

Frequently Asked Questions
OCYF Bulletin 3170-09-01 Out-of-Home Placement Services

Questions and Answers
Institutional Facility Providers

Institutional Facility Cover Sheet

Q: Please explain why specific language was inserted in the certification statement?

A: This language was inserted by request from the counties. There was no intent – no harm intended. If there are changes in the initial submission, providers should forward details to OCYF and/or the county review teams.

Q: When do you use the multiple certifications page on the cover sheet?

A: Use only if the provider decides to blend the expenses for programs providing the same service for the same per diem.

Q: If the provider has multiple facilities with different operating costs and different populations of children, can that provider combine those expenses on one workbook?

A: If the multiple facilities have the same service and the same per diem, the provider can combine the expenses for the multiple facilities on one workbook for one per diem. Please note: If combining multiple certificates for one per diem, advise the contracting counties of the option selected.

Q: If the provider chooses to combine their expenses for one per diem, what must be inserted in the certificate of compliance field?

A: Enter “multiple” and then select one of the certificate of compliance numbers and enter that number on this form.

Summary Rate Sheet

Q: Does a provider need to include all programs on this sheet?

A: Please list all the child welfare programs on this sheet.

Q: What is difference between the calculated rate on the contract documentation and the requested rate listed on the summary rate sheet?

A. The “Calculated per diem” is based on the financial data on the budget forms and serves as supporting documentation for the “Requested per diem” on the Summary Rate sheet.

Q: What is the value of entering the “requested rate” as it is usually not reflected as the contracted rate?

A: The requested rate is the initial rate asked for by the service provider based on costs reported. County Agencies found this information in this format to be useful.

Q: If a provider has two different rates for two different services, how will the provider need to report that data on this form?

A: The provider will need complete two separate lines for two different services.

Q: Is a separate summary rate sheet needed for residential and foster care services?

A: List all of the child welfare programs on this sheet.

Institutional Facility Staff Roster

Q: What type of employees does a provider need to insert on this form? Part time or full time?

A: Any staff that works at the facility must be included on this form.

Q: Where does a provider list Manager/Supervisor of Clinical Staff? Put wages in Managers/Supervisors or in Clinical?

A: Providers can list the salaries under managers/supervisors or under clinical. That will be at the discretion of the provider.

Q: Does salary include benefits?

A: No. Report benefits on separate line on the Institutional Facility Expenditure form
Staff training should be reported on that form as well.

Q: Is there a limitation on salary expenses for each employee listed on this form?

A: No, however, if the county review team has a question about any salary listed on this form, they will address it with the provider.

Q: How should staff hired half way through the year be identified?

A: For the Actual Audited year, notate the weeks worked column to reflect the number of weeks worked in that year.

Q: How does a provider list overtime (OT) on this form?

A: There are two ways that providers may list overtime.

- i. The provider can combine the OT with the annual salary amounts of each employee. This will increase the salary and percentages (maybe in excess of 100%).
- ii. The provider can insert a separate line item for each employee to include the over time amount.

Note: please do not combine the OT for all employees. Each employee must reflect their salaries and OT individually.

Q: Doesn't licensing review staffing patterns?

A: Not to the degree needed nor will their review connect to the county review team process.

Q: How does a provider list salaries for staff that work on holidays?

A: The provider will need to combine the annual salary and holiday pay on this form. When calculating the FTE counts, the annual salary and the holiday pay will still equal to 1 FTE for each Full-time employee.

Q: What is the threshold in values on these forms (i.e. to dollar and cents) to receive an error message?

A: The tolerance is about \$5.00, so if the differences do not exceed (+/-) \$5.00, an error message will not appear.

Q: If a provider combines multiple certificates of compliance; does the roster have to include the names of all the employees on each certificate of compliance?

A: Yes if the certificates have the same service and the same per diem.

Q: A provider has increased expenses in personnel over the years. Can that provider report those increases on the contract documentation?

A: Yes, as long as the provider provides supporting documentation to explain the increase in personnel/salaries (i.e. additional duties).

Q: Do staff names have to be listed on this form?

A: No. Staff names do not have to be listed, however; a staff id/employee number (unique identifier) must be notated to identify each employee listed on this form.

Q: Will the provider need to include personal and sick time on this form?

A: Yes. All compensation is included in the annual salary column.

Q: If staff works 100% of their time at a facility but performs multiple functions, how do providers report this on the forms?

A: That provider must notate the percentage of time apportioned each function according to the instructions listed on this form.

Q: What if staff works a portion of their time at a facility and does multiple functions at multiple facilities?

A: That provider must notate the percentage of time apportioned to each facility and notate the salaries for each function according to the instructions listed on this form.

Q: If the audit values are different than the values listed on the contract documentation, how does a provider notate that on the workbook?

A: The provider must explain the difference in values on the contract documentation/support documentation.

Q: How does a provider report staff changes based on need?

A: The provider will need to notate any changes in staff or staff expense in the narratives boxes on the workbook.

Q: It will be difficult for a provider to list the number of weeks worked due to a large number of employees. Can that provider list hours?

A: No. Please convert the number of hours into the number of weeks worked. This form is designed to look for the allocation of staff time to the facility. Any time staff joins/leaves during the year, please report the weeks worked.

Q: Can salaries/positions be grouped?

A: No. Salaries, positions, and job functions must be reported for each individual employee.

Q: This form is not interested in whether staff are hired for a specific program as FT/PT?

A: Staff roster shows personnel hired for the entire agency. The forms then reflect the allocation of time to the facility.

Q: Staff turnover?

A: A new column was added to include the number of weeks worked in the year.
Example – if a FT staff only works 26 weeks and leaves then this equals .5 FTE.
Provider must enter the number of weeks worked at the facility on the staff roster(s).

Q: If a service provider hires staff to work at one location, however, that staff works wherever there is a need and our system cannot track where each employee works. How do they complete the forms?

A: The providers need to track the location each employee works.

Institutional Facility Staff Projection

Q: If a provider is not eligible for Title IV-E funding, how do they complete the forms?

A: Please complete the total amounts to determine the Act 148 amounts. In the Title IV-E columns, please list \$0.

Q: How does a provider complete the forms if they have relief staff/fill in staff? If that staff equals 1 FTE, can a provider bundle those expenses?

A: The relief staff/fill in staff must be listed individually on the staff roster. Then that individual contribution to that facility (i.e. .5 FTE count) must be transferred to the to this form.

Q: What is the purpose of requesting employee time on the roster?

A: The purpose is to verify how many people it takes to run the facility (FTE).

Q: If there is a change in staff over three fiscal years, how does a provider report the expense changes?

A: The provider must include the expense changes on the forms. If there is any changes in staff or staff expenses, please notate an explanation in the narrative portion of the workbook. Please note that reasonableness of the staff expenses may be discussed with the counties.

Q: The “Prior Year Actual” column name was changed to “Prior Year Actual Audited”. Please explain?

A: When this form was developed last year, there was no way to tell if the audited numbers would be back in time to complete the documentation. However, based on feedback provided, the audited documents could be received in a reasonable time frame to complete the contract documentation. Therefore, the column should reflect the audited expenditure report.

Q: Are there time study requirements for allocation of staff time (i.e. 1 wk, 2wks)?

A: There is no time standard. As long as the time study reflects a true allocation of staff time and the provider can explain the allocation using the time study.

Q: What is acceptable documentation to determine the allowable portion of a position such as a nursing position?

A: A detailed job description or a time study.

Institutional Facility Expenditure

Q: How does a provider list benefits?

A: The provider must include the benefits and the allowable relationship with unallowable staff expenses.

Q: If a provider has Title IV-E unallowable staff; would a portion of the facility and operational expenses also be unallowable?

A: Yes. The facility and operational expenses associated with unallowable staff are also unallowable for Title IV-E and must be reflected on the forms.

Q: How does a provider determine when offsetting revenues are allocated to the program/facility or indirect expenses?

A: If the activities raise funds – yes If a provider can identify that the offsetting revenues are allocated to a specific program, the provider must list the offsetting revenues on the Institutional Facility Expenditures form for that specific program. If the provider cannot identify where the offsetting revenues are being allocated to, report the offsetting revenues on the Indirect Administrative Expense form.

Q: For providers that have MA (medical assistance) coverage, will they need to complete two sets of forms?

A: If MA is covering the treatment expenses and the counties are paying for room and board only, the provider will only need to complete one set of forms and include the MA as offsetting revenues. However, if for some reason the children in care lose their eligibility to receive MA funding, the provider must complete another set of forms to show the expenses without MA listed in the offsetting revenues.

Q: For providers that have D&A (drug and alcohol) assistance, how will they need to complete the forms?

A: If D&A covers 100% of the expenses for the children in care, the provider will not need to complete the forms. If D&A only covers a portion of the expenses (i.e. 90% of the expenses), that provider must complete the forms to show all the expenses for

the facility and then notate the D&A assistance under offsetting revenue. This will then show the remaining amount charged to the counties (i.e. 10%). If for some reason that the children lose their eligibility or if for some reason D&A funding is no longer available, the provider must complete another set of forms to show the expenses without D&A assistance listed in the offsetting revenues.

Q: How does a provider complete the forms that have psychiatric services and MA pays for those services?

A: If a provider has psychiatric services within their program, please notate those expenses on the contract documentation and then list the MA portion paid in the offsetting revenues.

Q: If MA covers entire rate?

A: If MA pays all costs, then there are no costs to report on the forms – they are not needed. These forms are to be used to reflect costs being passed onto counties.

Q: Providers have a concern that the counties will not pay their per diem rates because the providers use Fundraising as offsetting revenues. Providers only use fundraising as a means to cover the costs not paid by the counties, however, fundraising is not guaranteed with the economic times. How do providers move forward?

A: Providers must notate how they are paying for their per diems. If there is no guarantee that the provider will be able to have fund raising in the projected year, do not notate that on the forms, however, if fundraising has been used in the past to cover any amounts associated with the per diem, please notate fundraising on this form.

Q: Diagnostic expenses should be separated?

A: Yes the diagnostic expenses should be listed as a separate expense. The provider can list diagnostic expenses either as a separate line item on the contract documentation, (not allowable for Title IV-E), or the provider can bill the county separately for that cost.

Q: How does a provider report services that are purchased from another agency (i.e. consulting)?

A: Providers must list these expenses under “other” expense. To ensure clarity, the line item name should be as descriptive as possible. (i.e. accounting service, consultant). Please be advised that the review teams will request documentation to explain the detail within the line items and to determine allowability for State Act 148 and Title IV-E funding.

Indirect Administrative Staff Roster

Q: How do we list the FTE difference for indirect expenses?

A: There are no FTE counts for indirect expenses however, if there is an increase in staff over the three fiscal years, please notate the reason for the change in the narrative piece of this form.

Q: For the budgeted year expenses, can a provider use “vacant” in certain positions if not filled, but the provider budgets for that staff?

A: Yes. Instructions for “vacant” positions are listed in the bulletin.

Q: Does a provider need to complete the roster in relation to child placement services or all programs?

A: All personnel must be listed for the entire parent organization. (Child Welfare and Non-child Welfare programs)

Q: If a provider has counseling staff that is not allowable, does that staff need to be listed?

A: Yes, all staff must be listed on this form. This form requests the Total staff expenses of the parent organization.

Q: Provide example of allowable setting but unallowable position?

A: Shelter service = generally eligible for Title IV-E funding; costs for Medical Director within the residential programs are generally not an allowable expense. A part of the salary may be allowable based on functions of position.

Indirect Administrative Expense Sheet

Q: Indirect costs – what is included?

A: Indirect costs are those costs that are incurred for a common or joint purpose and not readily assignable to any specific program or facility but benefits the program as a whole and are necessary for the operation of the agency. All indirect costs must be detailed and an allocation plan must be available to show that detail and show the indirect allocation to each program/facility.

Q: If a provider’s parent organization is out of state, and is unsure that the parent organization will provide the level of detail that is needed, can the provider include these expense as a line item (i.e. professional fees)?

A: No. The provider cannot include indirect expenses under one line item on this form. Detail is needed to determine what expenses make up the indirect expenses for the parent organization. If the expenses are not provided, then those expenses will not eligible for public funding.

Q: How does a provider address short-term grants for a specific program?

A: Please list that as offsetting revenues.

Q: Are the indirect expenses requested are the expenses for one specific program?

A: No. The expenses that need to be listed on this form are the Total/entire expenses for the parent organization.

Q: If a provider does not have indirect expenses, do they need to complete the indirect forms?

A: No, the provider will not need to complete the forms that are associated with

reporting indirect expenses.

Q: How does a provider notate indirect expenses if the parent organization operates in multiple states?

A: If the parent organization has multiple levels or tiers of expenses (state, national, international, etc) the provider must complete **separate indirect expense/roster forms for each tier of expenses**. The expenses need to be reported to clearly connect how administrative operating expenses for the entire agency operation are distributed to each eligible program.

Multiple sheets of master agency lists can be included to address multiple tiers of organizational structures.

Allocation distribution of expenses must be detailed enough to support percentages claimed.

Entire agency operations must be reported to support determinations that there was a fair and equitable process used to identify costs attached to the Title IV-E funded programs.

Q: What documentation is needed to determine the allowable amounts for State Act 148 and Title IV-E?

A: Some examples include: job descriptions or time studies to show how the allowable amounts were developed.

Q: What is a contracted service?

A: Purchased services = contracted services. Something the agency is buying from someone who is not an employee included on the staff roster. The provider will need to clearly define the service that is being contracted for.

Q: If a provider wanted to insert different rows, can they do this on this form?

A: Providers can insert forms; however they will have to do that manually. Please read the instructions within the bulletin to insert rows on this form.

Q: If a provider does not include a salary expense (i.e. CEO salary) on this form, what will be the result?

A: If a provider excludes any expenses from these forms, those expenses will not be eligible for any public funding.

Q: If a provider has 5 programs, will that provider need to complete 5 different indirect forms?

A: No. The provider will need to complete the indirect expense one time. That same data will be used for all 5 programs. The purpose of asking for the Total Administrative expense is so the provider will only need to complete this form one time.

Q: Is there a threshold for any line item expense?

A: At this time, there is no threshold for indirect expenses; however, this will be a judgment call for the county review team/OCYF to request any additional data in regards to any line item that is listed on this form.

Q: New program planned to open mid year – no rates set yet. How should this be reported?

A: If up front distribution of indirect costs are known, include it with notation. Identify proportional costs as best as possible.

Service Delivery Chart

Q: What is the purpose of the service delivery chart?

A: The purpose of the service delivery chart is to reflect the units or days of service delivered over a three year period.

Q: If a provider changes the number of licensed beds throughout the year; will they need to complete a new chart?

A: No. The provider only needs to complete one chart. The provider must show the change in beds throughout the year.

Q: If a provider chooses to combine multiple certificates for one per diem, will they need to separate the certificates on this form?

A: No. If combining multiple certificates for one per diem, the provider can combine the number of licensed beds for all certificates on one chart.

Q: If a provider has 3 different services, how will they need to complete this form?

A: The provider will need to complete 3 separate charts as the provider is supplying different services.

Q: Do we list overnight services and day services on this form?

A: List only overnight out of home placement services on this form.

Q: Occupancy How should overnight visits away from facility be addressed in occupancy calculations?

A: If provider is reimbursed for the bed, then include it in the count even if the child is home for an overnight visits.

Q: Multiple services on one certificate – how best to adjust occupancy numbers and address varying rates?

A: Complete a set of documents for each service identifying the different rates for each unit, identify the number of licensed beds in each unit then report the utilization for each unit. (When totaled, the number of beds for all units within a certificate must equal the total number of beds licensed for the Certificate of Compliance.

Master List of Agency Programs

Q: What is the purpose of the Master List of all agency programs?

A: This report is designed to display all programs that an agency manages. The contracting agency will need to verify that expenses related to the indirect administrative component are being distributed in a fair and equitable manner in accordance with PA Code 55 3170.60 (c) *Methods for allocation administrative overhead*. In order to do this, the evaluation must be able to see the entire indirect administrative component. The entities that compose the indirect administrative component are not limited and this sheet is intended to capture any and all sources of expense that are part of the indirect administrative budget.

Q: Out-of-state programs to be included on this form?

A: Yes

Q: Should programs such as community based services also be listed on the master list of all agency programs?

A: Yes, this form will need to be completed for all programs. These forms need to reflect the indirect expenses allocated to all programs.

Q: How does a provider that is opening a new program complete this form if they do not have the values by the May 1st deadline?

A: If the forms are not submitted by May 1st, this will delay the overall process of finalizing the contract by July 1st. To avoid this delay, please provide as much data as possible and work with the county review teams.

Q: Is the data needed on this form include the indirect expenses for all the programs under the parent organization?

A: Yes. This form is designed to show all indirect expenses for the parent organization and the indirect allocation to all the programs under the parent organization.

Q: If a provider has nursing homes or a school under their parent organization that is not eligible, will provider need to notate them on this sheet?

A: Yes, all programs must be listed.

Q: What year is this data requested for?

A: The projected year.

Q: There are some programs that are licensed under more than one certification for the same program (FTC, OCYF, CPC). What certification do we use for this sheet?

A: Use the facility/program license issued by OCYF/DPW.

Per Diem Calculation Worksheet

Q: If a provider decides to blend multiple certifications for one per diem, what certification must be included on this page?

A: The provider will need to include the word “multiple” and the certification of compliance number listed on the cover sheet.

Q: Is the occupancy rate taken from one of the previous forms?

A: No, the occupancy rate must be entered manually by the provider?

Q: If the provider has changes in the per diems over the three fiscal years, how do they report that?

A: The provider can report the changes in the per diem in the narrative box. If provider has different services the provider should have a different workbooks for the different services.

Q: Why is there such attention paid to licensed beds if the agency prepares rate calculations on historical information and number of beds staffed/budgeted?

A: ACF indicated that all rates are to be based in the licensed beds reflected on the certificates of compliance. The budget calculations should be based on the number of licensed beds X 365 days X the occupancy rate to calculate the total days of care.

Q: There are fixed costs even if bed capacity is lowered. How will this be addressed?

A: Costs divided by occupancy/utilization should equal the rate.

Q: Is the per diem rate to be set on 100% occupancy?

A: No, occupancy rates are based on utilization of certified beds. Calculate costs based on utilization.

Q: How should occupancy be calculated?

A: Based on historical trends. The Service Delivery Chart is also a helpful tool in calculating occupancy.

Review and Submission Process

Q: When is the time frame to submit the contract documentation?

A: 5/1/09

Q: Is the May 1 date firm?

A: Yes.

Q: Is anything other than the completed Appendix A and/or Appendix B to be emailed to the OCYF resource account?

A: No. Additional information will be requested by the county review teams as well as the contracting agencies. Please send that data to the requesting parties.

Q: How will a provider determine who will review their contract documentation?

A: The home county will be responsible for reviewing the contract documentation. What is meant by "Home County" is the location of the legal entity. If that home county does not utilize the provider, the home county will be responsible for putting the review teams together.

Q: How many counties will be in the review teams?

A: The county review teams will consist of counties that have a vested interest in the provider. This is an effort to establish a 1:1 relationship and identify a primary point of contact in this process for providers. This review of the forms submitted by providers is not to be confused with the contracting process.

Q: What if a provider is out of state? Who will review the contract documentation?

A: If the provider is out of state, most likely the counties that utilize the provider the most will be responsible for reviewing that documentation.

Q: County leads established?

A: Listing of which counties used which providers the most was compiled. If home county does not use provider, then they county that uses provider them most will likely be the lead in discussions.

Q: How will review teams be configured?

A: Any county will have the opportunity to be part of any review team they choose.

Q: Will the counties accept the work of reviewing the provider contract documentation?

A The counties are accountable for completing the contract documentation that is assigned to them by the regional lead (county staff). The purpose of this new process is to ensure that all provider contracts are reviewed.

Q: Are the providers supposed to submit the contract documentation workbooks to all contracting counties when they have completed the submission and review process?

A: No. Once the review has been finalized by OCYF, OCYF will post the contract documentation on the secure website for all counties to access. In regards to posting additional/supporting documentation, the provider may have to submit that documentation to the counties individually because of the space allocated to the secure database.

Q: What is the projected time frame to review and set up contracts?

A: The goal is to receive the contract documentation (excel workbook only) by May 1, 2009. Post the data on the secure website for the county review teams to extract and review between the dates: May1-30th. OCYF will perform quality assurance checks from June 1st-15th. From June16th-July 1, all providers should have their contracts completed and executed.

Q: Is there a guarantee that the provider will contact them and review within that time frame?

A: At this point, this is a goal that we all want to reach. If all of the documentation is submitted correctly, there is no reason why the documentation would not be completed and contracts executed before July 1, 2009.

Q: What if a provider does not submit their contract documentation by May 1, 2009?

A: This will delay the process and there is a possibility that a finalized contract will not be finalized by July 1st.

Q: Do all budget packets need to be submitted at once?

A: If the provider cannot complete the contract documentation for all of their programs, the provider can submit a few documents to get the process started. The agency will need to address indirect costs (if applicable) because that information is completed for each individual packet however, the service provider can submit the individual packets completed in total as they are finished. The provider must work with the county review teams to explain the issue. Please note: Initial submissions must be sent to OCYF.

Q: Will providers receive their letters in a timely fashion this year?

A: Working on a process to get letters out to providers faster than last year. OCYF will send the letters along with the finalized contract documentation to the provider so they know what the maximum state and federal participation.

Q: Who is responsible for setting the rates?

A: The county agencies are responsible for negotiating the rates with the provider. The purpose of this process is to determine the maximum state and federal participation.

Q: Will the counties accept the maximum participation rates listed on the contract documentation?

A: It is expected that the counties that have a vested interest in the providers will be a part of the review process and will provide feedback as needed. When the finalized contract documentation is submitted to OCYF for a final quality assurance check, the counties will be comfortable with the maximum participation noted on the forms.

Q: What is the contracted rate? When is it entered? By whom?

A: Final contracted rates are completed by each contracting county agency upon the execution of their contract with the service provider.

Q: If state QA revises county calculations – what happens?

A: OCYF will work with the county review teams to clarify any questions. If revisions need to be made to the submission, the county review teams will contact the provider.

Q: What will happen if OCYF does not complete the reviews before their assigned time frame?

A: A letter was attached to the final bulletin which states that if OCYF does not meet

the requirements outlined in this review process, the contracting counties may extend their contracts. Please review the contents of the letter attached by the Secretary of Public Welfare.

Q: Is there a uniform request on how to set up the invoices as counties are requesting different data?

A: The guidelines from the bulletin request certain data from the providers to enable county agencies to submit necessary data for the Title IV-E invoice. Varying county accounting systems may create special county requirements.

Q: What if the FFP increases, will this have an affect on the rates calculated?

A: No, Federal financial participation changes does not change the Title IV-E Allowable Cost.

Q: When will the providers expect to have the contracted rate?

A: The provider can expect to have their contract rate at the time of negotiations with the contracting counties. Each contracting county will insert that rate on the contract documentation and the provider will have a copy of that contract documentation for their records.

Q: If a provider executes a rate that is lower than the maximum participation listed on the contract documentation; will the Title IV-E percentage still apply to the lower rates?

A: Yes, the Title IV-E percentage will apply to the lower rate.

Q: How will variations in final rates be addressed on the OCYF website?

A: Final contracted rates are executed between the providers and contracting agencies. The contracted rate will be entered after the contracted is agreed upon. As per diems are finalized and rates vary with counties, there may need to be multiple calculation sheets prepared to match the forms to the county contracted rate.

Q: Will the contact person be cc'ed on the maximum state and federal participation to the providers?

A: Yes, the contact person can be cc'ed on this letter.

Q: If the review team has any questions or concerns, where do they address their questions?

A: If additional clarification is needed, the review team will request assistance from the regional lead. If the regional lead needs additional clarification , the regional lead will contact OCYF.

Q: What is the role of OCYF in review process?

A: OCYF will provide technical assistance to the county review teams as well as review work done by county review teams for quality assurance.

Q: Do the counties understand the differences between their role to determine maximum

allowable costs and the per diem rate that is to be executed between the provider and county?

A: The review teams will consist of the contracting counties

Q: Is there a potential for different rates across counties?

A: Yes – Possible COLA/No COLA: Also county may request additional services/contract requirements.

General Questions

Q: Unit ID's?

A: As developed by providers – 2 alpha characters

Q: What medical costs are allowable maintenance expenses?

A: Normal health care supplies – Band-Aids, Over-the-Counter medicines, etc are allowable maintenance expenses.

Q: How should variations in current rates be addressed on the forms when providers are reporting current rates?

A: Insert the average and address the variations in the narrative box.

Q: Audit is accrued basis/payroll is on cash basis. How should differences in numbers be addressed?

A: Add note to address why there are differences.

Q. Please provide a definition of Social services?

A. Social services as defined the federal government is “counseling or other treatment to the child, his family, or foster family to remedy home conditions, personal problems or behaviors. Examples of non-reimbursable services include counseling, homemaker or housing services and assisting in reuniting families”. Best available definition is listed in the Code of Federal Regulations Title 45 Section 1356.60 (3).

Q: Define “Parent Organization”?

A: Parent Organization - The administrative agency (or agencies) that indirectly oversees all programs.

Q: If agency feels now that they did not allocate direct/indirect costs correctly last year, what should be done?

A: Make the appropriate corrections with notations added in this year's submission.

Q: There are some services that overlap (i.e. case management). How does a provider address this issue as there are duplication of efforts?

A: The agency must define the expectations outlined in the contract to eliminate duplication of efforts.

Q: Are there contract language changes being proposed by OCYF similar to last year?

A: This Bulletin does not make any changes to contract language from previous years.

Q: Please explain the CAPS on indirect expenses, retained earnings, and profit?

A: At this time, the 85% occupancy rate cap on institutional facilities, 15% cap on indirect expenses, and the 3% cap on retained earnings/profit have been extracted from the 2009-2010 Out of home placement services contract documentation bulletin. Based on the Shareholder meetings held in March, a draft has been presented to legislation to allow for providers an adequate transition period. If the legislation is approved, the proposed CAPS will be in effect for the 2010-2011 fiscal year and on. Workgroups will be set up in the near future in regards to the proposed legislation.

Q: Please explain why audit documents are not acceptable for detailed expense?

A: Audit documents do not provide enough documentation to show the detail required on the contract documentation or determine what is allowable for State Act 148 and Title IV-E.

Q: How can a provider determine what is allowable for Title IV-E and State Act 148 funding?

A: Please refer to the State Regulations (Title 55 Chapters 3170 and 3140) and Federal regulations (Child Welfare Policy Manual Title IV-E, Social Security Act Title IV-E, and OCYF Bulletin-3140-08-01-Released in May, 2008-Title IV-E Foster Care and Maintenance and Adoption Assistance Program Costs Allowable for Federal Financial Participation (FFP). These regulations will also be outlined in the Out of home placement services-contract documentation bulletin (3170-09-01).

Q: What happens if a provider has three different types of services listed under one certification (i.e. shelter, CRR, and residential beds). How will that provider complete the documentation?

A: The provider will need to complete the forms based on the expenses associated with the State Act 148 and Title IV-E expenses to the contracting counties. The provider can assign a unit id for each service and complete separate workbooks for each.

Q: What will be the structure for the review teams to review the contract documentation?

A: At this point, training will be conducted in the next few weeks to determine how the county agencies will review the contract documentation.

Q: How does a provider address a situation where they budget for 13 beds but is only licensed for 12?

A: The provider must budget their expenses based on the maximum number of licensed beds listed on the certification of compliance. If the provider expects to budget more than the maximum amount listed on the certificate of compliance, that provider must contact their regional office and start the process to increase their capacity. At this time, providers may not budget above the maximum capacity listed on the certificate of compliance.

Q: In regards to indirect expenses, will the data requested be the same for providers that have Facilities and Foster Family Providers?

A: Yes if a provider offers both foster family and institutional out of home placement services, that data will be the same for indirect expenses with one addition. For foster family expenses, there is a third component. In addition to showing the overall indirect expense for the parent organization and the indirect allocation all of the programs, the last component for foster families is to explain the allocation of indirect expenses to each class of service.

Q: Will there be a uniform way to notate indirect expenses/cost allocation plan?

A: At this time, there is no uniform way to notate indirect expenses in a cost allocation plan. Each provider is different and it will be up to that provider to determine how they allocate their expenses to their programs.

Q: How does a new provider complete the forms? (i.e. provider that begins operations in the 2009/2010 fiscal year)?

A: Please complete the projected fiscal year columns. Since there are no prior year expenses to compute, there is nothing to add.

Q: Is there a lettering convention for unit id's? (i.e. AA, BB, etc)

A: There is not a lettering convention to list Unit ID's. That will be the decision of the provider to notate. However, when contracting with the counties for services, the same unit id selected must be used for each county.

Q: Is the contract documentation password protected?

A: No

Q: Why are public providers not required to complete the indirect documentation forms?

A: The indirect expenses for county operated programs are identified and invoiced through the RMTS process.

Q: Can service providers complete these in the Calendar year format instead of the Fiscal year format?

A: No, service providers must convert to fiscal year information for reporting on forms.

Q: Does a provider have to complete the forms as they are notated in the bulletin?

A: Yes, please complete the forms as outlined in the bulletin as formulas added to the excel packet will populate certain data from form to form.

Q: It is difficult for a provider to notate a bed count when the counts fluctuate throughout the year. How does a provider address this concern?

A: Providers are required to maintain those records. As outlined in Title 55, Chapter 3170.92 "Local authorities or contractors shall maintain books, records, documents and other evidence and accounting procedures and practices, sufficient to reflect properly all direct and indirect costs of whatever nature claimed to have been incurred

and anticipated to be incurred for funds supported by the department and which reimbursement is claimed”.

Q: Is there a threshold for programs that have the same services but executes different per diems?

A: At this time, there is no threshold, however, we are working towards enforcing the guidelines outlined in the state regulations (3170.84(a)(2)). It will be the responsibility of the contracting counties to execute their own contracts with the provider; however, the review and submission process is to determine the maximum state and federal participation. Once the contracts have been finalized, OCYF will perform queries to verify what each county is paying a provider for their services. If there is a situation where a county is paying different rates for the same service, OCYF will speak with the counties to determine their reasoning for paying the different per diem rate.

Q: How does a provider address change in capacity/licensed beds?

A: The per diems must be based on maximum capacity (listed on the certificate of compliance). If a provider budgets for a reduced capacity, that provider must contact their regional office to reduce capacity.

Q: How does a provider address unusual circumstances where the capacity needs to be increased?

A: If a provider is interested in increasing their capacity to the maximum capacity listed on the initial certificate of compliance, they can submit a request to their regional office immediately.

Q: Is there any change in the invoicing process? Any anticipated changes to the county invoicing form?

A: Required information will not be changed. OCYF is requiring certain data elements on the invoice. Some counties are requiring more. No additional elements are anticipated from OCYF.

Q: Who will have access to the secure website?

A: This site is currently limited to the state and counties.

Q: Process for counties accessing information?

A: There will be two folders on the website – one for initial submission and one for final/approved maximum reimbursement calculations.

Q: Where will the counties know what the maximum reimbursement?

A: The finalized contract documentation will be posted on the secure website

Q: What is the difference between what the maximum reimbursement and the contracted rate?

A: The maximum reimbursement is what the state and federal government will

participate in regards to the providers per diem. The contracted rate is the rate that the contracting counties and the provider will execute. Please note: If the executed per diem rate is over the maximum participation for state and federal funding, the difference above the maximum will be 100% county dollars.

Q: When will the training for reviewing the contract documentation begin?

A: OCYF is working on setting the review trainings up in the near future. (late april or early may). OCYF will notify all parties when dates have been set.

Q: The review teams will mainly address Act 148 and Title IV-E allowable costs?

A: Yes, with fair and equitable distribution and reasonability review.

Q: How should planned closure (6 months) of a unit for renovations be reflected? Is it necessary to decertify the beds and then have them re-approved?

A: No, it is not necessary to recertify the beds. If it is part of a multi unit license, separate the unit that its to be closed. Project the days of care that agency intends unit to be open during current and/or projected year. Explain in narrative. Identify planned opening date and project days of care/occupancy to identify rate going forward.

Q: Are there specific items that caused the greatest concern last year?

A: A few of the areas of concern from last year's process are: Too much being lumped together in the "other" expense category without sufficient detail, incomplete provider documentation, long response times, lack of detail in cost allocation plans, etc.

Q. Can provider insert a tab on the workbook to explain any changes on any of the forms?

A. Yes.