box to view possible choices and highlight their selection. The specific report types will vary based on the report type selected above.

Report Type	Available Report Selection
Auto-Denial Reports	1. Children Over Age 19 2. Invalid License Certification 3. Non Reimbursable Placement 4. Invalid Contract 5. Invalid Per Diem 6. Duplicate Claim 7. No MCI Found
Summary	Summary
Non Auto-Denial Reports	1. Non IV-E 2. Invalid Placement Dates 3. Children Over Age 18

6. **Show Report:** Select "Show Report" once a report type and specific report are selected.

**B. AUTO-DENIAL REPORTS**

Detailed information on the types of Auto-Denial reports available follows.

**Children Over Age 19**

Youth will appear on this report if the reimbursement period covers dates after the month the youth turns age 19.

The ability to sort on a specific field either ascending or descending can be accomplished by clicking on the individual column heading.



**REPORT SEARCH**

County:	60 - Union
Quarter Ending Date:	6/30/2011
Invoice Identifier & Number:	8238 -- 60CY64FC6302011001
Report Type:	Auto-Denial
Reports:	Children Over Age 19

Show Report

11 of 1 100% Find | Next Select a format Export

**Children Over Age 19**

Invoice Number	Invoice Ending Date	Child's Name	Child's Birth Name	Child's Birth Date	Child's Birth Date	Reimbursement Date From	Reimbursement Date To
						1	2
							3

The following items are specific to this report and include steps that must be taken to correct the error.

1. **Date of Birth:** This field contains the youth's date of birth per the Client Information System (CIS).

Corrective Action: Verify the youth's date of birth is correct.

2. **Reimbursement Date – From:** This field populates from the CY-63 invoice.

Corrective Action: Ensure the date entered is the correct start date for reimbursement.

3. **Reimbursement Date – To:** This field populates from the CY-63 invoice.

Corrective Action: Ensure the date entered is the correct end date for reimbursement. Title IV-E reimbursement is not available as of the youth's 19<sup>th</sup> birthday.

**Invalid License Certification**

Youth whose costs are associated with a Residential Certification Number that does not currently exist in MAPPER or has a provisional identifier appear on this report.

The ability to sort on a specific field either ascending or descending can be accomplished by clicking on the individual column heading.



**REPORT SEARCH**

County:	60 - Union
Quarter Ending Date:	6/30/2011
Invoice Identifier & Number:	8238 - 60CY64FC6302011001
Report Type:	Auto-Denial
Reports:	Invalid License Certification

Show Report

11 of 1 100% Find | Next Select a format Export

**Invalid License Certification**

Invoice Number	Owner Identification	Child's Date of Birth	Child's Name	Child's SSN	Child's Last Name	Residential Certification Number	License Number
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1 2

- 1. Residential Certification Number:** This field populates from the CY-63 invoice.

Corrective Action: Ensure the correct Residential Certification number is entered.

- 2. License Number:** This field populates from MAPPER with the current license status for the facility.

Corrective Action: If the license number ends in one, two, three or four (1, 2, 3 or 4), the facility has a provisional license and is not Title IV-E reimbursable. If no license number appears, the license number may not have been entered correctly.

**Non Reimbursable Placements**

Youth whose costs are associated with a Placement Type Code of 39 (Secure Care), 40 (Secure Detention), or 46 (Secure Residential Services) appear on this report. These placement types are not Title IV-E reimbursable. Placement type codes are identified in MAPPER.

Youth whose costs are associated with a license number with a Psychiatric Residential Treatment Facility (PRTF) indicator also appear on this report. PRTFs are not Title IV-E reimbursable.

The ability to sort on a specific field either ascending or descending can be accomplished by clicking on the individual column heading.



**REPORT SEARCH**

County:	60 - Union
Quarter Ending Date:	6/30/2011
Invoice Identifier & Number:	8238 -- 60CY64FC6302011001
Report Type:	Auto-Denial
Reports:	Non Reimbursable Placeme

Show Report

14 1 of 1 100% Find | Text Select a format Export

**Non Reimbursable Placements**

Invoice Number	Quarter End Date	QIDN NCI Number	Child First Name	Child Middle Initial	Child Last Name	Child Date of Birth	License Certification Number	Placement Type	ICM	Not Date Reimbursed
1	2	3	4	5	6	7	8	9	10	11

- 1. License Certification Number:** This field populates from the CY-63 invoice.

Corrective Action: Ensure the correct Residential Certification number is entered.

- 2. Placement Type:** This field populates from MAPPER and indicates the current placement type associated with the certification number.

Corrective Action: A placement type code of 39, 40, or 46 indicates the facility is not Title IV-E reimbursable. Any costs associated with a non-reimbursable placement type must be removed from the invoice.

- 3. PRTF:** This field populates from MAPPER and indicates whether a facility is currently designated as a PRTF.

Corrective Action: PRTFs are not Title IV-E reimbursable. Any costs associated with PRTFs must be removed from the invoice.

- 4. Non OCYF Licensed:** This field populates from MAPPER and indicated whether a facility is currently licensed by OCYF.

Corrective Action: Facilities not licensed by OCYF are not Title IV-E reimbursable. Any costs associated with non OCYF licensed facilities must be removed from the invoice.

#### **Invalid Contract**

Youth whose costs are not associated with an approved provider contract appear on this report. The county must ensure that all contracts have been entered into the Title IV-E Eligibility Application and approved by OCYF prior to submitting claims associated with a contract.

The ability to sort on a specific field either ascending or descending can be accomplished by clicking on the individual column heading.

REPORT SEARCH

County:	60 - Union
Quarter Ending Date:	6/30/2011
Invoice Identifier & Number:	8238 - 60CY64FC6302011001
Report Type:	Auto-Denial
Reports:	Invalid Contract

Show Report

1 of 1 of 1 > 100% Find Next Select a format Export

Invalid Contract

Child's Name	Child's ID	Child's Last Name	License Number	Unit Identifier	Contract Reg. ID	Contract End Date	Reimbursement Date From	Reimbursement Date To
John		Smith	335280	AA			04/01/2011	06/30/2011

1. **License Number:** This field populates from the CY-63 invoice.

Corrective Action: Ensure the correct Residential Certification number is entered.

2. **Unit Identifier:** This field populates from the CY-63 invoice.

Corrective Action: Ensure the correct Unit ID/Class is entered. Ensure that the Unit ID/Class corresponds to the Unit ID/Class entered under the provider contract.

3. **Contract Effective Date:** This field populates from the identifying provider information entered for the contract associated with the Residential Certification Number.

Corrective Action: Ensure that the correct effective date is listed for the contract associated with the Residential Certification Number.

4. **Contract End Date:** This field populates from the identifying provider information entered for the contract associated with the Residential Certification Number.

Corrective Action: Ensure that the correct end date is listed for the contract associated with the Residential Certification Number.

5. **Reimbursement Date – From:** This field populates from the CY-63 invoice.

Corrective Action: Ensure that the reimbursement 'begin' date is correct. Claiming can not begin prior to a contract effective date. Counties cannot claim for more than one placement setting for the same day.

**6. *Reimbursement Date – To:*** This field populates from the CY-63 invoice.

Corrective Action: Ensure that the reimbursement end date is correct. Claiming can not continue beyond the contract end date. Counties cannot claim the day the child is discharged from agency custody or transferred to a non-reimbursable placement setting.

**Invalid Per Diem**

Youth's costs reported on the CY-63 are validated against the total per diem, the Title IV-E allowable placement maintenance, and/or the Title IV-E allowable administrative costs associated with the Residential Certification Number. If the youth's costs cannot be validated (there is a discrepancy between contracted amounts and claimed amounts), they will appear on this report. Additionally, youth will appear on this report if their costs reported on the CY-63 invoice are less than the costs should be (based on the contracted rates).

On occasion, counties may continue to claim costs in a new fiscal year under a previous year's contract extension. Once a new contract is approved, the county may need to submit supplemental claims if the new contracted per diem differs from the previous extended contracted rate. Youth may appear on this report if the total amount claimed from the supplemental invoices and the original invoice exceeds the new contracted per diem.

The ability to sort on a specific field either ascending or descending can be accomplished by clicking on the individual column heading.





REPORT SEARCH

County:	51 - Philadelphia
Quarter Ending Date:	3/31/2011
Invoice Identifier & Number:	8219 -- 51CY64FC3312011013
Report Type:	Auto-Denial
Reports:	Invalid Per Diem

Show Report

1 of 1 100% Find Next Select a format Export

Invalid Per Diem

1	2	3	4	5	6	7	8
License Number	Unit Identifier	Total Costs Claimed	Calculated Total Approved Costs	Total IV-E Placement Maintenance Costs Claimed	Calculated IV-E Approved Costs	Total Admin. Costs Claimed	Calculated Admin. Approved Costs

1. **License Number:** This field populates from the CY-63 invoice.

Corrective Action: Ensure the correct Residential Certification number is entered.

2. **Unit Identifier:** This field populates from the CY-63 invoice.

Corrective Action: Ensure the correct Unit ID/Class is entered. Ensure that the Unit ID/Class corresponds to the Unit ID/Class entered under the provider contract.

3. **Total Costs Claimed:** This field populates from the CY-63 invoice.

Corrective Action: Ensure that the amount entered is equal to the total per diem multiplied by the total number of days for which reimbursement is requested.

4. **Calculated Total Approved Costs:** This field populates by multiplying the approved total per diem associated with the Residential Certification Number by the total number of days for which reimbursement is requested.

Corrective Action: If this amount differs from the total costs claimed, ensure that the correct Residential Certification Number and Unit ID/Class is entered on the CY-63. Ensure that the number of days for which reimbursement is requested is correct. Ensure that the total approved per diem associated with the Residential Certification Number is correct in the contract information.

5. **Total IV-E Placement Maintenance Costs Claimed:** This field populates from the CY-63 invoice.

Corrective Action: Ensure that the amount entered is equal to the total Title IV-E allowable placement maintenance per diem multiplied by the total number of days for which reimbursement is requested.

6. **Calculated IV-E Placement Approved Costs:** This field populates by multiplying the approved contracted Title IV-E allowable placement maintenance per diem associated with the Residential Certification Number by the total number of days for which reimbursement is requested.

Corrective Action: If this amount differs from the total Title IV-E placement maintenance costs claimed, ensure that the correct Residential Certification Number and Unit ID/Class is entered on the CY-63. Ensure that the number of days for which reimbursement is requested is correct. Ensure that the approved Title IV-E placement maintenance per diem associated with the Residential Certification Number is correct in the contract information.

7. **Total Administrative Costs Claimed:** This field populates from the CY-63 invoice.

Corrective Action: Ensure that the amount entered is equal to the total Title IV-E allowable administrative per diem multiplied by the total number of days for which reimbursement is requested.

8. **Calculated Administrative Approved Costs:** This field populates by multiplying the approved contracted Title IV-E allowable administrative per diem associated with the Residential Certification Number by the total number of days for which reimbursement is requested.

Corrective Action: If this amount differs from the total Title IV-E administrative costs claimed, ensure that the correct Residential Certification Number and Unit ID/Class is entered on the CY-63. Ensure that the number of days for which reimbursement is requested is correct. Ensure that the approved Title IV-E administrative per diem associated with the Residential Certification Number is correct in the contract information.

### Duplicate Claim

Youth who have costs for multiple providers for the same time period will appear on this report. Duplicate Claim reports generate using all invoices submitted for the time period; i.e., youth who have costs from January 21 through 23 on an invoice and costs on a supplemental invoice for the same period will appear on the report.

The ability to sort on a specific field either ascending or descending can be accomplished by clicking on the individual column heading.

REPORT SEARCH

County:	51 - Philadelphia
Quarter Ending Date:	3/31/2011
Invoice Identifier & Number:	8219 -- 51CY64FC3312011013
Report Type:	Auto-Denial
Reports:	Duplicate Claim

Show Report

1 of 1 100% Find Next Select a format Export

Duplicate Claim

Contract Number	Contract Name	Invoice #	Invoice Date	Reimbursement Date - From	Reimbursement Date - To	License Number	Unit Identifier	Total Cost of Care
				1	2	3	4	5

1. **Reimbursement Date - From:** This field populates from the CY-63 invoice.

Corrective Action: Ensure that this is date reimbursement should begin.

2. **Reimbursement Date - To:** This field populates from the CY-63 invoice.

Corrective Action: Ensure that this is date reimbursement should end. Counties cannot claim the day the child is discharged from agency custody or transferred to a non-reimbursable placement setting.

3. **License Number:** This field populates from the CY-63 invoice.

Corrective Action: Ensure the correct Residential Certification number is entered.

4. **Unit Identifier:** This field populates from the CY-63 invoice.

Corrective Action: Ensure the correct Unit ID/Class is entered. Ensure that the Unit ID/Class corresponds to the Unit ID/Class entered under the provider contract.

5. **Total Cost of Care:** This field populates from the CY-63 invoice.

Corrective Action: Ensure that the amount entered is equal to the total per diem multiplied by the total number of days for which reimbursement is requested.

**No Master Client Index (MCI) Found**

Youth whose MCI number is not located in the Client Information System (CIS) appear on this report. This error may generate multiple auto-denial reports for a youth.

The ability to sort on a specific field either ascending or descending can be accomplished by clicking on the individual column heading.



**REPORT SEARCH**

County:	51 - Philadelphia
Quarter Ending Date:	3/31/2011
Invoice Identifier & Number:	8219 .. 51CY64FC3312011013
Report Type:	Auto-Denial
Reports:	No MCI Found

Show Report

14 of 1 100% Find Next Select a format Export

**No MCI Found**

Invoice Number	Quarter Ending Date	Child's IVE Number	Child's First Name	Child's Middle Name	Child's Last Name	Date of Birth from AFCARS

1

- Date of Birth from AFCARS:** This field populates the youth's birth date associated with the AFCARS ID/MCI number.

Corrective Action: Provide documentation to OCYF to correct an incorrect birth date.

**C. NON AUTO-DENIAL REPORTS**

Detailed information on the types of Non Auto-Denial reports available follows:

**Non-IVE**

Youth who are not coded in the Adoption and Foster Care Analysis and Reporting System (AFCARS) as receiving Title IV-E Foster Care (element 59 is checked) or Title IV-E Adoption Assistance (element 60 is checked) will appear on this report. Youth whose AFCARS ID can not be validated also appear on this report.

The ability to sort on a specific field either ascending or descending can be accomplished by clicking on the individual column heading.

FILE UPLOAD SEARCH **REPORTS** ADMINISTRATION

REPORT SEARCH

County:	51 - Philadelphia
Quarter Ending Date:	3/31/2011
Invoice Identifier & Number:	8219 -- 51CY64FC3312011013
Report Type:	Non Auto-Denial
Reports:	Non IVE

Show Report

1 of 1 p 100% Find | Next Select a format Export

Non IVE

Invoice Number	Quarter	Child's NC Number	Child's first Name	Child's last Name	CMS Case Number	Child Not Found in AFCARS	CIS IV-E Status
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1. **Child Not Found in AFCARS:** This field populates an "X" to indicate Title IV-E eligibility was unable to be verified via the AFCARS file.

Corrective Action: Provide documentation to OCYF to support that the youth's AFCARS ID/MCI Number is correct or provide a reason for the youth's exclusion from the AFCARS file.

2. **CIS IV-E Status:** This field populates the IV-E status of the youth per CIS.

Corrective Action: No action is needed. OCYF may use this information to determine if the invoice should be paid.

Invalid Placement Dates

Youth who are not reported in CIS to be in care for the entire reimbursement period or are reported to be in a non-reimbursable placement type appear on this report.

The ability to sort on a specific field either ascending or descending can be accomplished by clicking on the individual column heading.

REPORT SEARCH

County:	51 - Philadelphia
Quarter Ending Date:	3/31/2011
Invoice Identifier & Number:	8219 - 51CY64FC3312011013
Report Type:	Non Auto-Denial
Reports:	Invalid Placement Dates

Show Report

1 of 1 100% Find | Next | Select a format | Export

Invalid Placement Dates

Child Number	Child First Name	Child Last Name	Reimbursement Date From	Reimbursement Date To	Placement Begin Date	Placement End Date	Facility Type
1	2	3	4	5	6	7	8

1. **Reimbursement Date - From:** This field populates from the CY-63 invoice.

Corrective Action: Ensure that this is date reimbursement should begin.

2. **Reimbursement Date - To:** This field populates from the CY-63 invoice.

Corrective Action: Ensure that this is date reimbursement should end. Counties cannot claim the day the child is discharged from agency custody or transferred to a non-reimbursable placement setting.

3. **Placement Begin Date:** This field populates from CIS with the youth's placement date.

Corrective Action: Ensure that the placement date in CIS falls on or after the begin reimbursement date on the CY-63. If the placement date in CIS is incorrect, provide documentation to OCYF to support the correct placement date. No action is needed if the error occurs due to the placement type reported in CIS.

4. **Placement End Date:** If applicable, this field populates from CIS with the youth's placement end date.

Corrective Action: Ensure that the placement end date in CIS is before the reimbursement end date on the CY-63. If the placement end date in CIS is incorrect, provide documentation to OCYF to support the correct placement end date. No action is needed if the error occurs due to the placement type reported in CIS.

5. **Facility Type:** This field populates from CIS.

- Corrective Action: The following facility types are not Title IV-E reimbursable: 14 (State Mental Health Hospital); 24 (State Mental Retardation Center); 25 (ICF-MR (Private)); 36 (Private Nursing Home); 37 (Hospice Care in a Nursing Facility); 54 (Ext. Acute Care Psych Hosp Admission); 71 (ICF/ORC (OSP)); 73 (Youth Development Center/Youth Forestry Camp); 74 (Juvenile Detention Center); and 76 (Personal Care Home). If the facility code in CIS is correct, provide documentation to OCYF that the child was in a different facility type. If the error is with placement dates and not with the facility type, no action is needed.

**Children Over 18**

Youth whose costs are incurred after the month the youth turns are 18 will appear on this report.

The ability to sort on a specific field either ascending or descending can be accomplished by clicking on the individual column heading.



**REPORT SEARCH**

County:	51 - Philadelphia
Quarter Ending Date:	3/31/2011
Invoice Identifier & Number:	8219 -- 51CY64FC3312011013
Report Type:	Non Auto-Denial
Reports:	Children Over Age 18

Show Report

1 of 1 100% Find Next Select a format

**Children Over Age 18**

Invoice Number	Quarter Ending Date	Child ID Number	Child Name	Child Age	Child Sex	Child Race	Child Ethnicity	Child Birth Date	Reimbursable Date - From	Reimbursable Date - To	
									1	2	3

- Date of Birth:** This field populates from CIS.

Corrective Action: Ensure that the child's date of birth in CIS is correct.

- Reimbursement Date - From:** This field populates from the CY-63 invoice.

Corrective Action: Ensure that this is date reimbursement should begin.

- Reimbursement Date - To:** This field populates from the CY-63 invoice.

Corrective Action: Ensure that this is date reimbursement should end. Counties cannot claim the day the child is discharged from agency custody or transferred to a non-reimbursable placement setting.

**D. COUNTY SUMMARY REPORT**

A summary error report is generated after a CY-63 invoice has been submitted for validation if there are errors/warnings associated with the invoice. The summary report is a summary of the Auto-Denial reports and the Non Auto-Denial reports by youth. This report does not provide a history of errors associated with a youth.

The ability to sort on a specific field either ascending or descending can be accomplished by clicking on the column heading.

An "X" appears in one (1) through 12 below when there is an error/warning associated with the youth. A youth may have multiple errors. Users can access the specific error/warning report to view the details.



**REPORT SEARCH**

County:	51 - Philadelphia
Quarter Ending Date:	3/31/2011
Invoice Identifier & Number:	8219 .. 51CY64FC3312011013
Report Type:	Summary
Reports:	Summary

Show Report

1 of 1 100% Find Next Select a format Export

**Summary**

Invoice Number	Child's ID#	Child's Name	Over Age 18	Invalid Denial Certification	Non- Reimbursable Discontinues	Invalid Denial	Invalid Contract	Duplicate Invoice	Max Found
8	9	10	11	12					



**Attachment 10**

**Instructions for Uploading Files to the  
Title IV-E Eligibility Application**

**INTRODUCTION**

Counties have the option to manually enter their CY-63 information utilizing the CY-63 invoice within the Title IV-E Eligibility Application or submit their CY-63 information via a file upload. This attachment provides the instructions and requirements for uploading files to the Title IV-E Eligibility Application. File uploads can be created from Microsoft Excel spreadsheets or the data can be extracted from a county database.

**A. FILE UPLOAD SPECIFICATIONS**

Files must be in comma delimited format (.csv file extension) to upload to the application. The following screen shot depicts the required fields, in order, and their associated lengths.

Element	Length	FROM	Element Type	Notes
HEADER RECORD INDICATOR	1	N/A	HEADER	Always a value of "H"
COUNTY CODE	2	CY63	HEADER	
CLAIM FOR QUARTER ENDING	10	CY63	HEADER	MM/DD/YYYY
SUBMISSION DATE	10	CY63	HEADER	MM/DD/YYYY
TOTAL TITLE IV-E ALLOWABLE MAINTENANCE	9.2	CY63	HEADER	
TOTAL TITLE IV-E ALLOWABLE ADMINISTRATIVE	9.2	CY63	HEADER	
INVOICE TYPE	4	CY63	HEADER	FC, AA, or SP
DETAIL RECORD INDICATOR	1	N/A	DETAIL	Always a value of "D"
INVOICE LINE ITEM TYPE	4	CY63	DETAIL	FC, AA, SPLC, NR-F, or NR-S
AFCARS/MCI NUMBER	12	CY63	DETAIL	
CHILD LNAME	26	CY63	DETAIL	
CHILD FNAME	11	CY63	DETAIL	
CHILD MI	1	CY63	DETAIL	
JUDICIAL DOCUMENTATION	1	CY63	DETAIL	1 - Yes, 0 - No
DEP DELSTATUS	1	CY63	DETAIL	1 - Dependent, 2 - Delinquent
REIMBURSEMENT DATE FROM	10	CY63	DETAIL	MM/DD/YYYY
REIMBURSEMENT DATE TO	10	CY63	DETAIL	MM/DD/YYYY
FACILITY CERTIFICATION #	6	CY63	DETAIL	
UNIT IDENTIFIER	2	CY63	DETAIL	
TOTAL COST OF CARE	5.2	CY63	DETAIL	
TITLE IV-E ALLOWABLE MAINTENANCE	5.2	CY63	DETAIL	
TITLE IV-E ALLOWABLE ADMINISTRATIVE	5.2	CY63	DETAIL	

**1. Column Descriptions**

- **Element** – This column maps the fields to the CY-63. The "Header Record Indicator" and "Detail Record Indicator" are not fields on a CY-63.

- **Length** – The maximum or required length of the specified element name. The following elements cannot exceed the maximum length specified: Total Title IV-E Allowable Maintenance, Total Title IV-E Allowable Administrative, Invoice Type, Invoice Line Item Type, Child LName, Child FName, Total Cost of Care, Title IV-E Allowable Maintenance, and Title IVE-E Allowable Administrative. All other elements listed above have required lengths.
  - Dates must be entered using a MM/DD/YYYY format.
  - Elements which require amounts have lengths of 9.2 or 5.2. These lengths represent the precision and scale of the numbers to the right and left of the decimal place. In other words, a length of 9.2 means there can be a maximum of nine (9) digits to the left of the decimal and two (2) digits to the right of the decimal. With the exception of a hyphen (“-”) to designate a negative amount, **no other special characters must be used (no commas or dollar signs).**

See the table below for examples of valid and invalid lengths.

Type	Value	Valid/Invalid Format
9.2	123456789.00	Valid
9.2	-123456789.00	Valid
9.2	\$123456789.00	Invalid
9.2	-\$123456789.00	Invalid
9.2	123,456,789.00	Invalid
9.2	\$123,456,789.00	Invalid
9.2	-\$123,456,789.00	Invalid
5.2	12345.00	Valid
5.2	-12345.00	Valid
5.2	\$12345.00	Invalid
5.2	-\$12345.00	Invalid
5.2	123,45.00	Invalid
5.2	\$123,45.00	Invalid
5.2	-\$123,45.00	Invalid

- **From** – This column maps the data field to the CY-63. In this case, all data is coming from the CY-63 invoice, with the exception of the “Header Record Indicator” and “Detail Record Indicator” elements.
- **Element Type** – Defines where the element is located.
- **Notes** – Provide clarity for particular data elements or list possible values.

**2. Header Record**

The first line of each csv. file must contain the header record. This information identifies the type of invoice being submitted, the report period, the county, and

the total requested reimbursement amounts. The elements captured in the header are (in the required order): Header Record Indicator, County Code, Claim for Quarter Ending, Submission Date, Total Title IV-E Allowable Maintenance, Total Title IV-E Allowable Administrative and Invoice Type.

The letter "H" designates the line as the Header Record. Below are examples of Header Records.

FC Invoice: H,55,09/30/2007,11/15/2007,2044.84,2500.90,FC  
 AA Invoice: H,55,09/30/2007,11/15/2007,2044.84,2500.90,AA  
 SPLC Invoice: H,55,09/30/2007,11/15/2007,2044.84,2500.90,SP

### 3. *Detail Record*

Detail Records follow the Header Record in a csv. file. This information is child specific claim detail (child's identifying information, placement setting, and reimbursement request information). Elements captured in the detail are (in the required order): Detail Record Indicator, Invoice Line Item Type, MCI Number, Child LName, Child FName, Child MI, Judicial Documentation, Dep Del Status, Reimbursement Date From, Reimbursement Date To, Facility Certification Number, Unit Identifier, Total Cost of Care, Title IV-E Allowable Maintenance and Title IV-E Allowable Administrative.

The letter "D" designates the lines as a Detail Record. Below are examples of Detail Records:

#### FC Invoice

D,FC,001456789123,Doe,John,J,1,1,07/01/2007,09/30/2007,458620,ZZ,2082.88,1044.44,1000.50

#### AA Invoice

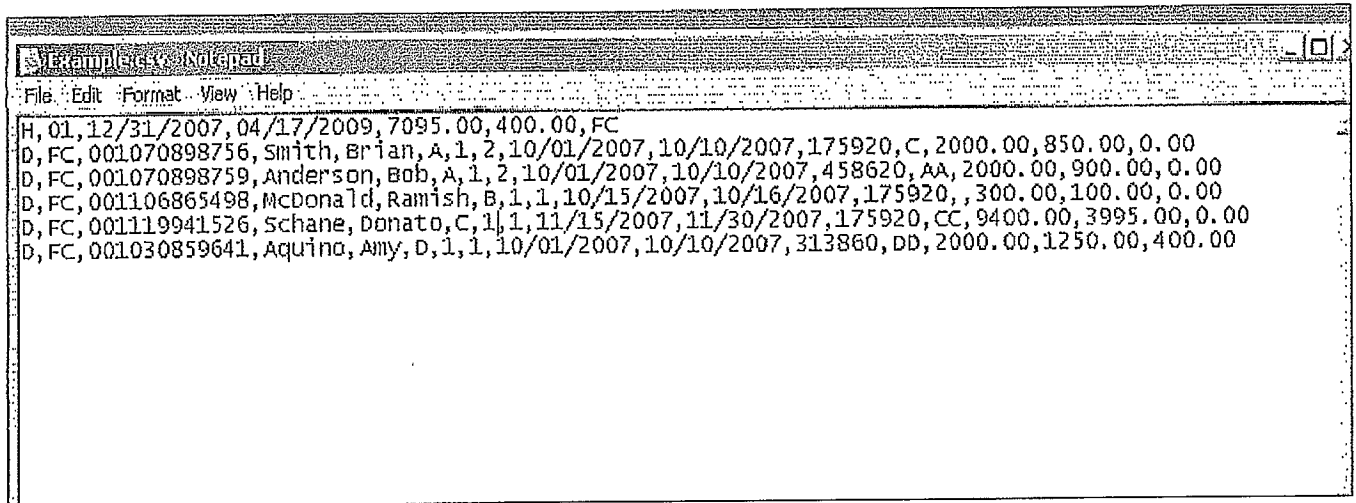
D,AA,001456789123,Doe,John,J,0,1,07/01/2007,09/30/2007,999999,,2082.88,1044.44,0.00  
 D,NR-S,001456789123,Doe,John,J,0,1,07/01/2007,09/30/2007,111111,,2082.88,1044.44,1000.50

#### SPLC Invoice

D,SPLC,001456789123,Doe,John,J,0,1,07/01/2007,09/30/2007,555555,,2082.88,1044.44,0.00  
 D,NR-S,001456789123,Doe,John,J,0,1,07/01/2007,09/30/2007,777777,,2082.88,1044.44,1000.50

### 4. *File Illustration (example)*

The following screen shot was taken from Notepad. This shows a file consisting of one (1) header record and five (5) detail records.



**5. File Naming Convention**

Each file upload must be submitted with the following naming convention:

County Code (two digits(01-67))+CY63+Type of Invoice (AA,FC, SP)+Quarter Ending Date (MMDDYYYY format)+Sequential File Number based on the number of submissions for a particular quarter (must be three (3) digits)+the file extension (csv)

Example:

Under this naming convention, Adams County would name their first second quarter Foster Care invoice for Fiscal Year (FY) 2012/2013 as: 01CY63FC09302012001.csv

**Note:** Sequential Numbers are determined by the county based on the number of submissions for a particular quarter. For a given quarter, the first submission would be "001", the second submission would be "002", the third submission would be "003", etc. For the next quarter, the sequential number would start back at "001". The number should only increment on new submissions within the respective quarter. Corrected files should reuse the sequential number. **There are NO internal checks to ensure that the sequential number is being incremented for a particular county within the same quarter ending for all submissions.**

**Note:** All File Uploads must be submitted as a csv. file

**B. CREATING A .CSV FILE FROM AN EXCEL WORKSHEET**

Instructions for creating a csv. file from an existing Excel spreadsheet are included in this section.

**1. CY63 Data Mapping to a Blank Worksheet**

The below table represents the data mappings from the CY63 invoice to the csv. file:

Cell Reference	Record Type	Data Type	Corresponding CY63 Data Element
A1	Header	Text	N/A, default value is "H" for Header Record
B1	Header	Text	County Code
C1	Header	Custom Date "MM/DD/YYYY" Format	Claim For Quarter Ending
D1	Header	Custom Date "MM/DD/YYYY" Format	Submission Date
E1	Header	Custom Currency "0.00" Format	Total Title IV-E Allowable Maintenance
F1	Header	Custom Currency "0.00" Format	Total Title IV-E Allowable Child Placement Administrative
G1	Header	Text	Invoice Type
A2 – A???	Detail	Text	N/A, default value is "D" for Detail Record
B2 – B???	Detail	Text	Line Item Type
C2 – C???	Detail	Text	MCI Number
D2 – D???	Detail	Text	Child's Last Name
E2 – E???	Detail	Text	Child's First Name
F2 – F???	Detail	Text	Child's Middle Initial
G2 – G???	Detail	Number	Court (Judicial) Documentation
H2 – H???	Detail	Number	Dependent/Delinquency Status
I2 – I???	Detail	Custom Date "MM/DD/YYYY" Format	Reimbursable Date From
J2 – J???	Detail	Custom Date "MM/DD/YYYY" Format	Reimbursable Date To
K2 – K???	Detail	Text	Facility Certification
L2 – L???	Detail	Text	Unit Identifier
M2 – M???	Detail	Custom Currency "0.00" Format	Total Cost of Care
N2 – N???	Detail	Custom Currency "0.00" Format	Title IV-E Allowable Maintenance
O2 – O???	Detail	Custom Currency "0.00" Format	Title IV-E Allowable Child Placement Administrative

## 2. Creating the Header Record

The following Header Record fields need to be entered into a blank Excel spreadsheet which will become the csv. file. Counties can manually enter these

fields, or copy and paste the data from an existing Excel spreadsheet with child specific data.

- **Header Record Indicator:** Enter "H" in cell A1.
- **County Code:** Enter the "County Code" or copy and paste the data from the existing Excel spreadsheet with child specific data into cell B1.
- **Claim For Quarter Ending:** Enter the "Claim for Quarter Ending" or copy and paste the data from the existing Excel spreadsheet with child specific data into cell C1.
- **Submission Date:** Enter the "Submission Date" or copy and paste the data from the existing Excel spreadsheet with child specific data into cell D1. The submission date is referring to the date of the invoice submission (current date).
- **Total Title IV-E Allowable Maintenance:** Enter the "Total IV-E Allowable Maintenance" value or copy and paste the data from the existing Excel spreadsheet with child specific data into cell E1. This amount is equal to the total of all Title IV-E allowable maintenance costs on the existing Excel spreadsheet with child specific data.
- **Total Title IV-E Allowable Child Placement Administrative:** Enter the "Total Title IV-E Allowable Child Placement Administrative" value or copy and paste the data from the existing Excel spreadsheet with child specific data into cell F1. This amount is equal to the total of all Title IV-E allowable administrative costs on the existing Excel spreadsheet with child specific data.
- **Invoice Type:** Enter the "Invoice Type" or copy and paste the data from the existing Excel spreadsheet with child specific data into cell G1. The types of invoices are: Foster Care (FC), Adoption Assistance (AA), and Subsidized Permanent Legal Custodianship (SP).

**Note:** *Verify that all elements entered on the pre-csv. file conform to the file upload specifications outlined in Section A.*

### **3. Creating the Detail Record**

The Detail Records are entered into the pre-csv.file. Counties can manually enter these fields, or copy and paste the data from an existing Excel spreadsheet with child specific data.

- **Detail Record Indicator:** Enter "D" in cell A2 and all other rows which will detail a child specific claim.

- **Line Item Type:** Enter the "Line Item Type" or copy and paste the data from the existing Excel spreadsheet with child specific data into cell **B2**. The types of line items are: Foster Care (FC), Adoption Assistance (AA), Non-recurring State (NR-S), Non-Recurring Federal (NR-F), or Subsidized Permanent Legal Custodianship (SPLC).
- **Master Client Index (MCI) Number:** Enter the child's "MCI Number" or copy and paste the data from the existing Excel spreadsheet with child specific data into cell **C2**. The child's MCI number is the county FIPS code (three (3) digits), plus the child's nine (9) digit MCI number.
- **Child's Last Name:** Enter the child's last name or copy and paste the data from the existing Excel spreadsheet with child specific data into cell **D2**.
- **Child's First Name:** Enter the child's first name or copy and paste the data from the existing Excel spreadsheet with child specific data into cell **E2**.
- **Child's Middle Initial:** Enter the child's middle initial or copy and paste the data from the existing Excel spreadsheet with child specific data into cell **F2**.
- **Court (Judicial) Documentation:** Enter one (1) for "Yes" or zero (0) for "No" to indicate if supporting court documentation exists for this child into cell **G2**. The data can be copied from an existing Excel spreadsheet with child specific data.
- **Dependent/Delinquency Status:** Enter one (1) for "Dependent" or two (2) for "Delinquent" or copy and paste the data from the existing Excel spreadsheet with child specific data into cell **H2**.
- **Reimbursable Date From:** Enter the date the reimbursable period started for a particular service that was rendered to the child in the respective quarter being filed or copy and paste the data from the existing Excel spreadsheet with child specific data into cell **I2**.
- **Reimbursable Date To:** Enter the date the reimbursable period ended for a particular service that was rendered to the child in the respective quarter being filed or copy and paste the data from the existing Excel spreadsheet with child specific data into cell **J2**.
- **Facility Certification:** Enter the certification number of the facility that provided care to the child during the reimbursement period or copy and paste the data from the existing Excel spreadsheet with child specific data into cell **K2**. Special situation codes (dummy codes) are as follows:

- "000000" is the value used to claim Foster Family incidental child costs only.
  - "999999" is the value used to claim for Adoption Assistance.
  - "777777" is the value used for Non Recurring-Federal claims.
  - "111111" is the value used for Non Recurring –State claims.
  - "555555" is the value used for SPLC.
- **Unit Identifier:** If applicable, enter the unit identifier associated with the Residential Facility Certification Number in cell K2 or copy and paste the data from the existing Excel spreadsheet with child specific data into cell L2. If a dummy code was used, no unit identifier is needed.
  - **Total Cost of Care:** Enter the total cost of care associated with the child's reimbursable dates of service in the Residential Facility Certification and Unit Identifier listed previously or copy and paste the data from the existing Excel spreadsheet with child specific data into cell M2.
  - **Title IV-E Allowable Maintenance:** Enter the Title IV-E allowable maintenance cost associated with the child's reimbursable dates of service in the Residential Facility Certification and Unit Identifier listed previously or copy and paste the data from the existing Excel spreadsheet with child specific data into cell N2.
  - **Title IV-E Allowable Child Placement Administrative:** Enter the Title IV-E allowable administrative cost associated with the child's reimbursable dates of service in the Residential Facility Certification and Unit Identifier listed previously or copy and paste the data from the existing Excel spreadsheet with child specific data into cell N2.

**Note:** *Verify that all elements entered on the pre-csv. file conform to the file upload specifications outlined in Section A.*

#### **4. Blank Worksheet Screen Shot**

The screen shot below shows how the data should look (with the correct format) prior to saving the file as a .csv file.

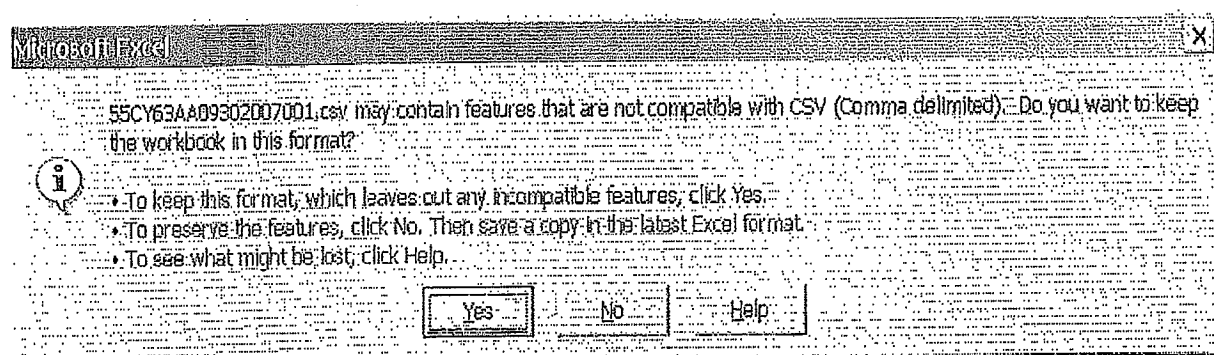


	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	H		09/30/2008	03/17/2009	7095.00	400.00	FC								
2	D	FC	001070814598	Miller	Brian	A	1	2	07/01/2008	07/10/2008	175920	C	2000.00	850.00	0.00
3	D	FC	001070758961	Meyers	Brian	R	1	2	07/01/2008	07/10/2008	458620	AA	2000.00	900.00	0.00
4	D	FC	001106321856	McBride	David	B	1	1	07/15/2008	07/16/2008	175920	C	300.00	100.00	0.00
5	D	FC	001154123694	Sheaffer	Donald	C	1	1	08/15/2008	09/30/2008	175920	CC	9400.00	3995.00	0.00
6	D	FC	001030325874	Andrews	Angelica	D	1	1	07/01/2008	07/10/2008	313660	DD	2000.00	1250.00	400.00
7															
8															
9															
10															

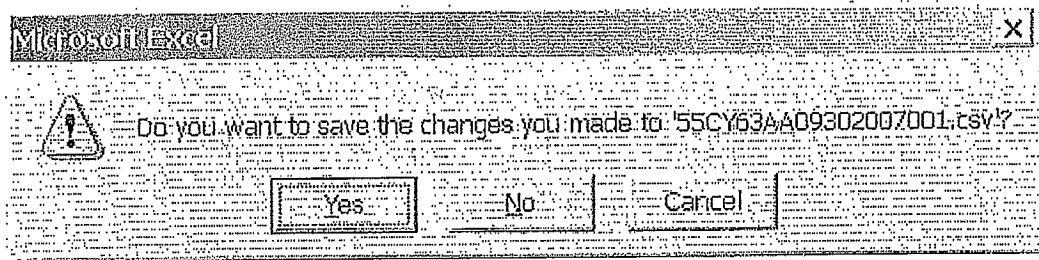
5. Saving the file as a ".csv" file

The following instructions describe how to save the file from the worksheet to a comma delimited (.csv) format. The file naming conventions outlined in Section A.5 need to be followed.

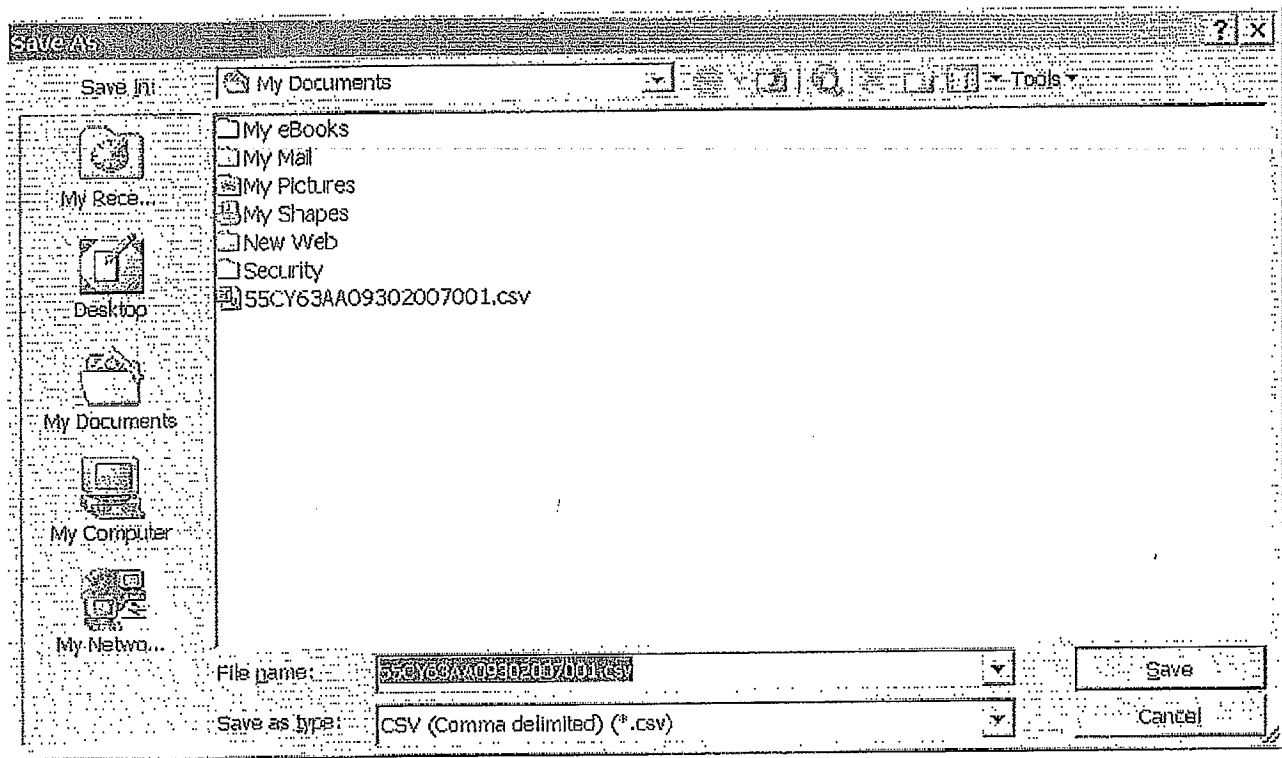
1. From the File Menu, select "File"
2. Select "Save As" (save dialog box will appear)
3. From the "Save As Type:" dropdown box, select "CSV (MS-DOS) (\*.csv)"
4. Rename the file in the "File Name:" text box to conform to the naming convention outlined in Section A.5.
5. The following dialogue box will appear. Select "Yes".



6. Close the csv. file. The following dialogue box will appear. Select "Yes".

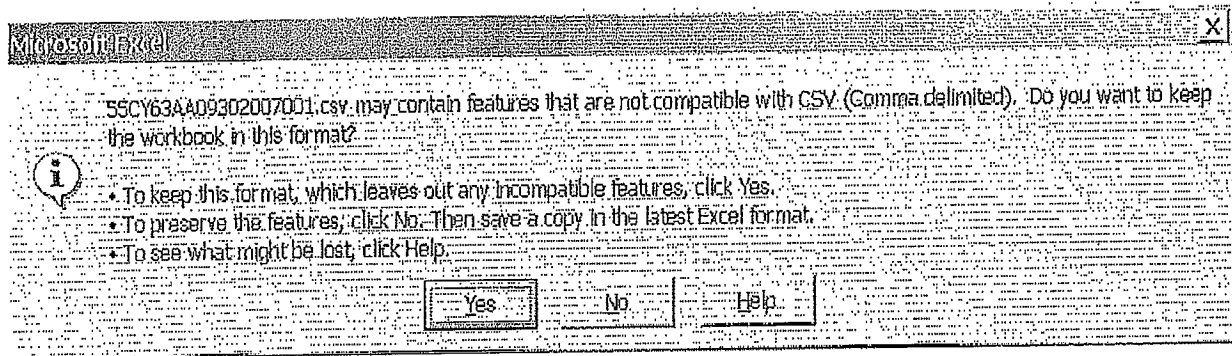


7. The following "Save" screen will appear. DO NOT make changes. Select "Save".



8. If a message appears that the file already exists, select "Yes" to overwrite the file.

9. The following dialogue box will appear again. Select "Yes".

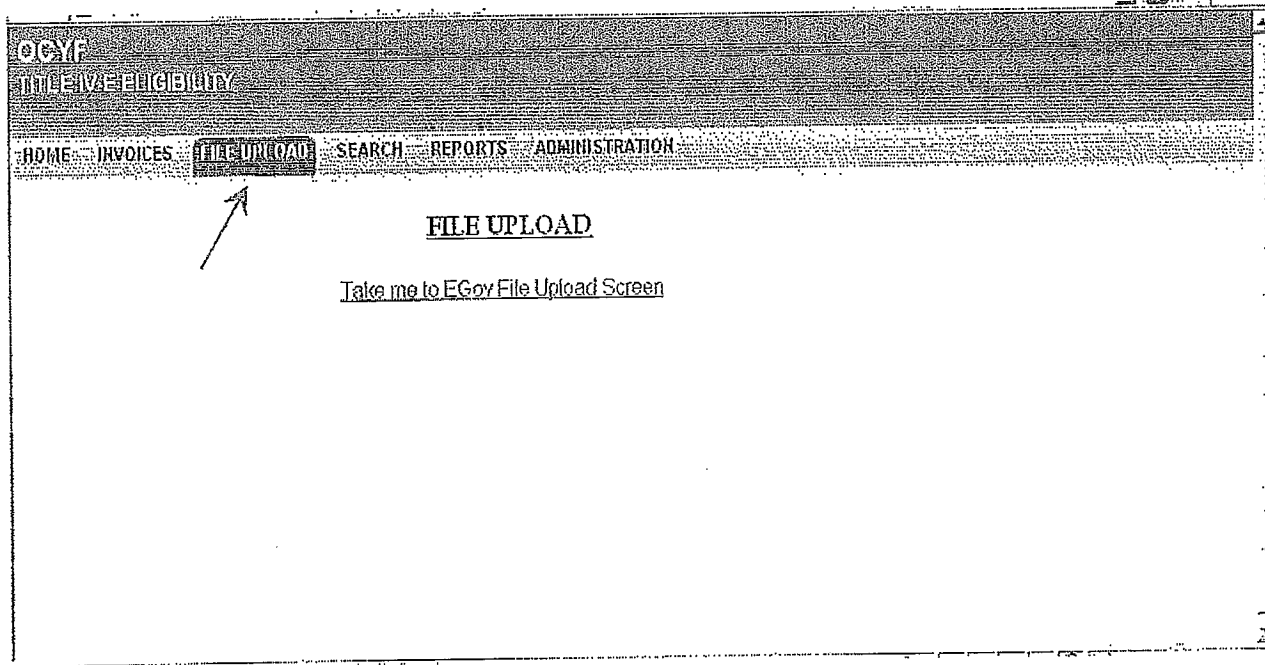


10. The .csv file will save to the directory specified during the "save as" process.

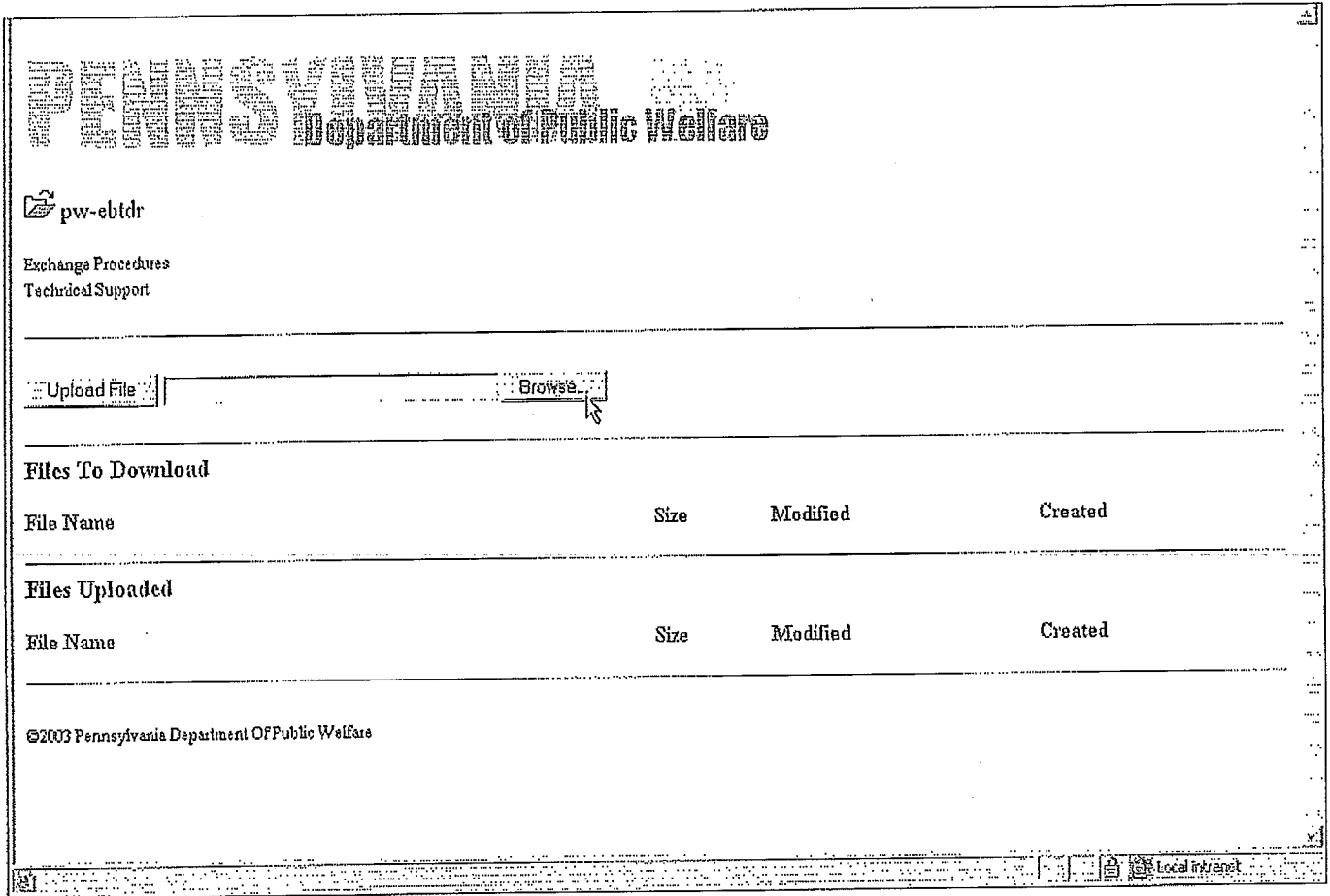
### C. FILE UPLOAD

Once the csv. file has been created, the county can upload the file via e-Gov using the following instructions.

1. Select the "File Upload" tab on the *Home Screen* of the Title IV-E Eligibility Application.



2. Select the "Take me to e-Gov File Upload Screen" link to access the *File Upload Screen* via E-Gov.



3. To upload the csv. file, select "Browse" to search for the csv. file in the specified location via the *Windows Explorer Screen*.
4. Select the csv. file and double click it. The e-Gov screen will reappear with the csv. file ready to be uploaded.
5. Select "Upload File". To verify that the file upload was successful, search for the invoice in the Title IV-E Eligibility Application.

If the file upload was successful, the invoice will appear in "Saved" status. This may take a minute or two. The user may need to refresh the screen.

If the file upload was not successful, verify that the data in the csv. file conforms to the file upload specification and upload the file again. See *Section D* for csv. file validation issues.



**INVOICE SEARCH**

County:	25 - Erie	Submission Date:	
Invoice Number:		Program Type:	FC
Quarter End:	12/31/2009	Approval Status:	No Status
Invoice Status:	Saved		

Search

Action	County	Invoice Identifier	Invoice Number	Quarter End	Submission Date	Program Type	Invoice Status	Approval Status	Grand Total Federal Share
Select	25	8365	25CY6312312009013	12/31/2009	11/8/2010	FC	Saved	No Status	

- Once the file is successfully uploaded, the user can select the invoice to view the CY63. The user must calculate CAPS, create a CY-64, and submit the invoice for reimbursement.

**D. CSV. FILE VALIDATION**

Csv. files uploaded through e-Gov are validated to confirm that data in the file is in the correct format *before* the file is uploaded to the Title IV-E Eligibility Application.

If the file passes csv. file validation, the file will be uploaded to the application. If the file fails csv. file validation, the file upload will be rejected and the county must correct all issues prior to resubmitting. The following fields are validated during the upload process:

- All **Header** fields are mandatory
- **County Code** must be two (2) digits; possible values 01 – 67; mandatory
- **Claim for Quarter Ending** must be 10 characters; format MM/DD/CCYY; mandatory
- **Submission Date** must be 10 characters; format MM/DD/CCYY; mandatory
- **Total Title IV-E Eligible Maintenance** must be two (2) decimal places; 9(9)V99; mandatory
- **Total Title IV-E Child Placing Agency** must be two (2) decimal places; 9(9)V99; mandatory
- **Invoice Type** must be two (2) characters in length; possible values FC, AA, SP; mandatory
- **Line Item Type** can be up to 4 characters in length; possible values FC, AA, NR-F, NR-S, SPLC; mandatory

- **MCI Number** must be 12 characters in length; mandatory
- **Childs Last Name** can be up to 26 characters in length; Alpha; mandatory
- **Childs First Name** can be up to 11 characters in length; Alpha; mandatory
- **Childs Middle Initial** must be one (1) character; Alpha; not mandatory
- **Court Documentation** must be one (1) character; numeric; possible values 0 and 1; mandatory
- **Dep/Del Status** must be one (1) character; numeric; possible values 1, 2, 3; mandatory
- **Reimbursable Date From** must be 10 characters; format MM/DD/CCYY; mandatory
- **Reimbursable Date To** must be 10 characters; format MM/DD/CCYY; mandatory
- **Facility Certification** must be six (6) characters; mandatory
- **Unit Identifier** can be up to two (2) characters; possible values are "A" to "ZZ"; not mandatory
- **Total Cost of Care** must be two (2) decimal places; 9(5)V99; mandatory
- **Title IV-E Eligible Maintenance** must be two (2) decimal places; 9(5)V99; mandatory
- **Title IV-E Child Placing Agency** must be two (2) decimal places; 9(5)V99; mandatory

**Attachment 11****INSTRUCTIONS FOR COMPLETING THE  
TITLE IV-E INVOICE (CY-63)****INTRODUCTION**

Title IV-E CY-63 invoices for periods prior to July 1, 2008 must be completed using the following instructions and hard copy form.

**A. GENERAL INSTRUCTIONS**

1. Enter county agency name and address in the spaces provided.
2. Enter the report period in the space provided. This period may not cover more than one fiscal quarter.
3. Identify the program by checking the box for Foster Care (FC), Adoption Assistance (AA), or the Non-Recurring Special Needs (NR). A separate CY-63 must be completed for each program.
4. If the CY-63 submission exceeds one page, enter a page number and total number of pages at the bottom of each page. Enter the total of Column five (5) and Column six (6) for each page and a Grand Total, total of all pages, of Column five (5) and Column six (6) on the first page.
5. A computer-generated CY-63 will be accepted **only** if it contains the same information in the same format as presented in this attachment.
6. A separate CY-64 with supporting CY-63s must be submitted for each report period for each program.

**B. COLUMN-BY-COLUMN INSTRUCTIONS**

- **Column 1** – Enter the child's first and last name.
- **Column 2** – For FC claims, enter "1" for children under the care of the County Children and Youth Agency (CCYA) or "2" for children under the care and supervision of the County Juvenile Probation Office (JPO) or "Shared Case." Note: This column is left blank for AA and NR claims.
- **Column 3 and Column 4** – Enter the dates of reimbursable service during the report period. These dates are the first and last days of delivered Title IV-E reimbursable services for the child during that reporting period. If there is a break in service or reimbursable status, list each service period separately for each child.
- **Column 5** – For the FC claim, enter the total cost incurred during the report period related to the child's placement including all allowable maintenance cost

(as defined in §3140.131 of Title 55 Chapter 3140) such as clothing, school supplies, personal incidentals, and travel for home visit. For the AA claim, enter the total subsidy payments incurred for the child during the report period. For the NR claim, enter the child's total allowable non-recurring special needs adoption cost reimbursed during the report period.

- **Column 6** – For the FC claim, enter the total Title IV-E allowable maintenance cost for the report period (Column five (5) less non-reimbursable Title IV-E cost, portion of per diems related to social services, recreation, etc.). For the AA claim, enter the total Title IV-E subsidy payments for the report period (Column five (5) less non-reimbursable Title IV-E subsidies). For the NR claim, enter the same amount as in Column five (5) (up to a maximum of \$2,000 per child).

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Upon completion, submit the invoice (in addition to the CY-64) to:

Office of Children, Youth and Families

Health and Welfare Building – ANNEX

Title IV-E Invoicing Validation Unit

P.O. BOX 2675

Harrisburg, PA 17105-2675





## Attachment 12

**INSTRUCTIONS FOR COMPLETING THE  
COUNTY CHILDREN AND YOUTH SOCIAL SERVICE PROGRAMS  
ADMINISTRATIVE COST POOL CALCULATION  
(CY-918)**

**INTRODUCTION:**

Title IV-E administrative claims for periods prior to July 1, 2008 must be completed using the following instructions and hard copy form.

The Administrative Cost Pool Calculation worksheet is used to make adjustments to the total actual expenditures of the County Children and Youth Services Program in order to determine eligible expenditures for federal Title IV-E Administrative reimbursement.

**A. GENERAL INSTRUCTIONS:**

1. Enter the Fiscal Year in the space provided; e.g., 2005-06, 2006-07, 2007-08.
2. In the upper left of the form either enter the "ORIGINAL SUBMISSION DATE;" or if it is a revision, the "REVISED SUBMISSION DATE" and the "REVISION Number (#)".
3. In the upper right of the form enter the "COUNTY NAME" and the "REPORT PERIOD," **fiscal quarter only**, for which the worksheet is being prepared.
4. Expenditures are reported on an accrual basis for the **fiscal quarter only**.
5. Expenditures must be reported in appropriate "Cost Centers" in accordance with the Department's regulations.
6. All expenditures are for the **fiscal quarter only** and must be rounded to the nearest dollar; i.e., rounded up for any amount 50 cents or greater and rounded down for any amount 49 cents or less.
7. The amounts are to be entered in while dollars in a **punctuated** format; i.e., with commas.

**B. COMPLETION OF THE ADMINISTRATIVE COST POOL CALCULATION**

- **Column 1 (Eligible Expenses):** "Eligible Expenses" are calculated by combining the following major objects of expenditures; "Wages and Salaries," "Employee Benefits", "Operating", and "Fixed Assets" from each cost center on the "County Children and Youth Social Service Programs Expenditure Report," less any state non-reimbursable expenditures included in those major objects for the fiscal

quarter only, **not accumulative**. **DO NOT** include "Subsidies" and "Purchased Services". Use the total for each cost center with the exception of "Juvenile Detention Service", "Secure Residential Service (Except YDC)", YDC/FC (Non-Secure)-Institutional', and "YDC Secure." For these four cost centers, eligible expenses must equal zero.

- **Column 2 (County Provided Services (Placement or Social)/NON-recurring Special Needs adoption-incident Costs):** Enter by "Cost Center," all cost associated with county operated placement facilities or county provided social services included in the "Eligible Expenses" column (column 1). Social services include services provided to the child, the child's family or foster family which provides counseling or treatment to ameliorate or remedy personal problems, behaviors or home conditions. The cost includes salary and wages, benefits, operating, and fixed assets related to county staff who is 100% dedicated to providing the service. Also, include any other operational cost directly related to the service.

In addition, enter by "Cost Center," all NON-recurring Special Needs adoption-incident Costs included in the "eligible Expenses" column.

- **Column 3 (Maintenance Expenditures):** Enter by "Cost Center," any maintenance expenditures for **all** children, Title IV-E Eligible and Non-Eligible, included in the "Eligible Expenses" column (column 1). Maintenance expenditures include food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to the child, and reasonable travel to the child's home for visitations.
- **Column 4 (Assets Exceeding \$25,000):** Enter any asset in excess of \$25,000 purchased during the quarter. If the purchase was allocated among several cost centers, list the allocated amounts in the appropriate cost centers.
- **Column 5 (Program Income):** Enter by "Cost Center," program income, except for Human Service Development Funds (HSDF), used to offset any cost in Column 1, "Eligible Expenses." HSDF are state funds; therefore, expenditures funded with these revenues and not needed to reduce the cost pool. Any program income used to offset cost of subsidies and/or purchase services are **not to be included** in this column.
- **Column 6 (TANF, Title XX, and Title IV-B):** Enter by "Cost Center," any Temporary Assistance for Needy Families (TANF), Title XX, or Title IV-B funds

used to offset any cost include in Column 1, "Eligible Expenses." Any TANF, Title XX, or Title IV-B funds used to offset the cost of subsidies and purchased services are **not to be included** in this column.

- **Column 7 (IL Grant):** Enter by "Cost Center," Independent Living (IL) Grant funds used to offset any cost included in Column 1, "Eligible Expenses." Any IL Grant funds used to offset cost of subsidies and/or purchased services are **not to be included** in this column.
- **Column 8 (Direct Administrative Expenditures):** Enter by "Cost Center," any expenditure that has been documented for a direct administrative claim. Expenses must be related to an individual employee that has an OCYF approved job description and certified by a supervisor to be 100% dedicated to a Title IV-E program during this quarter.

The total of this column must agree with the Grand Total of Column (9) of the Direct Administrative Claim worksheet. If a county has **NOT** documented and certified staff positions eligible for direct a Title IV-E administrative claim, **DO NOT ENTER EXPENDITURES IN THIS column.**

- **Column 9 (Net Cost Pool):** The "Net Cost Pool" is calculated by reducing the amount in Column 1, "Eligible Expenses," by the adjustment columns for each of the "Cost Centers." The total of Column 9, "NET COST POOL," is the amount entered in item "S= \_\_\_\_\_ Net Cost Pool" of the RMTS Worksheet.
- **Column 10 (Allocation of IV-E Revenue):** This column is the percentage of the total "NET COST POOL" related with each of the "Cost Centers."
- **Column 11 (IV-E Revenue From RMTS):** This column is the allocation, based on the percentage calculated in Column 10, of the total Title IV-E administrative revenue generated from the RMTS process to each "Cost Center."
- **Column 12 (IV-E Revenue From Direct Administrative Charges):** In this column, enter by cost center the amount of Title IV-E revenue generated from the amounts in the "Direct Charges" column Blocks 15A and 18A of the CY-64-FC and included in blocks 17 and 20 of the CY-64-FC.

Also, in the column, enter by cost center the amount of Title IV-E revenue claimed in block 12 of the CY-64-AA for Non-recurring Special Needs adoption-incident Costs.

*NOTE: The combined total of Columns (11) and (12) must equal the sum of blocks 11, 14, 17, 20, 23 of the CY-64\_FC and 6, 9 and 12 of the CY-64-AA.*

*Enter the sum of Column (11) and Column (12) for each cost center in the "Title IV-E Admin." Column" of the County Children and Youth Social Service Programs Revenue Report".*

Upon completion, submit the worksheet (in addition to the CY-64 and RMTS worksheet) to:

Office of Children, Youth and Families

Health and Welfare Building – ANNEX

Title IV-E Invoicing Validation Unit

P.O. BOX 2675

Harrisburg, PA 17105-2675

**County Children & Youth Social Service Programs  
ADMINISTRATIVE COST POOL CALCULATION**

FY: \_\_\_\_\_

ORIGINAL SUBMISSION DATE: \_\_\_\_\_

REVISED SUBMISSION DATE: \_\_\_\_\_

REVISION # \_\_\_\_\_

COUNTY NAME: Efeler County Code

REPORT PERIOD: \_\_\_\_\_ #N/A

COST CENTERS	(1) Eligible Expenses	(2) Co. Provided Services/ NON recurring Adoption	(3) Maintenance Expenditures	(4) Assets exceeding \$25,000	ADJUSTMENTS							(9) NET COST	(10) Allocation of N/E Revenue	(11) N/E Revenue from RMTS Worksheet	(12) N/E Revenue from Direct Administrative Charges
					(5) PROGRAM INCOME	(6) TANF TITLE XX TITLE IV-B	(7) IL GRANT	(8) DIRECT Administrative CHARGES							
1A	ADOPTRIAL SERVICE	0								0	0.00%	0	0		
1B	ADOPTRIAL ASSISTANCE	0								0	0.00%	0	0		
1C	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1D	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1E	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1F	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1G	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1H	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1I	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1J	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1K	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1L	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1M	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1N	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1O	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
1P	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
2A	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
2B	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
2C	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
2D	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
2E	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
2F	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
2G	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
2H	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
2I	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
2J	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
3A	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
3B	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
3C	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
3D	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
3E	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
3F	ADOPTRIAL DEPENDENT	0								0	0.00%	0	0		
4	ADOPTRIAL DEPENDENT	0								0	100.00%	0	0		
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100%</b>	<b>0</b>	<b>0</b>		

**Attachment 13****INSTRUCTIONS FOR COMPLETING THE  
RANDOM MOMENT TIME STUDY (RMTS) WORKSHEET****INTRODUCTION:**

Title IV-E administrative claims for periods prior to July 1, 2008 must be completed using the following instructions and hard copy form.

The RMTS Worksheet is an Excel Spreadsheet provided by the Office of Children, Youth and Families (OCYF) that calculates Foster Care and Adoption Assistance Title IV-E administrative and training and Medicaid reimbursement for administrative cost of a County Children and Youth Agency (CCYA).

**A. GENERAL INSTRUCTIONS:**

1. Enter the name of the County in the space provided.
2. Enter the dates of the report period in the available space labeled "Results for Period."
3. Enter the quarterly "Statewide Code Counts" (1 through 13) for the report period in spaces provided on the RMTS Worksheet. These counts are provided by the state RMTS administrator.
4. The CCYA must determine "CASE COUNTS", items "K," "L," "M," and "N", in accordance with the following Child Count Procedures and enter on RMTS Worksheet.

**B. CHILD COUNT PROCEDURES:**

**Case Count "K"** is the average number of Title IV-E eligible children receiving Title IV-E funding for adoption subsidies.

- A) Calculate the total number of actual days children received Title IV-E subsidies during the reporting period.
- B) Then divide the total from A) by the number of days in the quarter, rounding the results up to the next full number.

**Case Count "L"** is the average number of all children, Title IV-E eligible and Non-IV-E eligible, receiving adoption subsidies.

- A) Calculate the total number of actual days children received Title IV-E or Non-IV-E subsidies during the reporting period.

- B) Then divide the total from A) by the number of days in the quarter, rounding the results up to the next full number.

**Case Count "O"** is calculated by dividing Case Count "K" by Case Count "L" determining the Title IV-E penetration rate for children receiving adoption assistance.

**Case County "M"** is the average number of Title IV-E eligible children who are in the care of the County Children and Youth Agency including those children that the agency share responsibility with the County Juvenile Probation Office by order of the court and receiving foster care placement maintenance.

- A) Calculate the total number of actual days in foster care placements for all Title IV-E eligible children. The count must include the following:

- Placement Days of children who meet all Title IV-E eligibility requirements who are in foster care placement in fully approved foster family homes, fully licensed group homes and child care institutions whose maintenance costs are reimbursed with Title IV-E funds.
- Placement days of children who meet all Title IV\_E eligibility requirements who are in foster care placement in fully approved foster family homes, fully licensed group homes and child care institutions whose maintenance costs are reimbursed with Supplemental Security income funds in lieu of Title IV-E funds.
- Placement Days of children who meet all Title IV-E eligibility requirements except that they have been placed in a relative's home that is in the process of being approved as a foster family home. Days of administrative claim for any child may not exceed the lesser of 12 months or the average length of time it takes the State to license or approve the home.
- Placement Days (not to exceed one Calendar month) of children who otherwise meet all Title IV-E eligibility requirements and are transitioning from an unlicensed or unapproved foster care placement to a licensed or approved foster care placement.

**DO NOT INCLUDE** Placement Days of children in a:

- Public institution with more than 25 children; e.g., youth forestry camps or county operated shelters,
- Psychiatric Facilities/Accredited TRF/DPW licensed free standing psychiatric hospitals,
- General Hospitals,



- Secure Facilities/Secure Treatment Facilities
- Detention (or facilities that are primarily for the detention of children who are adjudicated delinquent),
- Provisionally approved Foster Family Homes,
- Provisionally licensed group homes or child care institutions,
- Nor the placement days of children who did not meet the initial Title IV-E eligibility requirements,
- Nor the placement days of children who met the initial Title IV-E eligibility requirements but are ineligible for placement maintenance due to their non foster care placement or the loss of one of the ongoing eligibility requirements such as deprivation, age, six month court review of permanency plan, or not meeting the income or resource thresholds.

B) Divide the total actual days (A) by the number of days in the quarter, rounding the results up to the next full number.

**Case Count "N"** is the average number of Title IV-E eligible and Non-eligible children who are in the care of the County Children and Youth Agency including those children that the agency shares responsibility with the County Juvenile Probation Office by order of the court and are in foster care placements.

A) Calculate the total number of actual days of foster care placement for the Title IV-E eligible and Non-eligible children including those days:

- In a provisionally approved Foster Family Home
- In a provisionally licensed group home or child care institution
- Of children who met the initial Title IV-E eligibility requirements but are ineligible for placement maintenance due to their non-foster care placement or the loss of one of the ongoing eligibility requirements such as deprivation, age, six month court review of permanency plan, or not meeting the income or resource thresholds.

B) Divide the total actual days (A) by the number of days in the quarter, rounding the results up to the next full number.

**Case Count "P"** is calculated by dividing Case County "M" by case Count "N" determining the Title IV-E penetration rate for children receiving foster care.

5. Enter the "TOTAL Net Cost Pool" results from the County Children & Youth Social Service Programs "Administrative Cost Pool Calculation and Title IV-E Revenue Distribution by cost Center", CY-918, in item "S".

6. The resulting "CALCULATIONS" are inserted into the CY-64-FC and the CY-64-AA, as shown on the RMTS Worksheet.

# Random Moment Time Study (RMTS) WORKSHEET

(rev. 07/06)

COUNTY NAME: \_\_\_\_\_

RESULTS FOR PERIOD: \_\_\_\_\_

STATEWIDE CODE  
COUNTS:

1 =	
2 =	
3 =	
4 =	
5 =	
6 =	
7 =	
8 =	
9 =	
10 =	
11 =	
12 =	
13 =	
X =	

RESULTING FACTORS:

A1 =		Support Enforcement 1/X
A2 =		IV-E Eligibility 2/X
A3 =		Prevention (pre-Placing Activities) 3/X
B1 =		Non-Client Specific Administration 5/X
B2 =		Case Planning and Management 7/X
C =		Training (10/X)
D =		IV-E Adoption Ass't. Case Mgmt. (8/X)
E =		Independent Living (11/X)
F =		XIX Medicaid (3+4)/X
G =		Treatment/Counseling (9/X)
H =		Other Services (12/X)
I =		General Administration (13/X)
		0.00% TOTAL
J =		Subtotal: Services (X-10-13)/X

CASE COUNTS:

K =		IV-E Adoption Ass't Children
L =		All Adoption Ass't Children
M =		IV-E Children in Care
N =		All Children in Care
O =		% IV-E Adoption Ass't (K/L)
P =		% IV-E Foster Care (M/N)
Q =		% IV-E Adoption Ass't to all children (K/L+N)
R =		% IV-E Foster Care to all children (M/L+N)
S =		NET COST POOL

Total Title IV-E Administrative Revenue

CALCULATIONS:

**IV-E FOSTER CARE ADMINISTRATIVE**

Case Planning & Management		Report Calculation In:
1	$S*(B2*P)$	
2	$S*((B2*P)/J)=admin$	
3	LINE 1 + LINE 2	Enter in Block 9 of CY-84-FC
4	LINE 3 * 50%	Included in Block 11 of CY-84-FC

**Pre-Placement Activities**

5	$S*(A3)*P$	
6	$S*((A3*P)/J)=admin$	
7	LINE 5 + LINE 6	Enter in Block 12 of CY-84-FC
8	LINE 7 * 50%	Included in Block 14 of CY-84-FC

**Eligibility Determinations**

9	$S*(A2)$	
10	$S*((A2)/J)=admin$	
11	LINE 9 + LINE 10	Enter in Block 15 of CY-84-FC
12	LINE 11 * 50%	Included in Block 17 of CY-84-FC

**Other Administration**

13	$S*(A1+(B1*P))$	
14	$S*((A1+(B1*P))/J)=admin$	
15	LINE 13 + LINE 14	Enter in Block 18 of CY-84-FC
16	LINE 15 * 50%	Included in Block 20 of CY-84-FC

**IV-E FOSTER CARE TRAINING**

17	$S*(C*R)$	Enter in Block 21 of CY-84-FC
18	LINE 17 * 75%	Enter in Block 23 of CY-84-FC

**IV-E ADOPTION ASSISTANCE ADMIN.**

Report Calculation In:

19	$S*(D*O)$	
20	$S*((D*O)/J)=admin$	
21	LINE 19 + LINE 20	Enter in Block 4 of CY-84-AA
22	LINE 21 * 50%	Enter in Block 8 of CY-84-AA

**IV-E ADOPTION ASSISTANCE TRAINING**

23	$S*(C*O)$	Enter in Block 7 of CY-84-AA
24	LINE 23 * 75%	Enter in Block 9 of CY-84-AA

**INDEPENDENT LIVING SERVICE**

25	$S*((E+I)/J)$	CY814-390 Other-Indir. ILS Adm. CY815-Indirect IL Adm. on Local Funds provided by County line
26	(S*B)	CY814-390 Other-Matching IL CY815-Matching IL on Local Funds provided by County line

**XIX MEDICAID**

27	$S*(F)$	
28	$S*((F)/J)=admin$	
29	LINE 27 + LINE 28	Medicaid: Total Amount Claimable
30	LINE 29 * 50%	Medicaid: Federal Reimbursement

TOTAL CLAIMABLE

0.00

**NON CLAIMABLE**

$S*(G+H)$
$S*((G+H)/J)=admin$

**NON CLAIMABLE STATE FOSTER CARE**

$S*((A3+B1+B2)*(1-P))$
$S*(L*((A3+B1+B2)*(1-P))/J)$

**NON CLAIMABLE STATE FC & AA TRAINING**

$S*(C*(1-(Q+R)))$
-------------------

**NON CLAIMABLE STATE ADOPTION**

$S*(D*(1-O))$
$S*((D*(1-O))/J)=admin$

TOTAL NON CLAIMABLE

**Attachment 14****INSTRUCTIONS FOR COMPLETING THE  
TITLE IV-E FOSTER CARE SUMMARY INVOICE  
(CY-64-FC)****INTRODUCTION**

Title IV-E CY-64 invoices for periods prior to July 1, 2008 must be completed using the following instructions and hard copy form.

**A. GENERAL INSTRUCTIONS**

1. Enter the County Children and Youth Agency's (CCYA) "Federal ID number" in the appropriate box.
2. Enter the name and address of the county executive officers in the box provided.
3. Enter the report period covered by the invoice in the box provided. This period may **not** cover more than one calendar quarter.
4. Enter the total "CHILD SERVICE MONTHS." A child service month is equal to a child receiving service for any part of a month. Therefore, a child receiving services from the 15<sup>th</sup> of January to the 7<sup>th</sup> of March would be equal to three (3) service months. A child receiving services from the 30<sup>th</sup> of January to the 6<sup>th</sup> of February and the 18<sup>th</sup> of March to the 31<sup>st</sup> of March would also equal three (3) service months.

**B. CHILD WELFARE AGENCY CERTIFICATION**

The authorized county agency official must sign and date to certify the claim.

**C. COMPUTATION OF PAYMENT**

- **BLOCK 1:** Enter the Grand Total from Page one (1), Column six (6), Title IV-E Allowable Costs, of the CY-63 listing the child specific foster care payments.
- **BLOCK 2:** Enter the total Other Income (Non-Title IV-D) received for all Title IV-E reimbursable children during the invoice period. This would include Social Security death benefits and any other revenue not related to parental support payments. Enter this amount as a **negative** amount. Although only the aggregate amount is reported, the CCYA must account for these revenues by each child.
- **BLOCK 3:** Combine Block one (1) and Block two (2) and enter the results (Block two (2) reducing the amount in Block one (1)).

- **BLOCK 4:** Enter the federal financial participation (FFP) rate in effect during the invoice period.
- **BLOCK 5:** Enter the results of multiplying Block three (3) by Block four (4).
- **BLOCK 6:** Enter the total amount of parental support payments (Title IV-D) received for all Title IV-E reimbursable children during the invoice period. This includes current payments and arrearages related to the current claim and/or prior claims. Enter this amount as a **negative** amount. Although only the aggregate amount is reported, the CCYA must account for these revenues by each child.
- **BLOCK 7:** Enter the FFP rate in effect at the time of the invoice submission (this may differ from Block four (4)).
- **BLOCK 8:** Enter the results of multiplying Block six (6) by Block seven (7) (the results should be **negative**).
- **BLOCK 9:** Enter the amount produced from Line three (3) of the RMTS Worksheet.
- **BLOCK 11:** Enter the amount produced from Line four (4) of the RMTS Worksheet.
- **BLOCK 12:** Enter the amount produced from Line seven (7) of the RMTS Worksheet.
- **BLOCK 14:** Enter the amount produced from Line eight (8) of the RMTS Worksheet.
- **BLOCK 15:** Enter the amount produced from Line 11 of the RMTS Worksheet.
- **BLOCK 17:** Multiply the amount in Block 15 by 50 percent (Block 16) and enter the results.
- **BLOCK 18:** Enter the amount produced from line 15 of the RMTS Worksheet.
- **BLOCK 20:** Multiply the amount in Block 18 by 50 percent (Block 16) and enter the results.
- **BLOCK 21:** Enter the amount produced from line 17 of the RMTS Worksheet.
- **BLOCK 23:** Enter the amount produced from Line 18 of the RMTS Worksheet.
- **BLOCK 24:** Enter the sum of Blocks 5, 8, 11, 14, 17, 20, and 23.

*Note: A computer-generated CY-64-FC will be accepted **only** if it contains the same information in the same format as presented in this package.*

Upon completion, submit the original invoice (in addition to the CY-63, if applicable) to:

Office of Children, Youth and Families

Health and Welfare Building – ANNEX

Title IV-E Invoicing Validation Unit

P.O. BOX 2675

Harrisburg, PA 17105-2675

Submit one copy to the Bureau of Financial Operations with the revised Act 148 Invoice:

Bureau of Financial Operations

Financial Reporting and Payments Section

Forum Place, 1st Floor

P.O. Box 2675

555 Walnut Street

Harrisburg, PA 17105-2675

### TITLE IV-E FOSTER CARE SUMMARY INVOICE

Name and Address of the County Executive Officers

FEDERAL ID#
-------------

FOSTER CARE Invoice Period:
--------------------------------

CHILD SERVICE MONTHS
----------------------

INSTRUCTIONS: Complete and submit original and two copies to the Comptroller's Office,  
 one copy to OCYP's Bureau of Budget,  
 one copy to BFO with Quarterly Report of Expenditures, and  
 one copy to appropriate Regional Fiscal Analyst with Quarterly Report of Expenditures.

#### SECTION A: CHILD WELFARE AGENCY CERTIFICATION

I certify that the children listed on the attached CY-63 are eligible under Title IV-E and received Title IV-E eligible Foster Care for the periods indicated and that this is an accurate statement of the Title IV-E eligible costs of care and related administrative and training costs incurred for the children in Foster Care.

\_\_\_\_\_  
SIGNATURE AND TITLE OF COUNTY AGENCY OFFICIAL

\_\_\_\_\_  
DATE

#### SECTION B: COMPUTATION OF PAYMENT

FOSTER CARE	1	NET ALLOWABLE COST	FFP RATE	SUBTOTAL FEDERAL SHARE
ALLOWABLE SERVICE COSTS (FROM GRAND TOTAL COLUMN 8 ON PAGE 1 OF CY63)	2	3	4	5
OTHER INCOME (Non Title IV-D)	2	0.00	4	0.00
TITLE IV-D COLLECTIONS	6		7	0.00
ADMINISTRATIVE COSTS	Eligible Expenditures			
	from Direct Claim Worksheet	from RMTS		
CASE PLANNING & MANAGEMENT		9	50%	0.00
PRE-PLACEMENT ACTIVITIES		12	50%	0.00
ELIGIBILITY DETERMINATIONS	15A	15	50%	0.00
OTHER ADMINISTRATION	18A	18	50%	0.00
TRAINING COSTS		21	75%	0.00
<b>GRAND TOTAL FEDERAL SHARE</b>				24 0.00

**Attachment 15****INSTRUCTIONS FOR COMPLETING THE  
TITLE IV-E ADOPTION ASSISTANCE SUMMARY INVOICE  
(CY-64-AA)****INTRODUCTION**

Title IV-E CY-64 invoices for periods prior to July 1, 2008 must be completed using the following instructions and hard copy form.

**A. GENERAL INSTRUCTIONS**

1. Enter the County Children and Youth Agency's (CCYA) "Federal ID number" in the appropriate box.
2. Enter the name and address of the county executive officers in the box provided.
3. Enter the report period covered by the invoice in the box provided. This period may **not** cover more than one calendar quarter.
4. Enter the total in the "CHILD SERVICE MONTHS" box. A child service month is equal to a child receiving service for any part of a month. A child receiving services from the 15<sup>th</sup> of January to the 7<sup>th</sup> of March would be equal to three (3) service months. A child receiving services from the 30<sup>th</sup> of January to the 6<sup>th</sup> of February and the 18<sup>th</sup> of March to the 31<sup>st</sup> of March would also equal three (3) service months.

**B. CHILD WELFARE AGENCY CERTIFICATION**

The authorized county agency official must sign and attest to certify the claim.

**C. COMPUTATION OF PAYMENT**

- **BLOCK 1:** Enter the Grand Total from Page one (1), Column six (6), Title IV-E Allowable Costs, of the CY-63 listing the child specific AA subsidy payments.
- **BLOCK 2:** Enter the federal financial participation (FFP) rate in effect during the invoice period.
- **BLOCK 3:** Multiply Block one (1) by Block two (2) and enter the results.
- **BLOCK 4:** Enter the amount produced from Line 21 of the Random Moment Time Study (RMTS) Worksheet.
- **BLOCK 6:** Enter the amount produced from Line 22 of the RMTS Worksheet.
- **BLOCK 7:** Enter the amount produced from Line 23 of the RMTS Worksheet.
- **BLOCK 9:** Enter the amount produced from Line 24 of the RMTS Worksheet.



- **BLOCK 10:** Enter the total "Non-Recurring Special Needs Adoption-Incident Costs" for the invoicing period (up to a maximum of \$2,000 per child) from Column six (6) of the CY-63 identifying the child-specific cost. In addition, in the space provided, complete the number of Title IV-E Eligible Children and State Only Eligible Children receiving reimbursement for these costs and the total amount of reimbursement for each category.
- **BLOCK 12:** Multiply the amount in Block 10 by 50 percent and enter the result.
  - **BLOCK 13:** Enter the sum of Blocks 3, 6, 9, and 12.

*Note: A computer-generated CY-64-FC will be accepted **only** if it contains the same information in the same format as presented in this package.*

Upon completion, submit the original invoice (in addition to the CY-63, if applicable) to:

Office of Children, Youth and Families

Health and Welfare Building – ANNEX

Title IV-E Invoicing Validation Unit

P.O. BOX 2675

Harrisburg, PA 17105-2675

Submit one copy to the Bureau of Financial Operations with the revised Act 148 Invoice:

Bureau of Financial Operations

Financial Reporting and Payments Section

Forum Place, 1st Floor

P.O. Box 2675

555 Walnut Street

Harrisburg, PA 17105-2675

COMPTROLLER'S USE ONLY

SAP VENDOR # \_\_\_\_\_

Document # \_\_\_\_\_

## TITLE IV-E ADOPTION ASSISTANCE SUMMARY INVOICE

Name and Address of the County Executive Officers

FEDERAL ID#
-------------

ADOPTION ASSISTANCE Invoice Period: _____
--

CHILD SERVICE MONTHS
----------------------

INSTRUCTIONS: Complete and submit original and two copies to the Comptroller's Office,  
 one copy to OCYF's Bureau of Budget,  
 one copy to BFO with Quarterly Report of Expenditures, and  
 one copy to appropriate Regional Fiscal Analyst with Quarterly Report of Expenditures.

### SECTION A: CHILD WELFARE AGENCY CERTIFICATION

I certify that the children listed on the attached CY-63 are eligible under Title IV-E and received Title IV-E eligible Adoption Assistance for the periods indicated and that this is an accurate statement of the Title IV-E eligible costs of care and related administrative and training costs incurred for the children receiving Adoption Assistance.

\_\_\_\_\_  
SIGNATURE AND TITLE OF COUNTY AGENCY OFFICIAL

\_\_\_\_\_  
DATE

### SECTION B: COMPUTATION OF PAYMENT

ADOPTION ASSISTANCE	NET ALLOWABLE COST	FFP RATE	SUBTOTAL FEDERAL SHARE
Adoption Assistance (from Grand Total Column 6 page 1 of CY-63)	1	2	3 0.00
Administrative Costs	4	5 50%	6 0.00
Training Costs	7	8 75%	9 0.00
Non-recurring Special Needs adoption-incident Costs (separate CY-63 attached)	10	11 50%	12 0.00
Title IV-E Eligible Children # _____ \$ _____			
State ONLY Eligible Children # _____ \$ _____			
<b>GRAND TOTAL FEDERAL SHARE</b>			13 0.00