



STATE OF MICHIGAN

DEPARTMENT OF HEALTH & HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

Services Funding and Payments Manual

OVERVIEW

Payments made from the DHS-93, Medical Service Authorization, are to be used as a last resort. All other alternative payment sources must be explored and exhausted prior to utilizing the DHS-93.

The only allowable services that may be billed on the DHS-93 are listed in this policy for each program.

The department will not pay for missed appointments and/or unauthorized testing.

Services completed after a case has closed are not eligible for payment.

**CHILDREN'S
PROTECTIVE
SERVICES****Medical
Examination and
Assessment**

Purpose: In cases of suspected child abuse or neglect, the examination assists with identifying, documenting, and interpreting injuries or potential medical conditions and helps determine the child's treatment needs; see [PSM 713-04, Medical Examination and Assessment](#).

Eligible person: Child.

Payment Maximum: \$500.

Payment sources which must be explored and exhausted, in order:

- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.

**Child Sexual
Abuse
Examination**

- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

Purpose: In cases of suspected child sexual abuse, a medical examination should be sought; see [PSM 713-04, Medical Examination and Assessment](#).

Eligible person: Child.

Payment Maximum: \$400.

Payment sources which must be explored and exhausted, in order:

- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

**Second Opinion
for a Medical
Examination or
Child Sexual
Abuse
Examination**

Purpose: A second medical opinion should be sought when one of the following exists:

- Medical findings conflict with other information or evidence.

- Injury to a child who is not mobile.
- Bruising in uncommon locations.
- Burns on children under 3 years of age.

The caseworker has discretion to seek a second medical opinion through the course of any CPS investigation, except when a comprehensive examination or review has already been completed by a pediatric child abuse specialist; see [PSM 713-04, Medical Examination and Assessment](#).

Eligible persons: Child.

Payment Maximum: \$400.

Payment sources which must be explored and exhausted, in order:

- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

Psychological and Psychiatric Assessments

Purpose: Psychiatric or psychological diagnostic assessments/examinations may be used to resolve uncertainties regarding whether child abuse or neglect has occurred, the nature of the problem, or the capacity of the parents to use and benefit from protective and preventive services; see [PSM 713-05, Psychological or Psychiatric Assessments and Examinations](#).

Eligible persons:

- Parent/guardian.
- Person responsible/caregiver.
- Child.

Payment Maximum:

- Psychological: \$500 per person.
- Psychiatric: \$800 per person.

Payment sources which must be explored and exhausted, in order:

- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Local resources such as Community Mental Health, as eligible and available to the individual seeking service.
- Court, if court ordered.

Exception: The department assumes responsibility for payment if a recommendation was made in writing to the court to order the assessment.

- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

**Substance Use-
Lab Screens and
Assessments**

Purpose: When drug/alcohol screens for parents or other persons responsible may assist with assessment of child safety and/or risk factors related to child safety; see [PSM 713-07, Substance Abuse - Lab Screens](#).

Eligible persons:

- Parent/guardian.
- Person responsible/caregiver.

Note: Children cannot be screened unless by a physician order, or the youth is a minor parent and substance use may impact his/her child.

Payment Maximum:

- Screen: \$100.
- Assessment: \$100.

Payment sources which must be explored and exhausted, in order:

- State contracted substance use screening service.
- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Treatment agency funds. If drug or alcohol screens are part of a substance use treatment program in which the client is enrolled, costs are to be covered by the treatment agency.
- Court, if court ordered.

Exception: The department assumes responsibility for payment if a recommendation was made in writing to the court to order the screen.

- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

**MRIs, CT Scans, X-
Rays, and
Laboratory Studies**

Purpose: Only as necessary and appropriate as ordered by a physician to assess potential injury as the result of child abuse/neglect.

Eligible persons: Child.

Payment Maximum:

- MRIs (without contrast): \$700.
- CT Scans: \$500.
- X-Rays and Laboratory Studies: \$350.

Payment sources which must be explored and exhausted, in order:

- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

Photocopies

Purpose: Copies of existing medical evidence from client's treating physician (for example, office notes, progress notes), hospital admitting and discharge summary, workers compensation medical records, other physical and mental health care providers.

Eligible persons:

- Parent/guardian.
- Person responsible/caregiver.
- Child.

Payment Maximum (only if payment is requested):

- \$5.00 for first 5 pages.
- Additional pages \$0.25 each.
- Maximum \$100 total.

Payment sources which must be explored and exhausted, in order:

- Parent pays.
- DHS-93.

FOSTER CARE

Payment for services described in this section for children in paid foster care must be created as case service authorizations in MiSACWIS; see [FOM 903-9, Case Service Payments](#).

The DHS-93 should only be utilized for children who are in unpaid placements. The DHS-93 may also be used to pay for services for parents/guardians and caregivers but only as described in this item, and only after all other payment sources have been explored and exhausted.

**Psychological and
Psychiatric
Assessments**

Purpose: Psychological and/or psychiatric evaluation for a child, or for a parent or caregiver, as deemed necessary and appropriate; see [FOM 903-09, Case Service Payments](#).

Eligible persons:

- Child.
- Parent/guardian.
- Person responsible/caregiver.

Payment Maximum:

- Psychological: \$500.
- Psychiatric: \$800.

Payment sources which must be explored and exhausted, in order:

- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Local resources such as Community Mental Health, as eligible and available to the individual seeking service.
- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

**Substance Use-
Lab Screens and
Assessments**

Purpose: When drug/alcohol screens for parents or other persons responsible are necessary to ensure that permanency goals are achieved.

Eligible persons:

- Parent/guardian.
- Person responsible/caregiver.

Payment Maximum:

- Screen: \$100.
- Assessment: \$100.

Payment sources which must be explored and exhausted, in order:

- State contracted substance use screening service.
- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Treatment agency funds. If drug or alcohol screens are part of a substance use treatment program in which the client is enrolled, costs are to be covered by the treatment agency.
- Court, if court ordered.

Exception: The department assumes responsibility for payment if a recommendation was made in writing to the court to order the screen.

- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

Photocopies

Purpose: Copies of existing medical evidence from client's treating physician (for example, office notes, progress notes), hospital admitting and discharge summary, Workers Compensation medical records, other physical and mental health care providers.

Eligible persons:

- Parent/guardian.
- Person responsible/caregiver.
- Child.

Payment Maximum (only if payment is requested)

- \$5.00 for first 5 pages.
- Additional pages \$0.25 each.
- Maximum \$100 total.

Payment sources which must be explored and exhausted, in order:

- Parent pays.
- DHS-93.

JUVENILE JUSTICE PROGRAMS

Psychological and Psychiatric Assessments

Purpose: Psychological and psychiatric evaluation for a youth in out-of-home placement; see [FOM 903-9, Case Service Payments](#).

Eligible persons: Youth who are not title IV-E eligible.

Payment Maximum:

- Psychological: \$500.
- Psychiatric: \$800.

Payment sources which must be explored and exhausted, in order:

- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Local resources such as Community Mental Health, as eligible and available to the individual seeking service.
- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

Sex Offender Assessment

Purpose: To assess a youth, or reassess after treatment, to determine the risk level for a youth reoffending using a standardized juvenile sex offender risk assessment tool. To provide

professional recommendations or determine progress in treatment based on the results of the tool.

Eligible persons: Youth referred to MDHHS for delinquency care and supervision under MCL 400.55(h), and youth committed to MDHHS for delinquency care and supervision under 1974 PA 150.

Payment Maximum: \$500.

Payment source: DHS-93.

Substance Use- Lab Screens and Assessments

Purpose: When drug/alcohol screens for youth are necessary to ensure that case goals are achieved.

Eligible persons: Youth.

Payment Maximum:

- Screen: \$100.
- Assessment: \$100.

Payment sources which must be explored and exhausted, in order:

- State contracted substance use screening service.
- Parent/guardian provides information regarding private health insurance.

Note: DHS-93 can be used to pay the copay portion or other unpaid remaining balance after private health insurance payment.

- Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- Treatment agency funds. If drug or alcohol screens are part of a substance use treatment program in which the client is enrolled, costs are to be covered by the treatment agency.
- Court, if court ordered.

Exception: The department assumes responsibility for payment if a recommendation was made in writing to the court to order the screen.

- A case service authorization utilizing the appropriate service code and fund source.
- DHS-93.

DNA Sampling

Purpose: DNA samples are collected from youth only in specific instances; see [JJ2 265, DNA Profiling](#).

Eligible person: Youth.

Payment Maximum: \$40.

Payment source: DHS-93.

Photocopies

Purpose: Copies of existing medical evidence from client's treating physician (for example, office notes, progress notes), hospital admitting and discharge summary, Workers Compensation medical records, other physical and mental health care providers.

Eligible persons:

- Parent/guardian.
- Person responsible/caregiver.
- Youth.

Payment Maximum (only if payment is requested):

- \$5.00 for first 5 pages.
- Additional pages \$0.25 each.
- Maximum \$100 total.

Payment sources which must be explored and exhausted, in order:

- Parent pays.
- DHS-93.

POLICY CONTACT

Questions about this policy may be directed to the [Federal Compliance Mailbox](#).

CHILDREN'S PROTECTIVE SERVICES

Payments made from the DHS-93, Medical Service Authorization, are to be used as a last resort. All other alternative payment sources must be explored and exhausted prior to utilizing the DHS-93. The only allowable services that may be billed under Children's Protective Services on the DHS-93 are listed below.

MiSACWIS Service				
Service	Category	Type	Description	Maximum
Medical Examination and Assessment	Physical Health	Exam/ Screening	0028-Medical Exam/Evaluation	\$500
Child Sexual Abuse Examination	Physical Health	Exam/ Screening	0029-Child Sexual Abuse Exam	\$400
Second Opinion	Physical Health	Exam/ Screening	0030-Second Opinion-Medical Exam	\$400
Psychological Assessment	Mental Health	Evaluation	0034-Psychological Evaluation	\$500
Psychiatric Assessment	Mental Health	Evaluation	0031-Psychiatric Evaluation	\$800
Substance Use Lab Screen	Substance Abuse	Alcohol/Drug Screen	0032-Substance Abuse Screening	\$100
Substance Use Assessment	Substance Abuse	Assessment	0033-Substance Abuse Assessment	\$100
MRI	Physical Health	Other Medical	0020-MRI Without Contrast	\$700
CT Scan	Physical Health	Other Medical	0019-CAT Scan	\$500
X-Rays and Laboratory Studies	Physical Health	Other Medical	0018-X-Rays and Laboratory Studies	\$350
Photocopies	Physical Health	Other Medical	0001-Photocopies	\$100

FOSTER CARE

Payments made from the DHS-93, Medical Service Authorization, are to be used as a last resort. All other alternative payment sources must be explored and exhausted prior to utilizing the DHS-93. The only allowable services that may be billed under Foster Care on the DHS-93 are listed below.

MiSACWIS Service				
Service	Category	Type	Description	Maximum
Psychological Assessment	Mental Health	Evaluation	0034-Psychological Evaluation	\$500
Psychiatric Assessment	Mental Health	Evaluation	0031-Psychiatric Evaluation	\$800
Substance Use Lab Screen	Substance Abuse	Alcohol/Drug Screen	0032-Substance Abuse Screening	\$100
Substance Use Assessment	Substance Abuse	Assessment	0033-Substance Abuse Assessment	\$100
Photocopies	Physical Health	Other Medical	0001-Photocopies	\$100

JUVENILE JUSTICE PROGRAMS

Payments made from the DHS-93, Medical Service Authorization, are to be used as a last resort. All other alternative payment sources must be explored and exhausted prior to utilizing the DHS-93. The only allowable services that may be billed under Juvenile Justice on the DHS-93 are listed below.

MiSACWIS Service				
Service	Category	Type	Description	Maximum
Psychological Assessment	Mental Health	Evaluation	0034-Psychological Evaluation	\$500
Psychiatric Assessment	Mental Health	Evaluation	0031-Psychiatric Evaluation	\$800
Sex Offender Assessment	Mental Health	Evaluation	0034-Psychological Evaluation	\$500
Substance Use Lab Screen	Substance Abuse	Alcohol/Drug Screen	0032-Substance Abuse Screening	\$100
Substance Use Assessment	Substance Abuse	Assessment	0033-Substance Abuse Assessment	\$100

MiSACWIS Service				
Service	Category	Type	Description	Maximum
DNA Sampling	Physical Health	Exam/ Screening	0035-Blood Drawing for DNA Gene Coding	\$40
Photocopies	Physical Health	Other Medical	0001-Photocopies	\$100

I. OVERVIEW

Child Care Fund Handbook Published Policies and Procedures
Effective State Fiscal Year 2018.

**II. ACKNOWLEDGE-
MENTS**

[This Section is the acknowledgement of commitment and support provided to revising the County Child Care Fund policies by individuals and groups. The full acknowledgement can be found in the Handbook at:

http://www.michigan.gov/documents/mdhhs/CCF_Policy_and_Procedures_FY2018_558739_7.pdf].

**III. PURPOSE OF
THE CHILD CARE
FUND HANDBOOK**

This document comprises the “Child Care Fund Handbook” and is considered the "published policies and procedures" authority referred to in the Michigan Administrative Rules 400.2001(m).

This Child Care Fund (CCF) Handbook, in conjunction with Michigan statute, Administrative Rules, Michigan Supreme Court Juvenile Court Standards and Administrative Guidelines, Michigan Department of Treasury Accounting Procedures for Local Units of Government, and Michigan Case Law, provide the program authority for administering the CCF program.

**IV. INTRODUCTION
TO THE CHILD CARE
FUND****A. Historical
Background**

CCF reimbursement is a collaborative effort between Michigan’s circuit courts, county governments, state and local Department of Health and Human Services (MDHHS) offices, and tribes, which support programming for neglected, abused, and delinquent youth in Michigan. It originated in 1955 with a series of Foster Care bills designed to improve care for children under the jurisdiction of the juvenile courts by allowing the state to participate in cost-sharing with the counties. Between 1980 and 1997, the state placed an annual cap on the amount of CCF reimbursement available to each circuit court, which matched circuit court expenditures up to a fixed

dollar amount, and any expenses beyond that limit were the circuit court's responsibility. In 1997, the Michigan Supreme Court ruled the CCF cap illegal under Article IX, section 29 of the Michigan Constitution. This is commonly known as the maintenance of support clause or the "Headlee Amendment." As a result, the cap was removed and the State began to reimburse counties 50% of eligible CCF expenses.

Initially, CCF reimbursement was limited to youth in out-of-home placements such as foster homes or county-/court-operated facilities. In response to the Michigan Supreme Court decision referenced above, additional community-based, In-Home Care (IHC) treatment programming was developed by counties to further maximize local juvenile justice and child welfare funds. This type of programming strives to provide necessary services to prevent removal and allow children to remain at home. IHC efforts may also focus on early reunification for youth already in out-of-home placements.

IHC programming permits a large degree of local initiative and control, as services are based on the needs of the community. IHC programming may include day treatment, intensive probation, alternatives to detention, family counseling, job skills training, and community wraparound. Community-based programs have provided youth and their families the benefit of treatment in their local community resulting in a more stable environment while allowing the county to reduce the need for expensive out-of-home placements.

If the safety of the youth, the youth's family, or the community is at risk, an out-of-home placement may be required. The CCF reimburses for a variety of out-of-home placements including foster homes and court-/county-operated detention facilities, shelter care, and placement in other private child caring institutions.

B. Program Overview

The majority of programming supported by the CCF is designed and administered by Michigan's circuit courts, county governments, local MDHHS offices, and tribes. The services are created and paid for by circuit court funds based on the needs of the community. The State of Michigan oversees and administers required programming at the state level for youth placed in out-of-home care due to abuse or neglect cases. After expenditures have been incurred, requests

for reimbursement for eligible direct out-of-home placements and IHC services are made to MDHHS.

MCL 400.117a(4)(a) appoints MDHHS as the entity charged with developing and implementing CCF reimbursement policies and procedures. The state collaborates with county governments, circuit courts, and tribes to ensure high standards of integrity and accountability for public funds and government operations for the benefit of Michigan citizens. State MDHHS staff are also charged with providing technical assistance and training on CCF policies and procedures.

To receive CCF reimbursement, an Annual Plan & Budget (AP&B) must be approved by MDHHS. County governments, circuit courts, and local MDHHS offices collaborate in the development of the AP&B before submission for approval. Each local collaborative or tribe must submit a detailed list and description of the services they will provide to meet the child welfare and juvenile justice needs of the community along with the projected expenditures for the upcoming fiscal year. Budgets are reviewed by the state MDHHS office to determine whether the programs, as described, meet reimbursement eligibility as outlined in the statute, CCF Administrative Rules, and this Handbook. Once the budget is deemed appropriate for reimbursement, the state will approve the budget and reimbursement requests may be submitted.

Each monthly reimbursement request is reviewed and approved by state MDHHS prior to reimbursement. However, circuit courts, county governments, local MDHHS offices, and tribes must participate in periodic site reviews by state MDHHS to assure actual programming and expenditures comply with statute, CCF Administrative Rules, and this Handbook. If a variance is found between original reimbursement requests and actual programming and expenditures, these reviews may result in a corrective action plan and/or recoupment.

The MDHHS receives an annual, legislatively-appropriated budget to support CCF reimbursement-eligible programs and placements for eligible child welfare and juvenile justice youth as defined below:

- An MDHHS youth in either a Category I or II Children's Protective Services case, or
- Any youth in a court ordered MDHHS-supervised foster care placement, or

- A delinquent youth for whom a petition, complaint, or referral has been filed and accepted by the court, and who:
 - Receives IHC intensive services, **or**
 - Is placed in court ordered out-of-home care, **or**
 - Has a plan for early exit from out-of-home care.

V. PROGRAM AUTHORITY

A. Michigan Statute

Michigan statute appoints MDHHS as the entity charged with developing and implementing CCF reimbursement policies and procedures. Chapter 400 of the Michigan Compiled Laws (MCL), entitled “The Social Welfare Act”, provides specific language regarding juvenile justice services and CCF reimbursement. This language begins in sections MCL 400.117a et al and MCL 400.73a through MCL 400.74.

Additional legal authority that relates to CCF and juvenile justice programming includes but is not limited to:

- Michigan Probate Code, MCL 712A.1
- Michigan Probate Code, MCL 712A.25
- Michigan Probate Code, MCL 710.29
- Michigan Children’s Institute Act, MCL 400.207
- Child Care Organization Law, MCL 722.111 *et seq.*
- Youth Rehabilitation Services Act, MCL 803.302
- County Juvenile Officer Payments, Public Act 22 of 1919, MCL 400.251-254.¹
- Foster Care and Adoption Services Act, MCL 722.951 *et seq.*

¹ Sections 252 and 254 are exclusive to persons employed as a County Juvenile Officer prior to October 1, 1980

- Michigan Department of Health and Human Services Annual Appropriation Act

To the extent the CCF Handbook contradicts statute or Administrative Rules, statute or Administrative Rules supersede.

B. Administrative Rules

An Administrative Rule is an agency's written regulation, statement, standard, policy, ruling, or instruction that has the effect of law. A state agency writes rules under authority of state statute, the Michigan Administrative Procedures Act, the Michigan Constitution, and applicable federal law.²

MCL 24.207 defines the term "rule" as follows:

*An agency regulation, statement, standard, policy, ruling, or instruction of general applicability that implements or applies law enforced or administered by the agency, or that prescribes the organization, procedure, or practice of the agency, including the amendment, suspension, or rescission of the law enforced or administered by the agency.*³

Administrative Rules were established, in part, to prevent arbitrary decision making by state agencies delegated the authority to implement and apply law. The Michigan Department of Licensing and Regulatory Services (LARA) is the entity charged with the promulgation of CCF Administrative Rules.

The CCF has promulgated Administrative Rules 400.2001 through 400.2049, which are specific to CCF reimbursement. Additionally, definitions for terminology such as, but not limited to intensive service, direct service, and in-home care are contained within the first section of the CCF Administrative Rules. The MDHHS also has applicable Administrative Rules specific to State Juvenile Wards and Licensing for Child Care Institutions and Child Placing Agencies.

- The Child Care Fund, R400.2001 - 400.2049
- State Juvenile Wards, R400.321 - 400.371

² http://www.michigan.gov/budget/0,4538,7-157-76309_35738_5694---,00.html

³ Administrative Procedures Act of 1969 (Act 306)

- Licensing for Child Care Institutions and Child Placing Agencies, R400.12101 – 400.12713

C. State Court Administrative Office

Michigan Supreme Court Juvenile Court Standards and Administrative Guidelines for the Care of Children (Supreme Court Administrative Order 1985-5, Administrative Order No. 1988-3, 430 Mich xcix and by order of May 19, 2009, effective September 1, 2009): These are minimum standards established in order to qualify for employment as a court administrator, supervisory personnel, county juvenile officer, probation officer, caseworker, and personnel of court-operated facilities.

D. Michigan Department of Treasury Accounting Procedures for Local Units of Government

All direct expenditures for which state reimbursement is claimed shall be recorded in the county CCF (Fund 292) in the county's expenditure accounts specified in the publication entitled "Accounting Procedures Manual for Local Units of Government in Michigan" issued by the Michigan Department of Treasury. All local units of government in Michigan are required to use the Uniform Chart of Accounts, which was developed under the authority of Public Act 2 of 1968, as amended (MCL 141.421); and Public Act 71 of 1919, as amended (MCL 21.41-55).

See the Local Government Financial Services section of the Michigan Department of Treasury website for the full "Accounting Procedures Manual for Local Units of Government in Michigan".

E. Case Law

The case law identified below contains information relevant to the operation of the state CCF reimbursement program.

Oakland County v Michigan, 456 Mich 144; 566 NW2d 616 (1997)

Ottawa County v FIA, 265 Mich App 496; 695 NW2d 562 (2005)

In Re CM and AM, Minors, 498 Mich 900; 870 NW2d 916 (2015)

VI. CHILD CARE FUND PROGRAMMING

CCF is the primary fund source for serving delinquent, neglected, and/or abused youth. Each Michigan county/tribe has a specific account for their CCF, which is funded primarily through county tax dollars and donations. The state supports the county's CCF with a 50% reimbursement on eligible direct costs. Other available fund sources are Federal Title IV-E funds and State Ward Board and Care funds; however, these fund sources are paid through the state with either a federal or county reimbursement to the state. The CCF is the fund source of last resort for services not provided for under other state or federal funding programs such as Title IV-E or Medicaid.

The goal of CCF reimbursement is to ensure funding for programs that provide services aimed at keeping children in their homes through successful intervention and rehabilitation for juveniles and to assist with achieving permanency for children in a safe and timely manner. CCF reimbursement assists with costs for intensive IHC services, out-of-home placements, and related supportive services such as drug screening and therapy.

A. In-Home Care Program

R 400.2009 In-home care

An IHC program is intended to provide early intervention services for youth who are within, or likely to come within the jurisdiction of the family court for delinquency, abuse or neglect and/or those affecting a youth's early return to his or her home from foster care or institutional care.

Authorizations for state reimbursement for IHC expenditures are subject to the determination of MDHHS and approved in the AP&B. Vendors used in a CCF-reimbursed IHC program must comply with the CCF Handbook and reimbursement requirements. Vendor means a dealer, distributor, merchant, or other seller providing goods or services that are required for the conduct of the program.

IHC programs for youth who are within or likely to come within the jurisdiction of the circuit courts or tribal court must **completely fulfill one of the four** circumstances below:

1. Service is an alternative to out-of-home care **and all** of the following apply:
 - a. Written complaint, referral, or petition has been received and accepted by the court.
 - b. Expenditures are not for judicial costs.
 - c. Services are intensive; “intensive service” as defined in the CCF Administrative Rules means that the worker⁴-to-case ratio is not more than 1 to 20 and that there is not less than an average of one face-to-face⁵ contact per week⁶ during the period a case is open for service.
 - d. The parent/guardian/custodian and the youth have agreed in writing to receive IHC services, OR, A temporary order has been entered placing the child in IHC pending an adjudication hearing.
2. Service is provided to youth who are ordered into IHC at the dispositional hearing as an alternative to out-of-home care **and all** of the following apply:
 - a. Expenditures are not for judicial costs.
 - b. Services are intensive and are not provided through existing state and/or federal programs, regardless of eligibility.
3. Case service payments used to accelerate the early return of youth from foster care, institutional care, or other out-of-home care **and all** of the following apply:

⁴ “Worker” is defined as the assigned case manager.

⁵ Contact by phone, text, email, Skype, Facetime or any other technology-based medium is **not** an allowable substitute for face-to-face contact.

⁶ If a youth ordered into an intensive IHC program requires temporary or short-term out-of-home placement in a residential or treatment facility, face-to-face contacts may occur once per 30-day time period during the term of the out-of-home placement.

- a. Case plan identifies an early return goal.
 - b. Services may be provided to the family during the time the youth is in placement and may be continued after the family is reunified.
4. The local MDHHS may provide IHC services for Category I and II Children's Protective Services cases (or equivalent in tribal law cases), provided that one of the following apply to the service:
- a. It is ordered as an alternative to out-of-home care, **or**,
 - b. It prevents the need to petition the juvenile court for removal or prevent placement in voluntary foster care, **or**,
 - c. It accelerates an early return home and services are directed at the family/parent/guardian/anticipated placement for the youth.

Non-Scheduled Payments (Case Services Payments)

The eligibility of items covered under non-scheduled payments (NSP) is reflected in the specific items outlined in the "Case Services Payments" section⁷ of the State of Michigan's Foster Care Manual. These expenditures are child/case-specific services or items that are not covered in an established board and care rate. Non-scheduled payments for items varying from these parameters must be outlined in the county's approved CCF AP&B.

Payments for these items will in most cases be made to foster parents, the agency providing care for the child, or the provider of the service. When requesting reimbursement for NSPs in monthly reporting, the specific reason (clothing allowance, foster parent travel, etc.) for the NSP must be identified within the monthly reimbursement request.

Requests for reimbursement of bulk purchases such as bus passes or instant drug tests should be made at the time the bulk purchase is made and reflected on the General Ledger. However, because items must track back to an individual child/case, a dissemination record should be maintained as to which child/family was provided

⁷ Children's Foster Care Manual: Case Service Payments FOM 903-9

the service. This information may be requested at the time of an On-Site Monitoring Review.

B. Out-of-Home Program

R 400.2008 County child care fund expenditure reimbursement; eligibility.

(2) Eligibility for court subaccount out-of-home care

(3) Eligibility for county department subaccount for out-of-home care

Foster Care, Independent Living, and Institutional Care Placements are considered out-of-home placements. The definitions of these terms can be found in the *Glossary of Definitions*. Handbook.

The MDHHS reimburses 50% of board and care expenditures for youth in eligible abuse/neglect or juvenile justice out-of-home placements. Neglect/abuse placement eligibility is determined by MDHHS statewide foster care policy.⁸ Eligible placements include youth living in licensed family foster homes, independent living placements, or a licensed child caring institution.

Examples of board and care expenditures that are **not** considered an eligible out-of-home placement include:

1. Board and Care payments to unlicensed relative or kinship placements.
2. Administrative rates for private agency foster care (PAFC) oversight of:
 - a. Unlicensed relative/kinship placements.
 - b. Supervision of case after youth has returned home.
3. Administrative rates for court foster homes.

Board and care rates may not exceed state-established per diem, determination of care (DOC), or contracted rates cost unless an exception has been properly approved by the Family Court Judge or the County Department of Health and Human Services Director.

⁸ State of Michigan Children's Foster Care Manual (FOM) <https://dhhs.michigan.gov/olmweb/ex/html/>

Juvenile Justice youth are often solely under the supervision of the courts. Circuit courts create in-home and out-of-home programming for youth involved in these cases. To ensure proper reimbursement of the Circuit Court established out-of-home programs, these programs must be identified in one of two manners:

1. Within the County/Tribe's submitted AP&B. A detailed program description should include costs, rates, and exception payment request policies specific to the programming.
2. An indication that all programming rates will follow already-established state guidance and rates. For example, *Treatment Foster Homes* programming would follow the state-established guidance and rates outlined for *Treatment Foster Homes* in State of Michigan Foster Care policy FOM 903-08.

If the County/Tribe does not establish a process for determining commonly allowable payments and exceptional request payments as deemed appropriate by the Circuit Court, the expectation will be that state policy and rates will be followed for all out-of-home care programs and expenses.

Non-Scheduled Payments (Case Services Payments)

The eligibility of items covered under non-scheduled payments (NSP) is reflected in the specific items outlined in the "Case Services Payments" section⁹ of the State of Michigan's Foster Care Manual. These expenditures are child/case-specific services or items that are not covered in an established board and care rate. Non-scheduled payments for items varying from these parameters must be outlined in the county's approved CCF AP&B.

Payments for these items will in most cases be made to foster parents, the agency providing care for the child, or the provider of the service. When requesting reimbursement for NSPs in monthly reporting, the specific reason (clothing allowance, foster parent travel, etc.) for the NSP must be identified within the monthly reimbursement request.

Requests for reimbursement of bulk purchases such as bus passes or instant drug tests should be made at the time the bulk purchase is made and reflected on the General Ledger. However, because

⁹ Children's Foster Care Manual: Case Service Payments FOM 903-9

items must track back to an individual child/case, a dissemination record should be maintained as to which child/family was provided the service. This information may be requested at the time of an On-Site Monitoring Review.

C. Basic Grant

MCL 400.117e

(1) A county having a population of less than 75,000 is eligible to receive an annual basic grant of state money of \$15,000.00.

(2) To be eligible to receive state financial support under subsection (1), a county shall meet the requirements of this act. A county shall not be required to contribute matching funds to receive state financial support under subsection (1).

(3) A basic grant may be used only to supplement added juvenile justice service costs and shall not be used to replace county money currently being expended on juvenile justice services.

(4) The office shall establish qualifying criteria for awarding the basic grants and may specify conditions for each grant.

(5) To provide for early intervention to treat problems of delinquency and neglect within the child's home and to expedite a child's return to his or her home, the office may expend money from the child care fund or from other sources authorized in legislative appropriations for new or expanded programs, if the office determines that the programs are alternatives to out-of-home institutional or foster care. The office shall establish criteria for the approval of expenditures made under this subsection. The office shall submit to the legislature and the governor a report summarizing and evaluating the implementation of this subsection and containing recommendations for its future use.

R 400.2010 Basic Grant programs; reimbursement eligibility.

Basic grant funding is a \$15,000 annual fund source for counties with a population of less than 75,000. Unlike most CCF reimbursements, basic grant funds are reimbursed at 100% up to the \$15,000. A county must request basic grant funds within the AP&B that is submitted to MDHHS. Reimbursement cannot be made if not reflected in the county's approved AP&B.

Basic grant funding may be used in the following scenarios:

1. To support programs for youth under court jurisdiction.

Or

2. The youth have a minimum of two risk factors and it is documented within the program description. The eligible criteria are the following risk factors:
 - a. History of confirmed abuse and/or neglect of the youth.
 - b. History of school truancy, suspensions, or expulsions.
 - c. Youth has run away from home.
 - d. Use of alcohol or drugs.
 - e. Ineffective, inconsistent, or nonexistent parental control.
 - f. Negative or delinquent peer relationships.

Or

3. The circuit court, county government, or tribe will use the grant to create or expand current programs that have been proven to be alternatives to out-of-home placements for delinquent or neglected/abused youth.

Limitations of Basic Grant Funds

The Basic Grant cannot be used to supplant or duplicate existing service costs or to pay for any judicial functions that are the responsibility of the court.

Basic Grant funds cannot be used to pay salaries and benefits for contracted providers. It is recommended that private contractors are retained based on a unit rate.

Basic Grant funds cannot be used to pay for basic family needs otherwise available through other federal or state public assistance programs.

VII CHILD CARE FUND FISCAL FACTORS AND REPORTING

A. Introduction to CCF Reimbursement

Pursuant to MCL 400.117a, the department shall reimburse the county treasurer or tribe 50% of all approved direct expenditures of

eligible child care services. Only direct expenditures incurred by the circuit courts, county governments, and tribes that are related to services for CCF-eligible youth are allowable for reimbursement. The expenditures must be recorded in the county government or tribe's accounting system and should not be estimated, expected, encumbered, or future expenditures.

A CCF direct expenditure eligible for 50% state reimbursement will:

- Be associated with a program that is certified by the presiding judge of the court, director of the county department, and chairperson of the county board of commissioners, county executive, or designated tribal leadership, and approved in the AP&B; **and**
- Provide or support a direct service to an identifiable CCF-eligible youth under court jurisdiction (as defined below); **and**
- Comply with the CCF Reimbursable Expenditures language of this handbook; **and**
- Have associated costs, eligibility, and services documented.

Pursuant to MCL 400.117e, a county having a population of less than 75,000 is eligible to receive an annual basic grant of state money reimbursed at 100% up to the \$15,000. A basic grant may be used only to supplement added juvenile justice service costs and shall not be used to replace county money currently being expended on juvenile justice services. Additionally, a basic grant may provide for early intervention to treat problems of delinquency and neglect within the child's home and to expedite a child's return to his or her home. The Basic Grant cannot be used to supplant or duplicate existing service costs or to pay for any judicial functions that are the responsibility of the court.

CCF-eligible youth are involved with the child welfare (neglect/abuse) and/or juvenile justice system as outlined below:

- Category I or II Children's Protective Services case, **or**
- Court ordered foster care case, **or**
- A delinquent youth for whom a petition, complaint, or referral has been filed and accepted by the court, **and**
 - Receives intensive services, or

- Involved in court ordered out-of-home care.

Note: If one party fails to cooperate in the reimbursement process, either party shall contact MDHHS administration and request it document the issue, forwarding such documentation to the party reporting the concern.

B. CCF Reimbursable Expenditures

Out-of-Home Care

Pursuant to Michigan Administrative Rule 400.2008, the following provisions shall apply to expenditures for out-of-home care in order for these expenditures to be eligible for state CCF reimbursement:

- (a) The care is ordered by the court and the child is supervised by the court or the county MDHHS department; **or**
- (b) The care is voluntary **and all** the following provisions apply:
 - (i) The child is under 18 years of age.
 - (ii) A written, signed agreement has been received from the child's parent, legal guardian, or other custodian.
 - (iii) The agreement specifies the amount of financial support required from the parent.
 - (iv) Financial need is not the sole reason for the request for out-of-home care.
- (c) A county department supervising children funded through the CCF shall document that it is approved as a child placing agency pursuant to the provisions of 1973 PA 116, MCL 722.111 *et seq.*

Foster Care

"Foster care" means care provided to a juvenile in a foster family home, foster family group home, or child caring institution¹⁰ licensed or approved under 1973 PA 116, MCL 722.111 to 722.128, or care provided to a juvenile in a relative's home under a court order. MI Probate Code 1939, PA 288, MCL 712A.13a (1)(e).

Expenditures for per diem rates for youth placements, including Determination of Care Rates as outlined in Foster Care Policy, may be reimbursable and reported on the DHS-207 or DHS-206B including:

- Court Supervised Youth – defined as the youth directly supervised by an employee of the court.
- Placement Agency Foster Care (PAFC)/Private Agency Supervised Youth - defined as the youth with case supervision provided by an MDHHS contracted agency.

Independent Living

Expenditures for per diem rates for youth placements, as outlined in Foster Care Policy, that may be in the youth's own residence, living in the residence of an adult who has no supervisory responsibility for the youth, but which is not reimbursable for Title IV-E, may be reimbursable and reported on the DHS-207 or DHS-206B. This may include placements in any of the following residences:

- Rental Home/Apartment.
- College Dormitory.
- Unrelated Caregiver.
- Licensed/Unlicensed Relative Home.
- Friend/Partner Home.

Institutional Care Costs

Institutional Care reimbursement is covered in two specific areas of service provision: per diem purchased residential care and certain expenditures associated with county/court-operated youth facilities.

¹⁰ Although the foster care definition includes child caring institutions, costs for child care institutions cannot be included in the family foster care line on DHS 206b/207. Child Care Institution expenditures should be reported in the *Institutional Care* section of DHS-206b/207.

Purchased Residential Care

Purchased residential care is paid based on a per diem rate basis inclusive of all institutional costs, including administrative, social service, and child maintenance expenses.

MDHHS-supervised Foster Care youth may only be placed in residential placements that have an MDHHS contract or non-contracted rate in place, per State of Michigan Foster Care policy FOM 903-04 and FOM 905-3.

MDHHS-supervised Juvenile Justice youth should be placed in coordination with the Juvenile Justice Assignment Unit, per State of Michigan Juvenile Justice policy JJ4-410 and JJ7-700.

Court-supervised Juvenile Justice youth should be placed in a residential facility that has either a contracted per-diem rate or a non-contracted per-diem rate in place.

The cost of care for youth placed in facilities owned by the state of Michigan and licensed as a private child care institution should conform to the state-established rate per Administrative Rule R400.2024 (f) unless an exception has been properly approved by the Family Court judge or the county Department of Health and Human Services director.

Many non-scheduled payments are not available to children in institutional residential placements as these items are already included in the institutional rate.

County-/Court-Operated Institutional Care Costs

Direct Expenditures for out-of-home care by the court, and/or the tribal/county MDHHS, which may be reimbursable and reported on the DHS-207 or DHS-206B, include:

1. Salaries of county/court-operated detention center/shelter care/group care facility specific employees, limited to:
 - a. Management staff of facility.
 - b. Direct Service staff of facility.
 - c. Mental Health staff of facility.
 - d. Support Staff including clerical staff of facility.

- e. Janitorial/Maintenance staff of facility¹¹.
 - f. Kitchen staff of facility.
 - g. Security staff of facility.
 - h. Circuit Court employee salaries who support the CCF county/court-operated detention center/shelter care/group care facility.
2. Fringe benefits (including Payroll Taxes, Medical, Vision & Dental Insurance, Group Life Insurance, Disability Insurance, Accident Insurance, Health Savings Accounts, Retirement Contributions, Worker's Compensation, and Accrued Severance Benefits) of county/court-operated detention center/shelter care/group care facility specific employees and Circuit Court administration who administrate and support the CCF county/court-operated detention center/shelter care/group care facility.
 3. Clothing for children.
 4. Food for children.
 5. Meals furnished to staff who are on duty at a county/court-operated detention center/shelter care/group care facility and assigned responsibilities for the supervision and care of the youth during facility mealtime.
 6. Hygiene supplies for children (shampoo, soap, toothpaste, etc.).
 7. Education costs for children who are temporary residents in a county/court-operated detention center/shelter care/group care facility and school attendance in a public school system or their local education agency is not an option.
 8. Utilities of county/court-operated detention center/shelter care/group care facility including water, gas, electric, trash, and sewer.
 9. Janitorial supplies of county/court-operated detention center/shelter care/group care facility.

¹¹ Includes facility/grounds staff.

10. Kitchen supplies of county/court-operated detention center/shelter care/group care facility.
11. Laundry supplies/service of county/court-operated detention center/shelter care/group care facility.
12. Linen supplies/service of county/court-operated detention center/shelter care/group care facility (including towels and bedding).
13. Office supplies that are dedicated solely to the county/court-operated detention center/shelter care/group care facility.
14. Phone landlines, cell phones, and two-way radios used for communication that are dedicated solely to the county/court-operated detention center/shelter care/group care facility.
15. Copy machine charges that are dedicated to the county/court-operated detention center/shelter care/group care facility.
16. Mattress, box spring, and bed frames used in county/court-operated detention center/shelter care/group care facility.
17. Medical, dental, psychological, and psychiatric services, including medication, for children who are not covered by another source; services used to determine competency are excluded.
18. Periodicals/books of county/court-operated detention center/shelter care/group care facility.
19. Recreational supplies/programs/TV in a county/court-operated detention center/shelter care/group care facility.
20. Training for CCF-funded staff and in-service education directly related to the Out-of-Home program (excluding tuition grants or scholarships for college credit).
21. Mileage reimbursement rate costs for transporting children of a county/court-operated detention center/shelter care/group care facility. (Mileage reimbursement rates used must adhere to the county/tribe published rates. Mileage reimbursement rates are meant to cover all costs of operating a vehicle including maintenance, repairs, taxes, gas, insurance, and registration fees.)
22. Drug testing for children.

23. Birth certificates for children.
24. Incentives for youth.
25. Interpreter fees for non-judicial processes.
26. Printing, binding, postage for materials relating to the education and/or correspondence relating to children in the county/court-operated detention center/shelter care/group care facility.
27. Membership dues/fees – professional credential maintenance of staff who provide or support a service to children under the CCF and/or professional staff for whom professional licensure is required in their respective job description.
28. Contracted personnel, programming and/or services¹².
29. Non-scheduled payments.

Expenditures by the court, and/or the tribal/county MDHHS, which are not reimbursable and should not be reported on the DHS-207 or DHS-206B for out-of-home care include:

1. General Fund expenditures including salaries of employees who peripherally support CCF activities (including county treasurer, county HR department, county law enforcement and county IT department).
2. Construction and other capital improvement costs.
3. Property and capital equipment expenditures (including purchases of appliances).
4. Facility grounds and building maintenance costs (with the exception of salary/fringes costs of maintenance staff of facility).
5. Repairs and maintenance of equipment.
6. Facility-specific equipment purchases and leases.

¹² Contractual arrangements must meet standards set by the county, be monitored by the county, and be eligible for reimbursement.

7. Software and technology costs for CCF programs and/or services to children.
8. Insurance – liability.
9. Services that were already accounted for under IHC.
10. Rental/use costs for building(s).
11. Judicial expenditures.

Any Administrative/Indirect Expenditures for out-of-home care by the circuit court, county governments, local MDHHS and/or tribes should **not** be reported anywhere on the DHS-207 or DHS-206B as a “Direct Expenditure”. An “Administrative/Indirect Cost” allotment equal to 10% of the “*Total Adjusted Expenditures Subject to Reimbursement at 50%*” (Gross Expenditures) line on the monthly DHS-207 or DHS-206B will be calculated and distributed with every approved monthly 207/206b reimbursement payment. Given that these costs are not reported on the DHS-207 or DHS-206b, no Detailed General Ledger/Transaction Level History Report will be required or reviewed to support the expenditures covered with this allotment.

IHC

The IHC option of the CCF may be used for a delinquent youth for whom a petition, complaint, or referral has been filed and accepted by the court to provide for intervention to treat problems of delinquency and abuse/neglect. In-home services are reimbursable in the following situations:

- (a) In-home care is provided as an alternative to removal from home and placement in detention or other out-of-home care.
- (b) In-home care is used to accelerate the early return of a youth from foster care, institutional care, or any other out-of-home care.¹³
- (c) In-home care services for substantiated Children’s Protective Services cases referred to the county MDHHS department if all the in-home care services prevent the need to petition the court

¹³ IHC services for early return home do not require the application of intensive caseload ratio and contact standards.

for removal or will accelerate the return of a youth from out-of-home care. Substantiated Children's Protective Services cases are those disposed as Category I or Category II.¹⁴

- (d) Non-Scheduled Payments (also called 'case services payments') are not made to cover basic family needs otherwise provided through existing state and/or federal programs, regardless of eligibility.

Direct Expenditures for IHC by the court, and/or the tribal/county MDHHS, which may be reimbursable and reported on the DHS-207 or DHS-206B, may include:

1. Circuit court employee salaries who support the CCF IHC program.
2. Fringe benefits (including Payroll Taxes, Medical, Vision and Dental Insurance, Group Life Insurance, Disability Insurance, Accident Insurance, Health Savings Accounts, Retirement Contributions, Worker's Compensation, and Accrued Severance Benefits) of Circuit court employees who administrate and support the CCF IHC program.
 - a. For those counties that receive the Juvenile Court Officer (JCO) grant and the appointed JCO works within an approved program, the proportional fringe benefits (as listed above) for the JCO may be reimbursable.
3. Mileage reimbursement rate costs associated with the CCF IHC program. (Mileage reimbursement rates used must adhere to the county/tribe published rates. Mileage reimbursement rates are meant to cover all costs of operating a vehicle including maintenance, repairs, taxes, gas, insurance, and registration fees.)
4. Program supplies and materials.
 - a. Program specific supplies including risk/needs assessments, recognition plaques, and educational/program licenses.

¹⁴ Michigan Child Protection Law, MCL 722.622(cc) and MCL722.622(dd)

- b. Office supplies related to program activities and pro-social activities.
 - c. Food related to program activities and pro-social activities.
 - d. Drug test kits.
 - e. Tethers and other forms of electronic monitoring.
5. Other Costs.
- a. Cell phones and other safety tracking technology for CCF funded staff.
 - b. Training for CCF-funded staff and in-service education related to the IHC component (excluding tuition grants or scholarships for college credit).
 - c. Education costs for children who are prohibited from school attendance in a public school system or their local education agency and/or have severe educational issues and have been court ordered into a CCF funded educational program.
 - d. Printing, binding, copies, postage for materials that support the CCF IHC program.
 - e. Membership dues/fees – Professional credential maintenance of staff who provide or support a service to children under the CCF and/or professional staff for whom professional licensure is required in their respective job description.
 - f. Business cards.
6. Other program specific activities costs (including “entrance fees” for programs).
7. Conferences/travel costs (other non-CCF related trainings) including evidence-based and promising practices training.

8. Contracted personnel, programming and/or services¹⁵ including but not limited to:

Unit cost contracts

- a. Contracted - drug testing – lab (per “drug test” basis).
- b. Contracted - counselor fees – (per “hour” basis).
- c. Contracted - group session \$/session (per “session” basis).
 - i. Group roster documentation required.
- d. Contracted - psychological evaluations, excluding competency examinations – (per “evaluation” basis).
- e. Contracted - service providers (per “service” basis).

Closed-end contracts¹⁶

- a. University contracts (including “program evaluation”).
 - b. Private agency services contracts.
 - c. Educational services contracts.
 - d. Court Appointed Special Advocate (CASA) contracts¹⁷.
 - e. Wraparound contracts.
 - f. Other contracts identifiable to the program.
9. Non-scheduled payments (also called ‘case services payments’); are defined as “payments to individuals or organizations for items specified and defined in the CCF Handbook which are not included in the state-established per diem rate.” The payments may include but not limited to the following list:

¹⁵ Contractual arrangements must meet standards set by the county, be monitored by the county, and be eligible for reimbursement.

¹⁶ Closed-end contracts must include a report reflecting number of children served; CCF reimbursement is not allowed for contracted services not actually rendered.

¹⁷ Exclusively used in child abuse/neglect cases.

- a. Emergency costs (immediate food, clothing, or medical/dental needs, which are not covered by another source).
- b. Gymnasium or other prosocial activity requiring a membership per child related to program activities.
- c. Rewards/incentive pay for youth related to program activities.
- d. Bus tokens /gas cards related to program activities.
- e. Mentor costs - meals, mileage, movies, and social costs related to program activities.
- f. Non-contracted service provider related to program activities.
- g. Non-contracted group session related to program activities.
- h. Non-contracted psychological evaluations, excluding competency examinations.
- i. Family assessment/evaluations.
- j. Non-contracted counselor fees.
- k. Non-contracted drug testing – labs.
- l. Camps/field trips.
- m. Birth certificates for children.

Expenditures by the court, and/or the tribal/county MDHHS, which is not reimbursable and should not be reported on the DHS-207 or DHS-206B for IHC include:

1. General Fund expenditure including salaries of employees who peripherally support CCF activities (including county treasurer, county human resources department and county IT department).
2. Construction and other capital improvement costs.

3. Property and capital equipment expenditures (including purchases/leases of appliances, computers vehicles, and fleet Transportation costs).
4. Repairs and maintenance costs – equipment.
5. Repairs and maintenance costs – building.
6. Software and technology expenditures.
7. Software general leases (for software and technology used for general support of court process).
8. County office supply allocation charges.
9. County phone landline allocation charges.
10. County copier allocation charges for purpose of IHC programs
11. Printing, binding, copies, postage for court processes and county business.
12. Insurance – liability.
13. Services that were already accounted for under IHC.
14. Membership dues/fees – professional credential maintenance – Not included as required in an employee’s job description.
15. Judicial expenditures.

Any Administrative/Indirect Expenditures for IHC programs administered by the circuit court, county government, local MDHHS and/or tribes should **not** be reported anywhere on the DHS-207 or DHS-206B as a “Direct Expenditure”. An “Administrative/Indirect Cost” allotment equal to 10% of the “*Total Adjusted Expenditures Subject to Reimbursement at 50%*” (Gross Expenditures) line on the monthly DHS-207 or DHS-206B will be calculated and distributed with every approved monthly 207/206b reimbursement payment. Given that these costs are not reported on the DHS-207 or DHS-206b, no Detailed General Ledger/Transaction Level History Report will be required or reviewed to support the expenditures covered with this allotment.

Non-Reimbursable Expenditures and Unallowable Costs (Out-of-Home and IHC)

Expenditures for programs by the court, and/or the tribal/county MDHHS which are not reimbursable from the CCF as a direct or administrative/indirect cost and which should not be reported on the DHS-207 or DHS-206B monthly reports include, but are not limited to, the following:

1. Advertising/marketing costs.
2. Advisory councils as part of a judicial procedure.
3. Alcoholic beverages.
4. Contracted audit costs, cost allocation costs or other related financial services.
5. Bonding costs of county employees.
6. Public notices.
7. Cost of caring for youth determined to be developmentally delayed, cognitively impaired or mentally ill under the court's probate powers and placed in foster care while awaiting admission to a state institution.
8. Defense or prosecution of criminal and civil proceedings, claims, appeals, and patent infringement.
9. Depreciation, use allowances or amortization for property, building, or permanent/fixed equipment.
10. Cost for board and care or administration rate for temporary court ward placed in non-licensed placements.
11. Expenditures made from the CCF for youth committed to the MDHHS under Public Act 150 or Public Act 220 for foster care, institutional care, community justice centers, shelter homes, residential care centers, training schools, youth camps, and/or independent Living.
12. Fines and penalties.
13. Fund raising costs.
14. Investment management costs.

15. Gifts, plaques and/or recognition dinners for staff, foster parents and/or volunteers.
16. Goods or services for personal use of the employee.
17. Housing and personal living expenses of the employee.
18. Labor relations costs.
19. Lobbying.
20. Royalties and other costs for use of patents and copyrights.
21. Taxes (other than payroll).
22. Termination and non-accrued severance costs.
23. Basic family needs that are otherwise available through the following:
 - Medical assistance
 - Public assistance programs
 - Public education system
 - Private insurance
 - Parental payment
 - A state or local mental health fund
 - Social Security
 - Supplemental security income
 - Veterans administration
 - Federal grants
24. Expenditures that are funded by other local, state, and federal governmental entities are not eligible for reimbursement by the CCF. However, these funds may be used to offset or supplement the total cost of a program. The Department shall provide individual consultation upon request by county. See the example below.

Truancy Diversion Program	Cost	Notes
Department of Education Grant	\$50,000	Not reimbursable
County CCF AP&B	\$40,000	Reimbursable
<i>Total Expenditures</i>	<i>\$90,000</i>	Total Truancy Diversion Program Expenditures
<i>CCF Reimbursement @ 50%</i>	<i>\$20,000</i>	Based on \$40,000 County CCF AP&B

C. Annual Plan & Budget

To be eligible for CCF reimbursement, each circuit court, county government, local MDHHS, or tribe must submit an AP&B on or before August 15 in the CCF-MiSACWIS. The CCF-MiSACWIS is a web-based, secure, encrypted program accessible only with a user ID and password provided by the MiSACWIS security administrator. MiSACWIS allows the courts, tribes, and local MDHHS offices to complete a budget and amend an approved budget. The forms are electronically generated and approved by the circuit court, county government, local MDHHS, or tribe. The forms are then submitted to, reviewed and approved by the MDHHS.

MiSACWIS will allow the circuit court, county government, local MDHHS, or tribe to start working on the budget documents for an upcoming fiscal year starting on May 1. The online budget documents consist of forms to be completed in MiSACWIS. As forms are entered into MiSACWIS, all calculations will be automatically carried through to other forms in the system. The forms and documents are required to be completed on or before August 15 include:

1. In-Home Care/Basic Grant Program/Budget Detail Report & Request (DHS-2094/4471).
2. County Child Care Budget Summary (DHS-2091).
3. In-Home Care Certification (DHS-167).
4. Basic Grant Certification (DHS-168), if applicable.
5. Descriptions of court/county-operated facilities, if applicable.
6. Current county contact information.

7. Chart of accounts (including descriptions and coding).
8. Employee Activity Certification.
9. DHS-2091 Supplement Form - required MDHHS Excel Form uploaded into MiSACWIS to provide details/support for the DHS-2091.
10. Annual Reimbursement Crosswalk Form - required MDHHS Excel Form uploaded into MiSACWIS to provide General Ledger crosswalk details to support future 207/206b requests.

A circuit court, county government, local MDHHS, or tribe AP&B is complete when all forms and documents listed above have been created, completed, submitted, and approved in the CCF-MiSACWIS.

Once proper documentation is received, MDHHS will start the review process. Program(s) or budget(s) requiring additional information or information to be edited will be returned to the circuit court, county government, local MDHHS, or tribe via the CCF-MiSACWIS and marked "returned for edit." The circuit court, county government, local MDHHS, or tribe will be required to make corrections and/or additions, reapprove the form and alert MDHHS that the form has been completed. MDHHS and the circuit court, county government, local MDHHS or tribe will work cooperatively to ensure the necessary forms and documents are submitted and reviewed in the most efficient manner possible, with goal of final approval within 30 business days from the date all forms and documents have been received by MDHHS. Final approval by MDHHS will be completed by October 15 provided all documents have been completed and submitted. Monthly reimbursement requests may begin to be submitted following final approval of the AP&B.

Employee Activity Certification

In the event a CCF program employee's job responsibilities do not totally incorporate CCF-reimbursable activities, a signed "Employee Activity Certification" must be submitted along with the AP&B or budget amendment. These forms must be updated and submitted annually on the Employee Activity Certification form supplied by MDHHS via the CCF public website.

Budget Amendments

In the event that a final approved AP&B will need to be amended, MDHHS must be notified of the amendment. Amendments need to include either comments within MISACWIS or an attachment that explains the specifics regarding the requested amendment. Amendments cannot be applied or approved retroactively and are only effective with future service billings. Amendments to the AP&B should be completed prior to September 1 of that fiscal year to avoid any delays to the approval of the next fiscal year AP&B.

- A line item transfer (also referred to as an “Amendment” in MiSACWIS) made within a component that does not change the total amount of that component does not require a new DHS-2091.
- An amendment made across components requires a new DHS 2091 and the appropriate signatures.
- An amendment that increases or decreases the total budget requires a new DHS-2091 with signatures from all parties responsible for the budget.

D. Monthly Reimbursement Request and Approval Process

Actual eligible expenditures incurred by the circuit court, county government, local MDHHS or tribe should be placed on the correct line of the monthly DHS-207/DHS-206B for reimbursement. Reported expenditures must be tied to the county government or tribe’s accounting system and may not be estimated, expected, encumbered or include future expenditures. MDHHS and the circuit court, county government, local MDHHS or tribe will work cooperatively to ensure the necessary forms and documents are submitted and reviewed in the most efficient manner possible, with the goal of final approval of a month’s reimbursement request within 15 business days from the date all forms and documents have been received by MDHHS. Monthly reimbursement requests must be reviewed and approved in sequential order; therefore, it is critical that that each month’s reimbursement request is made in close proximity to the month in which expenditures occurred. In the event a backlog of monthly reimbursement requests occurs because a circuit court, county government, local MDHHS or tribe

are unable to submit monthly reimbursement requests timely, MDHHS will make every effort to work with the circuit court, county government, local MDHHS or tribe to catch up each month as quickly as possible with a goal of approvals being completed by the following month's reimbursement schedule.¹⁸

Form DHS-207

The form for reporting reimbursable court/tribal court CCF expenditures is the DHS-207. The following monthly supporting documents are required to be submitted with every DHS-207:

- Detailed General Ledger/Transaction Level History Report supporting the time period covered by the DHS-207.
- Monthly case listing for each CCF funded program (institutional, foster care, IHC, and independent living) identified by provider, youth name or number, dates in and out of program, and case worker.
- Non-Scheduled Payment detail (child/case and item/service) if not clearly evident within the General Ledger submitted.

Form DHS-206B

The form for reporting reimbursable local MDHHS/tribal social service CCF expenditures is the DHS-206b. The following monthly supporting documents are required to be submitted with every DHS-206b:

- Detailed General Ledger/Transaction Level History Report supporting the time period covered by the DHS-206b.
- Monthly case listing for each CCF funded program (institutional, foster care, IHC, and independent living) identified by provider, youth name or number, dates in and out of program, and case worker.
- Non-Scheduled Payment detail (child/case and item/service) if not clearly evident within the General Ledger submitted.

¹⁸ See *Section H. Payment Process*

E. Fiscal Year-End Projections

It is necessary for the MDHHS Budget and Accounting Divisions to have an accurate estimation of any FY outstanding CCF account payables prior to the end of the Department's fiscal year (FY). In the last month of the Department's FY, a request will be made by MDHHS to report estimated year-end (YE) projections for unapproved DHS-207 and DHS-206b forms. MDHHS will send a reporting template to counties and tribes requesting estimations of any FY outstanding CCF account payables.

F. Contracts and Non-Contracted Rates

CCF monies are local county tax dollars and thus are monies entrusted to the local county government. MDHHS employees in local MDHHS offices and/or serving on local MDHHS/social service boards are not able to bind MDHHS to agreements concerning CCF monies. This is inclusive of contracts, Memorandums of Understanding, and Inter-Agency Agreements.

If a county permits an MDHHS sub-account for CCF use by the local MDHHS office, the county government/court remains responsible for oversight of the associated funding and programming agreements.

Several licensed child caring institutions (CCI) do not have a contract with MDHHS. Some of these CCIs have an MDHHS-established non-contracted rate in the event that an exception placement is granted for an MDHHS youth. Placements in a CCI that do not have an MDHHS-established rate must be approved by the executive director of the MDHHS Children's Services Agency prior to placement. Agencies that have no agreement and no MDHHS-established non-contracted rate cannot be used by MDHHS.

Contractual services purchased through basic grant or IHC monies should conform to the requirements published in county policies and procedures. Additionally, the expenditure of the CCF monies reported for state reimbursement for goods or services from a third

party complies with county policy with respect to contract and bidding requirements.¹⁹

G. Tribal Reimbursement

For Indian Tribal Governments the negotiated indirect cost rate should be based upon the Tribe's rate negotiated and approved by the federal government's U.S. Department of the Interior.

H. Payment Process

In the state of Michigan, when alternate fund sources are not available, the responsibility for child welfare and juvenile justice programming is shared equally between MDHHS and the applicable county government and tribes. The reimbursement process occurs through a chargeback and offset process. Expenditures for temporary court wards are made first through the Child Care Fund and the state of Michigan reimburses the applicable county government or tribe for its share of costs. Expenditures for state wards and youth placed in state-owned juvenile justice facilities are first made by the state through the State Ward Board and Care fund source and the state offsets those charges to the applicable counties or tribe from the Child Care Fund Chargeback. In both situations, the county government or tribe and MDHHS appropriately offset the respective collections from any collected court ordered financial support or government benefits applicable to the children and families involved.

This reimbursement process occurs at least one time each month. All payment transactions recorded in a month as outlined above are typically reconciled in the last five business days of the month. MDHHS records the transactions of the monthly reconciliation and creates documentation for each county or tribe regarding all charges and offsets in that month. MDHHS issues any appropriate payment to the county or tribal treasurer of record. These payments are typically issued by the 12th day of the month following.

VIII. PROGRAM DATA REPORTING

MCL 400.117a (7) and (8)

¹⁹ R 400.2006 & R 400.2031(k)

(7) A county that is not a county juvenile agency and receives state funds for in-home or out-of-home care of children shall submit reports to the department at least quarterly or as the department otherwise requires. The reports shall be submitted on forms provided by the executive director and shall include the number of children receiving foster care services and the number of days of care provided.

(8) The department shall develop a reporting system providing that reimbursement under subsection (4) (a) shall be made only on submission of billings based on care given to a specific, individual child. The system shall be implemented not later than October 1, 1982.

A. Total Number of Youth Billed this Month

Youth reported in the *Total # of Youth Billed this Month* column on the DHS-206b/207 as being in the program billed for that month should be reported again the following month if still in the program being billed for that same following month.

For example, a youth receiving an IHC program Wraparound Services in November would be counted in November's reporting if requesting a billing reimbursement for that youth. If the youth is still receiving Wraparound IHC services in December and billing reimbursement is requested again on the December 206b/207, that youth should be counted again in the *Total # of Youth Billed This Month* column of the IHC section.

B. Total Number of Youth Billed This Fiscal Year

This is a 'rolling total' that runs for the extent of the State of Michigan's fiscal year. A youth should only be counted once per program in this column unless the youth exits a program and then re-enters the same program later on in the same fiscal year.

This annual totaling will restart from zero at the beginning of the State's fiscal year. If a youth is counted in the *Total # of Youth Billed this fiscal year* column at the end of a fiscal year, that youth

should be counted again if still in the program on the first day of the following fiscal year.

C. Counting Days for Per-Diem Rates

When reporting data and requesting reimbursement for youth based on per-diem placement rates, the last day of the youth's placement is not a billable day. Reimbursement is from the youth's date of placement to the night prior to their discharge date. Discharge days should not be counted in data reporting or reimbursement per diem requests.

IX. FISCAL REPORTING

Documentation submitted for AP&B and monthly reimbursement requests must be submitted to MDHHS directly from the circuit court, county government, local MDHHS, or tribe. Documentation submitted to MDHHS via a third party (contractor, service provider, etc.) will not be accepted unless there is an extenuating circumstance and prior approval has been obtained from the state MDHHS office.

A. Out-of-Home Placements

Foster Care, Independent Living, and Institutional Care Placements are considered out-of-home placements. The definitions of these terms can be found in the Glossary of Definitions at the back of the CCF Handbook.

Reimbursement for weekend boot camps should be requested as a non-scheduled payment under the appropriate associated IHC program.

B. Another County's Detention

When a youth is placed in another county-/court-operated detention, group, or shelter facility *the placing county of jurisdiction* should be the entity to claim the expenditure for reimbursement.

When a county/court receives payment from the placing county for the youth's board and care, that income is to be reported in the 'Other Receipts' section of the DHS-207.

X. RECORD RETENTION

Records must be retained according to the following rules:

- Pursuant to Administrative Rule 400.2031(i): The accounting records of the child care fund shall be retained in compliance with "Record Retention General Schedule #14 Probate Courts" issued by the State Supreme Court Administration Office.
- The State Court Administrative Office's "General Records Retention and Disposal Schedule #16 for Michigan Trial Courts (Accounting Records)".
- The State of Michigan Records Retention and Disposal Schedule for Child Welfare Funding and Juvenile Programs Department of Technology, Management and Budget - Records Management Services Policy.

XI. MISACWIS ACCESS AND USE

The MDHHS uses a statewide automated child welfare information system (SACWIS) called MiSACWIS for purposes of submitting AP&Bs and monthly reimbursement requests. Due to the confidential nature of information contained within MiSACWIS, specific protocols must be followed when access is requested or used. Each circuit court, county government, local MDHHS office, and tribe should have a designated Authorized Requestor who is responsible for authorizing the addition or removal of their office staff's MiSACWIS access. The following forms should be used for MiSACWIS requests:

- DHS-815, MiSACWIS Security Agreement: Non-MDHHS Employee.
- DHS-816, MiSACWIS Security Agreement: MDHHS Local Office Employee.

Completed MiSACWIS Security Agreement request forms should be sent to the email address referenced at the top of the form. Circuit courts, county governments, local MDHHS offices, and tribes should not allow contractors or unauthorized persons access to MiSACWIS. Doing so violates the confidentiality and usage agreement and could result in loss of system use privileges.

Authorized Requestors **must** request removal of MiSACWIS access for staff at the time of separation from CCF-related duties and/or employment. This is completed by submitting a MiSACWIS Security Agreement requesting to remove an employee.

XII. ON-SITE MONITORING REVIEWS

MDHHS is committed to ensuring high standards of integrity and accountability for public funds and improving government operations for the benefit of all Michigan citizens. As such, the Children's Services Agency and Bureau of Audit, Reimbursement and Quality Assurance (BARQA) work together to perform fiscal and programmatic reviews of counties/tribes across the state to validate the expenses reported in monthly reimbursement requests (DHS-207/206b) to ensure compliance with the CCF reimbursement program.

The objectives of the CCF on-site monitoring reviews are:

To assess whether the County CCF program recorded and reported direct expenditures and revenues that were accurate, allowable and appropriate according to state laws, regulations, and departmental policy.

- To assess whether the County CCF program met General Employee, IHC, and Basic Grant compliance requirements.
- BARQA will make contact to inform of the intention to start. An "agreed upon" date for the review will be discussed. In addition, a date for an entrance meeting to discuss the logistics of the review including a "general description", "review period" and "preliminary information needed" will be determined.

After the "entrance meeting", but prior to the review itself, BARQA will request the following preliminary information:

- Fiscal questionnaire.
- CCF staff listing (charges time to CCF).

As the on-site monitoring review date approaches, reviewers will select a sample of expenditure items from the detailed general ledger for evaluation that will be sent to county/tribe prior to the review. From the CCF staff listing, reviewers will select a sample of employees for evaluation that will be sent to county/tribe prior to the

review. Reviewers will also select case files that will be sent to county/tribe prior to the review that will be reviewed for compliance.

On-site reviews may take several days to complete and reviewers will ask to provide supporting documentation for the sampled expenditures and revenue items including:

- Invoices.
- Receipts.
- Memos/policy.
- Specific payroll information.

Reviewers will evaluate this sampled supporting documentation to verify that the direct expenditures reported are accurate, allowable, and appropriate.

For the compliance portion of the review, reviewers will submit a list of documents for evaluation, which will allow substantiation of, and compliance with General Employee Requirements. In addition, reviewers will evaluate sampled case files for youth to ensure all compliance requirements are met.

Upon conclusions of the review, a memorandum will be issued to the county with the preliminary conclusions from MDHHS. MDHHS will provide an opportunity to counties to see the conclusions and provide any additional documentation, support, or perspective that may change the conclusions. Following the memorandum, MDHHS will issue a draft report and ask the county to respond in writing to any findings noted in the report. The county's written response will be incorporated into a final report that will be issued only to the county's presiding judge, county's board of commissioners, MDHHS county director, MDHHS Children's Services Agency management team. The final report will not be posted on the MDHHS website.

XIII. DISAGREEMENT PROCESS

The Circuit Court, County, Local MDHHS, or Tribe may request a review of a disallowance of a reimbursement. A written request may be submitted to MDHHS for a review of the disallowance within 20 business days of the notification of disallowance. The MDHHS Children's Services Agency manager responsible for CCF policy shall conduct a review of the decision and either confirm or reverse the disallowance in writing within 10 business days of receipt of the

request. If not satisfied with the manager review/decision, a written request may be submitted for a division-level review of the manager's decision within 10 business days. At that time, the Children's Services Agency division director that oversees the CCF policy manager will review the appropriate material and issue a final, written MDHHS response within 10 business days. All requests for review must be submitted to MDHHS-CCFMU@michigan.gov.

XIV. CHILD CARE FUND HANDBOOK REVISIONS/ UPDATES

A. CCF Governance

Child welfare and juvenile justice services in Michigan are funded and governed not by a single agency but by a combination of agencies that report to different branches of government. Although MDHHS is legally responsible for operating the state CCF reimbursement program, there is a commitment by the department to provide better service to the public by working in partnership with relevant stakeholders responsible for child welfare and juvenile justice services.

It is through this commitment MDHHS will establish and maintain an ongoing child welfare funding governance model that will include representatives from counties, courts, tribes and other appropriate stakeholder groups. This model will provide an underlying partnership that establishes shared responsibility for the successes and challenges of funding for child welfare and juvenile justice services. Below are some of the outcomes of partnering through this governance model.

The partners are able to:

- Participate in the program and system decision-making process;
- Share responsibility for the successes and challenges of programming and services;

- Exchange input through a defined process to develop program and policy changes and improvements; and system needs, changes and enhancements;
- Communicate needs and suggestions for funding of programs; **and**
- Gain insight into the successes and challenges of each partner.

The approach to partnering improves the program as a whole by:

- Increasing program ownership, collaboration and communication for improving and executing the program;
- Facilitating consistent application of program policies and directives, and dissemination of a uniform understanding of program definition and goals; **and**
- Increasing opportunities for obtaining direct feedback from the customers and program partners for program improvement.

MDHHS will engage relevant stakeholders to establish formal documentation of the governance model and operational guidelines, which will be made available to the public and be incorporated into department policies of the CCF reimbursement program. Minimally, this guidance will outline an informal process by which recipients of CCF reimbursements may engage a collaborative review with the department of any disputed reimbursement claims as well as any policy and/or programming changes detailed in department policies and procedures of the CCF reimbursement program.

Revisions/updates to this Handbook, including any policy and procedural changes, will be determined annually by April 1. The revisions to the Handbook will be communicated directly to courts, counties, and tribes via e-mail and in the Annual CCF Trainings to be held around the state in April/May each year. A current version of the CCF Handbook will also always be available on the public MDHHS website.

XV. GLOSSARY OF DEFINITIONS

Administrative Costs/Expenses: Administrative costs are operating expenses related to the organization or county as a

whole as opposed to expenses related to individual departments. These include expenses associated with general business administration.

Another County's Institutional Care Facility: A Michigan county-operated detention, group care, or shelter care facility that is being used by a different Michigan county/court/local MDHHS office.

At Risk of Out-of-Home Placement: If the intensive programming was not available for the child and/or their parents, it is likely a formal request for placement into the Foster Care or Juvenile Justice system would occur. This is due to either the child or parent's behaviors, which present safety concerns, depending upon whether it would be a neglect/abuse case or juvenile justice case.

Capital Expenditures: Expenditures that create future benefits. A capital expenditure is incurred when a business or government spends money whether to buy fixed assets or to add to the value of an existing fixed asset with a useful life that extends beyond the taxable year.

Child Caring Institution (CCI): A child care facility, which is organized for the purpose of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the institution for that purpose, and operates throughout the year. A Child Caring Institution is defined in Act No. 116 of the Public Acts of 1973, as amended.

Component: A portion of the child care fund budget.

For purposes of the DHS-2091 form, a component is the dollar amount listed under either the MDHHS or the court's specific type of care (Family Foster Care, Institutional Care, In-Home Care, and Independent Living). A county's budget can have components with different dollar amounts listed under each type of care, dependent upon whether that county has an MDHHS subaccount.

For purposes of the DHS-2094/4471 form, a component is each individual DHS-2094/4471 form that is listed for an in-home care program.

County-Operated Facility: A facility licensed or approved as a child caring institution to provide group care, shelter care, or detention administered and staffed by county employees.

Department: The Michigan Department of Health and Human Services.

Detention: An institution that primarily provides care and supervision for youth pending adjudication for status or criminal offenses or pending placement in a treatment facility post-adjudication. CCI Rule Interpretations/General Provisions; Admin Rule

DHS-206b: A form within the CCF-MiSACWIS used when there is a subaccount to request monthly reimbursement of eligible expenditures. This form is generated, submitted, and approved electronically within the MiSACWIS.

DHS-207: A form within the CCF-MiSACWIS that a local MDHHS, circuit court or tribe uses to request monthly reimbursement of eligible expenditures. This form is generated, submitted, and approved electronically within the MiSACWIS.

Foster Care: Care provided to a juvenile in a foster family home, foster family group home, or child caring institution licensed or approved under MCL 722.111 to 722.128, or care provided to a juvenile in a relative's home under a court order. MCL 712A.13a (1) (e).

Group Care Facility (also known as a 'Children's Therapeutic Group Home'): A child caring institution receiving not more than six minor children who are diagnosed with a developmental disability as defined in section 100a of the mental health code, 1974 PA258, MCL 300.1100a, or a serious emotional disturbance as defined in section 100d of the mental health code, 1974 PA 258, MCL 330.1100d. Meets all of the following requirements: (i) provides care, maintenance, and supervision, usually on a 24-hour basis; (ii) complies with the rules for child caring institutions, except that behavior management rooms, personal restraint, mechanical restraint, or seclusion, which is allowed in certain circumstances under licensing rules, are prohibited; (iii) is not a private home; (iv) is not located on a campus with other licensed facilities.

Independent Living: A placement type including the youth's own residence, living in the residence of an adult who has no supervisory responsibility for the youth, which are not reimbursable for Title IV-E.

- Rental home/apartment.

- College dormitory.
- Unrelated caregiver.
- Licensed/unlicensed relative home.
- Friend/partner home.

Institutional Care Placements: Per diem purchased residential care or placement within a county/court-operated youth facility.

Intensive Service: A service in which the worker-to-caseload ratio is not more than 1 to 20 and there is no less than an average of one face-to-face contact per week during the period the case is open for service. CCF Admin. Rules.

Judicial Costs: Costs relating to or connected with the administration of justice. This includes, but is not limited to, filing fees, charges for serving summons and subpoenas, competency evaluations, court reporter charges, court transcripts, copying papers and exhibits, witness fees, and attorney fees.

Jurisdiction: The authority given by law to a court to try cases and rule on legal matters within a particular geographic area and/or over certain types of legal cases. For the purposes of satisfying CCF eligibility, jurisdiction includes any complaint, formal/informal consent, diversion, legal filing, hearing, trial, and/or judgment before the court. CCF reimbursable service must be provided prior to dismissal of jurisdiction.

Monthly Offset Process: The process MDHHS uses to determine the dollar amount to bill a county/tribe for state ward charge-back or the remittance of state aid for the reimbursement of juvenile court and county department CCF expenditures.

Non-Scheduled Payment (referenced as “**Case Services Payments**” in the MDHHS Foster Care Manual): Payments to individuals or organizations for items specified and defined in the CCF Handbook, which are not included in the state-established per diem rate.

Shelter Care Facility: An institution, which primarily provides care for residents for assessment, short-term supportive care, or placement planning. CCI Rule Interpretations/General Provisions; Admin Rule

State Rates: Rates established and published by the MDHHS for all of the following: per diem payment for foster family care, per diem payment for a private child care institution, per diem payment

for a private child placing agency, initial clothing allowances, adoption placement costs, independent living costs, and subsidy payments. Subsidy payments are considered payments to assure the availability of bed space for placement referrals.

Vendor: A dealer, distributor, merchant or other seller providing goods, or services that are required for the conduct of the program.

State Ward Board and Care (SWBC): The state legislative appropriation to provide payment of foster care costs for state wards who are not eligible for Title IV-E or the placement is not Title IV-E reimbursable under specific criteria. DHHS Foster Care Manual (FOM) 901-8.

Court-Supervised Youth: Direct supervision of a youth by a court that had acquired jurisdiction over the child pursuant to MCL 712A.2 (a).