

DCFS Division of Budget and Finance

POS TRAINING MANUAL



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DCFS DIVISION OF BUDGET AND FINANCE POS TRAINING MANUAL

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DCFS BUDGET AND FINANCE POS TRAINING MANUAL

Overview

This Training Manual has been developed to aid POS agencies in understanding some of our most common financial interactions that they may have with the Department. It is not intended to replace a more comprehensive training regimen that may be available, but rather to act as an ongoing resource for POS agencies to use in understanding some of the details of Departmental requirements. Assembled by a group made up of the Department's financial staff as well as a group of the ultimate consumers of this manual, POS agency staff from their agency's financial areas, we hoped to create a document that will be valuable to all as a quick reference guide to DCFS payments.

We also hope to keep this manual current through updates whenever a change in DCFS financial policy and procedure occurs. However, this is still a quick reference guide. If there is ever a conflict between information contained in this document and information in the Department's Rules or in our Policy and Procedures, information in the latter should be used.

DCFS MONTHLY BOARD CYCLE OVERVIEW

Placement occurs and agency calls in the CFS 906-1 to appropriate 906 unit with required information

(See [AP 5](#) for list of required information)

1. All changes in placement must be called in timely fashion
2. Residential Placements must be called in within 2 business days of placement or a penalty will be applied

Current funding issued to agencies for current month services

(Not all contracts are current funded)

1. Approximate issue date – 1st week of month
2. Voucher prefix of HAZ
3. Recorded as agency receivable by DCFS and a liability by POS prior to 1st board run in subsequent month

BAFC payment issued for current month for Cook County performance contracts

1. Approximate issue date – 1st week of month
2. Voucher prefix of BBZ
3. Amount remains constant and adjusted yearly after performance reconciliation

Claim voucher for previous month's services submitted for each contract

1. Due in Central Payment Unit the 5th business day of the month reflecting service days, by case id, for the previous month
2. CPU verifies against data on board system and suspends payment on all discrepancies

1st board run of the month occurs for previous month's services

1. Scheduled approximately the 7th business day of the month
2. DCFS receivable balance and POS Agency's liability is reduced by utilization
3. If current funding paid for service month exceeds actual utilization, the balance of current funding remains an outstanding receivable by DCFS and liability to POS Agency
4. If contract is under current funded, additional payment will be made through board for additional utilization
5. Statements reflecting board payments mailed to provider by DCFS
6. POS Agencies should reconcile the Statement of Payments to their receivables
7. Warrants mailed from Comptroller approximately 4 business days after board run

DCFS MONTHLY BOARD CYCLE OVERVIEW (Con't.)

Suspense cleanup occurs

1. CPU contacts agencies to resolve outstanding payment suspenses in preparation for 2nd run

2nd board run of the month occurs

1. Scheduled approximately 8-9 business days after 1st board run
2. Payment occurs for resolved payments suspensions from previous board run
3. DCFS Receivable/ POS Agency liability may be reduced by additional utilization, or additional payment may be made to agencies under funded
4. Statements reflecting board payments mailed to providers by DCFS
5. POS Agencies should reconcile the Statement of Payments to their receivables
6. Warrants mailed from Comptroller approximately 4 business days after board run

Admin vouchers issued to agencies for cases in unlicensed foster homes paid on previous month board runs

1. Vouchers issued approximately the 1st or 2nd business day of the subsequent month, for the board runs from the previous month
2. Copy of voucher report by contract mailed to each agency, reflecting unlicensed case ID's, month of service and admin payment amount
3. POS Agencies reconcile the unlicensed foster care admin report to their receivables

Board accounting statement mailed

1. Statements mailed approximately 15th of month, reflecting activity for 2 months prior
2. (ex. 3/15/05 statement mailed for activity through 1/31/05)

EXAMPLE TIMELINE OF DCFS MONTHLY BOARD PROCESS FOR JANUARY 2005 SERVICES

<u>Process</u>	<u>Approx. Date/ Business Day</u>
1/05 Current funding issued <ul style="list-style-type: none"> • Recorded as agency receivable Prior to Feb. board run 	1/3/05 1 st week of month
1/05 BAFC issued (Performance Admin Payment)	1/5/05 1 st week of month
Claim statements for 1/05 submitted <ul style="list-style-type: none"> • Due by 5th business day of the month Verified against board system and discrepancies suspended 	2/7/05 5 th bus. day of mo.
Board run for 1/05 services <ul style="list-style-type: none"> • Reduces recv. balance by utilization (POS agency's liability) • If over current funded, recv. balance remains • If under current funded, additional payment made • Agency contacted by CPU to resolve payment suspense issues 	2/9/05 7 th bus. day of mo
Statement of payments mailed from DCFS	2/10/05 1 bus. day after run
Comptroller mails board warrants (payments)	2/16/05 4 bus days after run
2nd board run for 1/05 services <ul style="list-style-type: none"> • Clean up of payments suspended from board run • DCFS receivable (POS agency's liability) may be reduced by additional utilization, or additional money paid out 	2/23/05 8-9 bus. days after 1 st previous board run
Statements of payment mailed from DCFS	2/24/05 1 bus. day after run

**EXAMPLE TIMELINE OF DCFS MONTHLY BOARD PROCESS
FOR JANUARY 2005 SERVICES**
(con't.)

Comptroller mails board warrants (payments)	3/1/05 4 bus. days after run
Admin vouchers issued for 1/05 services	3/1/05 1 st bus. day of month
Board accounting statement mailed <ul style="list-style-type: none">• Reflects data through January services	3/15/05 15 th day of the month

CURRENT FUNDING

DCFS

- Current funding started a few years ago as a way to assist agencies with expenses that occur at the beginning of the month.
- Current funding is an **estimated** payment for the current month of service.
- The payment is usually made during the first week of the month.
 - The payment date is dependant on many factors. The most important factor is the date of the second board run for the month.
- Current funding is calculated by looking at the most complete month-end information. For January current funding, we would look at November information. For February current funding, we would look at December information. There are other pieces of information that are taken into account when calculating current funding.
 - Items used in current funding calculations:
 - The most complete month-end information
 - Receivable (overpayments) balances
 - Prior years' receivables (overpayments)
 - Other items such as payback agreements, penalties and obvious utilization drop
- DCFS will reduce May and June Current Funding payments to minimize the POS agencies fiscal year-end liability.

POS

- Current funding is deferred revenue that should be reconciled or offset against expenses for the SERVICE month with which it is paid.
- One way for an Agency to record Current Funding is to have a separate Accounts Receivable account where the funds are deposited when received, reserving application of the funds until they are billed. When the Statement of Payment (see Chapter 6) arrives mid month, it will be for the previous month's services. The Agency will then need to apply the current funding funds to the specific client's accounts receivable (debit current funding account; credit client A/R).
- It is a requirement that Agencies reconcile their current funding balance monthly to their Board Accounting Statement (Chapter 8).

CURRENT FUNDING

(con't.)

- At fiscal year-end, DCFS reconciles current funding on all current and closed contracts. Any outstanding balance in the Agency current funding account will need to be returned to DCFS in one or more of the following ways.
 - Transferring receivables from contract to contract within fiscal year
 - Paying back the department
 - By check
 - Offsetting “future” contracts
 - Involuntary withholding by comptroller
- At the end of the fiscal year, any monies left in your Current Funding account will need to be returned to DCFS. Per above, there are different ways this can happen.
- Current funding may be discontinued due to non-compliance with year-end reporting (CFR’s and/or Audits).

PLACEMENT AND PAYMENT NOTIFICATION

As soon as a child comes into care or a change in placement occurs, a CFS906-1 (Placement/Payment Authorization Form) is completed per [AP 5](#) instructions. The CFS906-1 is then called into the appropriate DCFS 906 unit in a timely manner (see Residential Placements-48 Hour Rule below). This places the child in the DCFS system. At the same time, the child should be entered into the private agency's tracking system.

At the end of the month, the private agency will compile a list of clients by contract with the dates they were present in care—the claim voucher.

906 Unit Call-In Numbers

- Central Region 309-693-5400
- For all other regions 888-906-4347

Foster Care Placements Payment Notification

After the CFS906-1 has been called in, the DCFS central payment unit (CPU) will fax a payment notification to the agency. The agency should receive this notification by the end of the following week. If not, they should contact the CPU to resolve any outstanding issues preventing the issuance of the notice.

This notification verifies:

- Effective date of placement
- The licensure status of the foster parent
- Effective date of payment
- Whether DCFS or the private agency is responsible for the foster parent payment
- Specialized contract child specific details
- Step-down special service fees to be passed on to caregiver. Any payments made by the POS agency prior to notification are the POS agency's liability.
- Relationship of youth to provider

Residential Placements – 48 Hour Rule

The 48-Hour Rule requires all Institutional Residential Care, Child Welfare Group Homes, or Supervised Independent Living Substitute Care providers to report all placements or absences from their facility via a CFS906-1 within 48 hours (2 state business days) of the placement or absence date. If they do not fax or call in the CFS906-1 to the appropriate region or 906 Unit within 48 hours, the agency is financially penalized.

This does include movement within an agency from one program to another. If such movement requires the ward to be listed under a different provider ID or under a different contract number, the move is subject to the 48-hour rule. If the move only requires that the ward be listed under a different rate sequence number within the same contract, the move is not subject to the 48-hour rule.

Language requiring timely submission of the CFS906-1 is found in DCFS procedures, section 359.41 and in the boilerplate of the provider's contract.

- If the agency fails to call in the CFS906-1 within two state business days of the placement, a penalty for failure to follow the 48-Hour Rule is assessed. The days from the actual placement date up to 48 hours prior to the received date will not be paid.
 - Example 1: Child enters facility on 08/25/04. The CFS906-1 was received 8/31/04. The weekend is not counted as state business days, so the agency is paid beginning 8/27/04, 2 state business days prior to the received date. The agency is penalized by not receiving payment for 8/25/04 and 8/26/04.
 - Example 2: Child is placed into a group home at 4pm on Friday. The POS agency would have thru the following Tuesday to submit the CFS906-1. However, if the CFS906-1 was not called in until the following Friday (one week after placement), payment would not begin until Wednesday (fifth day after placement). Although the weekend is not considered in the two state-business day rule, it does become part of the penalty.
- The same situation applies to absences. If a child is absent from a facility the CFS906-1 must be received within 2 state business days. If it is not, the 48-Hour Rule violation penalty will be assessed against a bed hold if one is requested. The bed hold payment will begin 2 state business days prior to the date the absence CFS906-1 is received. Bed hold days prior to that will be denied.
- An agency should not wait for a signed Placement Review Team (PRT) to request that the CFS906-1 be entered. When the ward moves, the CFS906-1 should be called/faxed in with 48 hours. The placement will be entered as a "no pay". When the PRT is submitted, the pay status will be backdated to the date of placement. If it is not entered timely, the date used for the backdating of the pay status will be subject to the provisions of the 48-hour rule.
- If an agency is disputing the penalty, they can fax the CFS906-1 and proof of timely submission to CPU at 217/557-0639 for review.

RESIDENTIAL BEDHOLD

Residential bedholds, also referred to as payment extensions, were designed to extend payments to a facility when a youth leaves the facility for the short-term. It allows the facility to continue to hold the bed in anticipation for the youth's return, and allows reimbursement to the facility at the contracted rate for all days services are rendered, within a specific timeframe. Within the past few years, bedhold policies and procedures have gone through a number of changes, but the basic idea remains. Currently, the CFS [906-5](#) is the proper form to request reimbursements for bedhold episodes from the Department.

Process

When a child is first absent from his/her residential care living arrangement, the facility must report the absence to the appropriate regional DCFS 906 Hotline or the Cook county CAPU via a CFS906-1 within two State of Illinois business days (48 Hour Rule). If not reported timely, an agency is financially penalized. Bedhold payments would not begin until 2 days prior to the CFS906-1 received date. Any dates of service from the date the child left, up to 2 business days prior to the received date of the CFS906-1, will not be paid.

At the time of the initial staffing, a determination needs to be made on the child's placement at the end of the absence. That determination is marked on the CFS[906-5](#). The following are possible scenarios:

1. No intent for the child to return. If there is no intent for the child to return to the previous placement, there is no reason to hold a bed for them. The facility would receive a \$19.04 per day case management only payment for each day of service up to the date of the initial staffing. Only the CFS[906-5](#) signed by the DCFS-assigned caseworker/supervisor is required. No discharge memo is needed because the caseworker would have been involved in the initial staffing where the decision was made for the child not to return.
2. Intent for the child to return - child returns. Bedhold is paid at full per diem for days of service within the 1st 30 days of the absence episode Only the CFS[906-5](#) signed by the DCFS-assigned caseworker/supervisor is required. (Unless requesting consecutive bed hold - can request consecutive bedhold for HHF or DET absences with additional CFS[906-5](#) and memo requesting exception signed by the DCFS-assigned caseworker/supervisor)
3. Intent for child to return - decision later changed. If there is intent for a child to return and the child does not return as planned, along with the signed CFS[906-5](#), you must submit a memo signed by the DCFS-assigned caseworker/supervisor, stating that there was intent for the child to return and give a date that a decision was later made that they would not be returning as originally intended. Once the decision was made that the child would not be returning as planned, there would be no need to hold the bed from the date of that decision. Therefore, bed hold payment would stop as of that date. If, however, the agency makes a unilateral decision to discharge a child, we do not pay the bed hold at all. Therefore, the memo is the tool used to show the date of the decision and that it was a joint decision by the facility and the DCFS assigned caseworker/supervisor for the child not to return. This is commonly referred to as a discharge memo. Once the signed CFS[906-5](#) and discharge memo are received, bed hold is paid at full per diem for each day of service up to the date the decision was changed to no return.

Day 1 of services should match the date of absence on top of the CFS906-5. It is not necessary to date the days of service, but if a date is marked, Day 1 of services should match the absence date. If it has a different date, that date is the first date paid (common error seen is that a date is placed next to Day 1 and the date is the day after the absence date – The date a child leaves is not paid unless a bed hold service occurs on that day)

Only the days on which a service was provided should be marked. Only the days on which a service is provided are paid. Use service codes listed on CFS906-5. Use the code that most closely matches the service provided.

A bed hold episode begins on the date the child leaves the residential facility, and does not end until the child returns to the facility or is discharged. Only 1 CFS906-5 is required per episode, even if the child changes reasons for absence within the episode (for example: WUK then DET is still one episode as long as child didn't return to facility in between)

There are two situations when a memo is required in addition to the signed CFS906-5:

1. Consecutive Bed Hold Request. A bed hold can be extended beyond 30 days if a child is absent due to Hospitalization or Detention. The facility would need to submit to CPU an Initial CFS906-5, a Consecutive CFS906-5, and a memo signed by the DCFS-assigned caseworker/supervisor explaining why the extension beyond 30 days is required. CPU then forwards this information to the Deputy Director of Field Operations for final approval.

Sample Wording for Consecutive Bedhold Memo:

(Child Name, Case ID) was placed in (hospital/detention facility) on (date). Due to (continuing treatment, continued detention, etc. – give reasons why extension requested) he/she was unable to return to (facility) until (date). I requested that (facility) continue to hold the bed until the child's return, (or until date).

Signed by the DCFS-Assigned Caseworker/Supervisor

2. Intent to return, later decision to discharge. If the original intent was for a child to return to a facility, but a decision was later made that a return to the facility was not in the child's best interest, the child is discharged from the facility. If the decision is unilaterally made by the facility to discharge the child, the bed hold is not paid. A memo signed by the DCFS-assigned caseworker/supervisor is needed to show that it was a joint decision between the DCFS worker and the facility. This is commonly referred to as a "Discharge Memo". If this memo were received with the signed CFS906-5, the bed hold service days would be paid.

Sample Wording for Discharge Memo:

(Child Name, Case ID) has been absent from (facility) due to (being on run, detention, etc) since (date of absence). At the initial staffing it was determined that the child should return to (facility). However, as of (date of later decision) the decision was made that the child would not be returning as originally intended. The child has been discharged from (facility) as of (date of later decision).

Signed by the DCFS-Assigned Caseworker/Supervisor

CLAIM VOUCHER PROCESS

Claim vouchers are the basic billing instrument utilized by private agencies to bill the prior month's daily services rendered for DCFS wards within the agency's various contracts. By contract, an agency lists each DCFS ward for which they are claiming services rendered, stating the exact dates those services were performed. These claims are then used to initiate reimbursements through the statewide DCFS automated board payment system.

Claim Voucher Creation

Claim Vouchers can be created in two different processes.

- The first process is the DCFS issued claim voucher. Each time an agency is issued payments through the board system, both a statement of those payments, and a claim voucher is created and forwarded to the agency. This automated process creates the claim voucher that can be used for the following month. Since it is based on two months prior utilization, some manual additions/changes are usually required.
- The second process is the creation of the claim vouchers by the POS themselves, using their in-house computer software. POS agencies are allowed this option, as long as the vouchers created mirror the DCFS created vouchers as far as the format and the information contained. CPU reviews new POS-created claim voucher forms for adherence and compatibility.

The Claim Voucher forms, either DCFS or POS generated, must contain the following:

- DCFS information
 - Claim of services rendered paragraph
 - "State of Illinois" and "Claim Voucher"
- Agency Information
 - Contractual Name
 - Address
 - Full Contract # - both provider ID and contract suffix
 - Financial / Business Manager or designee's signature, date, and title
- Child Specific Information
 - DCFS system name – alpha by last name
 - DCFS Case ID – This is the primary field by which cases are identified and claimed
 - Type of Service code
 - Region/Site/Field identifier
 - Dates claimed – "01/01/05 – 01/31/05"
 - Days claimed – "31"

POS

The claim voucher represents days of care only. In order to recognize revenue, the private agencies need to generate billing based on their software/tracking system. Using this billing, agencies should credit revenue and debit the client's account receivable for the billing month. It is recommended that agencies track their account receivables by individual client.

Timely Completion and Submission

Since the DCFS board system processes payments normally on the 8th state business day of each month for the month prior, claim vouchers must be completed and submitted promptly for board payments to be processed timely.

- DCFS requires claim vouchers be received by CPU by the 5th business day of the following month. This allows the proper timeframe for the intense, line-by-line review performed by CPU prior to the board run.
- Claims vouchers need to be mailed to CPU. Since DCFS has a central mailing system, two addresses are used for different mailing options
 - Any mailings strictly handled by the US Postal Service
 - DCFS – Central Payment Unit
406 E. Monroe St., Station #438
Springfield, IL 62701-1498
 - Any private parcel companies
 - DCFS – Central Payment Unit
410 S. 11th St., Station #438
Springfield, IL 62703-1229
- If the Claim Vouchers cannot be submitted and verified by close of business on the board run date, the entire contract must be suspended, and no payments can be issued from that contract on a board run until the claim vouchers are received. This is to be avoided at all costs, since this will also affect any payments that DCFS makes directly to unlicensed foster parents.

CPU Claim Voucher Verification Process

Once the claim vouchers are received by DCFS, CPU begins the line-by-line verification process. DCFS creates a report of prior month placements by agency contract, and verifies that each ward is claimed for every day the DCFS system reflects he/she was in placement under a specific contract. Here are a few of the key components of the process that POS should be aware of:

- Due to frequent name changes among DCFS wards, the data of record is the DCFS Client ID. If there is a name discrepancy between the claim voucher and DCFS records, the Client ID is the determining factor as to whether or not the claim for that specific case is considered valid.
- If a ward is not claimed by the agency, CPU manually enters a code that suspends that ward's payment for the month in question. This is known as a "Did Not Claim" suspense. Subsequent months will also suspend as long as the original month in question is not claimed by the agency.

If a ward is claimed by the agency, but less than the numbers of days DCFS records reflect, CPU manually enters a code that suspends that ward's payment for the month in question. This specific suspense reason is known as "Livar Date Incorrect" because the DCFS system assumes the issue lies with the living arrangement date of the last CFS906-1 placement form, even if the issue is really the claim voucher. This is a frequent suspense when CFS906-1's removing the ward from the placement claimed is not submitted timely. In these cases, the DCFS system incorrectly reflects the ward still in the placement beyond the actual date, while the agency's claim voucher is correct. Although a suspense is added, it will be removed when the CFS906-1 is finally received.

STATEMENT OF PAYMENTS

DCFS

Statement of Payments (SOP) is the itemized listing of payments per ward created by the DCFS board system when payments are generated. Each statement corresponds to a specific contract and voucher. The statements are created for both POS and DCFS records. Statements of Payments are then used by the POS agencies to reconcile their claim vouchers submitted against the actual payments authorized.

What do the Statements tell you?

As the examples in the attached Appendix show, there is a lot of information contained on the statements, which the POS agencies can utilize.

- Heading Information
 - Date statement was created – upper left corner of statement
 - Contractual name of provider
 - Voucher number
 - Provider Id number
 - Contract number
- Itemized detail (alpha-sorted by last name)
 - DCFS ward name (last, first)
 - DCFS Client ID
 - Type of service paid
 - R/S/F
 - Number of days paid
 - Paid amount
 - Any credits applied against payments
 - Total voucher amount
- If there are enough outstanding receivables against a particular contract, all of the payments will be applied toward those receivables, and the net amount of the voucher will be zero. Whenever this occurs, a statement will appear at the bottom of the voucher stating this fact.

POS

Each SOP will represent one contract. It will list each client, the dates and number of days of care, and the amount paid. At the bottom will be a credit line item(s) with the code 0191 reflecting the amount of current funding being utilized for this month's service. This is where there could also be other credits (i.e. penalty, takebacks) listed. If the total amount at the bottom of your SOP is not zero, DCFS will issue a check in that amount.

- Note – There is no distinction on the Statements between regular placement days, and approved bedhold days. **When the Statement of Payment arrives at the agency, it is important that the agency review and apply payments correctly.**

- The statements are designed to allow the POS agencies to reconcile their accounting statements against the DCFS payment records. This reconciliation, because of the detail of the Statements of Payment, should be performed down to each individual case. DCFS recommends this be a monthly process, so that any discrepancies can be discussed with DCFS in a timely manner. This avoids long standing issues that can unfortunately greatly delay payments, and can even affect other issues such as current funding calculations.
- Also issued to POS agencies are the statements listing all of the unlicensed foster care payments that DCFS made directly to the foster parent for those cases case managed under the POS agency's specified contract. These statements do not correspond to a voucher paid to the agency, but can be utilized by a POS agency to review what payments DCFS made. This process also creates the claim vouchers for these clients in unlicensed homes, so that the POS agency has the claim voucher for these clients for the next month.

Voucher Prefixes

The voucher number that is used by the Department begins with three letters. These letters follow conventions that can give the agency certain information about what the voucher is for and what area of the Department issued it. Below is a list of letters that appear in the third position of the voucher number and the business offices that use them. This list is not comprehensive and there may be exception, but the majority of vouchers will follow this convention.

Third Letter of Voucher Prefix	Business Office that Uses the Letter
A	Rockford
B	Peoria
C	Aurora
D	Cook County
E	Springfield
F	Champaign
G	East St. Louis
H	Marion
J	Administration
K	Northern
L	Central
M	Southern
N	Post Adoption Day Care
P	Cook Co. Child Develop Day Care
Z*	Central Office

* Those that begin with "HAZ" are current funding payments.

Vouchers that have the letter "X" in the third position (GAX, SAX, GBX, RGX, etc) are board-generated payments.

Vouchers that begin with "BBZ" are BAFC (Budgeted Allocation of Foster Care) payments, commonly called Admin. Payments.

Comptroller's website: WWW.IOC.STATE.IL.US
 Enrollment for Direct Deposit: 217-557-0930

CPU / POS PAYMENT SUSPENSION RECONCILIATION PROCESS

Payment suspensions can occur in the DCFS system due to various factors. Discrepancies arising between the POS Claim Voucher and the DCFS system during the claim voucher processing can cause specific suspensions. Incorrect or late CFS906-1 entries can also cause payments to be suspended. In order to reconcile and ultimately correct these suspended payments, the Central Payment Unit works closely with POS agencies and has designed an easy process.

Each POS agency should also have a monthly, internal process where the Statements of Payment are reconciled to each claim voucher. Discrepancies between the two should be noted, and discussed with CPU. This keeps payments as current as possible, and utilization numbers maximized, which benefit the POS agency when such things as current funding amounts are calculated.

CPU Process

- After each board run, a report is generated listing all payment suspensions on the board system, sorted by provider name, and commonly referred to as the “Suspense Report”.
- Each Central Payment Unit staff person is assigned a set of POS agencies that they are responsible for. Each staff person reviews the suspense report for his or her agencies.
- Each POS agency with suspensions is then contacted by CPU staff to discuss each suspension, and what needs to be submitted to DCFS to clear up the suspensions.
- POS also should discuss any issues that arose from their reconciliation process.
- Once the issues have been discussed, CPU will request the additional documentation needed to correct the suspensions. These documents can be in the form of CFS906-1’s, amended claim vouchers, PRT’s, etc. Most documents will need to be then submitted through the normal DCFS process. The amended claim vouchers are sent into CPU. These “amendments” to the original claim voucher can have multiple months listed for multiple cases, as long as they are under one contract. The amended claim voucher needs to be signed and then faxed and mailed to CPU.
- Once DCFS receives and inputs any additional documentation submitted, CPU would re-assess the suspension, and determine if the suspension can be lifted. If so, the suspended payment will be released on the following board run. If the determination is made that the suspension can still not be lifted, then CPU again makes contact with the POS agency to discuss.

BOARD ACCOUNTING STATEMENT

POS

While the Board Accounting Statement (BAS) arrives approximately two months after current funding for a specific month, it is still a way to check and balance current funding. The BAS shows, by contract, the amount of current funding paid each month. It also shows how much was applied (System Collected) through the board run. The BAS shows any 'take-backs' DCFS is making for specific clients by listing them as well.

DCFS

You will receive a Board Accounting Statement after the end of each month. Each contract will be reported on a separate statement. It will contain all of the data transacted through the Department of Children & Family Service's **receivable system** during that calendar month. It will report all transactions and the ending balance for all receivable details, not just the Current Funding portion. If there have been no transactions created through the receivable system, no statement will be produced unless there is an outstanding balance.

The Board Accounting Statement, combined with the Statement of Payment that you receive after each board run, along with the administrative voucher report (if applicable), will provide all of the information needed to maintain complete financial records. The Board Accounting Statement provides two pieces of information that were not readily available before:

1. Details of system generated receivables that are created by changes in a child's placement, and,
2. Manual debit and credit adjustments made by the Office of Collections

With these two documents, you will have the required detailed information to make the necessary entries to your financial records. Your agency's records should parallel those of DCFS and differences will be easily identified. If there are questions, please contact the DCFS, Office of Collections at 217-785-2535

The examples used in this manual duplicate FY'04 contract statements. The example used is for fictional Provider #123456 and includes statements for 2 contracts, a 4024 contract and a 4084 contract. **Before beginning an examination of the statements, it would probably be helpful to review the glossary included in this manual for transaction descriptions.**

How to read the statement

- **Board Accounting Statement as of 09/01/04** - Normally, this date will be the first day of the month and the statement will represent all transactions through this date.
- **Transaction Date** – Date an activity/transaction occurred through the Department’s receivable system for the contract listed.
- **Child name** - Name of child, when a system-generated receivable is created by a change in the child's placement.
- **Child ID** – CYCIS ID number of the child listed.
- **Type Service** – The code that represents the type of service related to the activity creating the activity/transaction.
- **Transaction Description** – Definition of the activity/transaction being processed through the receivable system. Possible entries include:
 - **Manually entered receivable** – an entry adding a receivable amount that was not generated by the automated board system. (Usually current funding, which can be identified by a type service code of 0191)
 - **System generated receivable** – an entry generated during the board run that is based on changes in a child’s living arrangement that have been created via a CFS906-1 form or a change in the licensing status of the home.
 - **System collected receivable** - a transaction that originates during the board run. The system will collect current funding and/or child specific receivables. System collected detail is only summarized on the Board Accounting Statement, it is reported in **detail** on the Statement of Payment produced by the Board System.
 - **Transferred receivable** - a receivable transferred from one appropriation to another or from one contract to another to insure that it will be collected. The other side of this transaction is an administrative credit.
 - **Voucher system** – a transaction that reflects an adjustment that was initiated on a voucher manually produced outside of the board system or a subsequent adjustment to a board voucher. These vouchers may represent administrative voucher payments, Medicaid payments, current funding payments, and any other payments relating to the contract. A voucher system transaction can reduce a current funding balance and/or child specific receivables.
 - **Personal check** – a payment from a provider for amounts owed to DCFS.
 - **Administrative credit** – a manual transaction to reduce the receivable balance. Can reduce current funding balance and/or child specific receivables.
- **Service mo/yr** – indicates the month and fiscal year of the service related to the receivable created.
- **Payments** – reductions of the outstanding balance, i.e.: system collected, administrative credits, personal checks, and cancelled warrants.
- **Charges** – additions to the outstanding balance, i.e.: system generated receivables, manually entered receivables (current funding payments) and transferred receivables.

4024 EXAMPLE CONTRACT

05/03/04 – entry of a manually entered receivable for April current funding for \$19,477.00. The child id for current funding is always 999999xx. This is a dummy id.

05/12/04 - a System Collected amount of \$19,477.00 was processed that reduced the outstanding balance. System Collected entries are produced only by the Board system and are a summary of the valid claims processed during the board run for a particular contract. This amount of \$19,477.00- may be applied to both current funding and child specific receivables. The Statement of Payments produced during the 05/12/04 board run provides all of the detail that is summarized in this entry.

07/30/04 - a Transferred Receivable was entered to the receivable system to add the amount of \$25,892.62 to the 4024 contract. The line above this entry describes the details of the receivable that has been transferred, in this case the outstanding portion of the June 2004 current funding receivable (0191). To find the credit side of this entry examine the 4084 contract entries for the same day, 07/30/04. There you will find an Administrative Credit for the same detail (June 2004 current funding, 0191) reducing the 4084 contract receivable by \$25,892.62. The Department recognized that there were no more claims to be processed for the 4084 contract and this amount would not be collected if it were left in this contract. The Department knew that valid claims were going to be paid for the 4024 contract that could offset this receivable. The detail was transferred from the 4084 contract to the 4024 contract where a large portion was system collected in that night's (07/30/04) Board run.

08/04/04 – the provider paid \$1,697.63 by check.

08/10/04 - the June 2004 current funding receivable was also reduced through the Voucher System in the amount of \$1,380.30. A voucher payment was processed to pay for other services covered by this contract (in this case, the administrative portion of the contract). Because there were still receivables on the contract, the voucher payment was offset against this receivable and the actual net pay indicated on the administrative voucher report was reduced to \$0.00. This would have been reflected on your agency's copy of the administrative voucher report. Now, the Provider will receive the related information indicating which receivable details were offset by way of the new Board Accounting Statement.

08/11/04 - the board system processed and offset \$586.40 of valid claims and the receivable for the 4024 contract was reduced by the same dollar amount.

In the last few weeks of a fiscal year many Transferred Receivable and Voucher System transactions are processed. Many of these entries will cross contracts. Many of the entries are used to reduce child specific receivables (CFS906-1 generated) as well as current funding balances.

The fiscal year is over. The balance remaining of \$2,583.89 is owed back to DCFS. In order to keep accounting records cleaner, a payment should be sent to DCFS. If a payment is not made, a future contract will be offset.

4084 EXAMPLE CONTRACT

As of 04/30/04 there is an outstanding amount of \$41,980.22.

05/03/04 - Manually Entered Receivable for the April 2004 current funding was entered for \$30,627.00.

05/10/04 - Voucher System transaction was entered to the receivable system reducing the receivable balance by \$1,876.94. The specific detail reduced was an outstanding balance related to the March 2004 current funding payment (0191).

05/12/04 - System Generated Receivables were created through this board run. The first detail indicates a receivable for Suzie Jones, child ID Z4567821 for a 0100 service type (Christmas bonus) provided for November 2003.

05/12/04 - System Collected transaction where the board system offset the receivable balance by \$28,229.47, the amount of valid claims processed during that night's board run.

05/21/04 - Voucher System transaction was entered to the receivable system reducing the receivable balance by \$6,392.00. The specific detail reduced was an outstanding balance related to the March 2004 current funding payment (0191).

05/25/04 - System Generated Receivables were created through this board run.

05/25/04 - System Collected transaction where the board system offset the receivable balance by \$68.83, the amount of valid claims processed during that night's board run.

06/02/04 - Manually Entered Receivable for the May 2004 current funding was entered for \$15,314.00.

06/10/04 - Voucher System transaction was entered to the receivable system reducing the receivable balance by \$2,751.13. The specific detail reduced was an outstanding balance related to the April 2004 current funding payment (0191).

06/11/04 - System Generated Receivables were created through this board run.

06/11/04 - System Collected transaction where the board system offset the receivable balance by \$25,697.06, the amount of valid claims processed during that night's board run.

06/22/04 - System Collected transaction where the board system offset the receivable balance by \$95.42, the amount of valid claims processed during that night's board run.

07/01/04 - Manually Entered Receivable for the June 2004 current funding was entered for \$30,627.00.

07/13/04 - System Generated Receivables were created through this board run.

07/13/04 - System Collected transaction where the board system offset the receivable balance by \$26,272.24, the amount of valid claims processed during that night's board run.

07/30/04 - Voucher System transaction was entered to the receivable system reducing the receivable balance by \$1,876.94. The specific detail reduced was an outstanding balance related to the April 2004 current funding payment (0191).

07/30/04 - an Administrative Credit was entered to the receivable system to reduce the 4084 contract by \$25,892.62. The line above this entry describes the details of the receivable that has been transferred, in this case the outstanding portion of the June 2004 current funding receivable (0191). To find the debit side of this entry examine the 4024 contract entries for the same day, 07/30/04. There you will find a Transferred Receivable for the same detail (June 2004 current funding, 0191) increasing the 4024 contract receivable by \$25,892.62. The Department recognized that there were no more claims to be processed for the 4084 contract and this amount would not be collected if it were left in this contract. The Department knew that valid claims were going to be paid for the 4024 contract that could offset this receivable. The detail was transferred from the 4084 contract to the 4024 contract where a large portion was system collected in that night's (07/30/04) Board run.

08/10/04 - Voucher System transactions were entered to the receivable system reducing the receivable balance by a total of \$450.63. The specific detail reduced was an outstanding balance related to the system generated receivables that occurred on 07/13/04.

07/30/04 - an Administrative Credit was entered to the receivable system to reduce the 4084 contract by \$182.71. The line above this entry describes the details of the receivable that has been transferred, in this case the outstanding portion of system generated receivable from 07/13/04. The last board run for the fiscal year was on 08/19/04. A correcting placement entry was made on 08/20/04. A manual Administrative Credit had to be entered to give proper credit to this contract.

The last line on each month's Board Accounting Statement will indicate the Ending Balance for the contract as of the date of the statement. The outstanding balance for this contract is \$0.00.

The information provided on this statement and the Provider's records should be reconciled monthly. If a difference is found, it may be due to interpretation and understanding of the related payment documentation or entry errors that can easily be corrected if brought to our attention. For such differences, again contact DCFS, Office of Collections at 217-785-2535.

If there are problems related to an incorrect entry of a CFS906-1, the system creation of a child specific receivable, etc. call the Central Payment Unit toll free at 1-800-525-0499. The payment unit will need to validate the data and verify dollar amounts. They will then prepare the necessary data form and present it to the Office of Collections so that an adjustment entry can be made.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

OFFICE OF COLLECTIONS

406 East Monroe, Sta. 433

Springfield, Illinois 62701

Phone: (217) 524-1700

BOARD ACCOUNTING STATEMENT AS OF 09/01/04

DCFS PROVIDER
MAILING ADDRESS
CITY, STATE ZIP

PROVIDER 123456
SSN / FEIN 987654321
TELEPHONE xxx-555-5555

TRANSACTION		CHILD ID	TYPE SERVICE	SERVICE	PAYMENTS	CHARGES
DATE	CHILD NAME	/ TRANSACTION DESCRIPTION		MO / YR		
CONTRACT 4024		PRIOR MONTH'S BALANCE			\$0.00	
05/03/04		9999992B	0191	04/04		\$19,477.00
05/12/04			Manually Entered Receivable System Collected		\$19,477.00 -	
06/02/04		9999992B	0191	05/04		\$19,477.00
06/11/04			Manually Entered Receivable System Collected		\$19,477.00 -	
07/01/04		9999992B	0191	06/04		\$19,477.00
07/13/04			Manually Entered Receivable System Collected		19,477.00 -	
07/30/04		9999992B	0191	06/04		\$25,892.62
			Transferred Receivable System Collected		19,644.40 -	
08/04/04		9999992B	0191	06/04		
			Personal Check		1,697.63 -	
08/10/04		9999992B	0191	06/04		
			Voucher System		\$1,380.30 -	
08/11/04			System Collected		\$586.40 -	
			ENDING BALANCE			\$2,583.89

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TELEPHONE xxx-555-5555

TRANSACTION DATE		CHILD NAME	CHILD ID	TYPE SERVICE	SERVICE MO / YR	PAYMENTS	CHARGES
			/ TRANSACTION DESCRIPTION				
CONTRACT 4084		PRIOR MONTH'S BALANCE				\$41,980.22	
05/03/04			9999992B	0191	04/04		\$30,627.00
			Manually Entered Receivable				
05/10/04			9999992B	0191	03/04	\$1,876.94 -	
			Voucher System				
05/12/04	Jones	Suzie	Z4567821	0100	11/03		\$10.00
			System Generated Receivable				
	Jones	Suzie	Z4567821	2902	11/03		\$58.83
			System Generated Receivable				
	Jones	Suzie	Z4567821	2902	12/03		\$353.00
			System Generated Receivable				
			System Collected			\$28,229.47 -	
05/21/04			9999992B	0191	03/04	\$6,392.00 -	
			Voucher System				
05/25/04	Bradley	Paul	M4827056	2902	01/04		\$22.26
			System Generated Receivable				
	Bradley	Jenna	M4827057	2902	01/04		\$22.26
			System Generated Receivable				
			System Collected			\$68.83 -	
06/02/04			9999992B	0191	05/04		\$15,314.00
			Manually Entered Receivable				
06/10/04			9999992B	0191	04/04	\$2,751.13 -	
			Voucher System				
06/11/04	Gomez	John	N7852535	2902	03/04		\$110.70
			System Generated Receivable				
	Gomez	Ramon	N7852536	2902	03/04		\$13.14
			System Generated Receivable				
	Smith	Mary	N7852537	2902	03/04		14.24
			System Generated Receivable				
			System Collected			\$25,697.06 -	

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PROVIDER 123456
SSN / FEIN 987654321
TELEPHONE xxx-555-5555

TRANSACTION DATE		CHILD NAME	CHILD ID	TYPE SERVICE	SERVICE MO / YR	PAYMENTS	CHARGES
			/ TRANSACTION DESCRIPTION				
CONTRACT 4084		PRIOR MONTH'S BALANCE				\$41,980.22	
06/22/04			System Collected			\$95.42 -	
07/01/04			9999992B	0191	06/04		\$30,627.00
			Manually Entered Receivable				
07/13/04	Goins	Matthew	N3368899	2902	04/04		\$13.14
			System Generated Receivable				
	Sabo	Bethany	N3368898	2902	04/04		\$13.14
			System Generated Receivable				
	Beggs	Bobby	C4469341	2902	03/04		\$238.06
			System Generated Receivable				
	Beggs	Bobby	C4469341	2902	04/04		\$369.00
			System Generated Receivable				
			System Collected			\$26,272.24 -	
07/30/04			9999992B	0191	04/04		
			Voucher System			\$1,876.94 -	
			9999992B	0191	06/04		
			Administrative Credit			\$25,892.62 -	
08/10/04	Goins	Matthew	N3368899	2902	04/04	\$13.14 -	
			Voucher System				
	Sabo	Bethany	N3368898	2902	04/04	\$13.14 -	
			Voucher System				
	Beggs	Bobby	C4469341	2902	03/04	\$55.35 -	
			Voucher System				
	Beggs	Bobby	C4469341	2902	04/04	\$369.00 -	
			Voucher System				
08/20/04	Beggs	Bobby	C4469341	2902	03/04	\$182.71 -	
			Administrative Credit				
			Ending Balance				\$0.00

GLOSSARY OF TRANSACTIONS: BOARD ACCOUNTING STATEMENT

Charges (Additions to the receivable balance):

Manually Entered Receivable: a transaction that is manually added to the DCFS receivable system. All current funding payments are manually entered receivables. Receivables related to specific children can also be entered manually if circumstances are such that the Board System does not generate the receivable.

POS - Manually entered receivable reflects a payment from DCFS to the agencies current funding. System collected reflects amount of current funding utilized on the SOP. Refer to the SOP for service dates.

System Generated Receivable: If CFS906-1s to update a rate of pay or a child's living arrangement are not entered on a timely basis they will result in a receivable being created. The receivables that are generated by CFS906-1 changes are created when the Board System runs. The transaction dates of System Generated Receivables will always coincide with a Board run.

POS – any CFS906-1 changes made after the board run results in a system generated receivable.

Transferred Receivable: A transferred receivable is a balance that has been manually manipulated to try to insure that it is collected. Usually a transferred receivable has only been transferred between DCFS appropriations. This movement need not be recorded by the Provider. We sometimes need to move a receivable balance from one contract to another. The debit that indicates a receivable has been added is indicated as the transferred receivable. The credit that shows the receivable amount being removed is indicated as an administrative credit on our accounting statement. If the two transactions (always the same transaction date) appear on the same contract statement, the move was between appropriations. If only one side of the entry appears on a contract statement, check your other contract statements as the other side of the entry will appear there.

Payments (Reductions of the receivable balance):

Administrative Credit: represents a manual transaction to reduce the receivable balance. An administrative credit may represent the credit side of a transfer transaction, but it is also used in other situations. If reconciliation with the provider indicates that a receivable is in error, its removal from the receivable balance will be indicated as an administrative credit. If a CFS906-1 generates a receivable, and it is discovered that the CFS906-1 was incorrectly entered, correcting the CFS906-1 does not always remove the erroneous receivable that was created. The Central Payment Unit will have to be notified so that they can prepare the necessary adjustment information for entry to the receivable system.

Cancelled Warrant: a state warrant payable to the Provider that has been returned to DCFS.

Personal Check: represents a payment from a Provider for amounts owed to DCFS.

System Collected: The Board System automatically looks at receivables when processing claims. Receivables that are reduced by offsetting the board payment are considered system collected. Both Current Funding and CFS906-1 generated details can be system collected. The System Collected amount is a summary of the System Collected amounts listed on the Statement of Payments that you receive after the Board runs.

Voucher System: this indicates a transaction that involves a separate voucher payment. For example, an administrative payment, Medicaid payment, or current funding payment may be reduced to offset a high receivable balance. The reduction of the receivable balance on the Board Accounting Statement will be described as a Voucher System transaction.

FOSTER CARE MAINTENANCE AND ADMINISTRATION PAYMENTS

Large Cook Performance Contract – (PCC)

- **Admin Payments (BAFC-Budgeted Allocation of Foster Care)**
 - Vouchered at the beginning of the month for the current month
 - Amount set and adjusted annually based on case outcomes (See Appendix for PCC reconciliation)
 - Amount cannot be reconciled to individual cases
 - This admin payment covers both licensed and unlicensed foster home cases
 - Voucher prefix is BBZ
- **Maintenance payments – Licensed Foster Homes**
 - Paid through the board system (SOP) to the POS agency
 - Payment passed on to foster parents by POS agency – amount specified by contract
- **Maintenance payments – Unlicensed Foster Homes**
 - Board system by DCFS
 - The rate of pay is standard of need

Small Cook Performance Contract – (PCS)

- **Admin and Maintenance Payments – Licensed Foster Homes**
 - Paid through the board system (SOP) to the POS Agency
 - The maintenance portion is passed on to the licensed foster parent by the POS Agency
- **Admin Payments – Unlicensed Foster Homes**
 - Vouchered to the POS Agency through the admin voucher report
 - Admin payment issued the 1st to 2nd business day of the following month, for the previous month's board runs (ex. April 1st admin payment issued for March's board runs, which pay for Feb. services)
- **Maintenance Payments – Unlicensed Foster Homes**
 - Generated through the board run and paid directly to the unlicensed foster parent through the board run by DCFS
 - Statement generated and mailed to each foster parent
 - Statement reflecting all unlicensed foster home payments generated and mailed to POS agency for their records

Downstate Performance Contract – (PCD)

- **Admin and Maintenance Payments – Licensed Foster Homes**
 - Paid through the board system (SOP) to the POS agency
 - The maintenance portion is passed on to the licensed foster parent by the POS agency
 - Bonus payments calculated yearly on performance outcomes (See [Performance Contract Reconciliation](#))

- **Admin Payments – Unlicensed Foster Homes**
 - Vouchered to the POS agency through the admin voucher report
 - Admin payment issued the 1ST to 2ND business day of the following month, for the previous month's board runs (ex. April 1 payments issued for March's board run, which pays for Feb. services.)
 - Bonus payments calculated yearly on performance outcomes (See [Performance Contract Reconciliation](#))

- **Maintenance Payments – Unlicensed Foster Homes**
 - Generated through the board run and paid directly to the unlicensed foster parent by DCFS
 - Statement generated and mailed to each foster parent
 - Statement reflecting all unlicensed foster home payments generated and mailed to POS agency for their records

Specialized Contracts – (FCN, FCS, FIC, MCT)

- **Admin and Maintenance Payments – Licensed Foster Homes**
 - Cases in specialized contracts must be in a licensed home.
 - The entire payment is paid through the board system (SOP) to the POS agency
 - The statement of payment reflects the total of the admin and maintenance portion for each case
 - The split between the foster parent's maintenance portion and the admin portion is reported to DCFS by the POS agencies.
 - POS agencies pass the maintenance portion on to the foster parent
 - The admin portion is retained by the POS agency
 - POS agency determines monthly maintenance payments to foster parent

SPECIAL SERVICE FEES

When a foster parent incurs extraordinary expenses associated with a specific ward that cannot be reimbursed under any other avenue, a Special Service Fee (SSF) may be requested by the caseworker. There are various types of fees associated with specific reasons, and most can only be payable under regular foster care. These SSF's should not be considered for ordinary expenditures associated with providing foster care, and should cease as soon as the extraordinary expense is no longer being incurred by the foster parent. Most of the SSF's have a maximum rate allowed under policy, and some SSF's also have a maximum timeframe of payment even if the extraordinary expenses continue to be incurred beyond that timeframe.

Policy and Procedure

Policy 359.40 (j)

Administrative Procedures #5 – CFS[906-4](#) Form (see Appendix)

How to Submit SSF Requests

For most SSF's, the CFS[906-4](#) form must be filled out by the caseworker, and properly approved before it will be entered by DCFS for payment.

A CFS[906-4](#) must be submitted for each type of reimbursement. Ex: a separate CFS[906-4](#) is needed for an overnight sibling visitation and another one for the transportation.

Case Manager / Supervisor approval is required for SSF's dealing with sibling visitations, while DCFS Regional Administrator approval is required for all other SSF's requested on the CFS[906-4](#) form.

Fully completed and approved CFS[906-4](#) forms are then submitted to the appropriate DCFS office for data-entry into the DCFS system for payment.

- Stop Date is not paid, so to pay for Feb 2005, you must enter Start Date of 2/1/05 and a Stop Date of 3/1/05.
- Using the correct Sibling Visitation code, there can only be one reimbursement for each type of visit per month, but the visit can be paid both for the visit and transportation if appropriate.
 - Overnight visits
 - Reason code 07
 - \$100 maximum per month
 - Start/Stop Dates are exact dates of visit.
 - Supervised daytime visits –
 - Reason code 15
 - \$100 max per month; \$25 per hour
 - Must be entered for entire month to pay requested amount correctly (02/1/05 – 03/01/05 on CFS[906-4](#) form).
 - Approvals can be requested up to a maximum of 6 months at one time.
 - Transportation to/from sibling visits
 - Reason code 16
 - Dollar amount per mileage up to \$50 maximum per month
 - Must be entered for entire month to pay requested amount correctly (02/1/05 – 03/01/05 on CFS[906-4](#) form).

Sibling Visitation SSF Reference Sheet

Updated 3/16/05

SSF Description	906-4 Code	TOS	Max Timespan Allowed	Max Rate	Allowed w/ Spec?	Other Information
Sib Visit – Overnight/Unsupv.	07	0146	Exact dates of visit	\$100 / mo	yes	Placed on oldest sib in hosting home. One per month
Sib Visit – Daytime/Supv	15	0176	6 mo / renewable	\$100 / mo (\$25/hr - 4hr max)	yes	Placed on oldest sib in hosting home. One per month.
Sib Visit – Transportation	16	0165	1 month	\$50 / mo	yes	Pays provider transporting sibs to visit.

- \$149 Ward with Infant SSF –Per DCFS Policy 359, SSF can be approved up to a maximum of 6 months per foster home. It was designed to only reimburse the foster parent for extraordinary expenses incurred during the initial entry of the ward with an infant into the home.
-
- For extraordinary expenses that go beyond the maximum allowable amounts in policy, as in unusual transportation costs that exceed \$100 per month, there is a possible means of full reimbursement. Both a CFS[906-4](#) and a CFS902 – Exception to Policy request form must be filled out and sent to the DCFS Regional Administrator for approval. Once the approval has been obtained, both forms must be faxed to CPU for auditing and entry.

All SSF's must be entered on POS agency's books for licensed homes. If unlicensed, the foster parent will receive the fee directly from DCFS. The CFS[906-4](#) constitutes the POS agency's billing. Additional billings are not required to DCFS (Ex: \$149 request for six months – it would be the agency's responsibility to account for the revenue each month.

- SSF's are paid through the board system (SOP)
- Any payments made prior to approval are the agency's liability

0118 CASE MANAGEMENT BILLING BASICS

Policy Guide 2003.12, “Type Service Code 0118 Case Management Only Services”, details circumstances under which the Department will make payment to an agency for Case Management Only Services (Type Service 0118). The following covers the basic information regarding submission of bills for case management only services.

Nothing in case management billing policy relieves a caseworker or agency of their responsibilities described in any other Department policy. Case management transfer guidelines in AP9 should still be followed.

DCFS only pays one agency at a time to provide case management services to a child.

A child must have been placed in one of the following contract types immediately prior to the absence episode for which case management is being billed:

- Performance Contract Downstate (PCD)
- Performance Contract Small Cook (PCS)
- Specialized Foster Care

Children placed in Cook County Performance Based Contracts (**PCR, PCT, PCC**) are not eligible for 0118 Case Management Billing.

A child must be absent for one of the following reasons to be eligible for 0118 Case Management Only billing:

- WUK, WCC, ABD, UAP, UAH – Max 90 days paid
- HHF-Med – All days of absence paid
- HHF/IMH-Psych – Max 30 days paid
- DET/IDC – Max 90 days paid
- AODA/SAB – Max 90 days paid
- SSA/SSU – All days of case management responsibility paid once transfer to DCFS processed
- YIC/CUS – Case by Case review to pay up to all days of case management responsibility once transfer to DCFS processed
- Child in School for the Deaf – All days in school
- Emergency Shelter – Exception Processing – Case by Case review
- Diagnostic Shelter – Exception Processing – Case by Case review

Must bill under contract child was placed in immediately prior to absence.

Monthly Rates for FY05

- \$620.37 per month if prior placement was in PCD or FHS and the absence reason is any of the above other than Self Selected Placement.
- \$413.58 per month if prior placement was in PCS, or if absence reason is Self Selected Placement.

To bill for case management only services (Type Service Code 0118), complete a CFS1042 and mail it to: **DCFS Central Payment Unit**, 406 E. Monroe, Mail Station #438, Springfield, IL 62701-1498.

CPU must receive the [CFS1042](#) with an original provider signature. Photocopies or faxes are not acceptable.

The most common errors made in 0118 processing are as follows:

Incorrect Rate Billed – 0118 Case Management is billed at the Base Services & Administration Rate in the contract the child was in immediately prior to the absence. The rates are subject to change if the contract rate changes in any given fiscal year.

- If a full month is billed, enter the correct monthly rate, not a daily rate multiplied out. The billing is based on a *Monthly Rate*, not a *Daily Rate*.
- If a partial month is billed, the amount should be prorated by dividing the monthly rate by the number of days in the month billed, then multiplying that daily rate by the number of days billed. *The daily rate at which a partial month should be billed will change based upon the number of days in the month billed. February will have a different daily rate than March.*

Billing under incorrect contract – Must bill under contract child placed in immediately prior to the absence.

Payment already made under the Board Payment System – If a bedhold was requested and granted, do not bill case management services. Determine which type of payment is appropriate and submit only one type of payment request for the same time period.

Case Management Payment Max days already paid – Refer to the attached chart for maximum number of days allowed for absence type. Count starts at first day of absence episode.

- If a bedhold is requested, case management payment can begin where the bedhold ends. The bedhold days are considered part of the absence episode, and therefore, are part of the maximum day count paid. *Example: 14 day bedhold + 76 days of 0118 case management = 90 days*
- If a child changes reasons for absence within the absence episode, the count continues from day one of the absence itself. It does not start over at the absence type change. Once a child returns to placement, any subsequent absences would have their own counts.

1425 Not Submitted with CFS 1042 – A copy of the CFS1425 transfer form should be submitted with the CFS1042 billing if the child is in a Self Selected Placement, Youth in College, or Youth in Employment. If a CFS1425 is not submitted, and the case still has not been transferred to DCFS on MARS/CYCIS, the billing will be denied.

CPU will send a letter detailing any payment adjustment or denial. If a correction to the DCFS MARS/CYCIS system would cause the payment to be allowed, a new CFS1042 can be submitted. A sample of the Adjustment Letter is attached.

Attachments

Policy
CFS1042
0118 Rate Sheet
Adjustment Letter

ADDITIONAL 1042 BILLINGS

Although most claims submitted by private agencies are claims made for board services, a significant volume are submitted on 1042 billing forms. Most of these are handled by the DCFS regional business offices, but some are submitted directly to the Client Payment Unit. Those include claims for initial placement clothing and personal hygiene items, initial placement infant equipment and supplies, high school graduation expenses, Reach In incentive payments, certain school transportation expenses for foster parents, and certain case management expenses.

Initial Placement Clothing ([see 359.70A](#))

When a ward is placed into his/her first foster care placement after case opening, the agency is to provide sufficient initial clothing and personal hygiene supplies for that placement. This is not intended to completely outfit the ward. The maximum amount allowed is based on the ward's age. The agency is not to ask the foster parent to bear these expenses. The agency will be reimbursed for these expenditures.

- Use type of service 1201 for this type of claim.
- It sometimes happens that the first, short term, placement has sufficient supplies so that no, or limited, purchases are necessary, but a subsequent, longer term, placement does not have such resources. In those cases, purchases can be reimbursed for items purchased for the subsequent placement. The purchases, based on the date on the receipt, must be made within six months of the case opening and the total reimbursement claimed for each ward is capped by the age level at the time of purchase. The find out if you ward has had any previous purchases reimbursed, call the Problem Resolution Unit at 217/782-8902.
- See Appendix A359 for allowable maximums.
- The items purchased must be appropriate to the child. No comprehensive list of allowed items is possible, but the receipt is audited and, for example, adult clothing for a 3-year-old child would not be reimbursed. No food items will be reimbursed.
- The State of Illinois does not pay sales tax. Please provide the store with your tax exempt ID at the time of purchase. In many cases, agencies have accounts set up with local vendors. Use of such accounts provides both tax exempt status and lists of purchases with sufficient detail for CPU audit needs.
- A 1042 must be submitted to CPU with the total request for reimbursement with attached original receipts or store verification of items purchased, prices, and date purchased.

Initial Placement Infant Equipment and Supplies (a child age 2 and under)

When an infant is placed into his/her first foster care placement after case opening, the agency is to provide equipment and supplies which, if not available, would provide a barrier to that placement.

See Appendix A359 for the maximum amount. The agency is not to ask the foster parent to bear these expenses. The agency will be reimbursed for these expenditures.

- Use type of service 1315 for this type of claim.
- It sometimes happens that the first, short term, placement has sufficient supplies so that no, or limited, purchases are necessary, but a subsequent, longer term, placement does not have such resources. In those cases, purchases can be reimbursed for items purchased for the subsequent placement. The purchase, based on the date on the receipt, must be made within six months of the case opening and the total reimbursement claimed for each ward cannot exceed the maximum (see Appendix A359). To find out if you ward has had any previous purchases reimbursed, call the Problem Resolution Unit at 217/782-8902.
- The items purchased must be appropriate to the child. No comprehensive list of allowed items is possible, but the receipt is audited and, for example, snack food for a 6-month-old infant would not be reimbursed. Formula and food items will not be reimbursed.
- The State of Illinois does not pay sales tax. Please provide the store with your tax exempt ID at the time of purchase. In many cases, agencies have accounts set up with local vendors. Use of such accounts provides both tax exempt status and lists of purchases with sufficient detail for CPU audit needs.
- A 1042 must be submitted to CPU with the total request for reimbursement with attached original receipts or store verification of items purchased, prices, and date purchased.

Graduation Expenses

When a ward graduates from high school, expenses can be incurred that cannot reasonably be born by the agency from the non-recurring expense amount that is included in their administrative rate. These costs shall be paid by the agency and reimbursed by the Department up to the maximum allowed (see Appendix A359). The agency is not to ask the foster parent to bear these expenses.

- Use type of service 1302 for this type of claim.
- The expenses reimbursed must be related to high school graduation. The Department will not reimburse expenses related to 8th grade graduation or to prom.
- The Department will reimburse the cost of a class ring in the student's junior year. All other costs must be incurred in the student's senior year. Costs eligible for reimbursement include, but are not limited to, yearbook, cap and gown rental, pictures, graduation fees, events, such as luncheons, for graduating students, and a set of clothing for the graduation event.
- See Appendix A359 for the maximum total, cumulative costs for a student's graduation
- The State of Illinois does not pay sales tax. Please provide the vendor with your tax exempt ID at the time of purchase. In many cases, agencies have accounts set up with vendors. Use of such accounts provides both tax exempt status and lists of purchases with sufficient detail for CPU audit needs.
- A 1042 must be submitted to CPU with the total request for reimbursement with attached original receipts or vendor verification of items purchased, prices, and date purchased.

LAPSE

DCFS

The State of Illinois operates on a fiscal year that begins on July 1 and ends on June 30. On July 1, the previous fiscal year is said to have “lapsed”. For a period of time, CPU will be making payments for services provided in the prior fiscal year as well as for services provided in the new fiscal year. We refer to this period as “lapse”.

Agencies are always expected to submit claims to the Department in a timely manner. This becomes crucial during lapse since our spending authority for the previous fiscal year is time limited. All outstanding claims should be submitted as soon as is reasonable by agencies in case additional documentation or clarification might be needed before we could honor a claim. When this occurs, CPU makes every effort to contact the agencies’ designated liaison to expedite matters, so it is also crucial that these liaisons be available to us during this period.

The Illinois Office of the Comptroller historically accepts payment vouchers from the Department until sometime in the last half of August. If any claims are received after that date, the payee must attempt to receive payment through the Illinois Court of Claims. To accommodate this deadline, CPU requires that all agency claims be received in the central office before the middle of August (the date varies from year-to-year) in order to be considered for payment.

POS

It is strongly recommended agencies submit their billings in a timely manner throughout the year. At year end, there should be minimal billings outstanding. However, these outstanding billings need to be submitted prior to August 1st.

Depending on an agency’s fiscal year-end, not submitting billings timely could result in inaccurate financial statements and cost reports.

COURT OF CLAIMS

Court of Claims is currently the only means by which an agency may collect monies owed to them by DCFS for a prior fiscal year. Once lapse period has ended, DCFS cannot make direct payments for the prior fiscal year.

- Both POS Agencies and DCFS should consider this a last resort. All avenues should be pursued during the fiscal year to clear up any discrepancies. Monthly reconciliations should be completed and any discrepancies that the POS agency finds should be conveyed to DCFS for review as soon as possible. This is both good practice, as well as contractually required.
- When circumstances are such that information is received by DCFS late, payments cannot be made during the fiscal year or the lapse period. In these instances, the information will still be entered into the DCFS system, but the POS agency will have to pursue the actual payment by filing a claim against DCFS with the Court of Claims.
- The current statute of limitations on filing a claim is 5 fiscal years prior to the year in which the claim is filed. Any claims prior to this 5 fiscal year window are automatically denied by DCFS, and are not payable through the Court of Claim.

Filing a Claim

- The POS agency must fill out the Court of Claim's Complaint form and include the following:
 - A detailed, itemized listing of the payments requested. Include such details as:
 - Client name and ID
 - Contract
 - Specific Dates requested
 - Type of service requested
 - Reflect claiming days vs. any payments received.
 - Attach any additional backup documentation that will support the POS agency's claim (i.e. copies of CFS906-1's, casenotes, adoption decree).
- The original notarized complaint form and attachments, and 5 copies are then submitted to the court.

**INSTRUCTIONS FOR
FILING A LAPSED APPROPRIATION CLAIM
IN THE ILLINOIS COURT OF CLAIMS**

A lapsed appropriation claim should be filed when an individual or business has provided services or materials to the State and was not paid before the end of the fiscal year in which the debt was incurred.

The State fiscal year is from July 1 to June 30. A lapse period of 2 months (ending August 31) is available for processing of prior fiscal year payments. After August 31, any unpaid bill must be filed in the Illinois Court of Claims for payment to be made.

An attorney is not required in order to file a lapsed appropriation claim and there is no filing fee.

1. Complete the Claim Form, but wait to sign it. Be sure you have provided your social security number or Federal Employee Identification Number.
2. Gather your papers that prove that the State owes you money. Any documents which show an approval signature should be included, especially a DCFS Purchase Authorization. You may want to also include a short letter to explain your claim.

THE CLAIM FORM AND YOUR PROOF TOGETHER ARE YOUR CLAIM PACKET

3. Have the Claim Form notarized. Take the completed packet to a Notary Public and sign both claimant lines before the Notary. The Notary will ask you for identification.
4. Make six copies of the whole packet.
5. The original and 5 copies of the packet should be mailed to:

Ellen Schanzle-Haskins
Illinois Court of Claims
630 South College Street
Springfield, IL 62756

You will receive an acknowledgement from the Court shortly after it is received.

6. Make sure you keep the remaining copy of the entire packet (the sixth copy) for your records.
7. If you have any questions or need further assistance, contact the Illinois Court of Claims at (217) 782-7101.

ILLINOIS OFFICE OF THE COMPTROLLER DIRECT DEPOSIT

Overview

The Office of the Comptroller offers vendors who provide goods and services to the State of Illinois a more efficient and secure method of receiving their payments by direct deposit. Direct deposit payments bypass the printing and mailing procedures and are transmitted electronically to the vendor's financial institution for posting to their accounts. Because payments are directly deposited and not printed, there is no remittance advice to pass along to vendors. However, vendors may receive limited remittance information along with their payments, if it is provided on the payment voucher by the paying agency.

Eligibility

Individuals or companies who currently receive commercial payments may be eligible for the State of Illinois Direct Deposit program. Vendors must be able to authorize all payments from the State into one bank account. Success depends primarily on the vendors' remittance needs and the agencies with whom they do business.

Vendor Number

The Office of the Comptroller currently requires that all State of Illinois payments for a particular authorized Vendor Number (FEIN or SSN) be deposited into one account. Before enrolling, you are encouraged to review the Vendor Payments section of the Comptroller's website (<http://www.ioc.state.il.us>) to ensure that all payments are being paid to the Vendor Number under which you are enrolling. If there are multiple organizations or locations being paid under this Vendor Number, you must ensure that you are authorized to direct all of these payments to be deposited into one account.

ONLINE FINANCIAL INFORMATION

Overview

The State of Illinois does not provide notification of payment directly to the payee. However, the Comptroller's web site does provide limited payment information, including information on current and past warrants, information by contract, and information by state agency.

Contact

To access the website, go to <http://www.ioc.state.il.us>. You will need your agency's FEIN to enter the vendor information files. If you have questions about payment inquiry files or about direct deposit, or if you wish to enroll in direct deposit, call (217) 557-0930.

Figure 1

<h1>Glossary of Acronyms</h1>	
<u>Terms and Acronyms</u>	
TERM/ ACRONYM	Translation (English)
A	
ABD	Living Arrangement - ABDUCTED
AFCARS	Adoption and Foster Care Analysis and Reporting System
ASD	Armed Services Duty
AODA	Alcohol or Drug Abuse
B	
BAFC	Budgeted Allocation of Foster Care
C	
CFS	Children and Family Services
CILA	Living Arrangement - COMMUNITY INTEGRATED LIVING ARRANGEMENT
CPU	Client Payment Unit
CUS	Living Arrangement - COLLEGE/UNIVERSITY SCHOLARSHIP
CYCIS	Child and Youth Centered Information System
D	
DCFS	Department of Children and Family Services
DET	Living Arrangement - DETENTION
DMH	Division of Mental Health
DOC	Department of Corrections
F	
FCN	Contract Type - Foster Care Non-standardized
FCS	Contract Type - Foster Care Standardized
FH	Foster Home
FHS	Living Arrangement - FOSTER HOME SPECIALIZED
FIC	Contract Type - Foster Care Intake Closed
G	
GED	Graduation Equivalency Diploma
GRD	Outcome - Guardianship
GRH	Living Arrangement - GROUP HOME
H	
HAP	Living Arrangement - HOME OF ADOPTIVE PARENT
HHF	Living Arrangement - HOSPITAL/HEALTH CARE FACILITY
HMP	Living Arrangement - HOME OF PARENT
HSD	Outcome - High School Diploma
HSJ	Outcome - High School Diploma or GED with a Job
I	
IDC	Living Arrangement - D.O.C. INSTITUTION
ILO	Living Arrangement - INDEPENDENT LIVING ONLY
IMH	Living Arrangement - MENTAL HEALTH INSTITUTION
IPA	Living Arrangement - PRIVATE INSTITUTION
M	
MCT	Contract Type - Medicaid Foster Care Treatment - Specialized
O	
OTH	Living Arrangement - OTHER
P	
PCC	Contract Type - Performance Combined
PCD	Contract Type - Performance Foster Care Downstate
PCR	Contract Type - Performance Cook Relative
PCS	Contract Type - Performance Cook Small
PCT	Contract Type - Performance Cook Traditional
POS	Purchase of Service
PRT	Placement Review Team
R	
RNY	Living Arrangement - Runaway
S	
SAB	Living Arrangement - Substance /Alcohol Abuse Treatment
SGH	Living Arrangement - SUBSIDIZED GUARDIAN HOME
SSA	Living Arrangement - Self Selected, Approved
SSF	Special Service Fee
SSU	Living Arrangement - Self Selected, Unapproved
T	
TPN	Living Arrangement - Teen Parenting Network
U	
UAP	Living Arrangement - UNAUTHORIZED PLACEMENT
W	
WCC	Living Arrangement - WHEREABOUTS UNKNOWN, CASEWORKER CONTACT
WUK	Living Arrangement - WHEREABOUTS UNKNOWN, NO CASEWORKER CONTACT
Y	
YES	Living Arrangement - YOUTH EMERGENCY SHELTERS
YIC	Living Arrangement - YOUTH IN COLLEGE
YIT	Provider Type - YOUTH IN TRANSITION

COST REPORTING AND CERTIFIED AUDITS

Cost and audit reports are necessary to evaluate the costs for all provider services. Three Department rules govern this important fiscal requirement; 89 Ill. Adm. Code 356, 357, and 434. Providers of services should become familiar with the Department rule(s) applicable to the services they provide. Listed below are highlights from each section pertaining to applicable sections from each rule. The Department has defined “cost report” to mean the Consolidated Financial Report (CFR) and in most cases providers will use the CFR to report all costs associated with services purchased by the Department for its clients. Electronic forms and instructions are available on line as well as a help line for providers.

Section 356.40: Cost Information Requirements of Providers

- a. **Cost Reporting** – Except as otherwise provided by this subsection, all providers shall annually file a certified cost report on a schedule provided by the Department. The time period covered by the cost report shall correspond to the Department's fiscal year unless otherwise approved by the Department. The Department may designate cost reports filed by the provider with other state agencies as suitable for fulfilling this requirement when those reports provide all of the information needed by the Department in a clear and usable way. Any provider that completes an audit in accordance with OMB Circular A-133 shall annually submit a copy of that audit to the Department in addition to the DCFS cost report required by this subsection. Day care providers are exempt from all audit and cost reporting requirements unless they are involved in the cost based rate negotiations authorized under Section 356.30(a) of this Part. Providers involved in those rate negotiations shall file the cost report on the Department schedule, as described in this subsection, and, if required to file an OMB Circular A-133 audit, a copy of that audit. Cost reports shall be available to the general public upon written request. The Department will immediately notify a provider of any requests for its cost reports. No cost report will be released sooner than two weeks from the date the provider was notified of the request. The reports will be provided at cost.
- b. **Accrual Accounting** - The provider shall use the accrual basis of accounting when reporting financial data.
- c. **Audits** - Providers shall cooperate in any audits undertaken to verify the truth, accuracy, and completeness of reported costs, in accordance with 89 Ill. Adm. Code 434, Audits, Reviews, and Investigations.
- d. **Total Costs** - Providers must report all costs of service and must disclose their total costs. Supporting documentation will be required to verify the costs allocated to each of the various services the Department purchases and to the sum of other services the agency provides. The reported total cost must be certified by a licensed public accountant.
- e. **Historical Costs** - Historical costs will be established when the provider has operated one or more years and independent auditors concur with the reported total costs. New providers who have not established their historical costs shall be permitted to submit budgeted information for the first fiscal reporting period. However, no rate increases shall be authorized for the next fiscal year until audited historical costs are available. When the rate increase is authorized based on historical costs, it will

coincide with the effective date of the contract if the audit is received in accordance with contractual requirements.

- f. Other Information Required - As a condition of contract issuance or renewal, the Department will request and receive promptly any other financial information, reasonably related to rate determination, needed to determine the provider's costs. For determining State Fiscal Year 2000 rates, this may include submission of program budgets (see Section 356.50(f)).

(Source: Amended at 24 Ill. Reg. 7692, effective June 1, 2000)

"Certified Audits" means the entity's annual financial and compliance report which has been examined by an Independent Licensed Certified Public Accountant.

"Cost Report" means the Consolidated Financial Report.

Section 356.120: Fiscal Reports and Records

- a) Purchase of service providers shall furnish the Department with any required reports during the contract period in a manner specified by the Department. Reports shall be received by the Department within the time frames specified in the contract.

Section 434.7 Certified Audits, Cost Reports and Desk Reviews

- a) The Department's requirements for providers include the annual filing of a cost report (for all providers in accordance with 89 Ill. Adm. Code 357) and a certified audit of entities who receive annual payments in excess of \$150,000 in any one contract year. The certified audit for all entities must be completed and submitted within 180 calendar days after the completion of their fiscal year as required by Purchase of Service (89 Ill. Adm. Code 357.120(f)). All governmental and not-for-profit organizations must complete audits in accordance with OMB Circular A-133.
- b) The certified audit and related cost reports are to be reviewed by the Office of Field Audits and, when appropriate, a report on the certified audit or cost reports will be issued to Department officials who are responsible for the contracts. The general objectives of the desk review and report shall determine whether:
 1. financial and service unit information is appropriately presented and is consistent with the generally accepted accounting principles;
 2. costs incurred in operating the contracted service are not less than the revenues received directly for the program;
 3. related party transactions are appropriately recorded and disclosed;
 4. significant accounting practices and other information that require disclosure (as described by generally accepted accounting principles) are disclosed appropriately; and

5. funds were used in accordance with Department policy and whether the entity has received monies in excess of actual reimbursable costs.
- c) The Office of Field Audits is responsible for answering all questions regarding the preparation of a certified audit. If the Department has not received the certified audit by the deadline of 180 calendar days after the completion of the entity's fiscal year, the Office of Field Audits will notify the entity of the delinquency and send a copy of the notice to the Department's Contracts and Grants unit and regional administrative staff.
 - d) All certified audits are logged in upon receipt by the Office of Field Audits and an audit digest (summary of findings) is prepared for each audit received. If the audit does not contain adequate information, the Office of Field Audits will send a letter to the entity to request additional information. If the certified audit does not meet the standards set out in subsection (a) of this Section, the entity will be given 30 business days to submit a new certified audit.
 - e) The Office of Field Audits will prepare a desk review report that will highlight any deficiencies that are found in the audit and will contain specific recommendations for procedural changes in the preparation of certified audits. The completed desk review report will be sent directly to the entity, with a copy to appropriate Department regional staff.
 - f) Department regional staff are responsible for reviewing the recommendations contained in the desk review report and providing assistance as necessary to the entity in follow-up on the recommendations made. The desk review report may contain recommendations for contract or budget revisions that must be acted upon by the regional staff.
 - g) The desk review report may contain recommendations that require an additional response from the entity before the certified audit is accepted. The entity's response and concurrence with the recommendations of the desk review report will close the desk review process.
 - h) Excess revenue calculations shall be based on the information reported in the Consolidated Financial Report or other suitable financial report accepted by the Department. The certified independent audit report may be used to develop excess revenue calculations if sufficient detail exists within the report to support the excess revenue calculations, and an accurate Consolidated Financial Report or other suitable financial report is not available.
 - i) Waiver of the certified audit requirement must be requested in writing and directed to the Department's Chief Internal Auditor. The request should state the reason for the waiver request. A request for an extension of the deadline for submittal of the audit beyond the time specified in the contract must be submitted in writing to the Associate Deputy Director of the Office of Field Audits. The Department's Chief Internal Auditor and Associate Deputy Director of the Office of Field Audits will respond to requests for waivers or extensions within 30 business days, specifying approval or rejection of the waiver or extension.

(Source: Amended at 27 Ill. Reg., effective April 30, 2003)

Consolidated Financial Report (CFR)

The electronic form and instructions are available at www.state.il.us/dcfs/costrpt/CstMain.html this site is the DCFS Cost and Budgeting Web Page. Here you will find important links to the instructions and cost reporting requirements. The cost reporting software can also be downloaded from this site.

The Department of Children and Family Services (DCFS), the Department of Human Services (DHS) and the Illinois Purchased Care Review Board (IPCRB) accept the Consolidated Financial Report. DHS providers that also submit the report to DCFS must use the forms on this web site. The forms supplied by DHS omitted fields required by DCFS. Therefore, DCFS cannot accept the DHS forms. But, DHS will accept the DCFS forms.

The CFR consists of 7 forms. All of which must be completed:

- Cover Page
- Programs Reported
- Expenditures
- Revenue
- Census
- Program Staff
- Program Consultants

Questions about reporting to DCFS can be addressed to Roger Thompson via [Email](#) or by phone at (217) 557-2292.

PERFORMANCE CONTRACT RECONCILIATION OVERVIEW

Why do we need to reconcile?

Performance contracts are reconciled to ensure that the Department has the most accurate data possible. This data is used to make contract adjustments, payments, and performance expectations for each individual agency.

When do we reconcile?

We have (2) reconciliation periods:

1st - July 1, 200x to December 31, 200x

2nd - January 1, 200x to June 30, 200x

What are the performance expectations?

Agencies are expected to move a specific percentage of their caseload to a positive outcome.

Performance Contracts:

Contract	Expectation
Cook	29% of starting paid caseload
Downstate	33% of starting actual caseload

How is performance measured?

Positive Outcomes: HAP (Home of Adoptive Parent), SGH (Subsidized Guardianship), HMP (Home of Parent), GRD (Private Guardianship), CUS (College/University Scholarship), ASD (Armed Services Duty), YIC (Youth In College), YIT (Youth in Transition), HSD (High School Diploma), HSJ (High School Diploma + Job)

How are Positive Outcomes counted?

- Children age 14+ that achieve adoption, subsidized guardianship, reunification, or private guardianship will receive **(2) Full Credits**
- Children age 13 and under that achieve adoption, subsidized guardianship, reunification, or private guardianship will receive **(1) Full Credit**
- Children that move to college/university scholarship, armed service duty, youth in college, or youth in transition will receive **(1) Full Credit**
- Children whose cases are closed in court **AND**, at the time of closure, have obtained a HS diploma or GED **AND** employment or are attending college will receive **(1) Full Credit**
- Children whose cases are closed in court and have received a HS diploma or obtained a GED will receive **One Half Credit**

Negative Outcomes: RNY (runaway), GRH (group home), FHS (specialized foster care with **new** caregiver), DET (detention), IDC (institution-DOC), IMH (institution-DMH), IPA (institution-private), HHF (hospital/health facility), YES (youth emergency shelter, OTH (other), step-outs (transfers out of the agency for reasons other than shared adoption or sibling consolidation)

Neutral Outcomes: ILO (independent living), TPN (teen parenting network), Age-Out (emancipation without documentation of HS/GED, ZZZ (other, usually child that is deceased), FHS (specialized foster care without change in caregiver), Consolidation (case transfer for the purpose of sibling case consolidation)

Instability Outcomes: a case is credited with an instability outcome if the child experiences more than one move during the fiscal year. The instability outcome is credited to the assigned agency on 07/01/XX or the agency assigned on the 61st day after case opening.

Moves not counted:

- Any movement during 1st 60 days after case opening
- Respite and detention placements that last less than 30 days when the child returns to same home
- Hospitalizations and runaways when the child returns to the same home regardless of length of hospitalization or runaway

Other Outcomes

- Reduce abuse of children in substitute care
- Reduce re-entry of children into substitute care
- 100% of all cases will be screened for AOD services and 80% of those cases new to an agency will be either assessed for or receiving AOD services within 30 days of assignment
- One Worker-One Family

How do we reconcile?

The Department mails reconciliation materials to agencies and agencies typically have a two week response time. The Department then checks to verify the information by looking in CYCIS. The Department also checks information reported by Chapin Hall, the Department's data provider. For example, an agency may have a child listed on their Neutral Outcome form as the child stepped up to Specialized and stayed with the same provider. This information would need to be verified in CYCIS. If an agency reports that a HAP (Home Of Adoptive Parent) occurred on their Positive Outcome form, the HAP would need to be verified in CYCIS for AFCARS compliance. An adoption without AFCARS compliance cannot be counted as a Positive Outcome.

What are some Reconciliation rules to remember?

- “90 day rule”= A child that remains in a non-permanent setting (i.e., IPA, DET, GRH, RNY) for more than 90 days is considered to be a Negative Outcome.
- A child that remains in the non-permanent setting for less than 90 days is not considered to be a Negative Outcome. Note:
- A child must stay in a living arrangement type for 90 days or more to be considered for any outcome.

Here are some examples of the 90 day rule:

- Johnnie M. was listed on the Negative Outcome list because he was on run. However, Johnnie was on run for 47 days and returned to his same caregiver so this would need to be deleted from the Negative Outcome list because Johnnie was on run for less than 90 days.
- Sarah C. was in Traditional on 07/01 and then stepped up to Specialized on 04/30 with the same provider. Sarah was adopted on 6/15. Sarah’s adoption will be counted as a Traditional performance credit because the child was in the Specialized contract for less than 90 days.

“Shared Adoptions”= Agencies that transfer a case for the purpose of adoption may receive shared credit with the receiving agency. The sending agency is responsible for obtaining an official letter from the receiving agency that outlines the details of the shared adoption. Both the sending and receiving agencies will **ONLY** receive a Positive Outcome credit once the adoption is finalized. This information is needed to be included on the “Shared Adoption” response form.

DOWNSTATE PERFORMANCE CONTRACT BONUS

The following points outline eligibility for a downstate performance contract bonus:

- An Agency must serve at least one caseload (15 children) on the 1st day of the fiscal year evaluated
- An Agency that exceeds the performance expectation outlined in Exhibit A-6 of the contract may be eligible for a bonus payment equal to \$2000 for each performance credit over the agency's total reconciled permanencies that are above the standard
- If a child re-entered care within 12 months after the date on which permanency was achieved, the permanency associated with the child will be deducted from the reconciled permanencies on which the bonus payment is calculated
- The Department will make bonus payments after completion of the reconciliation process

Questions regarding bonus payments should be directed to Jason House at 217/785-2468.

Exhibit A-6

FY2006 PERFORMANCE CONTRACT PERFORMANCE EXPECTATIONS AND RECONCILIATION PROCESS

The Department will collect and review data related to agency performance on outcome indicators that measure the quality of an agency's service provision.

Performance Expectations

An agency is expected to achieve 33% performance rate on their beginning of the fiscal year paid caseload by moving cases to permanency and positive outcomes.

- **Permanency Credit**

Children moved to reunification, adoption, private guardianship, or subsidized guardianship will be counted towards an agency performance goal if the child was in care for a minimum of 90 days. Children age 0 – 13 years that achieve adoption, private guardianship, or subsidized guardianship will be counted as one performance credit; children ages 14 years and older that achieve adoption, private guardianship, or subsidized guardianship will be counted as two performance credits. In order to receive credit for any adoption or subsidized guardianship, the required AFCARS information must be submitted to the appropriate Department staff.

Reunification cases: Children age 0-13 years that achieve reunification will receive 1.5 credits. Children ages 14 years and older that achieve reunification will receive 2.5 credits.

- **Positive Outcome Credit**

Children that move to Armed Service Duty, College/Scholarship, CILA, or Youth in Transition (as verified by a CFS906-1) will be counted as one full credit towards the agency's performance goal. Children that have their cases closed in Court and have attained either a High School diploma or GED will be counted as a half of a credit towards the agency's performance goal. Documentation of the High School diploma or GED must be provided during the reconciliation process. If, at the time of case closure, the agency can document that a child has attained either a High School diploma or GED and has enrolled in college or secured employment, the case will be counted as a full credit towards the agency's performance goal.

- **Placement Stability**

The FY06 benchmark is that 96.0% of the traditional caseload and 98.0% of the HMR caseload as of 7/1/05 plus any new cases will experience no more than one placement move.

An agency's placement stability rate will be based on their 7/1/05 actual caseload and new cases assigned during the fiscal year to the agency. The rate will be calculated by totaling the number of existing and new cases that experience placement instability. Instability means a child experiencing three or more placements during his or her first 12 months in out-of-home care, and two or more placements beyond his or her first year in care. Placement moves of new referrals (new to the system) during the fiscal year will be credited to the agency assigned on the 61st day of case opening.

The following placement changes or movements will **not** be counted as part of this measure:

- any movement during the first 60 days after case opening;
- respite or detention placements that last less than 30 days when the child returns to the same home: or
- hospitalizations and runaways when the child returns to the same home.

Agency Performance Ranking

Agencies will be ranked annually using a multidimensional performance matrix for the purposes of gauging overall program performance. This data will be reported and reviewed by the Infrastructure Committee and the Agency Performance Team. In addition to the above-listed performance expectations (i.e., Permanency, Positive Outcomes, and Stability) the matrix will include measures in the following domains:

- Education
 - Enrollment
 - 100% of children ages 6 – 16 years will be enrolled in school
 - 100% of children over the age of 16 yrs will be enrolled or attempted to be enrolled in school or an appropriate educational/vocational program until completion or a work alternative is obtained
 - Educational Report Forms (CFS 407) will be completed for 100% of assigned child cases
 - Transition plans will be completed for 100% of children age 14 and over
 - Early Childhood Intervention
 - 0-3 evaluations
 - the number of children screened for 0-3 evaluation where early intervention services are recommended,
 - the number of children referred for those services and the number that actually received those services
 - Number of 3-5 yr olds enrolled in an early childhood program and specific type of program

EXCESS REVENUE REVIEW PROCESS

All substitute care providers must submit a Consolidated Financial Report (CFR) within 180 days of their fiscal year end. The CFR must be bound within the audit and contain an opinion from the auditor. The CFR is used not only for rate setting but to perform an excess revenue review in accordance with Administrative Rule 434.7 (h).

A providers contract will contain an Exhibit C if they are providing 24 hour substitute care services such as: childcare institutions; shelter care; group homes; independent living; community integrated living arrangements; and agency foster care.

Attachment A, demonstrates how to calculate the excess revenue from the numbers provided on the CFR.

Beginning with cost reports submitted for the year ending in 2004, provider agencies may be eligible to retain up to 7% of the programs allowable costs in excess revenue if the following is met:

- The rate has been set based upon historical audited costs or is a standardized rate;
- For residential programs, the occupancy rate is between 85% and 95%;
- If the program has received an enhancement to their rate, the provider is not eligible to retain in the year it is received and in the following years the provider agency must demonstrate that the intended funding of the enhancement has been met without supplanting other contracted services or costs;
- The provider agency demonstrates that program staffing level meets the minimum requirements defined in the contract program plan and licensing standards where applicable.

The Department determines how the rate has been set. If the provider agency has requested and receives a rate based upon budgeted costs, this rate is not based on historical audited costs. Occupancy rates will be determined from the Service Units Schedule of the cost report. Providers should be prepared to submit caseload data in a format similar to Attachment B in order for the Department to determine if caseload ratios/staffing levels are being met.

IF a provider is determined eligible to retain a portion of or all of the excess revenue, those excess funds must be invested in direct service activities in programs funded by the Department. Provider agencies unable to demonstrate that retained program excess revenue amounts have been invested in direct service activities will be subject to forfeiture of the retained funds.

Every provider agency will be notified of the initial excess revenue review whether it results in an excess or a deficit. If the provider disagrees with the review, they must respond within 15 business days from the receipt of the notification. The response must include a detail statement as to why one disagrees with the calculation. This is called an exit conference, although typically a “conference” is not held, but there is correspondence between Department staff and provider staff.

One of the most common disagreements is that costs have been misallocated to the individual programs or costs within a program have been misallocated between administrative costs and program costs. This is understandable, and the Department allows 45 days for the provider to submit a revised cost report along with an opinion or statement from the auditor regarding their agreement with the revisions.

Please note, it is important to know if any of the non-reimbursable costs reported on lines 45 through 47 are included in the administrative costs on lines 36 through 42 in determining whether administrative costs have exceeded the 20% limit. In addition, many providers make the mistake of calculating the administrative cap as 20% of the TOTAL costs. It is actually 20% of the total costs LESS the administrative costs.

After completion of the “exit conference” the Department and the Provider are still in disagreement, providers have the right to request an administrative hearing. All materials are submitted to a DCFS administrative hearing officer for final decision.

EXCESS REVENUE EXAMPLE CALCULATION

	Program Name	Corresponding Line on CFR OR Formula
Step 1 - Total Net Costs:	A	\$500,000 Line 49
Step 2 - Excess Fringe Benefits (>25% of Salaries)		
Total Salaries	B	\$100,000 Line 1, 2, 18, 24 + 36
Allowable fringe benefits and payroll	C	\$25,000 B * 25%
You reported total benefits and payroll of:	D	\$35,000 Line 3, 19, 25 + 37
Excess Benefits	E	-\$10,000 IF (D > C, C - D, 0)
Administrative Benefits	F	\$7,000 Line 37
% of Total Benefits	G	20.00% (F / D)
Excess Admin. Benefits	H	-\$2,000 (G * E)
Step 3 - Excess Administration (> 20% of Non-Administrative Costs)		
Total Administrative Costs reported by you:	I	\$90,000 Line 43
Less excess admin benefits	J	-\$2,000 H
Adjusted administrative costs:	K	\$88,000 (I + J)
Total Net Costs:	L	\$500,000 A
Less Excess Benefits:	M	-\$10,000 E
Less Adjusted Administration:	N	-\$88,000 K
Non-Admin. Allowable Costs:	O	\$402,000 L + M + N
X 20%	P	<u>20%</u>
Allowable Administration:	Q	\$80,400 O * P
Adjusted administrative costs:	R	\$88,000 K
Excess Administration	S	-\$7,600 IF (R > P, Q - R, 0)
Reimbursable Costs	T	\$482,400 A + E + S
Step -4 Identify Excess Revenues		
Total Fees and Grants:	U	\$500,000 Line 16, 30, 35 & 36
Reimbursable Costs:	V	\$482,400 T
Total Excess Revenue:	W	\$17,600 IF (U > V, U - V, 0)
Total Deficit:	X	\$0 IF (U < V, U - V, 0)
DCFS Revenue:	Y	\$400,000 Line 2 & 18
DCFS Rev. as % of All Fees & Grants:	Z	80.00% Y / U
DCFS Portion of Excess Revenues:	AA	\$14,080 Z * W
DCFS Portion of Deficit:	AB	\$0 Z * X

Attachment B

Staffing Report
 Provider Agency Name:

on 9/30/YYYY				Contract #		Contract #		Contract #	
#	Staff Name	Position Title	Worker CYCIS#	FTE assigned to this program	# of Assigned Cases	FTE assigned to this program	# of Assigned Cases	FTE assigned to this program	# of Assigned Cases
1									
2									
3									
4	More lines may be added as required								

on 12/31/YYYY				Contract #		Contract #		Contract #	
#	Staff Name	Position Title	Worker CYCIS#	FTE assigned to this program	# of Assigned Cases	FTE assigned to this program	# of Assigned Cases	FTE assigned to this program	# of Assigned Cases
1									
2									
3									
4	More lines may be added as required								

on 03/31/YYYY				Contract #		Contract #		Contract #	
#	Staff Name	Position Title	Worker CYCIS#	FTE assigned to this program	# of Assigned Cases	FTE assigned to this program	# of Assigned Cases	FTE assigned to this program	# of Assigned Cases
1									
2									
3									
4	More lines may be added as required								

on 06/30/YYYY				Contract #		Contract #		Contract #	
#	Staff Name	Position Title	Worker CYCIS#	FTE assigned to this program	# of Assigned Cases	FTE assigned to this program	# of Assigned Cases	FTE assigned to this program	# of Assigned Cases
1									
2									
3									
4	More lines may be added as required								

Chart I: Payment Schedule for Standard of Need Caregivers for Calendar Years 2001 - 1998:

GROUP I includes these counties: Boone(034), Champagn(010), Cook(016), Chicago(105), DeKalb(019), DuPage(022), Kane(045), Kaneb(046), Kendall(047), Lake(049), McHenry(063), Ogle(071), Whiteside(089), Winnebago(101) and Woodford(102).										
Number of DCFS Children in the Home	1	2	3	4	5	6	7	8	9	10
Payment Amount per Child (2001)	\$292.00	\$288.00	\$238.00	\$229.00	\$217.00	\$194.00	\$179.00	\$168.00	\$160.00	\$154.00
Payment Amount per Child (2000)	\$285.00	\$281.00	\$232.00	\$223.00	\$212.00	\$189.00	\$175.00	\$164.00	\$156.00	\$150.00
Payment Amount per Child (1999)	\$281.00	\$276.50	\$228.33	\$219.50	\$208.40	\$186.50	\$172.14	\$161.38	\$153.89	\$148.20
Payment Amount per Child (1998)	\$274.00	\$269.50	\$222.67	\$214.00	\$203.20	\$181.83	\$167.86	\$157.38	\$150.00	\$144.50
GROUP II includes these counties: Adams(001), Bureau(006), Carroll(008), Champaign(014), Coles(015), Danville(020), DeKalb(021), Effingham(025), Ford(027), Fulton(029), Grundy(032), Henry(037), Jasper(038), Jackson(039), Jo Daviess(043), Knox(048), LaSalle(050), Lee(052), Livingston(053), Logan(054), Mason(055), Macoupin(056), Macomb(057), Madison(057), McDonough(062), McLean(066), Mercer(067), Morgan(069), Moultrie(070), Peoria(072), Putnam(074), Randolph(081), Sangamon(083), St. Clair(088), Stephenson(089), Tazewell(090), Vermilion(092), Washington(093), Warren(094), Wayne(099), and any out-of-state homes(089).										
Number of DCFS Children in the Home	1	2	3	4	5	6	7	8	9	10
Payment Amount per Child (2001)	\$278.00	\$278.00	\$231.00	\$223.00	\$211.00	\$190.00	\$174.00	\$164.00	\$156.00	\$151.00
Payment Amount per Child (2000)	\$271.00	\$271.00	\$225.00	\$217.00	\$206.00	\$185.00	\$170.00	\$160.00	\$152.00	\$147.00
Payment Amount per Child (1999)	\$266.50	\$266.50	\$221.67	\$213.75	\$203.20	\$182.17	\$167.86	\$157.88	\$150.11	\$144.50
Payment Amount per Child (1998)	\$260.00	\$260.00	\$216.33	\$208.50	\$198.20	\$177.67	\$163.71	\$153.88	\$146.33	\$140.90
GROUP III includes these counties: Alexander(002), Bond(003), Brown(005), Calhoun(007), Cass(009), Christian(011), Clark(012), Clay(013), Crawford(017), Cumberland(018), Edgar(023), Edwards(024), Fayette(026), Franklin(028), Gallatin(030), Greene(031), Hamilton(033), Hancock(034), Harding(035), Henderson(036), Jasper(040), Jefferson(041), Jersey(042), Johnson(044), Lawrence(051), Macon(058), Marshall(059), Mason(060), Macon(061), Mercer(063), Morgan(065), McDonough(068), Perry(073), Pike(075), Putnam(077), Randolph(079), Richland(080), Stalder(082), Sangamon(084), Scott(085), Shelby(086), Stark(087), Union(091), Washington(095), Wayne(096), White(097), and Williamson(100).										
Number of DCFS Children in the Home	1	2	3	4	5	6	7	8	9	10
Payment Amount per Child (2001)	\$270.00	\$270.00	\$227.00	\$216.00	\$206.00	\$185.00	\$169.00	\$159.00	\$152.00	\$145.00
Payment Amount per Child (2000)	\$263.00	\$263.00	\$221.00	\$211.00	\$201.00	\$180.00	\$165.00	\$155.00	\$148.00	\$142.00
Payment Amount per Child (1999)	\$259.00	\$259.00	\$217.33	\$208.00	\$197.60	\$177.33	\$162.71	\$153.13	\$145.78	\$140.40
Payment Amount per Child (1998)	\$253.00	\$252.50	\$212.00	\$202.75	\$192.60	\$173.00	\$158.71	\$149.25	\$142.11	\$136.90

Figure 3

Illinois Department Of Children and Family Services
SPECIAL SERVICE FEE AND PAYMENT EXTENSION FORM

SPECIAL SERVICE FEE

PAYMENT EXTENSION

Client Name _____

ID _____

Provider Name _____

ID _____

Agency Name _____

Placement Date / /

Start Date / /

Stop Date / /

SSF Amount _____

Reason for SSF _____

Caseworker _____

ID _____ Date / /

Supervisor _____

Date / /

Regional Administrator _____

Date / /

NARRATIVE _____

DCFS is an equal opportunity employer, and prohibits unlawful discrimination in all of its programs and/or services.

Appendixes and Web Links

The following documents are available on the DCFS web site: www.state.il.us/dcfs.

[Rule 359](#)

[AP 5](#)

[Form 906-4](#)

[Form 906-5](#)