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| INFORMATIONAL LETTER |
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TRANSMITTAL: 90 INF-7

DIVISION: Administration

TO: Commissioners of
Social Services

DATE: January 22, 1990

SUBJECT: Fall 1989 Fiscal Training
Regional Meeting Questions
and Answers

SUGGESTED
DISTRIBUTION: Accounting Supervisors
Staff Development Coordinators

CONTACT PERSON: Upstate: Irid Gordon 1-800-342-3715, ext. 4-7549
Downstate: Marvin Gold (212) 804-1108

ATTACHMENTS: None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.

The Bureau of Local Financial Operations performed training sessions last fall on revisions to claiming schedules. There are two areas we would like to cover in this letter:

- I) correction and/or clarification of a few items
- II) answers to questions posed by various counties during training.

I. ITEMS TO CORRECT AND/OR CLARIFY

A. Pre Determination Child Protective Services

To reiterate what was stated at the training sessions, until defined by the program division and system-supported, no purchased services should be paid under Child Protective Pre-determination.

There are currently some unresolved issues such as expungment of payment data, and allowable services which preclude Pre-determination POS from being paid at this time. Therefore, until the program issues are resolved no POS claiming on the Schedule G should be entered for pre-determination.

These restrictions do not preclude local district staff activity from being reported through (SSRR) Social Services Reporting Requirements based on work performed by the Case Worker before the establishment of a case. These costs should be claimed on the Schedule D-2.

B. Preventive Housing

In the draft line instruction for the Schedule G, Preventive Housing is included under both Housing Improvement (Line 9) and Emergency Goods and/or Shelter (Line 18). Inadvertently during the training sessions, the line stated as the correct one for claiming was Emergency Goods and/or Shelter. The correct claim should actually be Housing Improvement (Line 9). The BICS Composite Rolls will identify the Preventive Housing under the correct claiming.

C. Child Fees Paid

The Child Fees Paid line on the back of the Schedule G-2 is correctly stated in the line instructions as being related only to Low Income and Teenage Parent Day Care recipients. The line represents however, the unduplicated count of individuals for which Day Care fees have been paid, not the actual fees paid as stated.

II. ANSWERS TO QUESTIONS POSED BY VARIOUS COUNTIES

Question a. There is a battered woman shelter that charges \$25 per day. Should this be claimed as a family shelter cost or as a Purchase of Service (POS) for "Domestic Violence" on the Schedule G?

Answer a. Generally, the cost should be claimed as ADC, HR, or EAF provided that the costs are allowable under the Public Assistance Regulations for the respective program and if

not, as a Title XX service. In all instances, there must be an eligibility determination and an authorization to support any payments and corresponding claims. The basis for the expenditures in these situations is usually on the basis of a contract with the provider.

Question b. Can psychiatric evaluations of a child be a child protective service?

Answer b. According to the Division of Family and Children Services psychiatric evaluations of a child may be provided under child protective services. This supposition is based on the provision in the Consolidated Services Plan that provides for the "Counseling and therapy for individuals at risk of physical or emotion harm".

Question c. For Day Care Services, or Low Income Day Care, as it relates to the NYSDSS established ceiling for weekly payments, how are expenditures shown on the Schedule G, when the ceiling is exceeded and/or a parent fee is involved?

Answer c. On the Schedule G, expenditures claimed on Line 2, Day Care Services for Children or Column 10, Low Income Day Care, may never exceed the State approved rate (i.e. the Non-reimbursable payments, over the ceiling, are not included anywhere on the Schedule G). If the established ceiling is \$70, full time care per week per child, and the District's expenditure to the day care provider is \$80 based on a contracted rate, the \$70 ceiling limit is claimed on the Schedule G.

Parent fees for Low Income Day Care, or fees collected for Day Care Services for Children, are reflected on the Schedule G. For Day Care Services for Children, Net Expenditures is derived by subtracting any parent fees the District has collected (line 28, column 11) from the Total Expenditures disbursed (line 27, column 11) (excluding the NR, as previously described). For Low Income Day Care, in which the NYSDSS participates at 87.5%, the gross cost to the established rate is reported on line 2 and the parent fees, if any, are deducted (on Line 37) after calculation of the State Share, computed against expenditures.

Question d. A local district has been paying for group day care, but the composites show these payments as In Home Day Care. Why is this happening?

Answer d. The BICS Composites claiming for the column in which Day Care is displayed is dependent on the WMS Payment or Service Type. In Services-In Home Full and Part Time

Day Care payments are identified with Service Types of 30 and 31. Full and Part Time Group Day Care are identified with Services Types of 34 and 35. In Non Services the Payment Types of 30 and 31 identify In Home, while Payment Types of 34 and 36 identify Group Day Care. Thus to assure a payment is displayed on the Composites as Services Group Day Care a Service Type of 34 for Full Time and 35 for Part Time should be used. For Non-Services Group Day Care a Payment Type of 34 for Full Time and 36 for Part Time should be used.

An additional note to this situation is that the values for Services Group Day Care and Family Group Day Care were inadvertently switched during the programming of the current Composite version. In the future when this is rectified, as notified in a BICS Fiscal Update, the Service Type for Group Day Care Full Time will be 37 and the Service Type for Part Time will be 38. Until such time as this change is made the Service Type of 34 and 35 should be used.

Question e. Section II of the Schedule D-8 allocated overhead costs and salary costs of the Child Support program to the Title IV-D Child Support Unit and the Support Collection Unit based on percentages of staff counts that were developed on the schedule. This section of the form that developed these percents has been eliminated. How do we determine these percentages which are necessary to allocate the overhead and salary costs?

Answer e. New York State does not at this time require that all activities of the Child Support Activities/Title IV-D function be separately identified and reported. The only distinction that must be made is between the Title IV-D and Support Collection Units.

To obtain the percentages necessary to allocate the overhead and salary costs the local districts use either the district's payroll or the Summary of Salary and Functional Assignments report. This report is detailed in Chapter 3, pages 3-13 through 3-15 of Bulletin 143b. Basically the local districts are required to summarize each payroll prepared during the month according to the functional assignments of the staff. Local districts would use the staff counts reported in the total column for the F-8 function for the Title IV-D amount and the staff counts reported in the total column for the F8a function for the Support Collection Unit amount. The percentages would then be derived by dividing the F8 IV-D staff counts by the sum of the F8 & F8a staff counts and the F8a SCU staff counts by the sum of the F8 & F8a staff counts.

Question f. Cases containing one individual, under the age of 19, and categorical as Home Relief, were included in the July 29, 1989 WMS migration involving the mass conversion of HR cases to the Case Type PG-ADC. Is this a correct reflection of a PG-ADC case type, since most of these former one individual Home Relief Cases were emancipated minors, who will never receive ADC unless a child is born?

Answer f. We are not allowed to reclassify, in WMS, these cases back to Home Relief. Our question to the Division of Income Maintenance asked whether Emancipated Minors, or single individual cases, should have been included in the July, 1989 WMS migration of Home Relief to PG-ADC. Their response, was that although remote, the potential does exist that these cases could become eligible for ADC, i.e. the birth of a child. For this reason, and due to the difficulty in differentiating between emancipated minors and minors whose relationship to the non-applying payee has not been established, these single individual cases, under the age of 19, will continue to be reclassified as PG-ADC, and WMS edits prevent such cases from being classified as Home Relief.

Question g. On the SSRR summary percentage report that we receive on a quarterly basis there sometimes appears on the Service Percentages line, a percent under the Mental Hygiene/621 Category. How is this percent used? Does this have anything to do with the BICS reports?

Answer g. The SSRR percentages are used to allocate a local districts Services Program Administration costs and as such would have no effect nor would they appear on BICS reports. The Mental Hygiene/621 Category percent represents the direct provision of services to a Mental Hygiene releasee client and would be 100% reimbursable to the local district.

The local district to claim this reimbursement would file a Schedule RF-3 Mental Hygiene claim package. The percentage is used in Section D-Additional State Aid for Administration of Mental Hygiene cases of the Schedule RF-3. The percentage is entered on Line 11 - % Mental Hygiene Persons in column 3 - Service Delivery. This percentage is multiplied against the amount on Line 12 column 3 which is taken from the Schedule D-2, Line 11 - State Share, columns 2, 3, 9 and 15.

The result of this multiplication is added to the other amounts in this section, and is then brought forward to Section A, line 15, column 4 of the Schedule RF-3 for reimbursement.

Question h. Regarding Case type 14, PG-ADC, what adjustments need to be made in BICS if the case is closed and no determination is ever made?

Answer h. While the case was classified as PG-ADC, payments made for such a case should have been claimed as ADC-FNP. Prior policy dictated that if a PG-ADC case is never determined, and subsequently closed, all payments to such a case were to have been adjusted to ADC-NR. The District is no longer required to make any adjustments to the PG-ADC case if a determination is not made, and the case is subsequently closed. Such payments remain ADC-FNP (50% State, 50% Local Shares).

We hope these corrections, clarifications and answers will assist you in preparing your claim schedules. If you have any questions, the persons to contact are listed on the front of this letter.

John M. Sweeney
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Office of Financial Management