

SPECIAL TRANSMITTAL

COMMONWEALTH OF PENNSYLVANIA
Department of Public Welfare

SUBJECT: Out-of-Home Placement Contract Documentation
(Indirect Administrative Expense Packet) ST-IAE-11

TO: COUNTY COMMISSIONERS AND COUNTY EXECUTIVES
COUNTY CHILDREN AND YOUTH SOCIAL SERVICE AGENCY
ADMINISTRATORS
CHIEF JUVENILE PROBATION OFFICERS
COUNTY CHILDREN AND YOUTH FISCAL OFFICERS
PRIVATE CHILDREN AND YOUTH SOCIAL SERVICE AGENCIES

FROM: Richard Gold
Deputy Secretary of the Office of Children, Youth and Families



I. PURPOSE

The purpose of this special transmittal is to distribute the workbook that is the basis of the supporting documentation for out of home placement service providers' indirect administrative expenses.

II. EFFECTIVE DATE

July 1, 2011

III. BACKGROUND

The Department issued Bulletin 3170-09-02 with associated appendices to support claims of Federal and State funding for out of home placement services. The Department updated that bulletin twice. The first, Bulletin 3170-10-01 included the associated appendices. The second update, Bulletin 3170-10-02, replaced Bulletin 3170-10-01 but did not include the appendices. In an effort to improve the process, the Department issued Bulletin 3170-10-02 in December 2010 to identify the applicable procedures for contract documentation for claiming Federal and State funding for out of home placement services. However, the appendices were excluded as improvements and edits were being fielded to improve the quality of the workbooks. This special transmittal is being used as

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the medium to release and distribute what was formerly included in the aforementioned appendices. This is one of three associated special transmittals. This workbook is specifically for displaying the indirect administrative expenses of an out of home placement service provider. The other two special transmittals are for each type of out of home placement service, foster family home service and group home/institutional care.

NOTE:

Please note that the workbook may be subject to updates if errors are found. Please refer all form-related questions to: ra-ocyfcontracts@state.pa.us .

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Special Transmittal - Indirect Administrative Expense Workbook

Documentation Forms, Instructions and Definitions

This Special Transmittal includes six forms, listed below, to be used to document the indirect expenses incurred by institutional residential facilities and state foster family providers. The forms are for OCYF to determine maximum allowable state and federal reimbursement and to assist the County Children and Youth Agencies (CCYA) and Juvenile Probation Offices (JPO) in determining appropriate per diems before executing a service contract with the provider. A completed set of forms must be submitted to the CCYA/JPO by each institutional residential provider and foster family provider that the CCYA/JPO intends to contract with for services. Failure to submit a complete set of pre-contractual audit report documentation forms within the appropriate time frame will result in OCYF determining the maximum state and federal financial participation and the provider receiving a maximum allowable financial participation that is based on the incomplete information submitted and full payment of that per diem will be the responsibility of the county contracting agency. That maximum amount of federal and state reimbursement will remain in effect until acceptable budget documentation is received. After the acceptable supporting documentation has been received, the contract documentation will be reviewed by OCYF to determine the maximum allowable state and federal financial participation. The CCYA/JPO will attach the supporting documents to the executed contract.

The following forms are included in the Indirect Expense Packet:

- 1. Cover Sheet**
 - Instructions

- 2. I. Indirect Administrative Staff Roster**
 - Instructions

- 3. II. Indirect Administrative Expense**
 - Instructions
 - Line Item Definitions

- 4. III. Cost Allocation Description**
 - Instructions

- 5. IV. Master Program List**
 - Instructions

- 6. Summary Rate Sheet**
 - Instructions

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Instructions for Indirect Administrative Expense Workbook Cover Sheet

This Cover Sheet is designed for Providers to complete for OCYF to determine the maximum State Act 148 and Federal Title IV-E reimbursement amounts. All fields listed within these instructions must be completed. **Please Note:** Pertinent information listed within the Cover Sheet will populate to the forms listed within this packet. If a field does not apply, please insert N/A in that field. This Cover Sheet must be completed for single submissions, multiple submissions, series of submissions, and/or re-submissions.

Instructions

A. General

- 1. Budget Documentation for Fiscal Year:** Enter the Projected FY for which the budget documentation forms have been prepared (i.e., 2011/12).

Note: Once the Projected FY has been inserted in the above field, the previous two fiscal years will populate in the following fields: Current Estimated Actual fiscal year and the Actual Audited Fiscal year. If the fields do not populate, please follow instructions number 2 and 3 listed below.

- 2. Current Estimated Actual Expenses for Fiscal Year:** Enter the Current Estimated Actual Fiscal year for which the projected fiscal year per diems were prepared (i.e., 2010/11).
- 3. Actual Audited Expenses for Fiscal Year:** Enter the Actual Audited FY for which estimated actual and projected fiscal year calculations were prepared (i.e., 2009/10).

B. Parent Organization Information (Single or Multiple Facilities)

- 1. Parent Organization Name:** Enter the Corporate name of the administrative agency that indirectly oversees the contracts made with the county agencies.
- 2. Parent Organization Street Address:** Enter the mailing address of the Parent Organization for which the report is being prepared.
- 3. Parent Organization City, State, and Zip:** Enter the city, state, and zip code of the mailing address of the Parent Organization.
- 4. Federal Identification:** Enter the Federal Identification/Tax Identification number of the Parent Organization.

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5. **CEO/President:** Enter the first and last name of the CEO/President of the Parent Organization.
6. **Position/Title:** Enter the position title of the CEO/President.
7. **Phone Number:** Enter the corporate telephone number of the CEO/President.
8. **Email Address:** Enter the corporate email address of the CEO/President.
9. **Submission Date:** Enter the date that the submission(s) will be electronically submitted.
10. **Submission Number:** Enter the number of times the contract documentation has been submitted for review (i.e., 1st, 2nd, 3rd).

Note: If there are multiple levels or tiers of the Parent Organization (International, National, State, Local, etc), please copy the above fields, paste the fields on a new excel sheet, complete the required fields, and attach the new data to the appropriate excel file.

Note: Pertinent information listed in the above fields will populate to the forms listed within this Appendix. If the information does not populate, please review the instructions within this Appendix to insert the information as needed.

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Instructions for

I. Indirect Administrative Staff Roster

This report is designed to list the staff who are NOT considered facility staff but rather staff who are employed at the parent organization that indirectly oversees the operations of the programs within the agency. This worksheet identifies each staff member, their position title, their role, and their salary within the provider agency. This report is to be filled out to reflect positions and salaries for three fiscal years, prior year actual audited, current estimated actual and projected budget fiscal years. The total costs reported for each job category (Admin Staff, Support Staff and Clinical/Treatment/Education Staff) on this sheet will automatically transfer to the personnel salary costs section of the Indirect Administrative Expense sheet.

Complete this form for the entire indirect administrative body or bodies for this service provider. If there is more than one level of indirect administration that charges an amount to the local service provider, complete this form for each level. As part of the service provider's Cost Allocation Plan, provide the information that explains how all levels added together is distributed in a fair and equitable manner to the local service provider. The amount allocated to the local service provider should be identified clearly.

The identifying information located in the heading of each page should automatically populate based on proper completion of the cover sheet.

Instructions

A. General

1. The Parent Organization will populate from the Cover Sheet in the space provided. The Parent Organization is the corporate name of the administrative agency that indirectly oversees the operations of the facility, if applicable.
2. The Federal Identification number will populate from the Cover Sheet in the space provided.

B. Indirect Administrative Staff Roster

1. **Staff Identification** - Enter the name/ID of each employee. If you are not using staff names, construct a unique identification for each employee that worked at the facility. If using a unique identification in substitute of the employee name, be sure that in case of an audit the unique identification assigned to each employee can be tracked back to a specific staff member. (**Example:** John Smith or employee number "321", etc.)

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2. **Position/Title** - Enter the position or title of the job that the employee is designated to perform.

For newly created positions that do not have staff assigned to them for the projected budget year, enter the word Vacant in the staff name column, then the position title and then place the

salary that corresponds to the job duties in the correct column. An explanation should be included at the bottom of the sheet to explain the change in staff.

3. The three columns separate employee positions into three job categories, Administrative, Support staff and Clinical/Treatment/Educational. Enter the portion of the individual's salary in the appropriate category or categories for each corresponding fiscal year. This will include compensation for on-call duties as well as over-time.

If an employee splits his/her time among multiple job categories (Admin, Support and Clinical/Treatment/Educational), be sure to put the salary/wage for each job category in each corresponding fiscal year. Also, if an employee splits his/her time among more than one job category, an explanation of how the employee's time is divided should be included in the box at the bottom this form.

4. In the last column of each fiscal year there is a column titled "**Total Salary/Wages**". This should equal the employee's total salary/wages for each corresponding fiscal year. This column will automatically populate based on the information placed in the Admin, Support and/or Clinical/Treatment/Education row.

The totals for each column will appear in the green cells directly below the job category headings (Admin Staff, Support Staff, and Clinical/Treatment/Educational Salary and Wages) and total salary/wages heading for each FY.

5. At the bottom of this form, "*****Please explain any changes in Indirect Administrative staff and any changes in Indirect Administrative staff costs from year to year.**" If there are no changes from year to year please state "No changes on this form" as this will make the reviewer aware that this section was not overlooked by the provider. **This section is mandatory.** Any contract documentation submitted without the proper completion of this information will not be accepted by OCYF for review or; the expenditures will not be selected for state and federal financial participation due to the lack of detail supporting the reported costs.
7. Green shaded cells indicate pre-populated totals/amounts. Only complete the unshaded line items/cells.

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C. Inserting Additional Rows

1. To insert additional rows on the form so that you have enough room to add additional staff, click on any cell between A18 and N48 within the body of the Indirect Administrative Staff Roster.
2. Next, click on **Insert** then click on **Rows**. One additional row will be added to the spreadsheet.
3. Final step is to copy the pre-existing formulas within the spreadsheet to the line that was added. With your mouse, highlight any one row within A18 and A48 in the body of the spreadsheet. Be sure to highlight the entire row from cell A to N and do not highlight the line that you just added to the sheet. The newly added line will not have the formulas in it. Under

Edit, click Copy. Then, click on the first cell (Cell A) of the newly created line, Go under Edit, click Paste and the formula will be added into the newly created line.

4. The totals for each column will appear in the green cells directly below the job category and total salary/wages for each fiscal year. If done properly, the totals for each column should include the costs reported in the newly created line(s).

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Instructions for II. Indirect Administrative Expense

This report is designed to capture the staff and operational expenditures of the administrative agency that has indirect management responsibilities of the programs within the agency. 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 benefit the program as a whole and are necessary to operation of the agency. This sheet should be filled out to reflect the total agency indirect costs. If there is more than one level of indirect administration, complete this form for each level.

The identifying information located in the heading of each page should automatically populate based on proper completion of the Cover Sheet.

Instructions

A. General

1. The Parent Organization will populate from the Cover Sheet in the space provided. The Parent Organization is the corporate name of the administrative agency that indirectly oversees the operations of the facility, if applicable.
2. The Federal Identification number will populate from the Cover Sheet in the space provided.
3. Green shaded cells indicate pre-populated totals/amounts. Only complete the unshaded line items/cells.

B. Objects of Expense

This section is to identify the cost to provide indirect administrative oversight of an agency providing residential services to children. The form requests a three year trend, starting with most recent prior year actual audited expenditures, the current estimated actual budget year, and projected budget year expenditures. Categorize expenditures with each line item according to the definitions found in Section C. Line Item Expenditure Definitions of these instructions. Separate allowable Title IV-E costs from the total cost in each line item for the projected budget year based on Federal regulations found in OCYF Bulletin 3140-08-01 and the Child Welfare Policy Manual.

If an expense item does not fit one of the defined line items, list separately under “**Other**” in terms that clearly describe the expenditure. **Do not group different types of expenditures together and identify as “Miscellaneous”.**

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1. Personnel Expenses

The total of each job category (Administrative Staff, Support Staff and Clinical/Treatment/Educational Staff) should populate in the green cells located in the Personnel Expense section of this form based off the information that was reported on the Indirect Administrative Staff Roster. The total amount of prior year actual audited, current estimated actual budget year, and projected budgeted year salary and wages will appear in the appropriate line for each category of staff in the respective columns for each fiscal period.

Administrative, Support Staff and Clinical/Treatment/Educational Staff - Should include the total amount of salary and wages for each category of agency Administrative, Support, Clinical/Treatment/Educational Staff in each column for each budget period. For the projected budget year, be certain to include only the Title IV-E Allowable salary costs for those positions/employees that are considered Title IV-E Allowable in the Title IV-E Allowable column.

Employee Benefits - Enter the total amount of benefits paid by the employer in each column. For the projected budget year, be certain to include only benefits for those positions/employees that are considered Title IV-E Allowable in the Title IV-E Allowable column.

Staff Training - Include the cost of staff trainings in each column. For the projected budget year, be certain to include only trainings for positions/employees that are Title IV-E Allowable in the Title IV-E Allowable column.

Total Personnel Expenses - The total for each column by budget year should appear in the "Total Personnel Expense" line of each column.

2. Operational Expenses

For each line item, enter in the amount of the expenditures the agency paid for each budget year. For the projected budget year, be certain to include only operational expenses that are considered Title IV-E Allowable in the Title IV-E Allowable column.

The total of each column by budget year for the operational expenses should automatically populate in the "**Total Operational Expenses**" line of each column.

3. Total Indirect Administrative Expense

The total personnel expenses are added to the total operational expenses which should then equal the amount that is populated in the "**Total Indirect Administrative Expense**" line.

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4. **Offsetting Revenue**

Specify any offsetting revenues and report their costs in the corresponding columns for each budget year. Assure that proportionate share of revenue is allocated to Title IV-E Allowable column.

The sum total of all revenues reported in this category for each column should automatically populate in the line labeled “**Total Offsetting Revenue**”.

5. **Net Total of Agency Indirect Administrative Expense**

The Total Offsetting Revenue line for each column is then subtracted from the Total Operational Expense line for each column to determine the “**Net Total of Agency Indirect Admin Exp**”.

6. *****Narrative at the bottom of the page** - Please explain to the greatest detail possible how the Title IV-E allowable amount was developed for the indirect administrative expenses. Provide examples when applicable. Any contract documentation submitted without the proper completion of this information may not be selected for state and federal financial participation due to the lack of detail supporting the reported costs.
7. **Reminder:** A cost allocation plan (CAP) must be included with the submission of the contract documentation.

C. Line Item Expenditure Definitions

Expenditures below relate to the administrative agency and the day-to-day oversight of multiple programs/facilities.

1. **Personnel Expense**

Administrative - Administrative personnel are those staff that benefit the provider agency as a whole and are not attributed to any specific service program. Examples include but are not limited to the following: Chief Executive Officer and Chief Financial Officer.

Support Staff - Personnel that aid the general operation and support of administrative staff in order to benefit the entire organization. Examples include but are not limited to the following: Clerical staff, information technology staff, and mail room staff.

Clinical/Counseling/Treatment Staff - Staff who aid the oversight of employees who provide children and their families with counseling or treatment to ameliorate or remedy the personal, medical, mental health, and/or drug or alcohol

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problems resulting in the child's placement. Examples include but are not limited to the following: Director of Clinical Services, Director of Nursing, and Medical Services Director.

Educational Staff - Educational personnel that work to benefit the provider agency as a whole and are not attributed to any specific service program and oversee the staff providing children with basic educational programs. Examples include but are not limited to the following: Director of Education, and Director of Curriculum.

Employee Benefits - Benefits may include but are not limited to the costs of employer paid payroll taxes on the behalf of the employee, employee insurance, pension, and unemployment benefit plans.

Staff Training - Cost of trainings that will increase the ability or enhance the performance of staff members to provide support and assistance to children in the facility settings.

2. Operational Expense

Office Space (Depreciation/Rent) - Fair market cost of renting, leasing or depreciating the space that is being used in the administration or operation of the administrative agency.

Maintenance - The upkeep of the grounds. This includes necessary maintenance, normal repairs and alterations necessary to keep property in an efficient operating condition.

Building Utilities - Costs of all utilities for the building that are being used in the administration or operation to provide for the daily operation and functioning. Examples of these costs include but are not limited to: Heat, electricity, water, sewer services, and garbage.

Communication - Costs incurred for telephone services, local and long distance telephone calls, messenger, electronic or computer transmittal services.

Office Supplies - Cost of supplies necessary for general operation of administrative duties. Examples of these costs include but are not limited to: General office supplies, ink/toner and calculators.

Transportation/Travel - This includes the cost incurred for business related travel by employees who are traveling on official business of the administrative agency. Examples of these costs include but are not limited to: Gasoline, mileage, hotel costs, meals, tolls, parking, and vehicle rentals.

Vehicle Maintenance and Repair - The operating cost of the vehicles and of all maintenance and upkeep on vehicles used for administrative and operation of the

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administrative agency. Examples of these costs include but are not limited to: Registration fees, gas, inspections, vehicle repairs, oil, tires and lubrication services.

Postage and Shipping - Cost of postage to include: Stamps, shipping and handling.

Printing and Publications - The general costs of printing, publishing and press work associated with the ordinary function of the provider agency.

Insurance - The cost of insurance premiums incurred by the agency to protect its staff, equipment, supplies, and other insurable items, from loss by theft, fire, and flood. Examples of this would include but are not limited to: Vehicle insurance and fire insurance.

Equipment and Furniture (Depreciation) - The depreciation of furniture and equipment that is essential to the operation of the organization. Examples include but are not limited to the following: Copiers, computers for administrative uses, software, desks, and chairs.

Association Dues/License Fees - The cost of any fees required to operate the administrative agency.

Recruitment/Advertising - Costs incurred by activities such as help-wanted advertising, promotional and public relations related to obtaining staff.

Auditing Expense - The costs that occur as a result of financial or compliance audits performed on the administrative agency programs under their oversight.

Bank Fees - The cost of bank fees associated with administrative agency operations.

Interest - Interest paid for funds borrowed from a lending institution in the case where funds are borrowed to meet the cash flow requirements of ongoing programs.

Other - Any expenditures necessary for the day-to-day operations of the office but does not meet any above line item definitions; the expenditure needs to be **clearly identified** separately from any other expenditure. If the line item description is non-specific, Federal and State funds **will not participate** in that expense. Use very distinct, descriptive line item labels in order to ensure clarity of the expense.

Offsetting Revenues and Non-Reimbursable - Non-Reimbursable is any expenditure not reimbursable with state funds **and not reimbursed by any other source** and therefore not reimbursable with federal funds.

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Offsetting revenue sources are any reimbursement related to the identified expenditures and is used to reduce the cost of the operation of the Parent Organization. Examples include but are not limited to the following: Investment incomes, grants, donations, fundraising, etc.

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Instructions for III. Cost Allocation Plan Description

This page is included to give general guidance as it is related to Cost Allocation Plans. The service provider's Cost Allocation Plan (CAP) is vital in evaluating the fair and equitable distribution of expenses in total and as it relates to allowable costs. The total indirect administrative expenditures for the entire provider agency should be accounted for in the CAP. For Group Home/Institutions, be sure to include the calculations on how a portion of the indirect administrative costs are assigned to the facility. Completion of this information is essential in understanding how indirect costs are distributed. Submission of a complete CAP is mandatory.

Instructions

A. General

1. The Parent Organization will populate from the Cover Sheet in the space provided. The Parent Organization is the corporate name of the administrative agency that indirectly oversees the operations of the facility, if applicable.
2. The Federal Identification number will populate from the Cover Sheet in the space provided.

B. Detailed Instructions

Foster Family Providers

1. Include a CAP that will describe the distribution of expenses, staff time and allowable expenditures that are attributed to the Total and Maximum Allowable State and Federal Reimbursement for the Certificate of Compliance listed in this packet. The CAP is expected to show all methodologies used when distributing cost and/or time. When possible, include examples of the methodology that can be followed by looking at the financial data submitted. Although providers are audited each year, the annual audits are not sufficient documentation for the CAP since they are focused on ensuring compliance between the contract between the vendor and consumer. The intent of this CAP is to display the fair and equitable distribution of all expenses and furthermore the distribution of Maximum Allowable State and Federal Reimbursement amounts.
2. In addition to the allocation of expense, staff time and allowable expenditures that is described above, the service provider must include an explanation of how the overall Administrative Cost is distributed to each Class of Service. Include examples of the methodology that can be followed by looking at the financial data submitted. A detailed explanation of change is required if the allocation changed from year to year. If the service provider is adding one or more class of service, the allocation method to the new class or classes must be explained as well.

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Group Home/Institution

1. Explain the methods and procedures that your agency uses to allocate costs to various programs, grants, contracts, agreements, etc.
2. The CAP should detail that charges allocated to each facility/unit or program are reasonable and that the programs receiving the charges are directly benefiting from them.

Both Foster Family Providers and Group Home/Institutions

1. For agencies that have multiple levels of indirect administrative expense, be sure to provide an explanation on how the costs are allocated to each facility/unit.
2. Please submit a copy of the agency Organizational Chart. The organizational chart should show the structure of how all programs or departments relate to one another and relate to the parent organization(s) within the agency. Organizational charts that have specific names and position titles are not necessary if the agency has organization chart(s) that outlines the specific relationship between all departments within the agency.
3. If you have not already done so, please explain how the Title IV-E allowable amounts were developed for the indirect administrative expenses.

Note: Any contract documentation submitted without the proper completion of this information may not be accepted by OCYF for review or the expenditures may not be selected for state and federal financial participation due to the lack of detail supporting the reported costs.

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Instructions for IV. Master List of All Agency Programs

This report is designed to display all programs that an agency manages. OCYF needs to verify that expenses related to the indirect administrative component are being distributed in a fair and equitable manner in accordance with 55 PA Code § 3170.60, (c) *Methods for allocation administrative overhead*. In order to do this, an accounting of the provider agency's entire indirect administrative expense must be reported. The entities that compose the indirect administrative component are not limited solely to child welfare programs. This sheet is intended to capture any and all sources of expense that are part of the indirect administrative budget. This form should be completed to reflect indirect administrative expenditures that are allocated to each program for the Projected Budget Year. Please report how indirect administrative costs are allocated to child welfare programs as well as all non-child welfare programs.

The identifying information located in the heading of each page should automatically populate this report based on proper completion of the cover sheet.

Instructions

A. General

1. **Parent Organization:** Enter the name of the Parent Organization in the space provided.
2. **Federal ID #:** Enter the Federal Identification number in the space provided.

B. Detailed Instructions

1. **Total Cert numbers (# of programs) within the agency** - Enter in the total number of Certificate of Compliance Numbers your agency operates. This includes any programs or services that may be licensed by any state or federal office. Examples would include nursing homes, day cares or hospitals.
2. **Name of Facility/Program** - Identify each facility/program that is part of the indirect administrative network.
3. **Certificate of Compliance Number** - Enter the Certificate of Compliance Number that was assigned to the facility/program upon the successful completing of licensing.
4. **Unit ID (if applicable)** - Enter the Unit ID (Use **two letters**; e.g., AB, GS, HZ, DC, etc.) of the facility/program. This should be two (2) alphabetical characters

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only. Unit ID will be assigned by the service provider. Please list each unit on a separate line.

For Example: John Doe Home for Boys Cert # 123456 Unit AA
John Doe Home for Boys Cert # 123456 Unit BB

5. **Type of Service (foster family, group home, etc.)** - Identify the type of service that the facility/program provides.
6. **Number of Licensed Beds in Facility or Unit (if applicable)** - List the number of beds that have been licensed for the facility/program. If you have multiple units or Unit IDs, please ensure that when the number of licensed beds are added for each unit under the one Certificate of Compliance Number, that the number of beds matches the total number of licensed beds assigned to that facility/program under the designated Certificate of Compliance Number. (**Example:** Certificate of Compliance Number 543210 has four (4) Units, Unit AA (10 beds) + Unit BB (25 beds) + Unit CC (13 beds) + Unit DD (12 beds) = 60, Certificate of Compliance 543210 is licensed for 60 beds)
7. **Licensing Entity (OCYF, ODP, etc.)** - Identify the licensing agency that issued the Certificate of Compliance for the services provided. This column is not just limited to Pennsylvania state licensing offices but any state or federally licensing entity. Please do not list accreditations that the service provider is affiliated with, such as JCAHO or COA, within this column as they are not the authorizing entities that are needed for completion of this form. If there is no licensing agency, then put N/A in the box.
8. **Percentage of Indirect Admin FY 2011-12 (Projected Budget Year)** - Enter the percent of the total indirect administrative budget that is attributed to each facility/unit and/or program. On the bottom row, the percentages should add up to 100 percent for the projected FY.
9. **Dollar Amount of Indirect Admin FY 2011-12 (Projected Budget Year)** - Enter the dollar amount of the indirect administrative budget that is attributed to each facility/unit and/or program. On the bottom row, the amounts should add up to the total Indirect Administrative budget for the projected FY.
10. **Title IV-E Allowable Dollar Amt of Indirect Admin FY 2011-12 (Projected Budget Year)** - For each facility/unit or program, enter the Title IV-E allowable amount (of the total amount of indirect administrative budget) that is attributed to each Title IV-E eligible program within your agency. If the program is not eligible for Title IV-E funding, enter a zero "0" in this column. The amounts that are attributed to all units or programs that are Title IV-E eligible should add up to the total of Title IV-E allowable amount of the Indirect Administrative Budget for the Projected FY.

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Note: An amount listed on the Master Program List that is associated with a Group Home/Institution Program will need to be manually entered on the applicable sheet in the Group Home/Institution workbook. Likewise, an amount listed for a Foster Family Home Service Provider will need to be manually entered on the applicable sheet in the Foster Family Home Service workbook.

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Instructions for Summary Rate Sheet

This form is intended to summarize all of the requested costs for the Service Provider. OCYF will use this sheet for clear communication as to the maximum Act 148 and Title IV-E reimbursements. OCYF will clearly list each program with the maximum allowable state and federal reimbursement on the website which is accessible to all contracting counties. Additionally, the contracting county agency may also use this form for contract negotiations. These maximum amounts of state and federal allowable reimbursement will be listed for all Certificate of Compliance Numbers that the provider has available for Child Welfare residential foster care services. The listed pre-contractual audit report sheets are not limited to just Foster Family Providers but should include Group Home/Institutional residential services as well.

Instructions

A. General

1. Enter the information for Child Welfare Programs only. Include all out-of-home placement programs.
2. If you have multiple certificate numbers that are offering the same service and same costs, each certificate of compliance number does not need to be listed.

B. Detailed Instructions

1. **Certificate of Compliance Number** - Enter the number in the designated box. If more than one Certificate of Compliance Number offers the same service for the same costs, you may enter the word **MULTIPLE** and one of the Certificate of Compliance Numbers associated with the service.
2. **Unit ID** - Enter the Unit ID if applicable. Enter "N/A" if this item is not applicable.
3. **Facility name & Unit Name** - Enter the Facility Name and/or Unit Name. If more than one certificate number offers the same service for the same costs, enter the name of the Program associated with the Facility and/or Unit.
4. **Requested Per Diem Rate** - Enter the Total Proposed Provider Per Diem Request for the associated Certificate of Compliance Number and/or Program.