

DHS Financial Operations Division
Health & Human Services Overview “Training”

March 25, 2015, 1:30 – 4:30 PM

1:30 -1:45 PM Introduction and overview – Chris Ricker

1:45 – 2:00 PM Program Specialist – Julie Spurgeon

- Social Service Fund Report
- SEAGR Report
- BRASS codes – what they are, history, etc.
- Human Service Cost Report (if time allows)

2:00 – 2:30 PM Grants and Allocations – David Hanson

Connecting the dots: State Plans, Allocation and Reporting

- BRASS based fiscal report – the 2895
- MFIP Consolidated fund report – the 2902
- How these are used and how SEAGR ties into these reports

2:30 – 2:45 PM - BREAK

2:45 – 3:15 PM Time Studies and Rates Unit – DiAnn Robinson

An overview of DiAnn’s unit and what her staff does

- Introduction
- County Time Studies
 - Income Maintenance Random Moment Time Study (IMRMS)
 - Social Service Time Study (SSTS)
 - Local Collaborative Time Study (LCTS)
- Per Diem Time Studies
- Targeted Case Management (TCM)

3:15 – 3:45 PM Health Care Accounting Unit – Becky Path

An overview of Becky’s Unit and what her staff does in relation to county business

- Reconciling DHS MMIS invoice to the Health Care Summary Invoice Report – MW0117
- County billings – Health Care Accounting Unit sends out bills to counties where there is a county share owed
- CCDTF reports – how to gain access to the reports needed & MOE payments

- Invoice Field Code bulletin – health care program related payments
- County Confirmation Report (CCR)
- Federal Financial Participation (FFP) funding percentages in relation to county share

3:45 – 4:15 PM Economic Support Unit – Shawn Tobias

An overview of Shawn’s unit and what his staff does

- Child Support Fiscal Reporting
- Child Care Fiscal Reporting & BSF Allocation
- Emergency General Assistance (EGA) Allocation
- SSI Interim Assistance Reimbursements
- Supplemental Nutrition and Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- MAXIS / MEC²

4:15 – 4:30 PM Questions & Answers / Wrap up - Chris Ricker

Social Service Fund Report (DHS-2556)



**COLLECTING THE FINANCIAL DATA NECESSARY TO
CALCULATE FEDERAL ADMINISTRATIVE REIMBURSEMENTS,
SET TARGETED CASE MANAGEMENT RATES, MEET
LEGISLATIVE MANDATES AND TO COMPILE THE ANNUAL
MINNESOTA COUNTY HUMAN SERVICE COST REPORT**

JULIE SPURGEON

**DHS FINANCIAL OPERATIONS DIVISION
HEALTH & HUMAN SERVICES OVERVIEW TRAINING**

Social Service Fund Report (DHS-2556)

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A little background information:

- The quarterly SSFR is a web-based report that collects the financial data necessary to calculate federal administrative reimbursements, set targeted case management rates, meet legislative mandates, and to compile the annual Minnesota Human Service Cost report.
- All financial activity is reported on a **CASH BASIS**.
- All expenditures are reported as net of refunds and cancellations.
- All amounts are rounded to the nearest dollar.
- The SSFR is due to DHS 20 calendar days after the end of the quarter.
- The current bulletin is #13-32-10 (June 24, 2013).

DHS-2556, Section 1

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Section 1: Total Social Service Costs and Revenue Summary

- This section of the social service fund report is probably the easiest section to complete. It is important to note that this report accounts for the same total dollar amounts as reported on the SEAGR (Social Services Expenditure and Grant Reconciliation) Report (DHS-2557) and therefore it is recommended that the reports be used as audit checks, one against the other.

DHS-2556, Section 1

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Minnesota Department of **Human Services**

DHS-2556



SOCIAL SERVICE FUND REPORT

County Name: 93 - White Earth Quarter End Date: 3/31/2014 Last Updated: []

SECTION 1: TOTAL SOCIAL SERVICE COSTS AND REVENUE SUMMARY

Line No.	COFARS Code	Expenditures	Current Quarter
(1)	6000	Contracted Services for Clients(Public Aid)	0
(2)	6100	Payroll and Related Benefits (Personal Services)	0
(3)	6200	Services and Charges	0
(4)	6400	Direct Materials and Supplies	0
(5)	6600	Capital Outlay	0
(6)	6700	Debt Services	0
(7)	6800	Other Expenses	0
(8)	XXX	Administrative Allocation (not included in Lines 1-7 above)	0
(9)		TOTAL EXPENDITURES (Lines 1 through 8)	0
Revenue			
(10)	5200	State Shared Revenue (County Program Aid)	0
(11)	5300	Intergovernmental State	0
(12)	5400	Intergovernmental Federal	0
(13)	5500	Fees for Services	0
(14)	5750	Gifts and Contributions	0
(15)	5800	Miscellaneous Revenue	0
(16)		TOTAL REVENUE (Lines 10 through 15)	0

All expenditures must be net of refunds and cancellations. Please round to the nearest whole dollar.

DHS-2556, Section 2

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Section 2: SSTS Federal Expense Claim (COST POOL)

- This section adjusts the gross expenditures reported in section 1 of the SSFT to determine eligible expenditures for calculating federal administrative reimbursement earned through the Social Service Time Study (SSTS) and for targeted case management rate setting.
- There is no quarter end output sent back to counties once report is submitted.
- Quarterly costs in this section will be allocated to benefiting programs based upon the results of the SSTS which identifies employees effort directly related to specific program activities. This SSTS cost pool concept allows social services to avoid having counties report administrative costs directly by program and also avoids indirect costs allocation at the state level.

DHS-2556, Section 2

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SECTION 2: SSTS FEDERAL EXPENSE CLAIM (COST POOL)

(17) Total Expenditures (From Section 1 Line 9)	<input type="text" value="0"/>	
(18) Depreciation Expense	<input type="text" value="0"/>	
(19) TOTAL EXPENDITURES (Lines 17 plus 18)		<input type="text" value="0"/>
(20) Public Aid Assistance (From Section 1 Line 1)	<input type="text" value="0"/>	
(21) Capital Outlay to be Depreciated (From Sec. 1 Line 5 & Sec. 3 Line 35 (as applicable))	<input type="text" value="0"/>	
(22) Other Ineligible Expenditures	<input type="text" value="0"/>	
(23) TOTAL INELIGIBLE EXPENDITURES (Add Line 20 through 22)		<input type="text" value="0"/>
(24) TOTAL STAFF COSTS (Line 19 minus Line 23) This must equal SEAGR staff provided social service expenditures		<input type="text" value="0"/>
(25) Placeholder for SSTS extension through Co-operative Agreement	<input type="text" value="0"/>	
(26) DHS Approved Additions in SSTS	<input type="text" value="0"/>	
(27) TOTAL SSTS ADDITIONS (Lines 25 plus 26)		<input type="text" value="0"/>
(28) Specialized Facilities Operated by County (see instructions page A7 of the current Social Service Fund Report Bulletin)	<input type="text" value="0"/>	
(29) DHS Approved Additions in SSTS (From Line 38)	<input type="text" value="0"/>	
(30) Direct Federal Grants (not through DHS)	<input type="text" value="0"/>	
(31) TOTAL SSTS REDUCTIONS (Add Lines 28 through 30)		<input type="text" value="0"/>
(32) TOTAL SSTS Federal Expense Claim - Cost Pool (Lines 24 plus 27 minus 31)		<input type="text" value="0"/>

DHS-2556, Section 3

SECTION 3: SSTS REDUCTIONS - DIRECT CHARGES

DHS Approved Reductions In The SSTS: DIRECT CHARGES	Remarks	Totals
(33) MSW/BSW Child Welfare Training Program		0
(34) SSIS Operational Costs (From Line 44 below)		0
(35) SSIS Depreciation (From Line 45 below)		0
(36) Minnesota Child Welfare Training - Travel & Per Diem		0
(37) [REDACTED]		0
(38) TOTAL DHS Approved Reductions / DIRECT CHARGES		0

DHS-2556, Section 3A

SECTION 3A: SSIS DIRECT CHARGE DETAIL

Please report only the portion of direct-charged expenditures allowable for FFP

Remarks	Gross Expenditures prior to allocation to SSIS	Total Operational Expenses Allocated to SSIS	Total Capital Outlay to be Depreciated
PERSONNEL COSTS			
(39) Maintenance Programming/Testing	0	0	
(40) User and Desktop Support	0	0	
HARDWARE/NETWORK/COMMUNICATIONS/SOFTWARE			
(41) Hardware/Network/Communications	0	0	0
(42) Software (specify)	0	0	
OTHER			
(43) Other (specify) SSIS Training, etc.	0	0	
(44) Total Expenditures (Allocated to SSIS - To Line 34 above)	0	0	0
(45) Depreciation Expense for Quarter (Allocated to SSIS - To Line 35 above)		0	

Section 3 Part A

SSIS Direct Charge Detail

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SSIS operational costs are eligible for Title IV-E reimbursement in accordance with the State Cost Allocation Plan.

- All operational costs must first be allocated between all departments benefiting from the operational cost.
- Allocate the Social Services portion of the operational expenses to all benefitting programs.
- Operational costs to support the social workers and support staff that spend a significant portion of their time with child welfare activities may be directly charged to SSIS.

SSIS Direct Charge Detail

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- This section (Section 3A) is optional, but will give you a higher dollar reimbursement for these reported costs.
- The dollars reported on this section reduces the SSTS cost pool and could affect the calculation of your TCM rate.
- Evaluate the cost of the time to gather this data against the benefit in additional reimbursement.
- If you have any questions about the cost allocation for SSIS, Contact Deb Jensen, Financial Operations Division at (651) 431-3740 or deb.jensen@state.mn.us.

What Expenses are Eligible for SSIS Reimbursement?

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Only report expenses related to a Child Welfare Program:

- Child Welfare (General)
- Child Protective Services
- Parent Support Outreach
- Early Intervention: Infants and Toddlers with Disabilities
- Adolescent Independent Living Skills
- Minor Parents
- Adoption/Guardianship
- Child Foster Care Licensing
- Children's Mental Health

Personnel Costs

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Please report only the portion of direct-charged expenditures allowable for FFP

	Remarks	Gross Expenditures prior to allocation to SSIS	Total Operational Expenses Allocated to SSIS	Total Capital Outlay to be Depreciated
PERSONNEL COSTS				
(39)	Maintenance Programming/Testing	0	0	
(40)	User and Desktop Support	0	0	

Line (39) Maintenance Programming/Testing

- Only claimable under special circumstances with prior approval from SSIS
- Only 'custom counties' should have these costs

Personnel Costs

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Line (40) User and Desktop Support includes:

- Costs for personnel to support users and to coordinate the operation of SSIS.
- Time spent supporting SSIS application issues and SSIS users by SSIS Coordinators and Trainers may be included.
- Time spent by mentors in training new users or for ongoing training of the SSIS application may be included.

Include desktop and network support for:

- Operations related to SSIS use
- Those who are responsible for installing client software, maintaining system backups, running system maintenance and interface programs, and disaster recovery.

Federal Financial Participation (FFP) for SSIS related meetings:

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Meeting Title	Description	FFP
Worker Mentor Meeting	The agenda items for this meeting are considered to be 100% Child Welfare related*	100% of meeting related expenses are FFP eligible*
Worker Advisory Group (WAG)	The agenda items for this meeting are considered to be 100% Child Welfare related	100% of meeting related expenses are FFP eligible
Fiscal Mentor Meeting	The amount of FFP for this meeting is determined by the percentage of items on the agenda that are Child Welfare related	Only claim the allowable percentage of meeting related expenses
Fiscal Advisory Committee (FAC)	The amount of FFP for this meeting is determined by the percentage of items on the agenda that are Child Welfare related	Only claim the allowable percentage of meeting related expenses

*An exception to this would be when a portion of this meeting is allocated for VA/CEP or other Adult modules in SSIS. The Worker Mentor Coordinator will specify the allowable percentage of meeting expenses if it is not 100%.

Hardware/Network/Communications/Software

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HARDWARE/NETWORK/COMMUNICATIONS/SOFTWARE

(41) Hardware/Network/Communications		0	0	0
(42) Software (specify)		0	0	

Line 41 - Hardware/Network/Communications

- Workstation and network hardware for new workers
- Service and upgrades of existing equipment
- Replacement of equipment originally purchased for SSIS for which SSIS reimbursement has been claimed
- Router lease and maintenance, hubs, communication servers, leased lines, etc.

Line 42 – Software (specify)

- Only software necessary to operate SSIS is eligible
- None currently eligible at this time.

Line 43 - Other

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OTHER

(43) Other (specify) SSIS Training, etc.

0

0

Include other miscellaneous costs such as:

- Supplies and overhead directly related to SSIS training in the county, such as photocopying end-user materials
- Training facility costs
- Contractors hired to do SSIS training
- Travel costs for trainers

Totals

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(44) Total Expenditures (Allocated to SSIS - To Line 34 above)

0

0

0

(45) Depreciation Expense for Quarter (Allocated to SSIS - To Line 35 above)

0

Line 44 – Total Expenditures

- The sum of lines 39 – 43 are calculated and entered here

Line 45 – Depreciation Expense for Quarter

- Enter the amount of depreciation for capitalized SSIS equipment for the quarter

Costs NOT eligible for reimbursement

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- Design, development, and support of new county-specific computer applications, whether or not they interface with SSIS. Exceptions require prior approval.
- Time of staff while they are using SSIS, regardless of classification. This time should be included in SSTs.
- Staff time of trainees receiving SSIS training
- Any costs related to supporting workers other than Child Welfare, Child Protection, Children's Mental Health, Child Foster Care Licensing, or Adoption/ Guardianship
- Furniture of any type



SEAGR Report (DHS-2557)



**COLLECTING FINANCIAL DATA
BASED UPON BRASS (BUDGETING,
REPORTING, AND ACCOUNTING FOR
SOCIAL SERVICES) CODES**

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HEALTH & HUMAN SERVICES OVERVIEW TRAINING**

The SEAGR Report (DHS-2557)

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- The SEAGR (**S**ocial Services **E**xpenditures **A**nd **G**rant **R**econciliation) Report is an integrated quarterly fiscal report that provides detail to the quarterly Social Services Fund Report (DHS-2556). It is the primary mechanism for gathering county expenditures and revenue data.
- The SEAGR report is unique in that the report is “created” in SSIS and then imported into the County Reporting System in Financial Operations (FOD) creating 2 entirely different sets of reports and other functions – specifically revenue allocation.
- This presentation will briefly explain SSIS role/function of the SEAGR report and the role/function of FOD.

The SEAGR Report (DHS-2557)

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- The SEAGR Report collects cash basis expenditure data based upon BRASS (**B**udgeting, **R**eporting, and **A**ccounting for **S**ocial **S**ervices) codes and cash basis revenue data broken down by funding source and BRASS program area.
- The SEAGR report has simplified county fiscal reporting by eliminating many previously required reports by FOD. In addition, many new fiscal reports, that would otherwise have been required, have been incorporated into the SEAGR process.
- Serves as grant earnings documentation for a number of funding streams, and provides financial data necessary for DHS to report on county social service activity.

BRASS Codes

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- BRASS is the name of Minnesota's reporting structure that standardizes fiscal reporting from counties for social service programs. It defines the specific service activities that will be used for fiscal reporting from counties to DHS.
- It was developed in 1991 and was designed to be compatible with COFARS (the county accounting structure which is also service activity based).
- The current BRASS code bulletin is #13-32-11.

What does a BRASS Codes Look Like?

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- The core of each BRASS code is 3 major digits.
- Each serves a specific function and together they define a service.
1st digit = Program Area (there are 6 program areas)
 - ✦ Children's Services – Code 1
 - ✦ Child Care – Code 2
 - ✦ Chemical Health – Code 3
 - ✦ Mental Health – Code 4
 - ✦ Developmental Disabilities – Code 5
 - ✦ Adult Services – Code 6
- 2nd and 3rd BRASS Code Digit – Service Category and Specific Service
 - ✦ There are about 10 service categories and within each of those categories there are various numbers of specific services.

Sample BRASS Codes

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- 101 – Information and Referral
- 124 – Home-Based Support Services
- 212 – MFIP Child Care
- 393 – General Case Management
- 483 – Children’s Residential Treatment
- 566 – Day Training and Habilitation (DAC)
- 589 – Respite Care
- 648 – Money Management

SEAGR Report Tabs

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- Cost Alloc.
- SEAGR Adjustments
- Revenues
- SEAGR Report
- Included Payments
- Included Time
- Payment Proofing

Cost Alloc.	SEAGR Adjustments	Revenues	SEAGR Report	Included Payments	Included Time	Payment Proofing
Cost Pool						
Total purchased services:		\$2,244,745.85		Staff provided social service expenditures		\$2,615,025.86
Direct allocations staff hours:		15.00		Total direct allocations:		\$18,945.22
Total cost pool staff hours:		26,712.20		Adjusted staff expenditures:		\$2,596,080.64
Average cost/hour:		\$97.187077				

Cost Allocation tab

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- Total purchased services amount must equal the amount on Section 1, Line 1 on the DHS-2556 Social Services Fund Report.
- Staff provided social services expenditures amount must equal Section 2, Line 24 on the DHS-2556 Social Services Fund Report.

Cost Alloc.	SEAGR Adjustments	Revenues	SEAGR Report	Included Payments	Included Time	Payment Proofing
Cost Pool						
Total purchased services:		\$2,244,745.85		Staff provided social service expenditures		\$2,615,025.86
Direct allocations staff hours:		15.00		Total direct allocations:		\$18,945.22
Total cost pool staff hours:		26,712.20		Adjusted staff expenditures:		\$2,596,080.64
Average cost/hour:		\$97.187077				

SEAGR REPORT - Expenses

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The SEAGR report collects the following cost data for each BRASS code:

- Purchased services expenditures – actual. This column total must equal line 1 on the Social Service Fund Report (DHS-2556).
- Units of Purchased Service – actual. The unit amount of delivered services (hours, days, etc.) is usually part of the service agreement with the provider. Not all BRASS codes require units of service – usually because the unit type could vary or units would be very difficult to quantify.

SEAGR Report – Expenses continued

- Staff-provided services expenditures – allocated. These expenditures are computed through an allocation of overhead (administrative) costs to each BRASS code based upon the hours of staff provided service. (i.e. \$60/hour). This rate is multiplied by the hours in each BRASS code to come up with the estimated staff expenditures.
- The estimated staff expenditures have several limitations that should be taken into consideration when using this data.
- It was an arbitrary decision to use social service staff service time to distribute the total overhead costs into BRASS codes. Second, all overhead costs are shown under staff expenditures, yet some of these costs would logically be used to administer and supervise purchased service activity. This limitation was recognized in building the SEAGR report, but no reasonable method could be agreed upon

SEAGR Report – Expenses continued

to accurately quantify and move some of these costs to purchased services. A third limitation is caused when using a single rate (cost/hour) for all the county's BRASS codes. It would be logical to assume that staff costs per hour would vary for the different services. For example, a service could be provided by a SS worker with a Masters in Social Work versus another service that may be provided by a lower paid case aide. Once again, this limitation was recognized but no consistent or reasonable method could be agreed upon for all counties or DHS to differentiate between the many factors to more accurately reflect the estimated staff costs. A few of the larger counties do in fact use various "cost centers" to provide a more accurate distribution of overhead costs to their BRASS codes.

- Based upon the previous information, it is important to emphasize that these "staff expenditures" are merely an estimate, albeit, derived consistently.

SEAGR Report – Expenses continued

- Hours of Staff-Provided Services – actual. County SS workers are required to log their time to a BRASS code when they provide that service as defined in the BRASS manual. In some cases a SS worker is setting up delivery of a purchased service such as child care (i.e. BRASS 211 or 212) but not personally providing the actual service. In these cases the SS worker should log to case management (in this example BRASS 293 – Child Care Case Management) while the actual child care cost is a purchased service.
- Total expenditures (purchased + staff provided)

SEAGR Adjustments Tab

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Service:	<input type="text"/>	<input type="text"/>	Average staff rate:	<input type="text" value="\$97.243052"/>
Purchased Service Adjustment				
Purchased units:	<input type="text"/>	Purchased service:	<input type="text" value="\$0.00"/>	
Cost Pool Staff Adjustment				
Staff hours:	<input type="text" value="0.00"/>	Staff expense:	<input type="text" value="\$0.00"/>	
Direct Allocation Staff Adjustment				
Staff hours:	<input type="text" value="0.00"/>	Staff expense:	<input type="text" value="\$0.00"/>	
Total staff adjustment:				<input type="text" value="\$0.00"/>
Total adjustment expense:				<input type="text" value="\$0.00"/>

Change to SEAGR Adjustments

- Agencies may need to make adjustments to Staff Hours and Staff Expense for Services. You can now make adjustments to any BRASS Service regardless of the Staff Provided/Vendor Provided and County May Override settings in Admin. Document the reason for the adjustment.

SEAGR Adjustments Tab

What kind of Adjustment should I use?

	Purchased Service Adjustment		Cost Pool Staff Adjustment		Direct Allocation Staff Adjustment	
	Expenditures are included in 2556, but not in SSIS		Staff costs are included in the 2556, but staff hours are not in SSIS		Staff Costs are included in the 2556, the staff hours may or may not be included in SSIS	
SEAGR standard unit defined	Purchased units	Purchased service \$	Staff hours	Staff expense	Staff hours	Staff expense
Yes	enabled	enabled	enabled	disabled – amount is calculated from average cost per hour	enabled, not required	enabled
No	disabled	enabled	enabled	disabled - calculated from average cost per hour	enabled, not required	enabled

Revenues Tab

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Cost Alloc.	SEAGR Adjustments	Revenues	SEAGR Report	Included Payments	Included Time	Payment Proofing
State Revenues		Federal Revenues	Misc. Revenues			
Revenue Code	Revenue Description	Amount				
<input type="checkbox"/> S07	State Revenue for Child Welfare	\$1.00				
<input type="checkbox"/> S01	MA Waivers / Case Management (CAC/CADI/BI/RSC/LT)	\$1.00				

- State Revenues
- Federal Revenues
- Misc. Revenues

At least one entry is required on each tab before you can Finalize the report.

SEAGR Report – Revenues

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- The SEAGR report collects actual data on state, federal and miscellaneous revenues received by each county.
- Most revenues are program specific, but some cross programs such as Title XX (federal social service block grant) and VCA (state social service block grant).
- Counties also report receipt of “third party” revenues they collect and keep. These include client fees and recoveries.

SEAGR Report Tab

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Cost Alloc.	SEAGR Adjustments	Revenues	SEAGR Report	Included Payments	Included Time	Payment Proofing			
Program	Program Description		Purchased Sv	Units	Unit Type	Staff Expense	Hours	Total Expended	Total %
1	Children's Services		\$501,673.00	6,260.88		\$930,984.00	9,399.75	\$1,432,657.00	29.48
101	Information and referral		\$32,059.00	0.00		\$105,521.00	1,085.75	\$137,579.00	
102	Community education and prevention		\$0.00	0.00		\$0.00	0.00	\$0.00	
104	Child protection investigation		\$440.00	0.00	Hour	\$81,759.00	841.25	\$82,199.00	
105	Assessment for long-term services and supports		\$0.00	0.00	Hour	\$3,742.00	38.50	\$3,742.00	
106	Parent support outreach assessment		\$0.00	0.00	Hour	\$170.00	1.75	\$170.00	
107	Child welfare assessment		\$0.00	0.00	Hour	\$55,980.00	576.00	\$55,980.00	
108	Family assessment response		\$408.00	0.00	Hour	\$59,527.00	612.50	\$59,936.00	
	Original		\$408.44	0.00		\$59,527.08	612.50	\$59,935.52	
	Adjustment		\$0.00	0.00		\$0.00	0.00	\$0.00	
	Direct Allocation Adjustment					\$0.00	0.00	\$0.00	

Included Payments

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Cost Alloc. | SEAGR Adjustments | Revenues | SEAGR Report | **Included Payments** | Included Time | Payment Proofing

Searches: Max results: 500 Search on open

Payment #: From: 1/1/2013 To: 3/31/2013

Service:

Search by:

- Individual Payment
- Specific Service
- Date Range
 - Do not search by the full report period if your agency makes a large number of payments. Reduce the number of results returned by decreasing the From and To dates to one month at a time.

Included Time

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Cost Alloc. | SEAGR Adjustments | Revenues | SEAGR Report | Included Payments | Included Time | Payment Proofing

Searches: Max results: Search on open

Time Record #: From: To:

Service:

Search by:

- Individual Time Record #
- Specific Service
- Date Range
 - Do not search by the full report period if your agency reports a large number of time records. Reduce the number of results returned by decreasing the From and To dates to one month at a time.

Payment Proofing

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Cost Alloc. | SEAGR Adjustments | Revenues | SEAGR Report | Included Payments | Included Time | Payment Proofing

Year: 2013 | Period: Q1 (Jan 1 - Mar 31)

From: 1/1/2013 | To: 3/31/2013

Search | Clear

Svc Code	Service Vendor	Warrant/ Eff. Date	Unit Type	Units	SEAGR Unit Type	SEAGR Units	Amount
534	[REDACTED] DNS	1/14/2013	Hour	(27.50)	Hour		(\$824.45)
Payment: This (Recovery) was not included because it is a recovery.							
161	[REDACTED]	3/15/2013	Month	1.00	Hour		\$1,562.25
Payment: The SSIS Unit Type (Month) of the payment or refund/cancellation could not be converted to the standard SEAGR Unit Type of (Hour).							
116	[REDACTED]	1/22/2013	15 Minutes	(3.00)			(\$35.25)
Payment: This (Recovery) was not included because it is a recovery.							
183	[REDACTED] INC	1/30/2013	Day	(4.00)	Day		(\$724.92)
Payment: This (Recovery) was not included because it is a recovery.							

The only search is by Date Range.

Payment Proofing

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Message # and Description	Possible Causes	Possible Solution
#2000 This service is not a valid BRASS Service for this Date Range.	BRASS Service ended after the Payment Service dates and before the Report Period	Enter an Adjustment on the SEAGR Adjustments tab
#2001 The SSIS Unit Type of the Payment or refund/cancellation could not be converted to the standard SEAGR Unit Type	A Unit Type was selected on the Payment that does not convert to the SEAGR Unit Type	Best Practice: Enter the SEAGR Units on the Payment.
#2002 This Payment was not included because it was a recovery	A Negative Modification has a Payment Type of Recovery.	Include the amount of this payment on the SEAGR Revenue tab

SEAGR Generated Data

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When the allocations are done, each BRASS code can produce the following:

- Purchased service expenditures (\$)
- Number of units of purchased service (hours, days, etc.) where collected
- Staff expenditures (\$)
- Staff Hours
- Total Expenditures (\$) (purchased + staff)
- Each State revenue amount allocated to the BRASS code
- Each federal revenue amount allocated to the BRASS code
- Each miscellaneous revenue amount allocated to the BRASS code
- County revenue amount needed to fully fund the BRASS code (this is a calculated amount where: Total Expenditures minus state revenue minus federal revenue minus miscellaneous revenue = county revenue)

SEAGR Generated Data - continued

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SEAGR quarter end report bundles include the following for your specific county:

- Service Activity Summary – Provides a breakdown of expenditures and revenues at the program level.
- Service Activity Detail – This is your reported SEAGR expenditures and units of service by individual BRASS service codes for each program. Also listed is the average cost per unit.
- Funding Estimate Detail – Details program funding allocated to individual BRASS services. The SEAGR allocation scheme assigns revenues to services based upon the levels of expenditures.

SEAGR Generated Data - continued

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- Block Grant Allocation – Combines expenditures and funding at the BRASS code level. The report lists the total expenditures and the allocated revenue. Also included is the county dollars necessary to fully fund the expenditure amount.
- Revenue Report – This is revenue as reported on your SEAGR report. Order is state, federal then miscellaneous.
- Financial Analysis of Block Grant Expenditures – FABE
 - There are 2 of these reports. One is for the Title XX Block Grant and the other is for the VCA Grant. The report shows total expenditures, which are grant eligible, funding and county dollars used to fund the expenditures.
- Program Revenue Source Funding Comparison – Compares each BRASS program Area by funding source and compares to state, metro county and non-metro counties.

SEAGR Generated Data - continued

25

- BRASS Service Expenditure Comparison – Compares each BRASS code county total expenditures to different statewide, metro county and non-metro counties.
- Staff Provided Service Average Cost Comparison – Compares your specific county average staff cost per hour by state-wide, metro and non-metro average staff cost/hour.

SEAGR Average Cost Per Hour

26

- (Staff provided social services expenditures – Total Direct Allocations) / Total cost pool staff hours = Average cost/hour
- Hourly rate * hours in each BRASS code = estimated staff expenditures.
- Calendar year 2013 averages:
 - ✦ Statewide Average \$125.66
 - ✦ Metro Average \$161.93
 - ✦ Non-Metro Average \$98.10

SEAGR Average Cost Per Hour - continued

27

- Logging too few hours = high cost per hour
 - ✦ Logging only billable? Worker does not have to be face-to-face with client to claim BRASS code activity.
- Logging too many hours = low cost per hour
 - ✦ Are workers logging 8 hours a day? It's not likely that any worker will have worked 8 full hours on BRASS code activities.
- Hours to be reported
 - ✦ Line social service staff (see SEAGR bulletin 14-32-04, attachment B2 for staff definition) need to record time when they can to a BRASS code.
 - ✦ 100% of BRASS code defined activities does not necessarily = 100% of staff time. There are no BRASS codes for lunch breaks, coffee breaks, etc.

SEAGR Average Cost Per Hour - continued

28

- Hours to be reported – ***continued from previous page***
 - ✦ Know your BRASS codes and know your workers. Most workers will only use 5 - 6 of the 177 available BRASS codes.
 - ✦ Be consistent in logging hours!

- Hours of staff service:
 - ✦ In some cases a social service worker is setting up delivery of a purchased service such as child care (BRASS 211 or 212) but not personally providing the actual service. In these cases the SS worker should log to case management (in this example BRASS 293 – Child Care Case Management) while the actual child care cost is a PURCHASED SERVICE.

SEAGR Average Cost Per Hour - continued

Estimated staff expenditures have several limitations:

- Overhead costs are shown under staff expenditures, yet some of these costs would logically be used to administer and supervise purchased services activity. If your director decides to fire staff because staff expenditures are high, this may be why they are high!
- Usually a single rate (cost per hour) is being used for all the county's BRASS codes. But a service provided by a SS worker with a Masters in Social Work is more costly than a service provided by a lower paid case aide. One hour of staff time is most probably not equal between different BRASS codes. BRASS code 146 is probably more than 101.

What SEAGR Can be Used For

30

Determining grant earnings for county formula allocation grants:

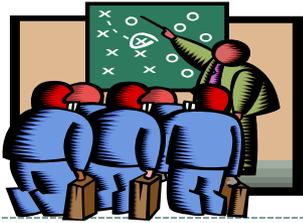
- Vulnerable Children and Adults Act (VCA) Block Grant
 - Title XX Block Grant
 - Monitoring for Maintenance of Effort for Mental Health
 - Family Assessment Response Grants
 - Family Group Decision Making
 - Relative Custody Assistance Program
 - Children and Adult Mental Health Grants
 - Developmental Disabilities Semi-Independent Living Services (DD-SILS)
 - Family Support Grant Program
 - Parental Support Outreach Program
 - Support for Emancipation and Living Functionally Program (SELF)
-
- Developing a picture of county spending on social service activity and revenues that are available to fund those expenditures.

What SEAGR Can't be Used For

31

Federal Administrative or Case Management Reimbursement for the major federal human service programs including:

- MA
- Title IV-D
- Title IV-E
- SNAP
- TANF

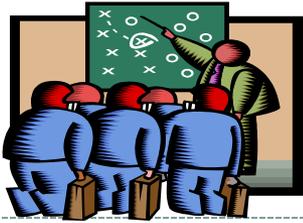


Hints and Tips



32

- Review your report
 - ✦ Just because a Payment or Time Record passed the edits, doesn't mean it is right!
 - ✦ Look at your SEAGR rate and compare to other quarters
 - ✦ Make sure the Total purchased Services and Staff provided social services expenditures match the DHS-2556
- Always Regenerate before you submit
 - ✦ SEAGR performs many calculations in the background, regenerating ensures that the calculation results display correctly on the screen
 - ✦ Ensures any Time Records added after the end of the quarter are reported
 - ✦ Records that have been changed are updated



Hints and Tips



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Report Revisions

- Check with Julie before you create a revision. It is not always necessary and Julie will determine whether you need to submit a revised report.
- If either Total purchased Services and Staff provided social services expenditures on your 2556 changes, you need to submit a new SEAGR Report
- If you need to submit a revision, SSIS Update #388 issued 1/1/14 has some tips to make re-entry of revenues and adjustments easier (included in your binder)
- Revenue was moved from one line on the report to a different line does NOT require a new report

Questions?

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SSIS related questions, contact the SSIS Help Desk at:

(651) 431-4801 or

Dhs.Ssishelp@state.mn.us

SEAGR policy questions, contact Julie Spurgeon at:

(651) 431-3782 or

julie.spurgeon@state.mn.us

MINNESOTA DEPARTMENT OF HUMAN SERVICES

Budgeting

Reporting and

Accounting for

Social

Services

BRASS MANUAL
With
Background and Technical Information

**For the Minnesota
Standard Social Service
Classification Structure**

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EXECUTIVE SUMMARY

BRASS (Budgeting, Reporting and Accounting for Social Services) is Minnesota's classification structure for standardizing and organizing the categories used by counties for social services planning, budgeting, accounting, financial statements and audits, and for most fiscal and statistical reporting to the Department of Human Services (DHS).

Central to its operation is the BRASS Code. Each of the three major digits of the BRASS Code serves a specific function and together they define a service. The most significant digit is the first one, which indicates the Program Area. The Program Areas represent clusters of activities, procedures, licenses and services. Although the Program Areas entail services that are typically delivered to clients with similar needs, BRASS itself characterizes the service provided rather than overlapping and confusing client characteristics. The Program Areas are:

1. Children's Services
2. Child Care
3. Chemical Health
4. Mental Health
5. Developmental Disabilities
6. Adult Services

Some services may be used in any Program Area, while others take on different definitions depending upon the Program Area. Many services are simply not valid within specific Program Areas.

The BRASS classification structure is intended to include as many DHS reporting requirements as practical. BRASS is designed to be compatible with COFARS (the county accounting structure).

Since its implementation in 1991, BRASS has become a mainstay of county communications to DHS, most notably through the quarterly fiscal SEAGR (Social Service Expenditure and Grant Reconciliation) Report. Additionally, the Social Service Information System (SSIS) uses BRASS as the basis for tracking county social service activity. BRASS data is also the basis for major plans such as the federal Social Service Block Grant (Title XX) and the Children and Community Services Act (CCSA).

DHS has committed itself to relying upon BRASS for service reporting and to revising BRASS Codes on a biennial basis. A BRASS Code bulletin is published every two years with a list of valid codes and their definitions.

SECTION A:

INTRODUCTION

INTRODUCTION

History

The BRASS classification structure was implemented in calendar year 1991. The current framework for BRASS was conceived by DHS staff in 1989 and 1990, and widely discussed with county staff throughout 1990 prior to its adoption. Its historical roots go back to the enactment of the Community Social Services Act (CSSA) in 1979. This landmark legislation established the state CSSA Social Service Block Grant, and paired with it the federal Title XX Block Grant. More importantly, CSSA called upon counties to play the lead role in social services at the local level, with planning, funding, and reporting increasingly channeled through the county en route from DHS to providers and clients, and vice versa.

CSSA created a need for DHS to focus on social service expenditures and activities as a whole, and yet the early attempts to do so proved to be inadequate. The original CSSA Service Taxonomy contained no internal relationships, and the target population concept, which grouped expenditures and clients served by client characteristics, proved to be inadequate for management or analysis.

Weak from the start, these reporting constructs could not adapt to the changes of the 1980s as county social service activity became more standardized, buttressed on the one side by licensing, statutory and other legal requirements, and on the other side by new categorical funding mechanisms that were targeted to clusters of activities that mirrored the program divisions found within DHS.

In seeking to answer basic questions, such as who got what types of services, how much did they cost, and who paid for them, DHS realized that the solution needed to take advantage of County Financial Accounting and Reporting Standards (COFARS), developed as a recommended modern county accounting structure under the aegis of the State Auditor's Office. Simultaneously, the State Auditor's Office was recognizing that the COFARS accounting structure for social services was incomplete and vague, and began pressing for solutions. In 1987, DHS and counties agreed to a COFARS program structure very similar to the one now incorporated within BRASS.

Assumptions

BRASS is predicated upon four assumptions:

1. No single solution can eliminate all the difficulties, but a coherent service classification structure which embodies as many reporting requirements as practical is necessary.
2. To the extent practical, staff should employ the same categories when engaging in the following four related functions:
 - Planning
 - Budgeting
 - Reporting (both fiscal and client)
 - Accounting.
3. In classifying social service activity, what type of service was provided (the BRASS Code) is a separate question from who received the service (the client's characteristics), although they are often closely related.
4. Social service categories should reflect the way business is done as much as possible. This includes legal categories (e.g., licenses, rules, statutes), categories used in practice (e.g., placement settings, procedures), funding eligibility criteria, and so on.

DHS' Commitment

In requiring counties to use BRASS, DHS has made two commitments:

1. BRASS is the service classification structure for social services. These are the service categories DHS will ask counties about. There are, of course, situations in which federal funding or other considerations require finer breakdowns than BRASS can accommodate. However, these will be kept to a minimum and will be consistent with BRASS.
2. BRASS will be revised biennially, with opportunities for county reaction and feedback. BRASS revisions will be finalized by summer for implementation in the subsequent calendar year. This will allow counties to budget and develop their plans with advance knowledge of eligible BRASS services. Unless forced by unavoidable federal or legislative requirements, DHS will not revise BRASS in the middle of the two-year cycle.

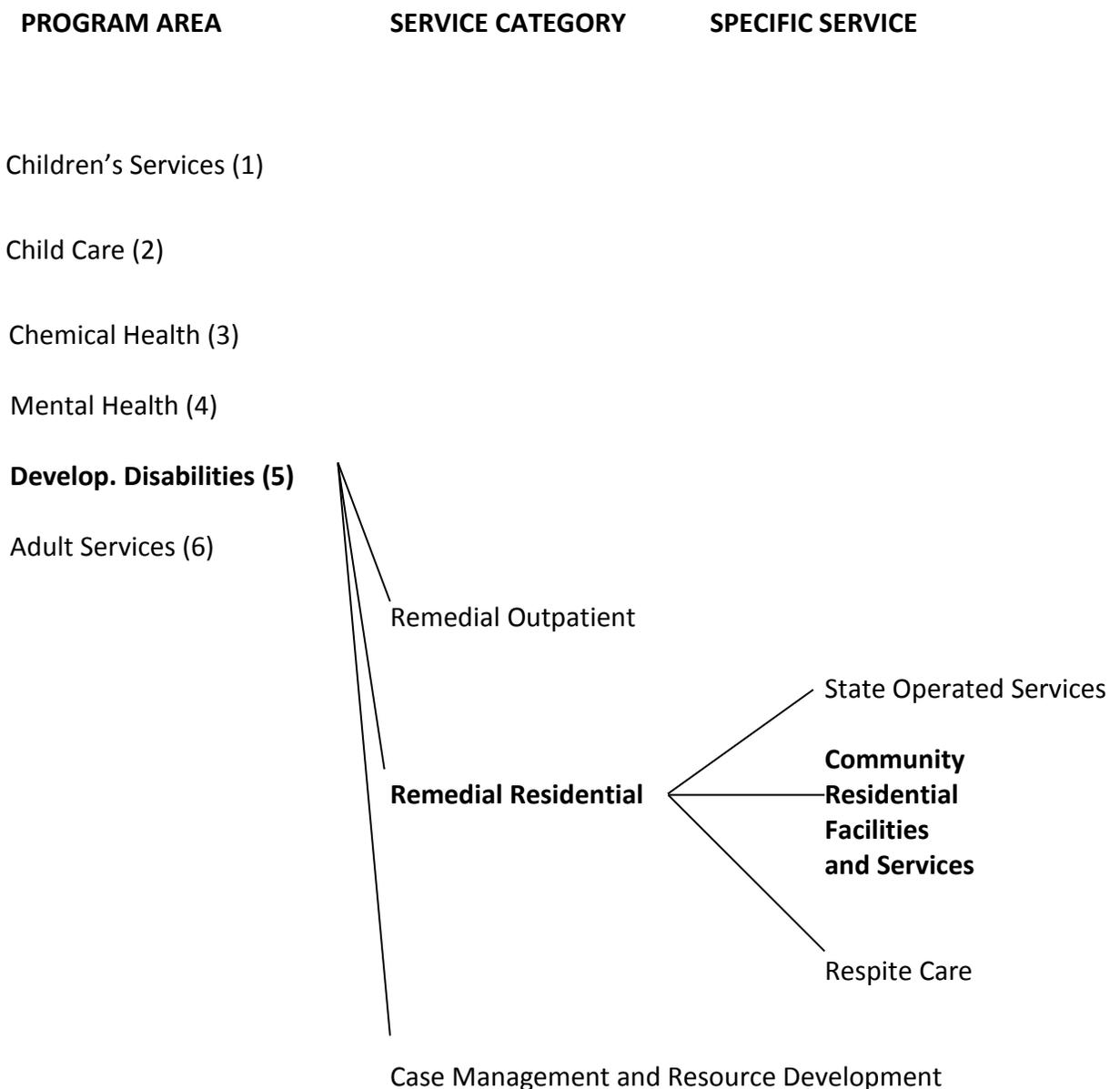
SECTION B:

THE BRASS STRUCTURE

THE BRASS CLASSIFICATION TREE

The idea behind BRASS is a logical classification structure that reflects the way business is done, and can evolve along with staff and yet still be simple enough for county workers to actually use day-to-day.

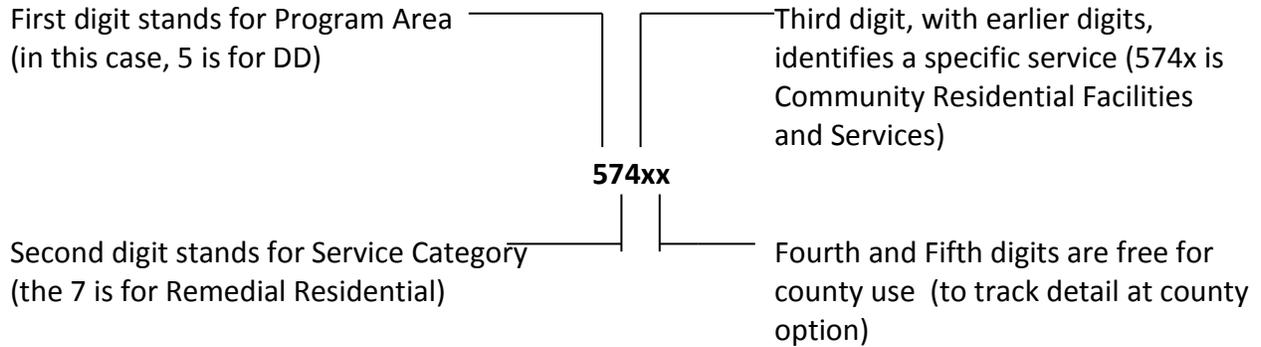
A classification tree works best if its branches correspond to how people think about their business. BRASS uses six Program Areas as the first branch of the tree. The second branch, the Services Categories, is groupings of services. The BRASS Code, explained on the next page, is a simple numerical representation of the tree.



BRASS BASICS

The BRASS Code

This system of classifying social service expenditures and statistics is based upon the BRASS Code. The BRASS Code is a four-digit number (three major digits and two optional), and each digit means something:



For most applications, the BRASS Code is used as the service code to represent the service provided. These are the codes for completing the quarterly fiscal SEAGR Report.

For county budgeting purposes, only the first digit needs to be used because only the Program Area needs to be specified. Counties may decide to budget on the other digits, on object of expenditure line items, source of funding, or any other detail within the program level at county option.

For use in the COFARS chart of accounts, the BRASS Code can be rather simply mapped onto the Program Level and Service Level. The diagram below is a quick look at this relationship. A more detailed explanation follows in Section C.

COFARS ACCOUNTING (16 digits)								
FF	-	DDD	-	PPP	-	574X	-	JJJ
Fund		Department		Program		Service		Object

In short, for most county social service staff, the BRASS Code is the social service code. For those involved with the COFARS financial structure, the BRASS Code can be easily translated into COFARS levels.

THE PROGRAM AREAS

The first digit of the BRASS Code represents the Program Area. The Program Area is the broadest grouping in BRASS, the first branching on the classification tree. The six Program Areas are as follows:

1xxx = Children's Services

2xxx = Child Care

3xxx = Chemical Health

4xxx = Mental Health

5xxx = Developmental Disabilities

6xxx = Adult Services

Program Area Definitions

The six Program Areas used in BRASS (which correspond to the Program Level used in COFARS) are based on a number of underlying principles. First, they consist of clusters of related activities or procedures directed toward a common situation, problem, disability or status.

The goal of the BRASS Program Areas is to highlight related services rather than related clients. Therefore, BRASS looks at the characteristics of the service rather than the characteristics of the client. Of course, the difference is not always apparent – for example, most of the time a client with a mental illness diagnosis receives mental health services. On occasion, such a client might be involved with detoxification (which belongs in the Chemical Health program area) or Child Protection Assessment/Investigation (which belongs in Children's Services).

A county worker who specializes with one type of clientele will probably find that they use one or two Program Areas for nearly all services. Since the services are not keyed to client characteristics, it will sometimes be necessary to refer to services within other program areas.

CHILDREN'S SERVICES

BRASS Code: 1xxx

COFARS: 71x

Children's Services include social service activities (including MA waived services) that are directed toward the status unique to children, such as adoptions, foster care, child protection and adolescent life skills training. Also included are the facilitative, supportive, administrative, and other functions necessary to pursue these activities.

Children's Services do not include disability-related services that happen to be provided to children, such as a Rule 25 assessment (properly in Chemical Health) or supported living services for children (properly in Developmental Disabilities), or mental health treatment services (properly found in Mental Health).

The key factors in distinguishing Children's Services from Mental Health Services are whether the child has a mental health diagnosis or diagnosable condition, and whether the service in question falls within the Comprehensive Mental Health Act. For example, Group Homes under Minnesota Rules, parts 2960.0010 to 2960.0710 do not fall within the scope of this Act; it belongs in Children's Services. Rule 5 Residential Facilities for Children with Emotional Disturbances, on the other hand, are included within the Act and, therefore, belong in the Mental Health program area. A secondary determining factor is the credentials of the provider. For example, the difference between Family-based Services – Children's as opposed to Family-based Services – Mental Health rests primarily with whether the provider in question is a qualified mental health professional.

Any time child care is being provided, for any purpose, it belongs within the Child Care Program Area and not in Children's Services.

On occasion, a client over the age of 18 may continue to receive Children's Services, such as child foster care, adolescent life skills or educational assistance. These services are included within Children's Services.

Children's Services are restricted to the valid services found in the most recent list of valid BRASS Codes in Children's Services.

CHILD CARE

BRASS Code: 2xxx

COFARS: 72x

The Child Care Program Area consists of child care activities related to employment and training, and child welfare services. MFIP child care and related activities must be coded to this program.

The Child Care Program Area is restricted to the valid services found in the most recent list of valid BRASS Codes in Child Care.

CHEMICAL HEALTH

BRASS Code: 3xxx

COFARS: 73x

The Chemical Health Program Area includes social service activities that are directed toward the treatment of problems related to alcohol and drug abuse or dependency, such as a Rule 25 assessment, detoxification or CD halfway house. Also included are the facilitative, supportive, administrative and other functions necessary to pursue these activities. These services are included in this Program Area, whether they are provided to children or to adults.

The Chemical Health Program Area is restricted to the valid services found in the most recent list of valid BRASS Codes in Chemical Health.

MENTAL HEALTH

BRASS Code: 4xxx

COFARS: 74x

The Mental Health Program Area includes social service activities that are directed toward the support and treatment of adults who have been or may be diagnosed as having mental illness and children who have been or may be diagnosed as having emotional disturbance. This includes services such as community support services and Rule 79 case management (currently referred to as Mental Health Targeted Case Management – MH-TCM). Also included are the rehabilitative, therapeutic, facilitative, supportive, administrative and other functions necessary to pursue these activities.

Children’s Mental Health services included in this Program Area are distinguished from Children’s Services by their inclusion in the Comprehensive Mental Health Act, by the child having received a mental health diagnosis, and/or by the credentials of the provider (see the discussion under Children’s Services). Some of the services that are specific to Children’s Mental Health include those designated Family Community Support Services (FCSS), Family-based

Services – MH and Rule 5 Child Residential Treatment. Many of the Mental Health BRASS Codes are divided between child and adult to aid counties and DHS in tracking data requirements.

The Mental Health Program Area is restricted to the valid services found in the most recent list of valid BRASS Codes in Mental Health.

DEVELOPMENTAL DISABILITIES

BRASS Code: 5xxx

COFARS: 75x

The Developmental Disabilities Program Area includes social service activities (including MA waived services) that are directed toward the habilitation and support of adults and children who have been or may be diagnosed as having mental retardation or related conditions. In the case of children, this program area also includes services directed toward support of the families involved. This includes services such as day training and habilitation (DAC), semi-independent living skills (SILS) and Rule 185 case management (both waiver and non-waiver). Also included are the facilitative, supportive, administrative and other functions necessary to pursue these activities. These services are included in this program area whether they are provided to children or to adults.

The Developmental Disabilities Program Area is restricted to the valid services found in the most recent list of valid BRASS Codes in Developmental Disabilities.

ADULT SERVICES

BRASS Code: 6xxx

COFARS: 76x

The Adult Services Program Area includes social service activities (including MA waived services) that are directed toward the amelioration of problems and support of adults, and are not in the Chemical Health, Mental Health or Developmental Disabilities Program Areas. This includes Adult Protection Assessment/Investigation, Nursing Home Pre-admission Screening, Adult Day Care and Congregate Meals.

The key factor in distinguishing Adult Services from Developmental Disabilities is whether the client being served has been or may be diagnosed as having a developmental disability.

Adult Services is restricted to the valid services found in the most recent list of valid BRASS Codes in Adult Services.

THE SERVICE CATEGORIES

The second digit of the BRASS Code represents the Service Category, the second branch of the BRASS classification tree. The Service Categories should be of assistance to county and state staff needing to find and use services. They represent an attempt to organize social services into groupings that either have a programmatic commonality or assist in readily combining classes of services for reporting and planning.

Over the years, as BRASS Codes have evolved, codes have been added, consolidated or had definition changes. In some instances the new or changed BRASS Codes may not fit exactly into these service categories.

The BRASS Service Categories include:

x0xx = Assessment and Prevention services

x1xx = Facilitative services

x2xx

x3xx = Supportive services

x4xx

x5xx = Remedial Outpatient services

x6xx

x7xx = Remedial Residential services

x8xx

x9xx = Case Management and Resource Development services

Some of these Service Categories require more than 10 services. That is the only reason that, for instance, the Supportive Service Category runs from x2xx through x4xx. The definitions of these Service Categories are on the next page.

Service Category Definitions

x0xx The Assessment and Prevention Service category includes those services usually provided prior to the formal opening of a service case, such as prevention, information and referral, and a variety of assessments, screenings and investigations.

x1xx The Facilitative Service category includes those services that enable clients to participate in other services. Examples include child care, transportation and interpreter services.

x2xx The Supportive Service category includes activities designed to support and maintain
x3xx clients in the community who do not require rehabilitative or treatment services.
x4xx

x5xx The Remedial Outpatient Service category includes remedial services delivered
x6xx in an outpatient setting. Remedial activities are those that seek to resolve problems, change behavior, or enable people to subsequently function better in the community.

x7xx The Remedial Residential Service category includes remedial services delivered
x8xx in a residential setting. Remedial activities are those that seek to resolve problems, change behavior, or enable people to subsequently function better in the community.

x9xx The Case Management and Resource Development Service category includes services that are administrative in nature or that are not provided directly to the client. Case Management and Local Collaborative Undifferentiated Services are exceptions and are included here because they may encompass many or all of the Service Categories.

SECTION C:
BRASS REPORTING AND RELATIONAL INFORMATION

OVERVIEW AND DHS FISCAL REPORTING

Overview

This section deals with how BRASS relates to DHS reporting through COFARS, the Social Services Information System (SSIS), county budgeting and financial statements, data and cost allocation procedures, and standard units for reporting purchased services. Additional details may be obtained from DHS bulletins and other related materials.

Fiscal Reporting and BRASS

BRASS represents the service categories DHS staff will ask counties about. In some situations, federal funding or other considerations require finer breakdowns than BRASS can accommodate. These will be kept to a minimum and will be consistent with BRASS. DHS has committed to revising BRASS on a two-year cycle and to avoid other revisions unless required by federal or legislative requirements.

The primary mechanism for gathering county expenditures and revenue data is the SEAGR Report (DHS-2557). The quarterly fiscal SEAGR Report collects expenditure data based upon BRASS Codes and revenue data broken down by funding source and BRASS Program Area. The SEAGR Report, a cash basis report, serves as the fiscal report for a number of funding streams, and provides financial data necessary for DHS to report to the Legislature on county social services activities.

BRASS Codes are also used in the client-specific Community Mental Health Reporting System (CMHRS), Targeted Case Management Client Statistical Report (TCM CSR), and for various other routine or ad hoc reports and plans.

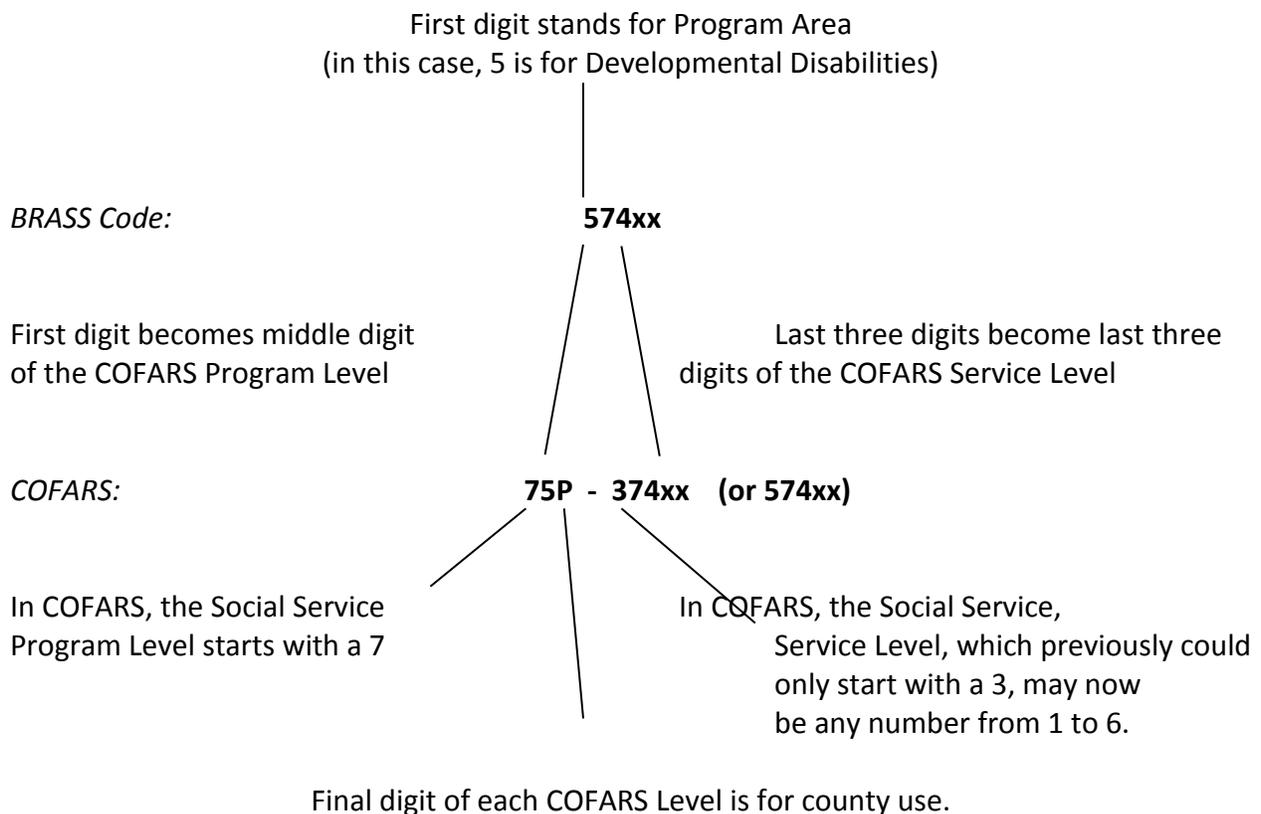
For claiming federal Medical Assistance funding, county agencies and other health care providers must submit claims using Health Care Procedure Codes (HCPCS) – from here on referred to as Procedure Codes. In general, Procedure Codes are more detailed than BRASS Codes, requiring the extra detail needed for MA claims. DHS has made every effort to keep BRASS consistent with Procedure Codes. Typically, a number of Procedure Codes can be easily rolled into one BRASS Code. Exceptions generally involve the need to track adult versus children's services in BRASS in some situations where this is not required for MA-based claims. Another exception is Child Welfare Targeted Case Management (CW-TCM), where several BRASS services use the same Procedure Code to generate MA billing. The units of service reported through Procedure Codes are not always identical to those required for BRASS, but they can be mathematically converted. See the most recent DHS conversion guidelines in the current SEAGR bulletin and also current SSIS documentation for assistance.

TRANSLATING THE BRASS CODE INTO COFARS

COFARS uses a number of different dimensions or levels as the basis for its chart of accounts. The two most important ones for social service planning, budgeting, accounting, and reporting are the Program Level and the Service Level. The Program Level consists of a three-digit number, and the Service Level is represented by a four- or five-digit number.

For social services, the Program Level always begins with a 7 as the first digit. Until recently, COFARS used only a 3 as the first digit of the Service Level for social services in the BRASS translation to COFARS. However, the COFARS manual was changed to allow the use of 1 – 6 as the first digit of the Service Level for social services. Counties can now choose to continue to use a 3 as the first digit of the Service Level or could even use the middle digit of the Program Level as the first digit of the Service Level.

The BRASS Code is simply split between the first digit and the last three digits. This makes sense, since the first digit of the BRASS Code shows the program area:



In short, the BRASS Code is easily translated into the COFARS Program and Service Levels by mapping the first digit into the Program Level and the last three into the Service Level. Or, the entire four-digit BRASS code can be placed directly into the COFARS service. The direct use of the four-digit BRASS code in the Service Level is recommended since it avoids translation issues.

The COFARS Program Level

The first digit of the BRASS Code, which represents the program area, becomes the middle digit of the COFARS Program Level (the first digit is always 7 for Social Services). BRASS includes six Program Areas, so there are six COFARS programs:

71P = Children's Services

72P = Child Care

73P = Chemical Health

74P = Mental Health

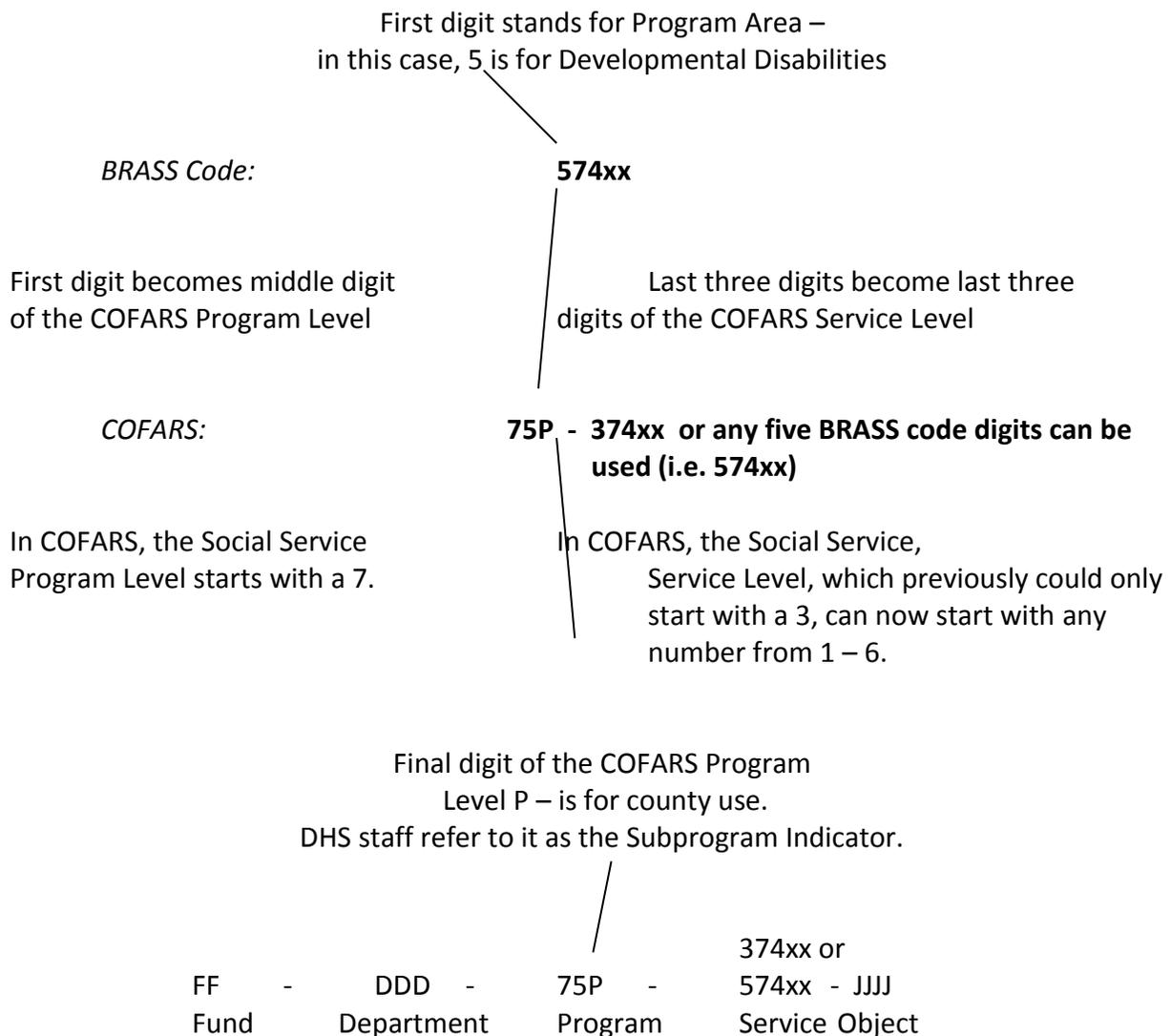
75P = Developmental Disabilities

76P = Adult Services

The final digit, the Subprogram Indicator, is available for county use, and is represented here by a P simply to distinguish it from the x used in the BRASS Codes.

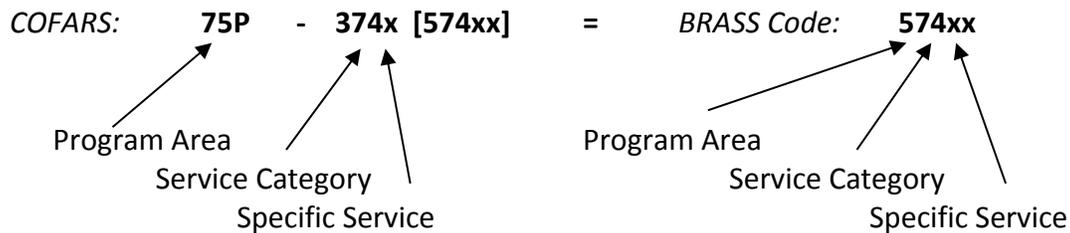
From the BRASS Code to the 16-digit COFARS Account

The complete COFARS account designation consists of 16 digits, arranged in five dimensions or levels (Fund, Department, Program, Service and Object). As previously noted, the four- or five-digit BRASS Code is mapped into two of these dimensions: the Program and Service levels. However, the entire 16 digits are still required to encode all the necessary accounting detail. Beginning with the same example, this is how the BRASS Code translates into the 16-digit COFARS account number:



There are three important relationships between BRASS and COFARS that are illustrated by the example on the previous page:

1. The Subprogram Indicator – P – is not derived from the BRASS Code. This county option digit is the only one in the Program-Service sequence that is not directly tied to the BRASS Code. County agencies may elect to establish such a relationship, but that would be at their discretion.
2. Every BRASS Code has a match in the Program-Service COFARS sequence. In other words, the BRASS Code cannot be determined, or reconstructed, from either the Program Level or the Service Level alone, unless the county elects to use 1 – 6 as the first digit of the Service Level. However, these seven digits together are sufficient to match a BRASS Code:



3. A lot of useful detail is carried in the Object Level. BRASS does not pretend to eliminate the need for a well-constructed set of object codes.

REQUIREMENTS FOR BUDGETING AND FINANCIAL STATEMENTS

Budget Requires Reporting at BRASS Program Level

All county human service agencies are required to develop a social service budget based upon the final six BRASS Program Areas. Refer to the most recent instructional bulletin for the Social Services Fund Report (DHS-2556) for what to include in social services.

The only budget requirement is that the social services budget be broken down into the six final BRASS Program Areas. County agencies may choose to budget on the three-digit BRASS Code, and this may have certain advantages. County agencies may choose to budget at any desired level of detail, including at the Subprogram Level, the Object Level, or on any county-specific accounting detail.

Annual Financial Statements Require Reporting at Department Level

Counties are required by the Government Accounting Standards Board (GASB 34) to only report budget and actual data on financial statements at the department level. Thus, only one expenditure figure will be reported for all of Social Services for the entire year on the Human Services Special Revenue Fund. This revised financial statement was previously called the Welfare Special Revenue Fund and it required that social services be reported using the six BRASS program areas.

Department-level reporting on financial statements represents the minimum reporting required. Counties may expand on the minimum, if desired, and report using Program Level or finer detail.

COST AND DATA ALLOCATION

Allocation Procedures and the Basis of Allocation

At various points in compiling data within the BRASS classification scheme, allocation processes must be used because direct knowledge of the components is impossible or overly expensive in terms of time and/or money. When expenditures are allocated using such a process it is known as cost allocation. Whether it involves expenditures, client counts, units of service, or other types of data, the basic concept is the same – a total is collected in a temporary holding tank (an account, file) and these totals are subsequently allocated to more detailed component categories based on some standard procedure. This procedure typically calls for the total to be allocated to the component categories proportional to some known factor, which is termed the basis of allocation.

BRASS Cost and Data Allocation Overview for the SEAGR Report

The BRASS classification scheme explicitly provides for the use of allocation processes. See Attachment B of the current SEAGR Bulletin for detailed information on allocation procedures used in building the SEAGR Report.

TIME REPORTING, UNITS OF SERVICE AND CONVERSION TABLES

BRASS Time Reporting

Counties are required to do time reporting in SEAGR using appropriate BRASS Codes for allocation of administration costs. See the current SEAGR bulletin, Attachment B, for a full discussion of the allocation procedures and proper elements of time reporting for hours of staff service.

BRASS Purchased Service Units of Service

Counties are required to report standard units of purchased services for selected BRASS Codes in SEAGR. See the current SEAGR bulletin, Attachment C, for purchased service unit types, definitions, conversions from non-standard units, a table for exceptions to standard conversions, and some discussion of problems/solutions to gathering units of service data. Tables within SSIS may also aid in unit tracking and conversions.

SEAGR Report (DHS-2557) – Output Reports



**QUARTERLY GENERATED
OUTPUT REPORTS FROM THE
SEAGR REPORT**

JULIE SPURGEON
DHS FINANCIAL OPERATIONS DIVISION
HEALTH & HUMAN SERVICES OVERVIEW TRAINING

Quarter end bundle reports

2

- At the end of each quarter, after your SEAGR report is “audited” by Julie, you are sent electronically, a set of 10 reports which is your quarter end report bundle. This bundle consists of the following:
 1. Block Grant Allocation Report
 2. Brass Service Expenditure Comparison Report
 3. FABE – Title XX Block Grant Report
 4. FABE – VCA Grant Report
 5. Funding Estimate Detail Report
 6. Program Revenue Source Funding Comparison
 7. Revenue Total Report
 8. Service Activity Detail
 9. Service Activity Summary
 10. Staff Provided Service Average Cost Comparison

Quarter end bundle reports

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- Each county is sent electronically their report bundle. A copy of STATEWIDE data for the quarter is then posted on CountyLink. There is too much data for DHS to post each individual county.
- If you need a copy of any prior quarter or calendar year data, please contact Julie for a copy.
- The following slides will show a small snapshot of each of the reports in the quarter end report bundle and a brief description. The order of each slide is how the system sends out the reports which isn't the most logical order – for example, I think the Service Activity Summary Report should come first, but I have to work with how the system wants to work!

Block Grant Allocation

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County Reporting System - Financial Operations Division

State Wide

Block Grant Allocation Report

Page 1 of 8

Children Program

For period: Year 2014, Qtr 1; (January - March)

Run Date: 06/16/2014

Brass Code	Total Expend.	Federal Cat. Alloc.	State Cat. Alloc.	Misc. Alloc.	TITLE XX BLOCK GRANT	VCA Grant	County Dollars
101 Information and Referral	4,892,034	35,200	56,788	18,585	527,430	0	4,254,031
102 Community Education and Prevention	268,695	38,282	2,787	745	24,658	0	202,223
104 Child Protection Investigation	3,515,773	511,909	30,511	2,217	324,152	0	2,646,984
105 Assessment for Long-term Services &	254,798	9,220	11,150	177	0	0	234,251
106 Parent Support Outreach Assessment	111,887	27,571	905	15,737	7,398	0	60,276
107 Child Welfare Assessment	1,928,258	272,016	21,448	916	172,713	0	1,461,165
108 Family Assessment Response	4,849,541	981,483	188,565	632,964	318,459	0	2,728,070
109 Concurrent Planning Assessment	90,692	10,954	1,930	0	8,264	0	69,544
111 Mental Health Screening	64,573	9,150	11,415	2	3,121	0	40,885
115 Interpreter Services	21,453	73	335	6	2,302	0	18,737
116 Transportation	442,157	2,100	5,819	1,506	45,614	0	387,118
118 Health-Related Services	309,185	5,354	3,945	760	0	0	299,126
119 Court-Related Services and Activities	1,620,694	14,179	12,963	2,815	158,721	0	1,432,016
121 Legal Services	1,435,844	18,890	6,800	5	124,617	0	1,285,532
124 Home-Based Support Services	11,584	1,720	283	115	1,245	0	8,221
125 Homemaking Services	39,329	11,851	418	115	2,436	0	24,509
135 Family Support Grant Program	25,120	261	244,644	0	535	0	(220,320)
136 Consumer Support Grant	92,670	1,291	565,990	1	0	0	(474,612)
139 Educational Assistance	288,395	20,299	1,828	0	27,195	0	239,073
141 Environmental Accessibility Adaptatio	147,097	6,674	5,986	249	0	0	134,188
144 Housing Services	882,792	40,677	9,085	14	0	0	833,016
145 Social and Recreational	58,777	29,140	756	1	4,033	0	24,847
146 Adolescent Life Skills Training	561,435	66,289	3,985	1,826	46,205	0	443,130
147 Independent Living Skills	1,384	3	15	0	120	0	1,246
155 Individual Counseling	227,125	23,321	1,598	3	19,164	0	183,039
156 Group Counseling	177,773	26,290	2,282	66	13,673	0	135,462
158 Approved Pilot Projects	1,147,575	8,205	20,065	0	0	0	1,119,305
161 Family-Based Crisis Services	244,788	38,695	1,925	0	21,207	0	182,961
162 Family-Based Counseling Services	1,042,424	162,463	8,123	3,540	89,477	0	778,821
163 Family-Based Life Management Skill	776,709	102,461	8,642	10,796	71,035	0	583,775
164 Family Assessment Response Servic	894,135	146,682	55,802	260,001	60,543	0	371,107
165 Services for Concurrent Permanency	399,402	50,484	6,662	26	36,717	0	305,513
166 Family Group Decision Making	918,705	387,079	4,348	1,143	52,814	0	473,321

This report combines expenditures and funding at the BRASS code level. There is one page for each social service program plus a total page for all programs. Notice the last column on the right – this is the county dollars necessary to fully fund the total expenditures.

BRASS Service Expenditure Comparison

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Minnesota Department of Human Services
STATE OF MINNESOTA

County Reporting System - Financial Operations Division

SW - StateWide
2012 Population 5,332,144

Brass Service Expenditure Comparison
2014, Quarter 1 through 2014, Quarter 1

Page 1 of 7
Run Date: 06/16/2014

Brass Code	County Total Expenditures	State-Wide Average Expenditure (providing counties)	State-Wide Number of Counties Providing Service	Metro Average Expenditure (providing counties)	Metro Number of Counties Providing Service	Non-Metro Average Expenditure (providing counties)	Non-Metro Number of Counties Providing Service
101 Information and Referral	4,892,034	4,892,034	80	2,888,771	7	7,296,966	73
102 Community Education and Prevention	268,695	313,049	59	163,212	6	522,064	53
104 Child Protection Investigation	3,515,773	3,524,406	77	4,063,294	7	2,873,961	70
105 Assessment for Long-term Service	254,798	348,796	44	440,862	4	243,929	40
106 Parent Support Outreach Assessment	111,887	160,834	46	23,628	5	384,232	41
107 Child Welfare Assessment	1,928,258	1,968,461	72	2,741,271	7	997,039	65
108 Family Assessment Response	4,849,541	4,852,700	79	4,710,974	7	5,023,087	72
109 Concurrent Planning Assessment	90,692	259,946	8	267,744	3	165,849	5
111 Mental Health Screening	64,573	131,431	18	31,878	5	444,140	13
115 Interpreter Services	21,453	65,351	17	73,842	5	46,263	12
116 Transportation	442,157	475,223	62	318,587	7	697,262	55
118 Health-Related Services	309,185	409,139	43	480,990	6	282,311	37
119 Court-Related Services and Activities	1,620,694	1,639,891	74	1,511,445	7	1,798,170	67
121 Legal Services	1,435,844	5,972,037	5	6,384,324	1	1,195,228	4
124 Home-Based Support Services	11,584	115,377	6	24,849	1	395,208	5
125 Homemaking Services	39,329	342,869	3	5,273	1	1,002,134	2
135 Family Support Grant Program	25,120	534,982	4	0	0	534,982	4
136 Consumer Support Grant	92,670	281,880	14	135,997	2	443,703	12
139 Educational Assistance	288,395	1,097,738	5	1,004,596	2	2,030,975	3
141 Environmental Accessibility Adaptation	147,097	304,681	20	163,048	3	569,934	17
144 Housing Services	882,792	1,503,712	21	1,912,503	6	180,339	15
145 Social and Recreational	58,777	119,741	25	73,954	4	222,671	21
146 Adolescent Life Skills Training	561,435	643,805	55	919,021	6	221,433	49
147 Independent Living Skills	1,384	163,271	1	0	0	163,271	1
155 Individual Counseling	227,125	592,497	10	668,310	3	310,868	7
156 Group Counseling	177,773	589,193	12	605,213	2	528,302	10
158 Approved Pilot Projects	1,147,575	2,677,616	7	2,783,578	3	1,461,978	4
161 Family-Based Crisis Services	244,788	358,855	25	331,457	6	452,717	19
162 Family-Based Counseling Services	1,042,424	1,436,965	49	603,593	5	2,477,954	44
163 Family-Based Life Management Services	776,709	971,185	45	619,373	7	1,726,254	38

This report details expenditures by individual BRASS service code for each program. Also shown is state-wide averages including metro and non-metro counties.

FABE – Title XX Block Grant

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County Reporting System - Financial Operations Division
Financial Analysis of Block Grant Expenditures(FABE)
TITLE XX BLOCK GRANT Report

St - State Wide

For period: Year 2014, Qtr 1; (January - March)

Page 1 of 1
 Run Date: 06/16/2014

Program Area	Total Expenses	Title XX Eligible Expenses	Total Categorical and Misc. Fund Amt.	TITLE XX BLOCK GRANT	Total County Dollars
Children Program	90,236,502	74,540,938	19,924,420	6,279,110	64,032,972
Child Care Program	21,941,159	0	22,167,414	0	(226,255)
Chemical Dependency Program	14,158,306	0	2,378,981	0	11,779,325
Mental Health Program	66,369,543	0	36,291,163	0	30,078,380
Developmental Disabilities Program	27,899,663	2,495,023	12,124,595	32,027	15,743,041
Adult Services Program	36,697,473	15,413,253	16,446,616	1,318,316	18,932,541
Total County Expenditures	257,302,646	92,449,214.00	109,333,189	7,629,453	140,340,004

End of Report

This report details by program total expenditures and what portion of those expenditures are Title XX grant eligible. Total categorical is state, federal (less TXX) and misc. revenues.

FABE – VCA Grant

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**County Reporting System - Financial Operations Division
Financial Analysis of Block Grant Expenditures (FABE)
VCA Grant Report**

St - State Wide

For period: Year 2014, Qtr 1; (January - March)

Page 1 of 1
Run Date: 06/16/2014

Program Area	Total Expenses	VCA Grant Eligible Expenses	Categorical and Misc. Fund Amt.	Total VCA Grant	Total County Dollars
Children Program	90,236,502	76,013,591	19,924,420	0	64,032,972
Child Care Program	21,941,159	0	22,167,414	0	(226,255)
Chemical Dependency Program	14,158,306	0	2,378,981	0	11,779,325
Mental Health Program	66,369,543	0	36,291,163	0	30,078,380
Developmental Disabilities Program	27,899,663	2,495,023	12,124,595	0	15,743,041
Adult Services Program	36,697,473	17,966,793	16,446,616	0	18,932,541
Total County Expenditures	257,302,646	96,475,407	109,333,189	0	140,340,004

End of Report

This report details by program total expenditures and what portion of those expenditures are VCA grant eligible. Total categorical is state (less VCA), federal and misc. revenues.

Funding Estimate Detail

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StateWide - Statewide Mental Health Program

Service Activity and Funding Estimate (SAFE) Report State Funding Estimate Detail Page Section A

Page 5 of 22
Run Date: 06/16/2014

For period Year 2014, Qtr 1; (January - March)

Brass Code and Description	Adult C SP (Rule 78)	PASARR	Adult MH Integrated Fund	OTHER	Systems Initiative	DHS Approved Other	State Childrer's MH Combined	MA/GAMC Reimbursement Non-Rule 79	Total
401 Information and Referral	0	0	0	35,225	0	0	0	0	35,225
402 Community Education and Prevention	0	0	0	1,652	0	0	61,393	0	63,045
403 Client Outreach (CSP)	75,418	0	355,310	3,484	336,228	0	0	0	770,440
404 Client Outreach (FCSS)	0	0	0	32	0	0	3,170	0	3,202
405 Child Outpatient Diag Assess/Psych Te	0	0	0	5,493	0	466	41,234	11,035	58,218
406 PASAAR	0	0	0	0	0	0	0	0	0
407 Early Identification and Intervention	0	0	0	5,704	0	0	96,111	0	101,815
408 Adult Outpatient Diag Assess/Psych Te	0	1,066	0	11,961	0	1,214	0	17,290	31,531
409 Pre-petition Screening/Hearing	0	0	0	6,593	0	0	0	0	6,593
410 Child Level of Determination	0	0	0	0	0	0	514	0	514
416 Transportation	21,153	0	204,089	186	168,495	0	19,529	10,434	423,886
417 Child Transportation	0	0	0	0	0	0	0	0	0
418 Client Flex Funds	35,620	0	297,476	336	184,674	0	0	0	518,106
420 Peer Support Services	0	0	0	0	0	0	0	9,772	9,772
430 Other Family Community Support Svcs	0	0	0	4,020	0	0	58,288	0	62,308
431 Adult Mobile Crisis Services	93,269	0	846,081	2,204	355,987	27	0	33,785	1,331,363
432 Children's Mental Health Crisis Services	0	0	0	5,498	0	0	259,361	68,975	333,834
434 Other Community Support Program Sv	318,330	0	2,351,953	18,069	760,007	0	0	126,421	3,574,780
436 Adult Resid. Crisis Stabl	8,839	0	642,675	1,181	181,626	0	0	14,519	848,840
437 Supported Employment	41,130	0	463,022	661	238,101	0	0	15,079	757,993
438 Assertive Community Treatment (ACT)	49,686	0	1,123,750	1,516	0	0	0	62,261	1,237,213
439 Child Mental Health Behavioral Aide S	0	0	0	0	0	0	578	9,772	10,350
440 Direction of Child Mental Health Behav	0	0	0	2	0	0	575	9,772	10,349
443 Housing Subsidy	54,020	0	526,288	5,315	477,017	0	0	0	1,062,640
446 Basic Living/Social Skills & Community	0	0	0	6,495	0	0	0	16,812	23,307
451 Emergency Response Service	0	0	469,548	1,505	157,650	0	0	0	628,703
452 Adult Outpatient Psychotherapy	0	0	0	29,275	0	3,943	0	19,642	52,860
453 Child Outpatient Psychotherapy	0	0	0	2,927	0	33	88,648	12,831	104,439
454 Adult Outpatient Medication Manageme	0	0	311,294	24,528	545,981	0	0	32,728	914,531
455 Child Outpatient Medication Manageme	0	0	0	1,611	0	0	15,073	10,252	26,936
458 Approved Pilot Projects	30,656	0	142,179	17,027	317,291	0	0	0	507,153
462 Family-Based Services	0	0	0	5,487	0	0	62,937	0	68,424
466 Mental Health Therapeutic Pre-school	0	0	0	0	0	0	0	0	0
467 Child Day Treatment	0	0	0	7,712	0	0	81,393	14,341	103,446
468 Adult Day Treatment	15,955	0	161,245	1,103	139,785	0	0	9,784	327,872
469 Partial Hospitalization	3,490	0	139,347	4	138,043	0	0	9,895	290,779

This report details program funding allocated to individual BRASS services. Funds are divided into three categories: state, federal and miscellaneous. Counties are only required to report revenues received at the program level; however the SEAGR allocation scheme assigns revenues to services based upon levels of expenditures.

Program Revenue Source Funding Comparison

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County Reporting System - Financial Operations Division Program Revenue Source Funding Comparison 2014, Quarter 1 through 2014, Quarter 1

Page 1 of 1
Run Date: 06/16/2014

SW - StateWide
2012 Population 5,332,144

Brass Program Areas

Funding Source	Childrens Services	Child Care	Chemical Dependency	Mental Health	Developmental Disabilities	Adult Services
State Revenue:						
Your County State Revenue*	9.7%	7.4%	1.5%	49.2%	17.5%	14.7%
State Average	9.7%	7.4%	1.5%	49.2%	17.5%	14.7%
Federal Revenue:						
Your County Federal Revenue*	26.0%	40.0%	0.4%	15.6%	8.8%	9.2%
State Average	26.0%	40.0%	0.4%	15.6%	8.8%	9.2%
Miscellaneous Revenue:						
Your County Miscellaneous Revenue*	18.5%	2.4%	7.6%	39.3%	2.6%	29.5%
State Average	18.5%	2.4%	7.6%	39.3%	2.6%	29.5%
County Share:						
Your County Share**	47.5%	(0.2%)	8.0%	20.3%	10.7%	13.7%
State Average	47.5%	(0.2%)	8.0%	20.3%	10.7%	13.7%
Your County Share in Dollars **						
State Average***	70,312,082	(226,255)	11,779,325	30,078,380	15,775,068	20,250,857
Metro County***	69,829,782	(224,703)	11,698,526	29,872,060	15,666,860	20,111,948
Non-Metro County***	64,140,375	4,537,981	9,191,396	32,016,361	19,446,533	22,633,270
	76,557,704	(5,856,742)	14,663,294	27,336,350	11,197,266	17,130,397
Your State Revenue in Dollars						
State Average***	4,208,928	3,185,814	658,099	21,259,238	7,550,921	6,345,960
Metro County***	4,180,057	3,163,961	653,585	21,113,412	7,499,126	6,302,430
Non-Metro County***	4,149,261	3,279,922	650,127	14,912,081	6,627,391	6,902,508
	4,216,475	3,026,834	657,674	28,446,702	8,529,983	5,592,817
Your Federal Revenue in Dollars						
State Average***	12,029,504	18,502,019	202,500	7,219,897	4,053,771	4,239,753
Metro County***	11,946,989	18,375,106	201,111	7,170,373	4,025,965	4,210,671
Non-Metro County***	11,358,513	20,876,895	371,179	4,618,398	3,645,889	3,994,436

This report compares your county revenue for the quarter by program level against the state, metro and non-metro counties averages.

Revenue Total

County Reporting System - Financial Operations Division		Page 1 of 4
Revenue Report		Run Date: 06/16/2014
SW - Statewide		
For Period: Year 2014, Qtr 1; (January - March)		
Revenue Code	Revenue Description	State Revenue Amount
S01	MA Waivers / Case Management	319,426
S02	Relative Custody Assistance	1,886,357
S03	DHS Approved Other	0
S04	DHS Approved Other	0
S05	OTHER	761,270
S06	OTHER	46,138
S07	Total State Revenue Child Welfare	3,316,005
S08	BSF Administration	315,491
S09	BSF Child Care Portability	0
S11	MFIP Employment	2,344,676
S12	DHS Approved Other	0
S13	DHS Approved Other	0
S14	OTHER	0
S15	OTHER	0
S16	Total State Revenue Child Care	3,185,814
S17	CCDTF Administration	604,578
S19	DHS Approved Other	0
S20	DHS Approved Other	0
S21	OTHER	53,521
S22	OTHER	0
S23	Total State Revenue Chem Depend	658,099
S25	Adult CSP (Rule 78)	1,361,350
S27	PASARR	1,066
S30	Adult MH Integrated Fund	11,999,080
S31	OTHER	117,915
S32	OTHER	320,193
S33	Total State Revenue Mental Health	21,342,995
S34	Semi-independent Living Services	3,340,242
S35	DD Family Support	970,422
S36	PASARR	0
S37	DD Screening	266,881
S38	MA Waivers / Case Management (DD)	3,091,518
S39	DHS Approved Other	0
S40	DHS Approved Other	0
S41	OTHER	0
S42	OTHER	126,339
S43	Total State Revenue for DD	7,795,402
S44	MA Waivers / Case Management	3,251,413
S45	Alternative Care	720,884
S46	SAIL	1,182,088
S47	DHS Approved Other	0
S48	OTHER	440,700
S49	OTHER	241,430
S50	TOTAL STATE PROGRAM REVENUE	6,910,645
S51	TOTAL STATE REVENUE BY SOURCE	43,208,960
S53	VCA Grant	0

This report lists reported revenues by state, federal and miscellaneous.

Service Activity Detail

County Reporting System - DHS-Financial Operations Division								Page 1 of 6
Service Activity Detail								Run Date: 06/16/2014
SW - State Wide Children Program								
Brass Code	Purchased Services	Units of Service	Avg Cost unit	Unit Type	Staff Costs	Units of Service	Avg Cost unit	Total Costs
101	Information and Referral	236,799	0	XXXXX	4,655,235	42,737	108.93	4,892,034
102	Community Education and	70,099	0	XXXXX	198,596	1,728	114.92	268,695
104	Child Protection Investigation	20,214	433	46.71 Hour	3,495,559	24,299	143.85	3,515,773
105	Assessment for Long-term	163	2	81.50 Hour	254,635	1,910	133.32	254,798
106	Parent Support Outreach	1,348	19	70.95 Hour	110,539	970	113.95	111,887
107	Child Welfare Assessment	65,891	364	180.92 Hour	1,862,367	11,902	156.48	1,928,258
108	Family Assessment Response	1,529	7	218.12 Hour	4,848,012	36,376	133.27	4,849,541
109	Concurrent Planning	3,947	17	233.55 Hour	86,745	645	134.44	90,692
111	Mental Health Screening	21,227	0	XXXXX	43,346	300	144.68	64,573
115	Interpreter Services	21,414	1,016	21.09 Hour	39	1	78.00	21,453
116	Transportation	419,035	0	XXXXX	23,122	257	90.06	442,157
118	Health-Related Services	213,004	0	XXXXX	96,181	444	216.62	309,185
119	Court-Related Services and	1,161,081	31,007	37.45 Hour	459,613	3,445	133.40	1,620,694
121	Legal Services	22,832	336	67.98 Hour	1,413,012	9,420	150.00	1,435,844
124	Home-Based Support Services	11,108	245	45.39 Hour	476	4	112.00	11,584
125	Homemaking Services	562	6	93.67 Hour	38,767	335	115.72	39,329
135	Family Support Grant Program	25,120	0	XXXXX	0	0		25,120
136	Consumer Support Grant	65,163	0	XXXXX	27,507	190	144.84	92,670
139	Educational Assistance	286,329	44,952	6.37 Hour	2,066	23	91.82	288,395
141	Environmental Accessibility	147,097	0	XXXXX	0	0		147,097
144	Housing Services	841,557	0	XXXXX	41,235	296	139.31	882,792
145	Social and Recreational	57,721	0	XXXXX	1,056	12	91.83	58,777
146	Adolescent Life Skills Training	460,534	0	XXXXX	100,901	773	130.48	561,435
147	Independent Living Skills	1,384	49	28.07 Hour	0	0		1,384
155	Individual Counseling	227,125	7,303	31.10 Hour	0	0		227,125
156	Group Counseling	177,773	4,518	39.35 Hour, Gr	0	0		177,773
158	Approved Pilot Projects	1,147,278	0	Xxxxx	297	3	99.00	1,147,575
161	Family-Based Crisis Services	237,132	26,135	9.07 Hour	7,656	64	120.43	244,788
162	Family-Based Counseling	846,752	21,173	39.99 Hour	195,672	1,914	102.22	1,042,424
163	Family-Based Life	521,571	20,645	25.26 Hour	255,138	2,808	90.86	776,709
164	Family Assessment Response	180,446	0	XXXXX	713,689	4,812	148.32	894,135
165	Services for Concurrent	45,379	4,032	11.25 Hour	354,023	2,613	135.46	399,402
166	Family Group Decision Making	358,611	4,733	75.76 Hour	560,094	2,908	192.57	918,705
167	Parent Support Outreach	281,227	8,770	32.07 Hour	367,168	3,374	108.81	648,395
171	Child Shelter	1,674,975	16,732	100.11 Day	0	0		1,674,975
180	Treatment Foster Care	2,111,409	26,912	78.46 Day	0	0		2,111,409
181	Child Family Foster Care	13,758,025	341,232	40.32 Day	0	0		13,758,025
182	Relative Custody Assistance	1,824,498	0	XXXXX	0	0		1,824,498
183	Children's Group Residential	2,060,178	12,422	165.85 Day	0	0		2,060,178
185	Correctional Facilities	7,922,082	45,254	175.06 Day	0	0		7,922,082
186	Detention	502,162	2,210	227.52 Day	0	0		502,162

This report details expenditures and units of service by individual BRASS service codes for each program. Units of service for purchased services and staff provided services are both listed as well as the average cost per unit.

Service Activity Summary

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STATE OF MINNESOTA

County Reporting System - Financial Operations Division

Year 2014, Qtr 1; (January - March)
SW - State Wide

Service Activity Summary

Page 1 of 1
Run Date: 06/16/2014

Program Area	Expenditures			Estimated Funding			
	Purchased	Staff	Total	State	Federal	Misc	CTY/VCA/TXX
1 Children Program	41,470,720	48,765,782	90,236,502	4,208,928	12,029,504	3,685,988	70,312,082
2 Child Care Program	14,405,448	7,535,711	21,941,159	3,185,814	18,502,019	479,581	(226,255)
3 Chemical Dependency Program	8,179,972	5,978,334	14,158,306	658,099	202,500	1,518,382	11,779,325
4 Mental Health Program	35,393,662	30,975,881	66,369,543	21,259,238	7,219,897	7,812,028	30,078,380
5 Developmental Disabilities Pro	10,583,458	17,316,205	27,899,663	7,550,921	4,053,771	519,903	15,775,068
6 Adult Services Program	6,227,419	30,470,054	36,697,473	6,345,960	4,239,753	5,860,903	20,250,857
Program Totals	116,260,679	141,041,967	257,302,646	43,208,960	46,247,444	19,876,785	147,969,457

* Note: The State Column excludes VCA (Vulnerable Children and Adults grant), and the Federal Column excludes Title XX. These Block Grants are included in the final column as 'CTY/VCA/TXX' funding. The overall effort this period from these sources was:

County: 140,340,004
VCA: 0
Title XX: 7,629,453
147,969,457

Total funding by source:

County: 140,340,004
State: 43,208,960
Federal: 53,876,897
Misc: 19,876,785
257,302,646

This report provides a breakdown of expenditures and revenues at the program level. The county share is funding necessary to make revenue equal expenditures.

Staff Provided Service Average Cost Comparison

13



County Reporting System - Financial Operations Division Staff Provided Service Average Cost Comparison 2014, Quarter 1 through 2014, Quarter 1

Page 1 of 1
Run Date: 06/16/2014

SW - StateWide

County Average Staff Cost/Hour	State-Wide Average Staff Cost/Hour	Metro Average Staff Cost/Hour	Non-Metro Average Staff Cost/Hour
\$131.62	\$131.62	\$172.16	\$102.33

End of Report

This report shows you your specific county average staff cost per hour compared to total state-wide cost per hour. Also listed is the metro and non-metro county averages.

Questions?

14

SEAGR generated report questions?

Julie Spurgeon

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Minnesota County Human Service Cost Report – CY2013



**THE ANNUAL REPORT OF COSTS &
REVENUES FOR DHS SUPERVISED, COUNTY
ADMINISTERED HUMAN SERVICES**

JULIE SPURGEON

**DHS FINANCIAL OPERATIONS DIVISION
HEALTH & HUMAN SERVICES OVERVIEW TRAINING**

Report Utilization

2

Limited copies of the report are distributed, but the report is available electronically on the DHS public website (Publications tab/Reports/MN County Human Service Cost Reports) and CountyLink (Fiscal Reporting & Accounting tab).

Who uses this report? DHS selected staff including DHS Senior Management; Legislative Staff, Minnesota Management and Budget (MMB); State Auditors, Legislative Library, County Directors and it also used for Public Data Inquiries.

About the Report

3

- A full introductory narrative that provides an overview of the data, descriptions of the programs and tables and details on the compilation of the data.
- Graphics overview of costs, revenue and trends
- Table data by county for all human services costs and revenues
- Supplemental Data on State Shared Revenue and MinnesotaCare
- Trend Data
- Comparative Per Capita Cost and County Portion of Costs

Report Format and Organization

4

DHS Human Service Programs are organized into three major program areas:

- ❖ Support Programs
- ❖ Health Care Programs
- ❖ Social Service Programs

Support Programs

5

- Minnesota Supplemental Aid (MSA)
- Minnesota Family Investment Program (MFIP)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP)
- Child Support Enforcement (CSE)
- Group Residential Housing (GRH)

Health Programs

6

The only program under Health is Medical Assistance (Medicaid – MA). The General Assistance Medical Care (GAMC) program ended on May 31, 2010.

The Medical Assistance program excludes some MA funded social services including targeted case management, waived services and some screenings and assessments.

Social Service Programs

7

- Children's Services
- Child Care
- Chemical Dependency
- Mental Health
- Developmental Disabilities
- Adult Services

Report Data Sources

8

- County Income Maintenance Cost Allocation System
- SEAGR (Social Services Expenditure and Grant Reconciliation) Report (DHS-2557)
- Social Services Fund Report (DHS-2556)
- DHS Systems:
 - MMIS including Consolidated Chemical Dependency Treatment Fund (CCDTF)
 - MAXIS
 - MEC²

Graphic Overviews

9

- Bar Graphs – Costs & revenues for the past 4 years
- Total Human Services: Support, Health and Social Services Breakdown
- Pie Graphs – Costs for 2013
 - Total Human Services: Support and Social Services Breakdown
- Bar Graphs – Support, Health and Social Service Costs & Trends Bar Graphs for the past 4 years

Tables

10

Left Side – Program Cost Data Categories

Types of Expenditures:

- ❖ Centralized
 - Payments by DHS systems directly to clients and service providers (MAXIS, MMIS, MEC²)

- ❖ County Public Aid/ County Purchased Services)
 - In the Support and Health Programs, this is county payments to eligible individual or vendors. In Social Services this is county payments to vendors for services provided to clients.

- ❖ Personnel
 - Salaries and benefits of county human service staff

- ❖ Non-Personnel
 - Other county direct expenses and overhead – exclusive of salaries and benefits which are included in personnel above.

Table Example

11

Supplemental Nutrition Assistance Program (SNAP) Costs

SNAP PROGRAM COSTS

COUNTY	CENTRALIZED	COUNTY PUBLIC AID	PERSONNEL	NON PERSONNEL	TOTAL
1 Aitkin	2,179,209	0	180,282	32,891	2,392,382
2 Anoka	30,341,156	52,197	3,252,499	732,382	34,378,233
3 Becker	4,711,494	0	371,412	52,706	5,135,611
4 Beltrami	8,301,442	0	631,383	213,549	9,146,373
5 Benton	4,784,280	0	439,677	84,400	5,308,357
6 Big Stone	384,110	0	85,598	21,964	491,673
7 Blue Earth	5,994,337	51,230	513,416	118,177	6,677,160
8 Brown	1,637,547	0	245,823	20,768	1,904,138
9 Carlton	3,997,010	0	595,982	67,408	4,660,400
10 Carver	4,007,519	0	424,823	7,784	4,440,126
11 Cass	5,137,627	0	400,351	58,519	5,596,497
12 Chippewa	1,076,589	73,560	177,595	38,110	1,365,854
13 Chisago	3,979,213	0	419,431	46,004	4,444,649
14 Clay	7,255,657	0	571,461	79,295	7,906,413
15 Clearwater	1,221,524	0	169,964	34,002	1,425,490

Tables

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Right Side – Program Revenue Data Categories

Types of Revenue:

- ❖ **Federal**
- ❖ **State**
- ❖ **County**
- ❖ **Miscellaneous (recoveries or charges for services)**

Costs = Revenues

Table Example

13

Children's Services Revenue

CHILDREN'S SERVICES PROGRAM REVENUE SHARES

COUNTY	FEDERAL	STATE	COUNTY	MISC	TOTAL
1 Aitkin	460,775	206,976	612,781	140,344	1,420,875
2 Anoka	6,018,803	6,820,694	6,489,226	439,470	19,768,193
3 Becker	1,979,782	994,417	2,362,443	182,202	5,518,843
4 Beltrami	3,176,520	924,438	5,728,846	111,243	9,941,046
5 Benton	883,927	906,090	1,315,353	102,555	3,207,924
6 Big Stone	230,702	101,275	175,421	4,273	511,670
7 Blue Earth	1,330,488	1,161,340	1,144,277	147,421	3,783,525
8 Brown	934,414	684,275	815,386	210,815	2,644,889
9 Carlton	1,119,492	745,882	1,866,859	305,137	4,037,369
10 Carver	1,408,297	1,515,262	1,343,902	646,721	4,914,181
11 Cass	726,173	672,586	1,229,844	81,583	2,710,186
12 Chippewa	280,632	136,993	395,036	12,436	825,096
13 Chisago	807,227	799,420	1,194,364	105,359	2,906,369
14 Clay	2,181,527	1,706,492	2,009,125	386,973	6,284,116
15 Clearwater	274,017	210,928	630,777	13,416	1,129,137

Supplemental Data Included

14

State Shared Revenue

- ❖ i.e., County Program Aid, Homestead Agricultural and Credit Aid (HACA), Market Value Credit, Disparity Reduction Aid, Disaster Credit, Power Line Credit

MinnesotaCare

- ❖ Clients
- ❖ Claims
- ❖ Costs

Four Year Trend Data

15

Human Services Aid, Purchased Services and Administrative Cost Trends

COUNTY	2010	2011	2012	2013	% CHANGE 2010 TO 2013
1 Aitkin	32,968,934	35,353,949	35,111,275	35,685,493	8%
2 Anoka	460,936,047	505,252,068	516,453,206	557,710,856	21%
3 Becker	78,272,903	84,401,331	85,850,902	87,489,598	12%
4 Beltrami	143,954,789	148,268,172	152,234,918	163,785,948	14%
5 Benton	63,999,246	69,365,869	72,221,153	76,621,412	20%
6 Big Stone	12,546,690	12,852,750	12,926,823	12,905,144	3%
7 Blue Earth	90,115,348	96,495,380	102,862,928	107,667,825	19%
8 Brown	43,680,207	43,908,608	43,351,342	44,924,482	3%
9 Carlton	71,686,453	76,305,860	77,759,931	80,223,167	12%
10 Carver	73,173,069	77,560,026	79,741,047	85,252,624	17%
11 Cass	69,947,455	75,301,810	75,716,987	81,346,391	16%
12 Chippewa	25,538,178	25,984,313	25,129,660	27,784,041	9%
13 Chisago	63,228,576	65,432,898	65,265,673	71,123,850	12%
14 Clay	115,419,583	117,509,373	121,832,684	129,747,784	12%
15 Clearwater	21,436,884	22,824,002	22,298,756	23,467,269	9%

Comparative Data Per Capita

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TOTAL HUMAN SERVICES COMPARATIVE DATA – PER CAPITA PER CAPITA RANKING BY TOTAL COST

COUNTY	2013 POPULATION (estimate)	TOTAL COST	AID / PURCHASED COST	ADMIN COST	COUNTY PORTION OF TOTAL COST	PER CAPITA RANKING
Aitkin	15,749	2,475	2,266	209	124	59
Anoka	341,465	1,750	1,633	117	85	18
Becker	33,167	2,834	2,638	196	189	74
Beltrami	45,652	3,763	3,588	176	223	80
Benton	39,219	2,109	1,954	156	109	38
Big Stone	5,127	2,804	2,517	287	135	71
Blue Earth	65,218	1,804	1,651	153	88	24
Brown	25,465	1,940	1,764	176	101	32
Carlton	35,505	2,494	2,259	235	165	60
Carver	95,463	1,027	893	134	61	1
Cass	28,604	3,029	2,844	186	134	77
Chippewa	12,146	2,644	2,288	357	243	64
Chisago	53,743	1,442	1,323	118	72	6
Clay	60,426	2,289	2,147	142	121	46
Clearwater	8,837	2,871	2,656	215	168	75

Interesting Facts

17

Report dates back to 1968 (earliest copy on file)

1968 total costs = \$206 M

2013 total costs = \$11,756 M

Human Service Costs by Major Program CY2013

\$1,404 Support Programs – 11.9%

\$3,405 Social Services = 29.0%

\$6,946 Health Care = 59.1%

(Costs are in millions)

More Interesting Facts

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Quick look at 2009 to 2013 costs (5 years)

	<u>'09</u>	<u>'13</u>	<u>Change</u>
Support	\$ 1,153 M	\$ 1,404 M	+21.8%
Health Care	5,674 M	6,946 M	+22.4%
Social Services	3,087 M	3,405 M	+10.3%

Even More Facts

19

Statewide Human Services Delivery

Costs per Capita CY2013

- ✦ **Support Programs = \$259 per capita**
Individual County Range: \$85 to \$788
- ✦ **Health Care = \$1,282 per capita**
Individual County Range: \$539 to \$3,151
- ✦ **Social Services = \$629 per capita**
Individual County Range: \$355 to \$992
- ✦ **Total Delivery Costs = \$2,170 per capita**
Individual County Range: \$1,027 - \$4,718

Using the Data

20

Question: Who paid for increased Human Service costs over the past ten years?

Costs	Costs & Revenues 2003	Average Costs & Revenues 2004-2013	Average Increase 2004-2013	Percent Share of Increase
	\$7,185	\$9,471	\$2,286	
Feds Pay	3,404	4,641	1,237	54%
State Pays	3,166	4,058	892	39%
County Pays	500	646	146	6%
Misc. Pays	115	126	11	1%

GRANTS AND ALLOCATIONS OVERVIEW CONNECTING THE DOTS

Presented by David Hanson

Grants and Allocations Overview

Connecting the Dots

Steps in the Grant Lifecycle:

1. Allocation/Award
2. Budgeting/Planning
3. Expenditures/Reporting
4. Payment/Settlements

Grants and Allocations Overview

Connecting the Dots

Allocations and Awards

- Allocation are first announced and updated on CountyLink
- Allocation are presented at the AMSSA conference
- Allocation are published through the DHS bulletin process
- Most recent bulletin is #15-32-01

- Some grants are awarded the Award Letter process.

Grants and Allocations Overview

Connecting the Dots

Budgeting and Planning

- MFIP Biennial Service Agreement (BSA)
- Vulnerable Children and Adults Planning
- Mental Health Planning (MH-1)
- Mental Health Maintenance-of-Effort (MOE)

Grants and Allocations Overview

Connecting the Dots

Expenditures and Reporting:

- SEAGR BRASS Codes
- DHS-2895 for Mental Health Grants
- DHS-2902 for MFIP Support Services.

Grants and Allocations Overview

Connecting the Dots

Payments and Settlements:

- Invoice Field Codes
 - Federal Award Identification Number
- MFIP Allocation Summaries
- MOE Updates

Grants and Allocations Overview

Connecting the Dots

Grant Programs:

- Family Assessment Response
- Parental Support Outreach Program
- Family Group Decision Making
- SELF Grant
- DD-SILS
- Family Support Grant
- Vulnerable Children and Adults Grant
- MFIP Consolidated Support Service Grant
- Adult Mental Health Grants
- Children's Mental Health Grants

Grants and Allocations Overview

Connecting the Dots

Family Assessment Responds Grant:

- Allocation Bulletin
- Grant earned through BRASS Codes 164x, 192x

Parental Support Outreach Program:

- Implementation Bulletin 13-68-04
- Allocation Bulletin
- Grant earned through BRASS Code 167x

Grants and Allocations Overview

Connecting the Dots

Family Group Decision Making:

- Grant Award Letter
- BRASS Code 166x

SELF Grant:

- Grant Award Letter
- BRASS Code 146x (Purchased Service for all; Staff Costs for approved Counties)

Grants and Allocations Overview

Connecting the Dots

DD-SILS:

- Allocation Bulletin
- BRASS Code 534x
- Reimburse 70% of reported expenditure
- 30% County Share

- Family Support Grant:
- Allocation Bulletin
- BRASS Code 135x and 535x

Grants and Allocations Overview

Connecting the Dots

MFIP Consolidated Support Service Grant includes:

- TANF County Admin (earned through Income Maintenance Cost Allocation system)
- Emergency Service/Crisis Fund a.k.a. Emergency Assistance (Issued to clients through MAXIS)
- MFIP Consolidated Fund Support Services (Reimburse through the DHS-2902)

Grants and Allocations Overview

Connecting the Dots

MFIP Consolidated Fund Planning and Budgeting:

- Counties submit a Biannual Service Agreement (BSA) with the State (See Bulletin #13-11-02).
- The BSA is submitted through DHS-3863 form and contains a budget breakdown on page 21.

Note: Payments are not controlled based on the budget

Grants and Allocations Overview

Connecting the Dots

- Allocations:
- DHS announces the next calendar year's allocation on CountyLink in June and presents the allocation
- Allocations presented at the AMSSA conference.
- DHS issue the Allocation Bulletin in the Fall (see Bulletin #15-32-01)
- Most current awards are available on CountyLink.

Allocation Components:

- 100% Initial Allocation
- 2.5% Performance Bonus
- Administration: IMCA vs. 7.5%

Grants and Allocations Overview

Connecting the Dots

Employment Services Reporting:

- Reporting is done on the DHS-2902 form (see Bulletin #12-32-03)
 - MFIP Clients
 - DWP Clients
 - Other Eligible Clients within the 200% Federal Poverty Guideline

Basic reporting Components of the DHS-2902:

- Direct Service
- Administration
- Client Services

- Assistance vs. Non-Assistance

- County Spending and Allocation Summary:

- Available on CountyLink

Grants and Allocations Overview

Connecting the Dots

Mental Health Grants:

Allocation and Award Letters

- DHS announces the next calendar year's preliminary allocation on CountyLink in June and presents the allocation at AMSSA conference
- DHS issue the Allocation Bulletin in the Fall (see Bulletin #13-32-07)
- Program Area issues final Award Letters

Planning:

- County submit an annual Mental Health Grant Plan a.k.a. MH-1.
- Annual Mental Health Maintenance of Effort (MH-MOE) Spending Target

Mental Health Reporting:

- Reported through the DHS-2895
- Maintenance-of-Effort measure through SEAGR reporting for the 400 BRASS code series

Health & Human Service Finance

An Introduction to

TIME STUDIES & RATES



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Time Studies & Rates

Introduction

State - County Partnership



- q County human service agencies are DHS' legal and administrative partners
- q Together, we provide health & human services to the citizens of Minnesota
- q Cost of administering human services is shared with the federal government

Federal Financial Participation (FFP)

FFP =
the portion paid by the
Federal Government to
states for their share of
expenditures for providing
human services,
administering entitlement
programs and other human
service programs.

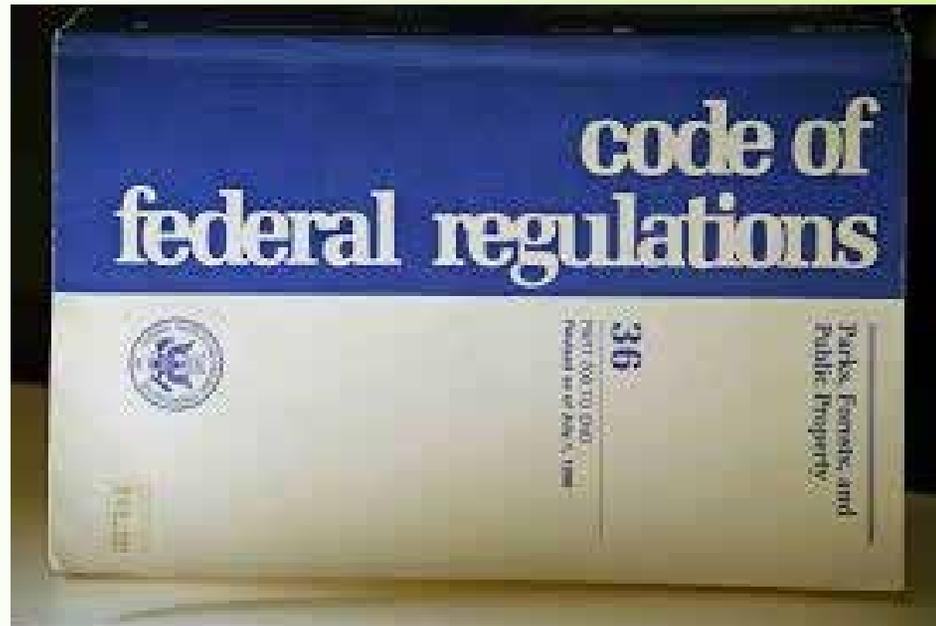


Administrative Activities



- q Must be found necessary for the proper and efficient administration of the State's plan
- q Must conform to Office of Management and Budget (OMB) Circular—
“Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards”
- q Must be reasonable and necessary for the operation of the governmental unit or the performance of the federal award
- q Matched at the designated FFP rate

Federal Cost Allocation Plans



All of our administrative claiming mechanisms that garner local reimbursement for county human services operate under approved federal cost allocation plans.

Time Studies & Rates

County Time Studies

County Time Studies

Per the State's federally approved PA CAP – Minnesota's time studies are organized by population—e.g. Social Services, Income Maintenance, Public Health, etc.

(PA CAP = Public Assistance Cost Allocation Plan)

What is a Time Study?

- q Federally approved method for reporting time for cost allocation purposes
- q Designed to capture the same results as 100% time reporting with minimal effort
- q Random moment time study (RMTS)
- q Web-based; user friendly
- q Activity codes on the time study that participants select when they are doing reimbursable activities.

County Time Studies



- q Social Service Time Study (SSTS)
- q Income Maintenance Random Moment Study (IMRMS)
- q Local Collaborative Time Study (LCTS)

Income Maintenance Random Moment Study (IMRMS)

IMRMS Earnings SFY14

Child Support	\$ 77,030,482
MA	\$ 58,264,941
SNAP	\$ 43,052,352
TANF	\$ 15,157,285
IV-E	\$ 492,129
TANF FPI	\$ 232,361
Refugee	\$ 80,379
CHIP	<u>\$ 9,453</u>
Total	\$ 194,319,382

IMRMS Background Information

- q First random moment time study conducted by DHS
- q IMRMS began in early 80's
- q Designed to measure amount of time county Income Maintenance staff spend on various programs and activities during a typical workday
- q Time study results are used to allocate salary and fringe benefits of the time study participants across all programs
- q 2,316 staff participate in the IMRMS statewide

IMRMS Reference Information

IMRMS Operational Procedures

DHS Bulletin #11-32-07

IMRMS Activity Codes and Definitions

DHS Bulletin #13-32-16

IMRMS Quarterly Expense Report

DHS Bulletin #14-32-01

Social Service Time Study (SSTS)

SSTS Earnings SFY14

MA	\$41,921,364
IV-E	\$ 9,061,040
LTSS Fed	\$21,031,578
LTSS State Match	<u>\$21,031,578</u>
Total	\$93,045,560

SSTS Background Information

- q SSTS began in mid 80's
- q Designed to measure amount of time county Social Service staff spend on various programs and activities during a typical workday
- q Time study results are used to allocate salary and fringe benefits of the time study participants across MA & Title IV-E programs
- q SSTS results are also used in the annual calculation of TCM rates
- q 4,183 staff participate in the IMRMS statewide

SSTS Reference Information

SSTS Operations & Activity Codes

DHS Bulletin #14-32-16

SSTS Quarterly Expense Report (2556.1)

DHS Bulletin #13-32-10

Local Collaborative Time Study (LCTS)

LCTS Earnings SFY14

County Human Services is recipient for Collaboratives

MA	\$ 9,120,157
IV-E	\$ 4,764,602
LTSS Fed	\$ 2,966,723
LTSS State Match	<u>\$ 2,966,723</u>

Total **\$19,818,205**

LCTS Background Information

- q LCTS began in mid 90's
- q Designed to support the work of Minnesota's Family Service and Children's Mental Health Collaboratives
- q County Human Services' role = LCTS Fiscal Reporting & Payment Agent
- q Time study results are used to allocate salary and fringe benefits of the time study participants across MA & Title IV-E programs
- q 10,175 staff participate in the LCTS statewide

LCTS Reference Information

LCTS Operational Procedures, Activity Codes and Definitions

Not currently in DHS Bulletin format – but coming soon...

See your local LCTS Coordinator for this information

LCTS Fiscal Reporting & Payment Agent Info / Cost Reports

DHS Bulletin #13-32-08

Time Studies & Rates

Per Diem Time Studies

PER DIEM

Per Diem Earnings SFY14

Certified Mental Health	\$ 41,791
Group Facilities	\$ 322,631
Placing Agencies	<u>\$ 1,552,910</u>
Total	\$ 1,917,332

Per Diem Background Information

- q Per Diem time studies are designed to measure amount of time facility staff spend on activities that are reimbursable
- q Time study results and facility cost reports are used to calculate the federally reimbursable % of the Per Diem Rate paid to facilities.
- q % of the Per Diem rate that is federally reimbursable is paid back to the county

Per Diem Reference Information

Per Diem Rates for Children's Residential Facilities
and Child Placing Agencies

DHS Bulletin #15-32-05

Time Studies & Rates

Targeted Case Management (TCM)

Targeted Case Management (TCM)

- n “Prior to the enactment of key federal legislation, States could not provide case management as a distinct service under Medicaid without the use of federal waiver authority.”

*Source: Case Management in Minnesota -
A Report to the Minnesota Legislature
(Feb 2003)*



Targeted Case Management (TCM)



- q Historically – the TCM rate was a flat \$30/hr and the State paid the local match.
- q Minnesota counties agreed to assume the local share responsibility as part of an agreement that involved transfer of grant funds to counties.
- q Cost-based TCM rate setting methodology was federally approved.

Targeted Case Management (TCM)

- q 1988 - **Adult** Mental Health Targeted Case Management implemented
 - q Target Population – Adults with Serious and Persistent Mental Illness (**SPMI**)

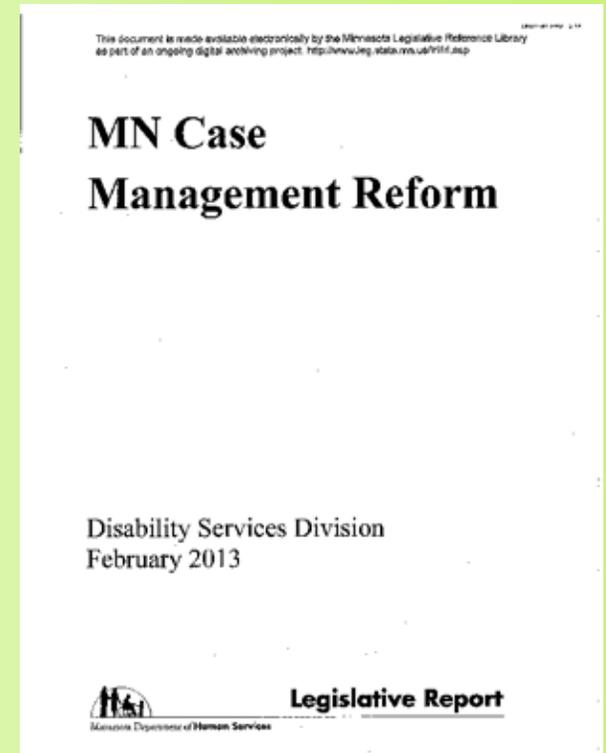
- q 1991 - **Children's** Mental Health Targeted Case Management implemented
 - q Target Population – Children with Severe Emotional Disturbance (**SED**)

- q 1993 – Child Welfare Targeted Case Management implemented
 - q Target Population – Children under age 21 in need of social services, mental and physical health, habilitative, educational, vocational, recreational and related services

Targeted Case Management (TCM)

- q "Case management is a service defined by the Centers for Medicare and Medicaid Services and authorized under §1915(g) of the Social Security Act.
- q As such, Minnesota receives federal Medicaid dollars for case management. The rate of federal financial participation for Minnesota is 50% federal dollars..."

Source: MN Case Management Reform (Feb 2013)



Targeted Case Management (TCM)

The targeted case management rates are set using a cost-based methodology which has been approved by the federal Medicaid agency (CMS) as part of Minnesota's State Plan.



Minnesota Statutes 256B.0625

Subdivision 20, Paragraph (d)

“Payment for mental health case management...”

- n “Payment for mental health case management provided by county or state staff shall be based on the monthly rate methodology under section 256B.094, subdivision 6, paragraph (b), with separate rates calculated for child welfare and mental health, and within mental health, separate rates for children and adults.”

Minnesota Statutes 256B.094

Subdivision 6, Paragraph (a)

“Medical assistance reimbursement of case management services”

- n “Medical assistance reimbursement for services under this section shall be made on a monthly basis.”
- n “Payment is based on face-to-face or telephone contacts...there must be at least one contact per month and not more than two consecutive months without a face-to-face contact.”

Minnesota Statutes 256B.094

Subdivision 6, Paragraph (b)

“Medical assistance reimbursement of case management services”

- n “Except [for tribes]...the payment rate [for counties] is established using time study data on activities of provider service staff and reports required under...”
- n “Payment for case management provided by county or tribal social services contracted vendors shall be based on a monthly rate negotiated by the host county or tribal social services.”

Minnesota Statutes 256B.0924

Subdivision 6, Paragraph (e)

“Payment for targeted case management”

- n “Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for targeted case management shall be provided by the recipient’s county of responsibility, as defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds used to match other federal funds.”

Targeted Case Management (TCM)

"The methodology for targeted case management (TCM) is based on:

- 1) the amount of time and resources spent rendering the service
- 2) the number of persons served and
- 3) total county expenses.

These rates are recalculated on a yearly basis."

Source: Case Management in Minnesota: A Report to the Minnesota Legislature (Feb 2003)

Targeted Case Management (TCM)

- q The rate for each claim that is paid to counties is determined by a specific formula.
- q The purpose of the rate formula is to take into account what the counties' costs are, what case managers are spending their time doing, and how many clients they are serving.
- q The TCM rates are determined in a multi-step process involving a number of factors; rates vary by county each year.

Targeted Case Management (TCM)

The three components of the rate setting process include:

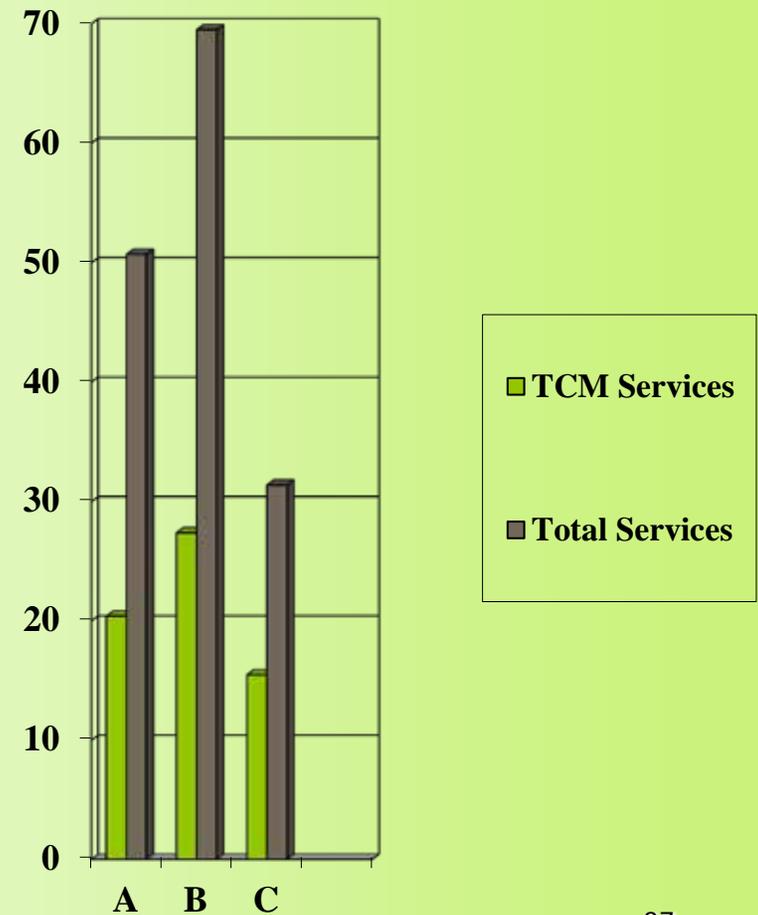
- 1) Social Service Time Study (SSTS)

This time study determines the percent of time staff spend on various activities.

For TCM rate setting,
it determines what percent of total time staff spend on delivery of TCM services.

Targeted Case Management (TCM)

Time reporting by case managers completed consistently, accurately and on time, significantly impacts TCM reimbursement.



Targeted Case Management (TCM)

The three components of the rate setting process include:

2) Social Service Cost Pool

Counties submit a quarterly fiscal report titled, "Social Service Fund Report".

Expenditures from this report determine the amount of total county costs that are eligible to use for all TCM rate setting.

Targeted Case Management (TCM)

The three components of the rate setting process include:

3) TCM Client Statistical Report

Now – an SSIS generated report

This quarterly report identifies the number of clients receiving Targeted Case Management services.

Targeted Case Management (TCM)

TCM Rate Formula

$$\begin{array}{c} \text{Percent of staff time spent on TCM activity} \\ \times \\ \text{Average monthly Social Services Cost Pool} \\ \div \\ \text{Average monthly number of TCM clients served} \end{array}$$

The resulting rate represents the total monthly cost for delivering TCM services to one client.

Targeted Case Management (TCM)

- n Some counties have their data grouped with other counties because their individual statistics alone are not sufficient to meet federal guidelines for rate setting.
- n In this case – individually determined, county-specific TCM rates are used to group similar counties together.

TCM Rates – County Comparisons

How can two extremely different counties end up with a similar rate?



Example

q Anoka - \$871

SSTS Cost Pool	\$1,500,000
SSTS Responses	8.25%
Number of clients	142

$$\text{\$1,500,000} \times 8.25\% \div 142 = \text{\$871}$$

q Roseau - \$900

SSTS Cost Pool	\$90,000
SSTS Responses	1.0%
Number of clients	1

$$\text{\$90,000} \times 1.0\% \div 1 = \text{\$900}$$

TCM Rates – Annual Comparisons

The number of clients doubled but our rate dropped significantly...
What happened?



Example

q 2012: Stevens - \$664

SSTS Cost Pool	\$85,000
SSTS Responses	25.0%
Number of clients	32

$$\text{\$85,000} \times 25.0\% \div 32 = \text{\$664}$$

q 2013: Stevens - \$342

SSTS Cost Pool	\$87,550
SSTS Responses	25.0%
Number of clients	64

$$\text{\$87,550} \times 25.0\% \div 64 = \text{\$342}$$

TCM Rates – Annual Comparisons

What causes the rate to increase?

Common reason for a rate increase

- q **Cost and level of effort are similar to last year; however, the number of clients decreases. The TCM rate increases when this happens.**

$$\text{SSTS Cost Pool } \$85,000 \times \text{SSTS Responses } 25.0\% \\ = \$21,250$$

÷

$$\text{Number of clients - 32} = \$664$$

$$\text{Number of clients - 20} = \$1,063$$



Targeted Case Management (TCM)

The rates for counties and tribal agencies are adjusted annually on July 1 by DHS.



Questions?

Social Service Time Study (SSTS), Per Diem and TCM

Bridgit Olson bridgit.olson@state.mn.us (651) 431-3800

Income Maintenance Random Moment Study (IMRMS)

Heide Moris heide.moris@state.mn.us (651) 431-3774

Local Collaborative Time Study (LCTS)

Danna Reese danna.reese@state.mn.us (651) 431-3785

Supervisor of Time Studies & Rates

DiAnn Robinson diann.robinson@state.mn.us (651) 431-3739

HEALTH CARE ACCOUNTING

PRINCIPLE RESPONSIBILITIES AND DUTIES
THAT RELATE TO COUNTY BUSINESS

3/25/15

DHS FOD HEALTH & HUMAN SERVICES OVERVIEW
TRAINING- BECKY PATH HEALTH CARE ACCOUNTING
SUPERVISOR

OVERVIEW OF COUNTY RELATED FUNCTIONS OF THE HEALTH CARE ACCOUNTING UNIT

- **Reconciling DHS MMIS invoices to the MW0117 Health Care Summary Invoice report**
- **County billing – Health Care Accounting sends out bills to counties where there is a county share owed**
- **Consolidate Chemical Dependency Treatment Fund (CCDTF) reports- how to gain access to reports needed and Maintenance of Effort Payments (MOE) payments**
- **Invoice Field Code bulletin- health care program related payments**
- **County Confirmation Report**
- **Federal Financial Participation (FFP) funding percentages in relation to county share**

MW0117 HEALTH CARE INVOICE SUMMARY REPORT

How do I begin to reconcile the DHS MMIS county invoices?

Use the MW0117 Health Care Invoice Summary report which has a breakdown by MMIS warrant of claims paid by funding source and federal/state/county percentage.

MW0234 RECIPIENT EXPENDITURE DETAIL

What if I need more detail?

Use the MW0234 which is a detail report which identifies individual recipient claims who received services in your county.

What if I still am not able to reconcile? Any Tips?

Consider that there could be credits carried over from prior months or new programs/funding that the report has not yet been able to incorporate

MMIS

What is MMIS?

- **MMIS stands for Medicaid Management Information System. The MMIS computer system is used for determining eligibility and for paying medical claims for our recipients of public assistance.**

MMIS FUNDING CODES

What are funding codes? Funding codes are unique identifiers in MMIS that direct medical claims payments to correct funding streams (state, federal, county, specific grant) and are the bridge from MMIS to SWIFT (our statewide accounting system)

Fund codes are listed on the MW0117 report and correspond to the claims paid in MMIS.

COUNTY BILLING

When a county share is involved, Health Care Accounting sends out bills to counties, usually at the start of each month, based on expenditures and recoveries reported in the MW0117 report.

What is meant by a county share?

In state statute there are several services that are funded by the county paying a portion of the claim. The county is not billed for all of them, County payments for county provided Targeted Case Management (TCM) and Vulnerable Adult Developmentally Delayed (VADD) services are not billed, the county share is obtained through a cutback of the payment to the county.

How is it determined what county is billed? The recipient's County of Financial Responsibility (CFR) at the date of service is provided. See Minnesota Unitary Residence and Financial Responsibility Act MS 256G.01 & MS 256G.01, Subd .4 County of Financial Responsibility.

Ermias Kifle, Ermias.Kifle@state.mn.us and Jim Schorey, Jim.Schorey@state.mn.us have responsibility for county billing and would be the contacts for MMIS county billing questions.

WHAT IS THE COUNTY BEING BILLED FOR?

Counties are billed for claims for which the county owes a share. The county is billed for its portion as determined by law. The state initially pays the county share and then bills the county for its portion. County shares are determined by a percentage of the non-federal share.

What claims have a county share that we bill for (examples below)?

- Targeted Case Management- contracted vendor (TCM-CV)- **county is billed for nonfederal share-** Minnesota Statutes 256B.0924 Subd. 6 (e)
- Long Term Care Services (LTC) under age 65 > 90 days stays – **county is billed for 20% of nonfederal share-** MS 256I.08 County share for Certain Nursing Facility stays & 256B.19 Subdivision 1. (2) Division of Costs
- Intermediate Care Facility Developmental Disabilities > 90 day stays- **county is billed for 10% of nonfederal share-** 256B.19 Subd.1 (3) Division of costs

Counties are also billed for the state and federal share of recoveries collected based on the MW0117 report. Counties collect the recoveries and then report the funds collected to the state through county obligation/financial control section of MMIS. See Minnesota Statutes (MS) 256D.09 Payment; Assessment; Overpayment, Subd. 6 Recovery of overpayments and MS 256.019 Subd.2(c) Recovery of Money; Apportionment.

CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUND REPORTS

What do I need to do to gain access to the CCDTF reports?

Have your MMIS County Liaison submit a request to DHS through Train Link via County Link including business need for seeing reports.

County workers may be asked to take two on-line classes CH100 Introduction to MMIS and CH101 CCDTF MMIS Applications before getting access to the Infopac reports MW2244 and 2245 needed to balance CD accounts.

In some cases, view only access is granted to MMIS for those with a business need and that would allow the viewing of MW2244 and MW2245 reports as well.

CHEMICAL DEPENDENCY COUNTY MAINTENANCE OF EFFORT PAYMENTS (MOE)

- **Counties pay a share of chemical dependency services under state law.**
- **Counties are charged 22.95% if the service is not Medical Assistance eligible.**
- **Medical Assistance (MA) coverage is available for recipients who meet certain eligibility criteria. MA is always at least partially federally funded.**
- **For CD services that are MA eligible, the county is responsible for 30% of the non-federal share**

CD ADMIN ALLOWANCE

CD Administrative Allowance Allocation is calculated by the DHS' Alcohol & Drug Abuse Division (ADAD) for each county.

Health Care Accounting enters the CD admin allowance Allocations in MMIS at start of State Fiscal Year.

Counties receive 5% for 1st \$50,000 in state CD expenditures, 4% for the next \$50,000 expended and 3% of remaining expenditures from state funds up to the CD Admin Allowance cap.

INVOICE FIELD CODE BULLETIN- HEALTH CARE RELATED PAYMENTS

How do I identify these payments I am receiving?

Use the annual Invoice Field Code Bulletin with instructions to counties on standard payment codes used to identify specific types of EFT and warrant payments.

The most current Invoice Field Code Bulletin is 14-32-02

COUNTY CONFIRMATION REPORTS

The County Confirmation Report (CCR) is actually several reports with county expenditures and collections to assist counties/regions in reconciliations. The CCR consists of several different Info Pac reports including: MW7012-MW7017 and MW7112 – MW7117

Changes and enhancements are in the works for the CCR including new lines to be added to accommodate new programs.

FEDERAL FINANCIAL PARTICIPATION (FFP)

Health Care Accounting spends much of its time working on implementing new federally funded initiatives.

The county share is usually based on a percentage of the non-federal share set in Minnesota Statutes. You can look up specific Minnesota Statutes at <https://www.revisor.mn.gov/statutes>.

The Federal Financial Participation in State Expenditures is set in Federal Registry annually Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the Children's Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2015 Through September 30, 2016

FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)

Federal Financial Participation (FFP) and Federal Medical Assistance Percentage (FMAP) are often used interchangeably. FFP could apply to federal programs that are not Medicaid funds such as federal grants. For most MA payments the FMAP or FFP is 50%.

Some groups with federal funding differing from usual 50% FFP are:

- **Newly Eligible Adults, eligibility type AX, with claims with date of service 1/1/14 – 12/31/16 are 100% federally funded. There is no county share for services or for recoveries for this group while 100% federally funded.**
- **In November 2013, Alternative Care recipients began to receive 50% federal funding for claims and recoveries. The AC program was in the past 100% state funded.**
- **Money Follows the Person (MFP) which is also called Moving Home Minnesota (MHM) has some of its services funded at 75% FFP from a special federal grant, not Medicaid.**
- **Not Newly Eligible noninstitutionalized disabled adults without children who meet certain eligibility factors and who have their eligibility determined by MAGI (Modified Adjusted Gross Income) method are eligible for 75% FFP in CY 2014 and 80% FFP in CY 2015.**
- **Funding for both Newly Eligible and Not Newly Eligible Adults will both 90% for claims with dates of service CY 2020.**
- **Family Planning services which has 90% FFP**
- **Children's Health Insurance Program (CHIP) which has 65% FFP which will be increasing to 88% for Federal Fiscal Year 2016**
- **Indian Health Services which has 100% FFP**
- **Breast Cervical (BC) which has 65% FFP**
- **Basic Health Plan (BHP) effective 1/1/15 formerly known as MinnesotaCare (MCRE) is state funded with federal reimbursement**

WHAT'S AHEAD?

We are still fully operationalizing the implementation of the many provisions of the Affordable Care Act.

Plan to update the Health Care Accounting Manual which gives information to counties on how to enter recovery obligations

Plan to add information to County Confirmation Reports and Health Care Invoice Report in regard to new programs.

Thank you for your time and attention

Reconciling County Invoices to the MW0117 Examples

Situation #1 applied credit to a different line with same funding stream

My invoice from DHS shows I owe less than I calculated I should owe. I take a look at the MW0117 and see that under the recoveries section, I have a positive number.

Since the numbers in the recoveries section are negative numbers, I take a closer look and see that I have had credits applied to both my state and federal obligations. The invoice DHS sent matches the totals in the MW0117 Health Care invoice.

1. Positive amount \$28.86 posted to County Recoveries section of MW0117 and of this \$11.93 is the federal share and \$5.96 is the state share.
2. -70.29 is the state share once the \$5.96 was netted off on the MW0117 and matches the invoice.
3. -140.57 is the federal share once the \$11.93 was netted off on the MW0117 and matches the invoice.

Situation #2 new program/funding not added to recoveries section of MW0117 yet

My invoice from DHS shows the recoveries I was expecting for the Alternative Care program but I don't see the recoveries listed on the MW0117 Health Care Invoice report. I take a closer look and find negatives (those are usually recoveries) in expenditure section listed under AC 2020 program. AC 2020 which is the Alternative Care program federal funding we received under the federal waiver Reform 2020 is relatively new. DHS has not had the programming resources to get this corrected yet on the MW0117 Health Care Invoice report. I realize that I have been correctly billed by DHS. Sample also shows where the amount will be listed when reports are corrected.

1. Negative amount -403.29 AC 2020 Estate Recovery fund code total appears on Expenditures of the MW0117 when it should be a receipt. Also is on the detail MW0234 as a negative expenditure rather than a receipt.
2. -161.31 AC 2020 Estate recovery state share is listed under expenditures of the MW0117 and 161.31 is listed on the invoice correctly even if it should have been a receipt on the Health Care Invoice report.
3. -201.65 AC 2020 Estate recovery federal share and is listed under expenditures of the MW0117 and 201.65 is listed on the invoice correctly even if it should have been a receipt on the Health Care Invoice report.

Situation #1
Applied
Credit

①

PROCESSING DATE 02/01/2015
PROCESSING TIME 03:40:12
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MINNESOTA DEPARTMENT OF HUMAN SERVICES
MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)
HEALTH CARE PROGRAMS INVOICE
FOR THE PERIOD OF 01/01/2015 THRU 01/31/2015

ROUTE: MW0117 000
PROC: PMAW5M15
REPT: PMAW5150-R0117
FICHE:

FINANCIAL RESPONSIBILITY OF : SOME

CUSTOMER CODE: 0000000000-0

COUNTY RECOVERIES	TOTAL (1)	COUNTY INCENTIVE (2)	FED SHARE APP F51, FUND 300 (3)	STATE SHARE APP 0, FUND 100 (4)	REVENUE/ SUB CODE (5)
1. MA ESTATE COLLECTIONS	23.86	5.97	11.93	5.96	8293/00
2. MA RECIPIENT INELIGIBILITY	305.00	76.25	152.50	76.25	8288/00
3. MA RECIPIENT CONTRIBUTIONS	.00	.00	.00	.00	8295/00
4. MA NON-RECIPIENT CONTRIB.	.00	.00	.00	.00	8291/00
5. MA MEDICAL SUPPORT CSES	.00	.00	.00	.00	8290/00
6. MA MEDICAL SUPPORT PRISM	.00	.00	.00	.00	8290/00
MA TOTAL FUND CODE 001	281.14	70.28	140.57	70.29	
7. MA/MNCARE ESTATE COLLECTIONS	.00	.00	.00	.00	8293/00
8. MA/MNCARE RECIPIENT INELIG.	.00	.00	.00	.00	8288/00
9. MA/MNCARE RECIPIENT CONTRIB.	.00	.00	.00	.00	8295/00
10. MA/MNCARE NON-RECIPIENT CONTRIB.	.00	.00	.00	.00	8291/00
11. MA/MNCARE MED SUPPORT CSES	.00	.00	.00	.00	8290/00
12. MA/MNCARE MED SUPPORT PRISM	.00	.00	.00	.00	8290/00
MA/MNCARE TOTAL FUND CODE 401	.00	.00	.00	.00	
13. MCRE/GAMC/NONRES ESTATE COLLECT.	.00	.00	.00	.00	8293/00
14. MCRE/GAMC/NONRES RECIPIENT INELIG.	.00	.00	.00	.00	8288/00
15. MCRE/GAMC/NONRES RECIPIENT CONTRIB.	.00	.00	.00	.00	8295/00
16. MCRE/GAMC/NONRES NON-RECIPIENT CONTRIB.	.00	.00	.00	.00	8291/00
MCRE/GAMC/NONRES TOT FC 404+101+801	.00	.00	.00	.00	8290/00
17. AC ESTATE COLLECTIONS	.00	.00	.00	.00	8293/00
18. AC RECIPIENT INELIGIBILITY	.00	.00	.00	.00	8288/00
19. AC RECIPIENT CONTRIBUTIONS	.00	.00	.00	.00	8295/00
20. AC NON-RECIPIENT CONTRIBUTIONS	.00	.00	.00	.00	8291/00
AC TOTAL FUND CODE 201 & 203	.00	.00	.00	.00	8290/00
21. AC CLIENT PREMIUMS FC 250	.00	.00	.00	.00	8293/00
22. RX DRUG PLAN PREMIUMS FC 850	.00	.00	.00	.00	8288/00
23. MA AX ESTATE COLLECTIONS	.00	.00	.00	.00	8295/00
24. MA AX RECIPIENT INELIGIBILITY	.00	.00	.00	.00	8291/00
25. MA AX RECIPIENT CONTRIBUTIONS	.00	.00	.00	.00	8290/00
26. MA AX NON-RECIPIENT CONTRIB.	.00	.00	.00	.00	8290/00
MA AX TOTAL FUND CODE 204	.00	.00	.00	.00	
27. NMED CHIP ESTATE COLLECTIONS	.00	.00	.00	.00	8293/00
28. NMED CHIP RECIPIENT INELIGIBILITY	.00	.00	.00	.00	8288/00
29. NMED CHIP RECIPIENT CONTRIBUTIONS	.00	.00	.00	.00	8295/00
30. NMED CHIP NON-RECIPIENT CONTRIB.	.00	.00	.00	.00	8291/00
NMED CHIP TOTAL FUND CODE 804	.00	.00	.00	.00	8290/00
31. TOTAL RECOVERIES/COLLECTIONS	281.14	70.28	140.57	70.29	8297/00

③

②

De tail

ROUTE: NW0234 000
PROC: PWW5M15
REPT: PWW5150-R0234
FICHE: SMD320

MINNESOTA DEPARTMENT OF HUMAN SERVICES
MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)

PROCESSING DATE 02/01/2015

PROCESSING TIME 03:40:12

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RECIPIENT EXPENDITURE DETAIL

FOR THE PERIOD 01/01/2015 THRU 01/31/2015

COUNTY

FINANCIAL RESPONSIBILITY OF: SOME
PAYMENTS AND ADJUSTMENTS

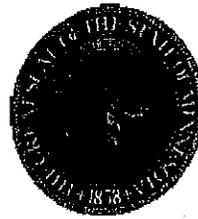
PROG CODE	RECIPIENT ID	LAST	FIRST	MI	TCN	DATES OF SERVICE FROM	DATES OF SERVICE TO	FUND CD	MSG	PROV ID	PROV TY	PAYMENT	ADJ CD
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/04/14	12/04/14	899	523	0000000000	69	47.36	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	01/07/15	01/07/15	899	531	0000000000	01	2.99	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	01/07/15	01/07/15	899	531	0000000000	01	14.35	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	01/07/15	01/07/15	899	531	0000000000	01	18.21	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	01/07/15	01/07/15	899	531	0000000000	01	13.20	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	01/07/15	01/07/15	899	531	0000000000	01	25.00	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/09/14	12/09/14	899	531	0000000000	80	25.21	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/09/14	12/09/14	899	531	0000000000	80	15.61	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/09/14	12/09/14	899	531	0000000000	80	21.18	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/09/14	12/09/14	899	531	0000000000	80	15.61	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/09/14	12/09/14	899	531	0000000000	80	15.61	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/09/14	12/09/14	899	531	0000000000	80	20.66	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/09/14	12/09/14	899	531	0000000000	80	24.61	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/09/14	12/09/14	899	531	0000000000	80	28.14	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/09/14	12/09/14	899	531	0000000000	80	35.04	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/09/14	12/09/14	899	531	0000000000	80	22.26	
IM AX	00000000	SAME	PATIENT	X	515002004000000000	12/09/14	12/09/14	899	531	0000000000	80	53.03	

RECOVERIES

PROG CODE	RECIPIENT ID	LAST	FIRST	MI	TCN	DATES OF SERVICE FROM	DATES OF SERVICE TO	FUND CD	MSG	PROV ID	PROV TY	PAYMENT	ADJ CD
MA AX	00000000	SAME	PATIENT	X	515002004000000000	10/01/11	03/31/12	001	139	0000000000	45	5.00	092
MA EX	00000000	SAME	PATIENT	X	515002004000000000	10/01/13	01/09/14	001	139	0000000000	45	23.86	102
MA PX	00000000	SAME	PATIENT	X	515002004000000000	12/01/08	06/30/09	001	139	0000000000	45	100.00	092
MA PX	00000000	SAME	PATIENT	X	515002004000000000	09/01/13	03/31/14	001	139	0000000000	45	50.00	092
MA AX	00000000	SAME	PATIENT	X	515002004000000000	08/01/12	08/31/12	001	139	0000000000	45	150.00	092

1

H5504 001
DEPARTMENT OF HUMAN SERVICES
SWIFT - AR UNIT
PO BOX 64940
ST PAUL MN 55164-0940



State of Minnesota
INVOICE

Customer No: 000000000
Payment Terms: Due in 30
Due Date: March 7, 2015
Invoice: A300MM
Invoice Date: February 5, 2015
From Date: To Date:
Purchase Order:
Page: 1 of 2

Bill To:



AMOUNT DUE: 6,362.83

For billing questions, please call 651-431-3769

Line	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount	Original
1		JAN15 MA RECIPIENT INELIGIBILI	1.00	EA	70.29	70.29	(2)
2		JAN15 MA LTC UN 65	1.00	EA	3,601.59	3,601.59	
3		JAN15 MA ICFMR 7105	1.00	EA	2,249.16	2,249.16	
4		JAN15 MA DTH 7105	1.00	EA	301.22	301.22	
5		JAN15 MA RECIPIENT INELIGIBILI	1.00	EA	140.57	140.57	(3)

THE DETAIL TO THIS MMIS-HEALTH CARE PROGRAM INVOICE CAN BE VIEWED ON INFOPAC REPORT #MW-0117. IF YOU HAVE ANY QUESTIONS REGARDING THIS INVOICE, PLEASE CONTACT ERMIA'S KIFLE AT 651-431-3755. THANK YOU.

Subtotal: 6,362.83

Amount Due: 6,362.83

E-MAIL QUESTIONS TO: MICHAEL.HIETPAS@STATE.MN.US

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

This information is available in alternative formats to individuals with disabilities by calling 651-431-3769. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848.

For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.



State of Minnesota
INVOICE

Invoice: A300MM
Invoice Date: February 5, 2015
Page: 2 of 2

Bill To:



Customer No: 00000000
Payment Terms: Due in 30
Due Date: March 7, 2015

Address Change? If yes, Check box.
Write correct address on back.

Amount Due: 6,362.83

Please Remit To:
DEPARTMENT OF HUMAN SERVICES
SWIFT
PO BOX 64835
ST. PAUL MN 55164-0835

Amount Remitted

H5504 000000000 A300MM ZZZZZZZZZZ 7 0000

ROUTE: MW0117 000
 PROC: PWWMSM15
 REPT: PWWMS150-R0117
 FICHE:

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)

PROCESSING DATE 03/01/2015

PROCESSING TIME 03:59:52

FINANCIAL RESPONSIBILITY OF : SOME COUNTY

HEALTH CARE PROGRAMS INVOICE

FOR THE PERIOD OF 02/01/2015 THRU 02/28/2015

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Situation #2
 New program

FUND CODE	DESCRIPTION	FED SHR	AMOUNT	COUNTY SHARE
208	MA EX MH TCM FUND CODE TOTAL	FED SHR	1,581.25 1,581.25	.00 .00
210	MA EX VADD CNTY FUND CODE TOTAL	FED SHR	482.00 482.00	.00 .00
213	MA EX LTC UN 65 MA EX LTC UN 65 MA EX LTC UN 65 FUND CODE TOTAL	CTY SHR FED SHR STA SHR	.00 3,244.75 .00 3,244.75	.00 .00 .00 .00
214	MA EX SERVICES MA EX SERVICES FUND CODE TOTAL	FED SHR STA SHR	1,538,690.32 .00 1,538,690.32	.00 .00 .00
293	AC 2020 EST RCVRY AC 2020 EST RCVRY AC 2020 EST RCVRY FUND CODE TOTAL	CTY SHR FED SHR STA SHR	40.33- 201.65- 161.31- 403.29-	40.33- .00 .00 .00
295	AC 2020 SERVICES AC 2020 SERVICES FUND CODE TOTAL	FED SHR STA SHR	12,254.09 12,254.08 24,508.17	.00 .00 .00
499	MCRE SERVICES FUND CODE TOTAL	STA SHR	2,250.09 2,250.09	.00 .00
809	SMA ACCESS SERV FUND CODE TOTAL	STA SHR	6.37 6.37	.00 .00
829	SMA PEHP SERV SMA PEHP SERV FUND CODE TOTAL	CTY SHR STA SHR	.00 1,874.12 1,874.12	.00 .00 .00
898	SMA FFP ELIG SMA FFP ELIG SMA FFP ELIG FUND CODE TOTAL	CTY SHR FED SHR STA SHR	.00 92.66 92.65 185.31	.00 .00 .00 .00
899	SMA NON-FPP SMA SERVICES FUND CODE TOTAL	CTY SHR STA SHR	.00 49,441.55 49,441.55	.00 .00 .00
***	ALL FUNDING CODE ALL FUNDING CODE ALL FUNDING CODE ALL FUNDING CODE ALL FUNDING CODE TOTAL	CTY SHR FED SHR STA SHR REV SHR TOTAL	5,556.01 7,416,040.15 4,048,780.60 384,785.90 11,855,162.66	5,556.01 .00 .00 .00 .00

NOTE: MCRE/MA MH-TCM(423) INCLUDES AMOUNTS OWED FOR MAJOR PROGRAMS FF AND LL BASED ON COUNTY OF RESIDENCE.
 NOTE: MCRE/MA CW-TCM(437) INCLUDES AMOUNTS OWED FOR MAJOR PROGRAM LL BASED ON COUNTY OF RESIDENCE.
 NOTE: MCRE/MA VA/DD-TCM(443) INCLUDES AMOUNTS OWED FOR MAJOR PROGRAM LL BASED ON COUNTY OF RESIDENCE.
 NOTE: DMIE MH TCM CV(723) INCLUDES AMOUNTS OWED FOR MAJOR PROGRAM DM BASED ON COUNTY OF RESIDENCE.
 NOTE: MCRE MH-TCM CV (444) INCLUDES AMOUNTS OWED FOR MAJOR PROGRAMS BB, JJ, AND KK BASED ON COUNTY OF RESIDENCE.

ROUTE: MW0234 000
 PROC: PWWMSM15
 REPT: PWWMS150-R0234
 FICHE: SMD320

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)

PROCESSING DATE 03/01/2015
 PROCESSING TIME 03:59:52

FINANCIAL RESPONSIBILITY OF: SOME
 PAYMENTS AND ADJUSTMENTS

RECIPIENT EXPENDITURE DETAIL
 FOR THE PERIOD 02/01/2015 THRU 02/28/2015
 COUNTY

PAGE 12209

PROG CODE	RECIPIENT ID	LAST	FIRST	MI	TCN	DATES OF SERVICE FROM TO	FUND CD MSG	PROV ID	PROV TV	PAYMENT	ADJ CD
MA AX	00000000	SOME	PERSON	X	515043004000000000	02/09/15 02/09/15	214 535	0000000000	39	24.13	
MA AX					515043004000000000	02/12/15 02/12/15	214 535	0000000000	39	47.20	
MA AX					515043004000000000	02/12/15 02/12/15	214 535	0000000000	39	24.65	
MA AX	00000000	SOME	PERSON	X	515043004000000000	01/27/15 01/27/15	214 522	0000000000	70	12.06	
MA AX					515043004000000000	01/27/15 01/27/15	214 522	0000000000	70	14.38	
MA AX					515043004000000000	01/27/15 01/27/15	214 522	0000000000	70	3.85	
MA AX					515043004000000000	02/13/15 02/13/15	214 045	0000000000	30	27.61	
MA AX					515043004000000000	02/13/15 02/13/15	214 045	0000000000	30	45.99	
MA AX					515043004000000000	02/13/15 02/13/15	214 045	0000000000	30	61.90	
MA AX					515043004000000000	02/13/15 02/13/15	214 045	0000000000	30	28.28	
MA AX	00000000	SOME	PERSON	X	515043004000000000	10/20/14 10/20/14	214 041	0000000000	67	209.30	
MA AX					515043004000000000	10/21/14 10/21/14	214 041	0000000000	67	278.10	
MA AX	00000000	SOME	PERSON	X	515043004000000000	01/29/15 01/29/15	214 523	0000000000	20	78.92	
MA AX					515043004000000000	01/29/15 01/29/15	214 536	0000000000	01	175.68	
MA AX					515043004000000000	02/03/15 02/03/15	214 536	0000000000	01	89.92	
MA AX					515043004000000000	02/03/15 02/03/15	214 523	0000000000	01	.00	
MA AX					515043004000000000	02/03/15 02/03/15	214 523	0000000000	20	41.03	
MA AX					515043004000000000	02/17/15 02/17/15	214 522	0000000000	70	10.35	
AC AC	00000000	SOME	PERSON	X	515043004000000000	09/19/14 10/18/14	293 139	0000000000	45	403.29	102
AC AC	00000000	SOME	PERSON	X	515043004000000000	01/12/15 01/12/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/13/15 01/13/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/14/15 01/14/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/15/15 01/15/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/15/15 01/15/15	295 502	0000000000	18	18.24	
AC AC					515043004000000000	01/15/15 01/15/15	295 502	0000000000	45	25.21	
AC AC					515043004000000000	01/16/15 01/16/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/17/15 01/17/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/18/15 01/18/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/19/15 01/19/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/20/15 01/20/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/21/15 01/21/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/22/15 01/22/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/22/15 01/22/15	295 502	0000000000	18	18.24	
AC AC					515043004000000000	01/23/15 01/23/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/24/15 01/24/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/25/15 01/25/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/26/15 01/26/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/27/15 01/27/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/28/15 01/28/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/29/15 01/29/15	295 502	0000000000	38	83.20	
AC AC					515043004000000000	01/29/15 01/29/15	295 502	0000000000	18	18.24	
AC AC					515043004000000000	01/30/15 01/30/15	295 502	0000000000	38	83.20	

①
 Appears on expenditure page as a negative

ROUTE: MW0117 000
 PROC: FWMW5M15
 REPT: FWMW5150-R0117
 FICHE:

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)

PROCESSING DATE 03/01/2015
 PROCESSING TIME 03:59:52
 PAGE 45

HEALTH CARE PROGRAMS INVOICE
 FOR THE PERIOD OF 02/01/2015 THRU 02/28/2015

FINANCIAL RESPONSIBILITY OF : SOME COUNTY

CUSTOMER CODE: 0000000000-0

COUNTY RECOVERIES	TOTAL (1)	COUNTY INCENTIVE (2)	FED SHARE APP F51, FUND 300 (3)	STATE SHARE APP 0, FUND 100 (4)	REVENUE/ SUB CODE (5)
1. MA ESTATE COLLECTIONS	65,347.91-	16,336.98-	32,673.96-	16,336.97-	8293/00
2. MA RECIPIENT INELIGIBILITY	30.00-	7.50-	15.00-	7.50-	8288/00
3. MA RECIPIENT CONTRIBUTIONS	.00	.00	.00	.00	8295/00
4. MA NON-RECIPIENT CONTRIB.	.00	.00	.00	.00	8291/00
5. MA MEDICAL SUPPORT CSES	.00	.00	.00	.00	8290/00
6. MA MEDICAL SUPPORT PRISM	.00	.00	.00	.00	8290/00
MA TOTAL FUND CODE 001	65,377.91-***	16,344.48-***	32,688.96-***	16,344.47-***	
7. MA/MNCARE ESTATE COLLECTIONS	.00	.00	.00	.00	8293/00
8. MA/MNCARE RECIPIENT INELIG.	.00	.00	.00	.00	8288/00
9. MA/MNCARE RECIPIENT CONTRIB.	.00	.00	.00	.00	8295/00
10. MA/MNCARE NON-RECIP CONTRIB.	.00	.00	.00	.00	8291/00
11. MA/MNCARE MED SUPPORT CSES	.00	.00	.00	.00	8290/00
12. MA/MNCARE MED SUPPORT PRISM	.00	.00	.00	.00	8290/00
MA/MNCARE TOTAL FUND CODE 401	.00 ***	.00 ***	.00 ***	.00 ***	
13. MCRE/GAMC/NONRES ESTATE COLLECT.	3,145.87-	1,572.94-			8297/00
14. MCRE/GAMC/NONRES RECIP INELIG.	.00	.00			
15. MCRE/GAMC/NONRES RECIP CONTRIB.	.00	.00			
16. MCRE/GAMC/NONRES NON-RECIP CONTRIB	.00	.00			
MCRE/GAMC/NRES TOT FC 404+101+801	3,145.87-***	1,572.94-***			
17. AC ESTATE COLLECTIONS	.00	.00			8298/00
18. AC RECIPIENT INELIGIBILITY	.00	.00			8293/00
19. AC RECIPIENT CONTRIBUTIONS	.00	.00			8288/00
20. AC NON-RECIPIENT CONTRIBUTIONS	.00	.00			8295/00
AC TOTAL FUND CODE 201 & 203	.00 ***	.00 ***			
21. AC CLIENT PREMIUMS FC 250	.00	.00			5029
22. RX DRUG PLAN PREMIUMS FC 850	.00	.00			8299
23. MA AX ESTATE COLLECTIONS	858.64-		858.64-		8293/00
24. MA AX RECIPIENT INELIGIBILITY	.00	.00	.00	.00	8288/00
25. MA AX RECIPIENT CONTRIBUTIONS	.00	.00	.00	.00	8295/00
26. MA AX NON-RECIPIENT CONTRIB.	.00	.00	.00	.00	8291/00
MA AX TOTAL FUND CODE 204	858.64-***	.00 ***	858.64-***	.00 ***	
27. NMED CHIP ESTATE COLLECTIONS	.00	.00			8297/00
28. NMED CHIP RECIPIENT INELIGIBILITY	.00	.00			
29. NMED CHIP RECIPIENT CONTRIBUTIONS	.00	.00			
30. NMED CHIP NON-RECIPIENT CONTRIB.	.00	.00			
NMED CHIP TOTAL FUND CODE 804	.00 ***	.00 ***			
31. TOTAL RECOVERIES/COLLECTIONS	69,382.42-***	17,917.42-***	33,547.60-***	17,917.40-***	

This is the old state funded AC program

ROUTE: MW0234 000
 PROC: PFMW5M15
 REPT: PFMW5150-R0234
 FTIC: SMD320

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)

PROCESSING DATE 03/01/2015
 PROCESSING TIME 03:59:52

FOR THE PERIOD 02/01/2015 THRU 02/28/2015
 RECIPENT EXPENDITURE DETAIL
 FINANCIAL RESPONSIBILITY OF: SOME COUNTY
 PAGE 12230

RECOVERIES

PROG CODE	RECIPIENT ID	LAST	FIRST	MI	TCN	DATES OF SERVICE FROM	TO	FUND CD	MSG	PROV TY	PAYMENT	ADJ CD
MA DX	00000000	SOME	PERSON	X	415049009800000000	05/01/14	10/10/14	001	139	0000000000	45	997.85- 102
MA EX	00000000	SOME	PERSON	X	415049009800000000	03/01/12	06/30/12	001	139	0000000000	45	783.02- 102
MA AX	00000000	SOME	PERSON	X	415049009800000000	06/01/12	08/31/12	001	139	0000000000	45	5.00- 092
MA EX	00000000	SOME	PERSON	X	415049009800000000	08/01/07	02/29/08	001	139	0000000000	45	45.21- 102
SL LE	00000000	SOME	PERSON	X	415049009800000000	03/01/08	09/27/14	001	139	0000000000	45	1,855.74- 102
MA EX	00000000	SOME	PERSON	X	415049009800000000	07/01/12	10/01/14	001	139	0000000000	45	1,209.75- 102
MA EX	00000000	SOME	PERSON	X	415049009800000000	12/01/10	10/29/14	001	139	0000000000	45	570.14- 102
MA EX	00000000	SOME	PERSON	X	415049009800000000	12/01/10	10/29/14	001	139	0000000000	45	109.75- 102
MA EX	00000000	SOME	PERSON	X	415049009800000000	12/01/10	10/29/14	001	139	0000000000	45	787.53- 102
MA EX	00000000	SOME	PERSON	X	415049009800000000	10/01/12	08/21/14	001	139	0000000000	45	2,381.13- 102
GM 06	00000000	SOME	PERSON	X	415049009800000000	03/01/95	05/31/95	101	139	0000000000	45	81.90- 102
GM 06	00000000	SOME	PERSON	X	415049009800000000	03/01/95	03/31/98	101	139	0000000000	45	1,967.97- 102
GM GS	00000000	SOME	PERSON	X	415049009800000000	04/01/99	01/31/00	101	139	0000000000	45	1,096.00- 102
MA AX	00000000	SOME	PERSON	X	415049009800000000	04/01/14	06/30/14	204	139	0000000000	45	858.64- 102
AC AC	00000000	SOME	PERSON	X	415049009800000000	04/01/14	06/30/14	293	139	0000000000	45	403.29- 102

① ←

This demonstrates where the new program receipt should be on the report.

① Line was absent in actual report

Once corrected AC Reform 2020 recoveries will appear as receipts

H5504 001
 DEPARTMENT OF HUMAN SERVICES
 SWIFT - AR UNIT
 PO BOX 64940
 ST PAUL MN 55164-0940



State of Minnesota
 INVOICE

Customer No: 00000000
 Payment Terms: Due in 30
 Due Date: April 2, 2015
 Invoice: A300MM
 Invoice Date: March 3, 2015
 From Date: To Date:
 Purchase Order:
 Page: 1 of 2

Bill To:



AMOUNT DUE: 57,424.30

For billing questions, please call 651-431-3769

Original

Line	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
1		FEB15 MCRE/GAMC/NONRES ESTATE	1.00	EA	1,572.93	1,572.93
2		FEB15 AC 2020 EST RCVRY	1.00	EA	161.31	161.31
3		FEB15 MA ESTATE COLLECTIONS	1.00	EA	16,336.97	16,336.97
4		FEB15 MA RECIPIENT INELIGIBILI	1.00	EA	7.50	7.50
5		FEB15 MA LTC UN 65	1.00	EA	5,240.39	5,240.39
6		FEB15 MA MH TCM CV	1.00	EA	181.45	181.45
7		FEB15 MA CW TCM CV	1.00	EA	174.50	174.50
8		FEB15 MA AX ESTATE COLLECTIONS	1.00	EA	858.64	858.64
9		FEB15 AC 2020 EST RCVRY	1.00	EA	201.65	201.65
10		FEB15 MA ESTATE COLLECTIONS	1.00	EA	32,673.96	32,673.96
11		FEB15 MA RECIPIENT INELIGIBILI	1.00	EA	15.00	15.00

THE DETAIL TO THIS MMIS HEALTH CARE PROGRAM INVOICE CAN BE VIEWED ON INFO PAC REPORT #MW-0117. IF YOU HAVE ANY QUESTIONS REGARDING THIS INVOICE, PLEASE CONTACT ERMIA KIFLE AT 651-431-3755. THANK YOU.

Subtotal: 57,424.30

Amount Due: 57,424.30



State of Minnesota
INVOICE

Invoice: A300MM
Invoice Date: March 3, 2015
Page: 2 of 2

E-MAIL QUESTIONS TO: MICHAEL.HIETPAS@STATE.MN.US

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

This information is available in alternative formats to individuals with disabilities by calling 651-431-3769. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848.

For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

Bill To:



Customer No: 00000000
Payment Terms: Due in 30
Due Date: April 2, 2015

Address Change? If yes, Check box.
Write correct address on back. →

Amount Due: 57,424.30

Please Remit To:
DEPARTMENT OF HUMAN SERVICES
SWIFT
PO BOX 64835
ST. PAUL MN 55164-0835

Amount Remitted

H5504 00000000 0 A300MM IZZZZZZZZZZZ 5

Financial Operations Division

Economic Support Unit



Overview Training

March 25th, 2015



Shawn Tobias, Economic Support Unit Supervisor
Minnesota Department of Human Services
651-431-3727 | Shawn.Tobias@state.mn.us

Child Care – MEC² (Minnesota Electronic Child Care)

- Benefits issued using MEC² for child care services for BSF, MFIP, DWP, PORT, TY, TYE
- BSF (Basic Sliding Fee) Allocation
 - Yearly allocation on a Calendar basis posted to CountyLink at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelecti onMethod=LatestReleased&dDocName=Fiscal_Reporting
 - Last allocation bulletin #15-32-01 issued 1/25/2015 and posted to CountyLink at:
http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs16_192646.pdf
 - Allocation update sent monthly to county directors and fiscal supervisors from DHS CCAP policy staff.
- Admin payments (5% of Net Direct Service Expenditures) for all programs are made monthly using the following invoice field codes:
 - MFIP FED - 72.CCMFIPADMINI13.MMYR.93.575
 - MFIP STATE - 72.CCMFIPADMINI66.MMYR.STATE
 - BSF FED - 72.BSFCHLCAREAD15.MMYR.93.575
 - BSF STATE - 72.BSFCHLCAREAD08.MMYR.STATE
 - PORT FED - 72.BSFCHLCAREAD15.MMYR.93.575
 - PORT STATE - 72.BSFCHLCAREAD08.MMYR.STATE
- Direct Service Expenditure Adjustment Form (DHS5665-ENG) is used to make adjustments between programs for Direct Service expenditures. See bulletin #08-68-17 for instructions and the form is at:
<https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-5665-ENG>



MFIP (TANF) – Cash Assistance issued from MAXIS

- MFIP County Burials
- EA (Emergency Needs) payments within the MFIP County Consolidated fund are issued from MAXIS. The Net EA expenditures are applied towards the county spending in the MFIP Consolidated Fund.
 - Net EA expenditures = EA spending from Document Direct report FN530901 minus and EA refunds received at DHS.
 - These expenditures can be seen on the MFIP Consolidated Fund Summary posted to CountyLink quarterly by Jerry Medicott at MN DHS at 651-431-3781.

EGA (Emergency General Assistance) Allocation

- State Fiscal Year Allocation. See the latest allocation bulletin at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=Bulletins_2014
- Monthly summary posted to CountyLink at: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=Fiscal_Reporting#allocation
- Net EGA expenditures = EGA spending from Document Direct report FN530901 minus any EGA refunds received at DHS.





Child Support – PRISM



- Monthly Administrative Advances are made using invoice field code 64.IVDADMINCMMAINT.MMYA.A.93563
- Direct and Indirect Cost payments related to costs claimed on the 2550 are made quarterly using the below invoice field codes:
 - Direct Costs - 64.IVDADMINCMMAINT.QQYY.R.93563
 - Indirect Costs - 00.TITLEIVDCWIADM.QQYY.R.93563
- Payments are made using the following invoice field codes:
 - Federal Incentive - 64.TITLEIVDINCEN.QQYY.N.93563
 - State Incentive - 64.CHSUPSTATINCEN.QQYY.N.STATE
- State Incentive payments come from revenue generated by the 2% Cost Recovery Fee and the \$25 Federal Annual Fee are made 45 days after the end of each quarter and are calculated based on each counties performance under the five federal performance measures; paternity establishment, order establishment, current support collections, arrears collections, and cost-effectiveness
- Counties can review their performance using the County Performance Assessment Tool (CPAT) available through CountyLink at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=County_Reports
- Net County Admin Report can be viewed on CountyLink under Child Support Reports at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=Fiscal_Reporting

SNAP (Supplemental Nutrition Assistance Program)



- Monthly Advance payments are made the first of each month using invoice field code: 63.SNAPADMINCMAIN.MMYA.10561
- Direct and Indirect Cost payments related to costs claimed on the 2550 are made quarterly using the below invoice field codes:
 - Direct Costs - 63.SNAPADMINCMAIN.QQYY.R.10561
 - Indirect Costs - 00.SNAPCWIADMIN.QQYY.R.10561
- There are 21 counties/regions receiving a federal fiscal year allocation for SNAP E&T. Counties report these expenditures quarterly by e-mailing an electronic version of form DHS-2726d to: dhs.fsetaccounting@state.mn.us on a quarterly basis by 20 days after quarter end. 3 payments result from the quarterly abstract process using the following invoice field codes:
 - Federal Share of Administrative Costs - 63.SNAPFSETADMINI.QQYY.R.10561
 - Federal Share of Support Services - 63.SNAPFSETSUPSVF.QQYY.R.10561
 - State Share of Support Services - 63.FOODSUPFSETSVS.QQYY.R.STATE
- Abstracts for each new year are sent out by Steve Erbes at (651) 259-7539

MAXIS Off-System Refunds and Recoveries



- If a refund/recovery is received in the county or at MN DHS from any source (i.e. vendor or client) for a MAXIS issuance and a claim is not and cannot be setup in MAXIS because of functionality issues, then the entire amount of the recovery is deposited at MN DHS and a case note is entered in MAXIS recording the details of the refund/recovery. A monthly letter is sent to all county fiscal supervisors listing any such refunds/recoveries. Counties should ensure the information on this letter is correct. Any resulting incentives due are paid out quarterly.
- MN DHS processes all federal requests for SSI IAR reimbursements, represents the state at all SSI IAR appeals and pays incentives for RSDI IAR refunds collected by the counties.





Economic Assistance Support Contacts



Child Care and TANF

Peter Stahley

Peter.I.Stahley@state.mn.us

651-431-3748

Child Support and SNAP

Matt Hanson

Matthew.Hanson@state.mn.us

651-431-3747

EGA Allocation

Rich Hallanger

Richard.Hallanger@state.mn.us

651-431-3756

MAXIS Off-Line Refunds and Recoveries

Cindy Barnier

Cindy.Barnier@state.mn.us

651-431-3752

SSI IAR Hotline

dhs.maxis.accounting@state.mn.us

651-431-2427

Supervisor, MAXIS and MEC² invoices

Shawn Tobias

Shawn.Tobias@state.mn.us

651-431-3727

General Economic Assistance Contact

Warrant Copies

dhs.maxis.accounting@state.mn.us

651-431-3752

Use this to request copies of MAXIS/MEC² warrants

DHS Common Acronyms & Abbreviations

A

AAA(s) Area Agencies on Aging - an agency designated by the Minnesota Board on Aging to administer federal Older Americans Act programs in a multi-county area. There are 14 AAAs in Minnesota.

AA Adoption Assistance - assistance provided to adoptive parents who adopt children with special needs

AAP American Academy of Pediatrics

AASD Adult and Aging Services Division - AASD administers state and federal programs that provide protective services, supportive assistance, and alternative housing arrangements for older persons and vulnerable adults. The division also provides staffing assistance to the Minnesota Board on Aging in the administration of the federal Older Americans Act and state senior nutrition and volunteer programs.

AC Alternative Care (formerly Alternative Care Grants) is a home and community care program to pay for in-home supportive care and services in the home of an elderly individual who is at risk of requiring nursing facility care.

AAFP American Academy of Family Physicians

AAHP American Association of Health Plans

AAHSA American Association Housing with Services

ACF Administration for Children and Families - Division of federal HHS overseeing TANF, child support and child welfare programs

ACS Alternative Community Based Services Waiver - A home and community care program that pays for health care services in the home of an individual with developmental disabilities who was formerly inappropriately placed in a nursing facility. This is a medical assistance program approved by the Centers for Medicare and Medicaid Services (formerly the federal HCFA).

ACT Assertive Community Treatment-Intensive, 24/7 services for people with serious mental illness provided mostly in community settings by multidisciplinary treatment teams.

AD Advanced Directives - Allow persons to determine in advance the kind of medical care they prefer. Includes care power of attorney, "do not resuscitate" (DNR) orders, and other types of legal documents.

ADA Americans with Disabilities Act

ADA American Dental Association

ADC Adult Day Care

ADHD Attention Deficit / Hyperactivity Disorder

DHS Common Acronyms & Abbreviations

ADL Activities of daily living - Tasks essential to performance of routine self-care functions such as dressing, bathing and cooking.

AFC Adult Foster Care

AFDC Aid to Families with Dependent Children - Title IV-A of the Social Security Act enacts this public assistance program that provided monies for low-income families when one parent is absent, incapacitated or unemployed. It has been repealed.

AFDC-EA Aid to Families with Dependent Children-Emergency Assistance - Helps families who face a crisis that will result in destitution if they do not receive immediate financial aid. See above.

AFDC-UP Aid to Families with Dependent Children-Unemployed Parent - In certain circumstances a family can qualify for AFDC if the parent is unemployed. See above.

AFSA Adoption Safe Family Act of 1997 defined and clarified "reasonable efforts" to move children toward adoption or other permanent homes.

AG Attorney General

AGC Ah-Gwah-Ching Center - a DHS-operated nursing home in Walker, Minn.

AHA American Hospital Association

AHCPR Agency for Health Care Policy and Research. AHCPR is responsible for enhancing the quality, appropriateness and effectiveness of health care services.

AIW Automatic Income Withholding - used for collecting child support.

ALD Assisted Listening Device - used by people with a hearing loss to augment communication.

ALHCP Assisted Living Home Care Provider

ALJ Administrative Law Judge

ALOS Average Length of Stay

AL Assisted Living - a service or a group of services customized to meet the needs of an individual living in a qualified setting. Types of services that can be included are supervision of the client, support services, home care aide services, home health-aide like services and home management services. Medication set-ups and insulin draws by a licensed nurse can also be included in the package.

AMA American Medical Association

DHS Common Acronyms & Abbreviations

AMC Association of Minnesota Counties

AMI Alliance for the Mentally Ill of Minnesota

AMRTC Anoka-Metro Regional Treatment Center

APA American Psychiatric Association

APD Advance Planning Document

APEX Alliance for Purchasing Excellence

APHA American Public Health Association

APR Adjusted Payment Rate

APS Alternative Payment System for Nursing Facility Services.

AR Alternative Response. Now called Family Assessment Response.

ARC Arc is an organization that used to known as ARC. It is devoted to promoting and improving supports and services for people with intellectual and developmental disabilities.

ARC Automated Receipt Center — A unit in Financial Management that processes receipts and an imaging function.

ARMHS Adult Rehabilitative Mental Health Services-Services that support people with mental illness in such areas as relapse prevention, transportation, illness management and life skills.

ARW Automated Recurring Withdrawal

ASD Affective Sensory Disorder or Autism Spectrum Disorder

AVATAR The application used by State Operated Services for patient information, patient billing and the Electronic Health Record.

B

BBA Federal Balanced Budget Act of 1997

BBS Biennial Budget System

BCBSM Blue Cross/Blue Shield of Minnesota

DHS Common Acronyms & Abbreviations

BEER Beneficiary Earnings & Exchange Record. A monthly income and eligibility verification system (IEVS) exchange between the Social Security Administration and DHS reporting wages.

BHCAG Buyer's Health Care Action Group

BHO Behavioral Health Organization

BI Brain Injured - Individual whose deficits in adaptive behavior or substantial functional limitations are caused by injury to the brain resulting in tissue damage and affecting functional abilities.

BIA Bureau of Indian Affairs

BNDX Beneficiary data exchange. A month IEVS tape exchange between the Social Security Administration and DHS. The report provides information on Title II benefits (RSDI) and Medicare Parts A and B.

BP Benefits Policy

BRHSC Brainerd Regional Human Services Center

BRS Benefit Recovery Section - DHS staff whose function involves recovery of third-party payments for medical services covered by MA, GAMC or MinnesotaCare.

BWG Budget Work Group

C

CA Cash Assistance

CAC Community Alternative Care - CAC is a home and community care program that pays for health care services in the home of an individual who requires the level of care of a hospital. This is a medical assistance program approved by the Centers for Medicare and Medicaid Services, formerly the federal HCFA.

CAC Citizens Advisory Council (Alcohol and Other Drug Advisory Committee)

CADI Community Alternatives for Disabled Individuals - CADI is a home and community care program that pays for health care services in the home of an individual who requires the level of care of a nursing facility. This is a medical assistance program approved by the Centers for Medicare and Medicaid Services, formerly the federal HCFA.

CAF Combined Application Form - Application form for public assistance that can be used to apply for the following programs: Minnesota Family Investment Program (MFIP), Medical Assistance (MA), General Assistance (GA), Minnesota Supplemental Aid (MSA), General Assistance Medical Care (GAMC) and food support, formerly called Food Stamps. Applications for MA, GAMC and MinnesotaCare can also be made using the HCAPP.

DHS Common Acronyms & Abbreviations

CAHPS Consumer Assessment of Health Plans. A kit of survey and reporting tools to help consumers and purchasers assess and choose a health plan. The questionnaires were developed by the Agency for Healthcare Research and Quality of the U.S. Department of Health and Human Services.

CAMHA Comprehensive Adult Mental Health Act

CAN Child Abuse and Neglect

CAPTA Child Abuse Prevention and Treatment Act provides federal funding to states in support of prevention, assessment, investigation, prosecution and treatment. CAPTA provides a minimum definition of child abuse and neglect.

CARE Community Addiction Recovery Enterprise is a drug or alcohol rehabilitation center with a primary focus on substance abuse treatment.

CBA Cost Benefit Analysis

CBHH Community behavioral health hospitals-16-bed inpatient acute psychiatric hospital operated by State Operated Services.

CBO Community Based Organization

CBP County-based purchasing

CC Continuing Care

CCAP Child Care Assistance Program - The purpose of the Child Care Assistance Program (CCAP) is to provide financial subsidies to help low-income families pay for child care, so that parents may pursue employment or education leading to employment and that children are well cared for and prepared to enter school ready to learn.

CCE Continuing Care for the Elderly Division - An administrative division at DHS that provides policy development and program administration of facility and community-based services for elderly Minnesotans. It administers nursing facility services and community-based services through the elderly waiver and alternative care programs.

CCPD Continuing Care for Persons with Disabilities

CCDTF Consolidated Chemical Dependency Treatment Fund - Combination of funds used for CD treatment. Combines General Assistance (GA), General Assistance Medical Care (GAMC), Medical Assistance (MA), Regional Treatment Center Chemical Dependency budget, and state and federal grants into one fund. The county assesses the client's need for CD treatment, places the eligible client in a treatment program and uses this consolidated fund to pay for the treatment.

CCMHA Comprehensive Children's Mental Health Act

DHS Common Acronyms & Abbreviations

CCSA Children and Community Services Act

CD Chemical Dependency

CDC Centers for Disease Control and Prevention

CDCS Consumer Directed Community Supports - Consumer Directed Community Supports (CDCS) is a unique service option that gives persons more flexibility and responsibility for directing their services and supports, including hiring and managing direct care staff. CDCS may include services, support and/or items currently available through the MA waivers, as well as additional allowable services that provide needed support to persons.

CDF Children's Defense Fund

CDI Consumer Directed Initiative

CD/MH Chemical Dependency/Mental Health

CE Continuing Education

CFR Code of Federal Regulation

CFR County of Financial Responsibility

CFS Children and Family Services

CH Chemical Health

CHAMPUS Civilian Health & Medical Program of Uniformed Service. CHAMPUS now called TRICARE.

CHAMPVA The Department of Veteran's Affairs Civilian Health & Medical Program. Now called TRICARE

CHCO Children Home Care Option

CHD Chemical Health Division

CHEPP Catastrophic Health Expense Protection Program - A state program to pay catastrophic medical expenses incurred by Minnesota residents. The program has not been funded for several years.

CHIP Children's Health Insurance Plan

CHIPS Child in Need of Protection or Services

DHS Common Acronyms & Abbreviations

CIF Case Information File

CISN Community Integrated Service Network

CM Combined Manual

CMHA Comprehensive Mental Health Act

CMH Children's Mental Health

CMHC Community Mental Health Center, also Children's Mental Health Collaborative

CMHRS Community Mental Health Reporting System is the primary source for statistics on community mental health services.

CMS Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration, HCFA)

CMHS Chemical & Mental Health Services

CMV Current Market Value

COA Certificate of Authority - A certificate issued by a state government licensing the operation of a health maintenance organization.

COB Coordination of Benefits - the provision in a contract which applies when a person is covered under more than one group medical program. It requires that payment of benefits will be coordinated by all programs to eliminate over-insurance or duplication of benefits.

COBRA Consolidated Omnibus Budget Reconciliation Act of 1985 [Federal Public Law 99-272.]

COC Certificate of Coverage - A description of the benefits included in a carrier's plan. The certificate is required by state laws and represents the coverage provided under the contract issued to the employer. The certificate is provided to the employee.

COLA Cost of Living Adjustment

COS Court Ordered Services

CPI Consumer Price Index

CPS Child Protection Services

DHS Common Acronyms & Abbreviations

CPT Physician's "Current Procedure Terminology" - A systematic listing and coding of procedures and services performed by physicians.

CQI Community Quality Initiatives - a unit of Continuing Care

CSAP Center for Substance Abuse Prevention

CSAT Center for Substance Abuse Treatment

CSED Child Support Enforcement Division

CSG Consumer Support Grant

CSHCN Children with special health care needs. Those children who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services that extend beyond the type and amount generally required by children. Conditions of risk may be diagnosed disorders; events that occur during prenatal, perinatal or neonatal periods; and environmental conditions such as poverty and family stress.

CSIS Community Services Information System - A computerized social service tracking system designed to provide information on social service caseloads to assist social service agencies in program planning and administration.

CSL Computer Support Liaison - A staff position at DHS to provide technical assistance to programs regarding computers and information technology.

CSMD Community Supports for Minnesotans with Disabilities (is now DSD, Disability Services Division)

CSPD Child Safety and Permanency Division

CSP Community Support Plan

CSPC Child Support Payment Center

C&TC Child and Teen Checkups (see EPSDT)

CTF Children's Trust Fund

CWS Child Welfare Services

CWLA Child Welfare League of America

CW-TCM Child Welfare-Targeted Case Management

DHS Common Acronyms & Abbreviations

D

DAC Developmental Achievement Centers - Day training and habilitative services for persons with developmental disabilities.

DASIS Drug and Alcohol Services Information System

DAW Dispense as Written

DD Developmentally Disabled -- Persons diagnosed with developmental disabilities or a related condition who have substantial functional limitations or deficits in adaptive behavior and who manifest these conditions before their 21st birthday.

DD/RC Developmental Disabilities or a Related Condition

DEFRA Deficit Reduction Act of 1984 [Federal Public Law 98-369]

DES Department of Economic Security

DHHS U.S. Department of Health and Human Services

DHHSD Deaf and Hard of Hearing Services Division

DHS Department of Human Services

DME Durable medical equipment

DMIE Demonstration to Maintain Independence and Employment

DOB Date of Birth

DOC Department of Corrections, also Difficulty of Care

DOER Department of Employee Relations

DOF Department of Finance

DOS Date of Service - The date on which health care services were provided to the covered person.

DPA Data Practices Act

DPPD Demonstration Project for People with Disabilities

DPR Drug Price Review

DHS Common Acronyms & Abbreviations

DPW Department of Public Welfare - the name of the department prior to DHS.

DRA Deficit Reduction Act

DRG Diagnosis-Related Group - Classification of procedures used to sort hospital patients by discharge diagnosis into categories that are medically similar and have approximately equivalent lengths of stay. DRGs are used by MA and GAMC.

DSD Disability Services Division

DSM-III-R Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition-Revised - American Psychiatric Association's official manual of mental disorders. Manual contains glossary of descriptions of the diagnostic categories.

DT & H Day Training and Habilitation

DUR Drug Utilization Review

Dx Diagnosis

E

EA Emergency Assistance

EAP Employee Assistance Program - Services designed to assist employees, their family members and employers in finding solutions for workplace and personal problems.

EBD Emotional and Behavioral Disorders

EBP Evidence Based Practices - Evidence-Based Practices are effective mental health interventions that are grounded in consistent research evidence. The research is sufficiently specific to permit the assessment of the quality of the practices rendered as well as the outcomes. A core set of interventions has been identified to help persons attain better outcomes in terms of symptoms, functional status, and quality of life. Controlled research on these interventions suggests specific benefits in the areas of relapse and re-hospitalization, housing stability, competitive employment, social functioning, psychotic symptoms, and substance use disorders.

EBT Electronic Benefit Transfer

ED Elderly/Disabled

ED Emergency Department

EDI Electronic Data Interchange

EDMS Electronic Document Management System

DHS Common Acronyms & Abbreviations

EDP Equipment Distribution Program

EDP ElderlyCare Development Partnership - The most recent phase of the program that began as the Seniors Agenda for Independent Living (SAIL) is known as ElderCare Development Partnership. It includes five projects covering 37 counties. These partnerships design and implement local programs consistent with statewide strategies launched by the Long-Term Care Task Force.

EFT Electronic Fund Transfer

EGA Emergency General Assistance

EIC Earned Income Credit - A federal tax credit given to low-income people.

EIS Executive Information System - DHS data warehouse

EIS Eligibility Information System - The Centers for Medicare and Medicaid Services' (formerly the HCFA) term for the system used to determine Medicaid eligibility.

E-MA Emergency Medical Assistance

EMCSS Eastern Minnesota Community Support Services

E-GAMC Emergency General Assistance Medical Care

EMR Electronic Medical Record

EMS Emergency Medical Services

EMSOCS Eastern Minnesota State Operated Services, now known as MSOCS, Minnesota State Operated Community Services

EOMB Explanation of Medical Benefits

EPD Employed Persons with Disabilities - MA option for people with disabilities who are employed.

EPSDT Early and Periodic Screening, Diagnosis and Treatment – A federal program offering screening by medical, dental and other health care experts for possible physical, mental health or developmental problems manifested in an infant or young child enrolled in Medical Assistance or MinnesotaCare. Treatment is aimed toward preventing, correcting or ameliorating conditions if found. EPSDT is also known in Minnesota as Child and Teen Checkups or the Child and Teen Checkups Program (see C&TC).

EQRO External Quality Review Organization

ER Emergency Room

DHS Common Acronyms & Abbreviations

ES Employment Services

ESI Employer Subsidized Insurance

ESM Employment Services Manual

EW Elderly Waiver program - DHS operates the EW program under a federal waiver to Minnesota's Medicaid State Plan. The program funds home and community based services for people 65 and older who require the level of medical care provided in a nursing home but choose to reside in the community.

EVS DHS' system to verify enrollees' coverage and eligibility dates under the health care programs.

EZ/EC Empowerment Zone/Enterprise Community (a social service block grant)

F

FAMIS Family Assistance Management Information System (generic term for public assistance eligibility systems, such as MAXIS)

FAR Family Assessment Response

FCSS Family Community Support Services - a rehabilitation program

FBD Federal Benefit Disregard

FBR Federal benefit rate which equals the SSI payment rate.

FDA Food and Drug Administration

FFP Federal Financial Participation - Federal monies, matched by state and local monies, which are used to provide for maintenance service needs of eligible individuals. For example, federal monies available through Title XX of the Social Service Act to be used in payment for social services.

FFRTC Fergus Falls Regional Treatment Center

FFS Fee For Service

FFY Federal Fiscal Year - Oct. 1 through Sept. 30. Federal funding is appropriated based on these dates.

FICA Social Security Withholding Tax

FIDM Financial Institution Data Match

DHS Common Acronyms & Abbreviations

FLSA Fair Labor Standards Act

FMD Financial Management Division – now Financial Operations Division

FMLA Family and Medical Leave Act

FNS Food and Nutrition Service - Government unit that works with federally funded nutrition programs. Chief functions are to authorize retailers to accept food support (formerly food stamps), provide Federal Quality Control by monitoring State Quality Control and to oversee the WIC (Women, Infants and Children) nutrition program.

FOD Financial Operations Division

FPF For Profit

FPG Federal Poverty Guidelines

FPL Federal Poverty Level

FQHC Federally Qualified Health Center

FSET Food Stamp Employment Training

FSG Family Support Grant

FSJS Food Stamps Job Search

FTE Full Time Equivalent

FTP File transfer protocol — Software is used to prepare files so that they are properly formatted for FTP process and the same software sends the files from one dedicated address to another.

FY Fiscal Year

G

GA General Assistance - State program that provides financial assistance to eligible people who are unable to provide for themselves and dependents. Individuals must meet established criteria of eligibility.

GAD General Anxiety Disorder

DHS Common Acronyms & Abbreviations

GA-EA General Assistance-Emergency Assistance (also known as EGA) - Monies provided to eligible persons in crisis situations which receiving EGA will resolve, provided that the individual is unable to resolve the crisis situation on their own without EGA and that the situation will result in severe hardship for the individual if not resolved. Must be a bonafide emergency.

GAMC General Assistance Medical Care - State-funded health care coverage program for individuals who are either General Assistance recipients or who do not meet the categorical requirements of medical assistance whose financial situation prevents them from affording necessary health care. Typically these are adults under age 65 who are not disabled and are not caring for children.

GAO General Accounting Office

GFA Grant Funding Announcement

GP General Practitioner

GRH Group Residential Housing - GRH is a state-funded income supplement program that pays for room and board costs for low-income persons who have been placed in a licensed or registered setting with which a county human service agency has negotiated a monthly rate.

H

HBMH Home Based Mental Health - a mental health rehabilitation program.

HCAF Health Care Access Fund

HCAPP Health care programs application for MA, GAMC and MinnesotaCare.

HCBS Home and Community-Based Services

HCBW Home and Community Based Medicaid Waivers - Waivers to regular medical assistance program that are authorized by state law and approved by the Centers for Medicare and Medicaid Services (formerly the federal Health Care Financing Administration (HCFA)), which allows reimbursement of services not usually covered by Medical Assistance (MA), but will help an individual get the services they need in the community and keep them out of an institution. Includes day program, habilitation services, supported employment program, respite care, SILS and adaptive equipment. This program can serve a limited number of individuals.

HCEA Health Care Eligibility and Access

HCFA Health Care Financing Administration - The former name for the federal umbrella agency for the Medicaid and Medicare programs, an agency of the U.S. Department of Health and Human Services. It has been renamed the Centers for Medicare and Medicaid Services (CMS).

HCO Health Care Operations

DHS Common Acronyms & Abbreviations

HCS Health Care Systems

HCPCS HCFA Common Procedure Coding System

HCPD Health Care Purchasing and Delivery Systems

HEDIS Health Plan Employer Data Information Set. A standardized set of performance measures used to assess the performance of health plans in several areas, including access to care and quality of care. It is sponsored, supported and maintained by the National Committee for Quality Assurance (NCQA).

HIV/AIDS Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

HHA Home Health Aide

HHA Home Health Agency - A facility or program licensed, certified or otherwise authorized pursuant to state and federal laws to provide health care services in the home.

HHF Health Insurance Information Form (Benefit Recovery)

HHS U.S. Department of Health and Human Services

HIO Health Insuring Organization - An entity that pays for medical services provided to recipients in exchange for a premium or subscription charges paid by the agency and assumes an underwriting risk.

HIPAA Health Insurance Portability and Accountability Act

HMO Health Maintenance Organization - An organization that provides an agreed-upon set of basic and supplemental health maintenance and treatment services to an enrolled group of persons within a particular geographic area. The HMO is reimbursed for those services through a predetermined, fixed periodic prepayment made by or on behalf of each person or family unit enrolled in the HMO without regard to the amounts of actual services provided.

HOH/HH Hard of Hearing

HR Human Resources

HRF Household Report Form

HRSA Health Resources and Services Administration. HRSA is a component of the US Department of Health and Human Services

DHS Common Acronyms & Abbreviations

HSAC Health Services Advisory Council - An advisory group composed of providers and a consumer representative that advises the department on evidence-based health care benefit and coverage policy for the state's public health care programs. HSAC's membership includes medical directors from the health plans that the department contracts with, and DHS' Medical Director serves as a non-voting member of the Council.

HSMM Health Services and Medical Management Division

I

IADL Instrumental Activities of Daily Living

ICD International Classification of Diseases - A recognized manual of diagnoses and diseases.

ICF Intermediate Care Facility - Term is obsolete. Formerly used to identify a facility certified by the state Department of Health to provide, on a regular basis, health-related services to individuals who do not require hospital or skilled nursing facility care, but whose mental or physical condition required above the level of room and board.

ICF/DD Intermediate care facility for persons who are developmentally disabled - Facility certified by the state Department of Health to provide health or rehabilitative services for individuals who are developmentally disabled or have related conditions who require active treatment.

ICPC Interstate Compact on Placement of Children

ICU Intensive Care Unit

ICWA Indian Child Welfare Act

IDA Individual Development Account

IDEA Individuals with Disabilities Education Act

IDT Interdisciplinary Team

IEIBTS Intensive Early Intervention Behavior Treatment Services

IEP Individual Education Plan

IEVS Income and eligibility verification system - a set of data exchanges with other state and federal sources that is used to verify income and assets of MA applicants and enrollees.

IHP Individual Habilitation Plan - A detailed plan developed by the county case manager for a person receiving services for developmental disabilities or a related condition, which lists short-term objectives and long-term goals and the methods for achieving the objectives.

DHS Common Acronyms & Abbreviations

IHS Indian Health Services

IIP Individual Interagency Intervention Plan

ILS Independent Living Service

IMCare Itasca Medical Care

IMD Institution for Mental Diseases - Classification under Medical Assistance (MA) that denotes a hospital, nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases.

IMU Income Maintenance Unit workers

INS Immigration and Naturalization Services - Agency of the U.S. Department of Justice, which enforces federal laws on the entry of noncitizens to the United States and determines who can stay in the country legally.

IOC Issuance Operation Center

IOM Institute Of Medicine

ILS Independent Living Service

IPP Individual Program Plan - A detailed plan developed by a county case manager for a person receiving services for developmental disabilities or a related condition. This is developed prior to the Individual Habilitation Plan and includes assessments, diagnosis, needed services, and annual and long-term goals for the client.

IRB Institutional Review Board

IRS Internal Revenue Service

IRTS Intensive Residential Treatment Services-Facilities with up to 16 beds that provide short-term, intensive 24/7 mental health treatment.

IS Information System

I-SATS Inventory of Substance Abuse Treatment Services

ISP Individual Service Plan

IT Information Technology

DHS Common Acronyms & Abbreviations

ITS Information and Technology Strategies Division

ITP Individual Treatment Plan - A written plan of intervention, treatment and services for a person with mental illness. It is developed by a service provider under the clinical supervision of a mental health professional on the basis of a diagnostic assessment.

IV-A Temporary Assistance to Needy Families (TANF) Title of the Social Security Act

IV-D Child Support Title of the Social Security Act

IV-E Foster Care Title of the Social Security Act

IVR Integrated Voice Response

J

JCAHO Joint Commission on Accreditation of Healthcare Organization

JOB Joint Powers Board

JSD Joint System Development (Children & Family Services)

JTPA Job Training Partnership Act

L

LACs Local Advisory Council

LAN Local Area Network

LCC Local Coordinating Council

LCP Licensed Clinical Psychologist

LCSW Licensed Clinical Social Worker

LCTS Local collaborative time study is a federal funding source for family service collaboratives and Children's Mental Health Collaboratives. Time studies statistically measure the percentage of time spent on local activities that help children and families.

LEP Limited English Proficiency

LEPPD Limited English Proficiency Programs Division

LL Legislative liaison

DHS Common Acronyms & Abbreviations

LOC Level of Care

LOC Letter of credit

LOS Length Of Stay

LPN Licensed Practical Nurse

LPR Lawful Permanent Resident - an immigrant legally admitted to the United States under the U.S. Immigration and Nationality Act on a permanent basis.

LSS Lutheran Social Services

LSW Licensed Social Worker

LTC Long Term Care - Medical and social services and supports needed by individuals who, through age or infirmity, need assistance to remain independent.

LTCC Long Term Care Consultation

LTR Lawful Temporary Resident

M

MA Medical Assistance (also known as Medicaid or Title XIX of the Social Security Act)

MA-ED Medical Assistance - Elderly Disabled

MA-FC Medical Assistance for Families and Children.

MACMH Minnesota Association for Children's Mental Health

MACMHP Minnesota Association of Community Mental Health Programs

MACSSA Minnesota Association of County Social Service Administrators - formerly referred to as County Directors Association.

MAHA Minnesota Association of Homes for the Aged

MA-EPD Medical Assistance for Employed Persons with Disabilities

MA-FC Medical Assistance for Families and Children

DHS Common Acronyms & Abbreviations

MA-ID Medical Assistance-Identification Card - ID card mailed by the Department of Human Services to an eligible individual to show health care providers that the individual is a Medical Assistance recipient and to provide billing information to the providers.

MAMHRF Minnesota Association of Mental Health Residential Facilities

MAPS Minnesota Accounting and Procurement Systems — MAPS is the statewide government accounting system used to budget and account for all state revenues and expenditures.

MARN Minnesota Adoption Resource Network maintains the State Adoption Exchange, an electronic database that helps match children and prospective adoptive parents. MARN also produces Minnesota's Waiting Children, a publication that lists children who are available for adoption.

MAXIS A master computer system that determines public assistance to Minnesota Family Investment Program, Medical Assistance, General Assistance, food support (formerly Food Stamps), Minnesota Supplemental Aid, eligibility and issues payments for cash and food assistance programs. Originating from the Department of Human Services, this is a statewide system. Not an acronym, but derived from Minnesota ACCESS (ACCESS is the SD system from which MAXIS evolved.).

MBA Minnesota Board of Aging - Established by state statute, composed of 25 governor-appointed members to administer and establish policy relating to the Older Americans Act.

MC Managed Care

MCAMHA Minnesota Comprehensive Adult Mental Health Act [Minnesota Statute 245.461 - 245.486.]

MCCA Medicare Catastrophic Coverage Act of 1988 [Federal Public Law 100-360.]

MCCMHA Minnesota Comprehensive Children's Mental Health Act [Minnesota Statute 245.487 - 245.4888.]

MCDHH Minnesota Commission serving Deaf and Hard of Hearing people

MCHA Minnesota Comprehensive Health Association - A state-operated insurance program for people who otherwise are unable to obtain insurance.

MCHSN Minnesota Children with Special Health Needs

MCO Managed Care Organization

MCT Minnesota Chippewa Tribe

MD Medical Doctor

DHS Common Acronyms & Abbreviations

MDEA Medical/Dental Expense Account

MDH Minnesota Department of Health

MDRC Manpower Development Research Corp. is a nonprofit, nonpartisan research organization. The goal of the organization is to learn what works to improve the well-being of low-income people and therefore enhance the effectiveness of public policies and programs.

MDS Minimum Data Set

MEC² Minnesota Electronic Child Care System

MEED Minnesota Employment and Economic Development Act

METO Minnesota Extended Treatment Options

MFCU Minnesota Fraud Control Unit

MFIP Minnesota Family Investment Program - A program designed to simplify the structure and administration of the public assistance system in Minnesota. The focus is on using existing resources more effectively and efficiently and includes consolidating Temporary Assistance to Families (TANF), Family General Assistance (FGA), and food support (formerly known as food stamps) and to help promote recipients' transition to self-sufficiency.

MH Mental Health

MHA Mental Health Association (of Minnesota)

MHCP Minnesota Health Care Programs.

MHHA Minnesota Health & Housing Alliance (formerly MAHA) - A trade association of primarily nonprofit nursing homes and elderly housing providers.

MI Mentally Ill

MI & D Mentally Ill and dangerous

MMA Minnesota Medical Association

MMIS Medicaid Management Information System - Mechanized claims processing and information retrieval system used by the Medical Assistance program.

MNASAP Minnesota Adoption Support and Preservation provides post-adoption information and support to adoptive families, kinship families, adoption professionals and agencies.

DHS Common Acronyms & Abbreviations

MNCARE MinnesotaCare

MnDHO Minnesota Disability Health Options

MN-ITS Minnesota Information Transfer System

MnSIC Minnesota State Interagency Committee

MOE Maintenance of Effort

MOMA Maltreatment of Minors Act

MOU Memorandum of Understanding

MQC Medicaid Quality Control

MSA Minnesota Supplemental Aid - State program that provides financial assistance to elderly, disabled and blind recipients or Supplemental Security Income (SSI).

MSA Medical Savings Account

MSD Management Services Division

MSH Minnesota Security Hospital

MSHO Minnesota Senior Health Options - A DHS program that combines Medicare and Medicaid financing and acute and long-term care service delivery systems for persons over age 65 who are dually eligible for both Medicare and Medicaid. Formerly known as the Long Term Care Options Project.

MSOCS Minnesota State Operated Community Services

MSOP Minnesota Sex Offender Program, Moose Lake and St. Peter

MSP Mail Service Pharmacies

MSSA Minnesota Social Services Association

N

NACAC North American Council on Adoptable Children

NAMI National Alliance for the Mental Ill

NASADAD National Association of State Alcohol and Drug Abuse Directors

DHS Common Acronyms & Abbreviations

NASUA National Association for State Units on Aging

NB New Born

NC Non-Covered

NCCAN National Center on Child Abuse and Neglect

NCHS National Institute of Justice

NDC National Drug Code - A national classification system for identification of drugs. Similar to the Universal Product Code (UPC)

NF Nursing Facility - An institution, certified by the state Department of Health to provide skilled nursing care.

NFRPD Nursing Facility Rates and Policy Division

NPF Non Profit

NIAAA National Institute on Alcohol Abuse and Alcoholism

NICHD National Institute for Child Health and Human Development

NIDA National Institute on Drug Abuse

NIH National Institutes of Health

NIJ National Institute of Justice

NIMH National Institute of Mental Health

NOA Notice of Action

NOAA Notice of Agency/Adverse Action

NP Nurse Practitioner

NPI National Provider Identifier

NSAF National Survey of America's Families

N-SSATS National Survey of Substance Abuse Treatment Services

DHS Common Acronyms & Abbreviations

O

OAH Office of Administrative Hearings

OAS Office of Applied Studies

OASDI Old age, Survivors and Disability Insurance (Social Security or RSDI.)

OBRA Omnibus Budget Reconciliation Act of 1981 [Federal Laws: OBRA 1987 (Public Law 100-203), OBRA 1989 (Public Law 101-239), and OBRA 1990 (Public Law 101-5080) and OBRA 1993 (Public Law 103-66).]

OCSE Office of Child Support Enforcement - starts at the federal level, operation on the state, county and local level, seeks to enforce payment of delinquent child support payments from the noncustodial parent.

OEP Open Enrollment Period

OIG Office of Inspector General

OJT On the job training

OLA Office of Legislative Auditor

OMB Office of Management and Budget - Federal agency of the Executive Office of the President's Office of Administration. Also stands for the Office of Management of Budget at DHS, which is part of the Finance and Management Operations administration.

ONDCP Office of National Drug Control Policy

OOA Out Of Area - Coverage for treatment obtained by a covered person outside the network service area

OOPs Out-Of-Pocket costs/expenses - The portion of payments for health services required to be paid by the enrollee, including copayments, coinsurance and deductibles.

OS Operating System

OSA Office of State Auditor

OSHA Occupational Safety and Health Administration

OT Occupational Therapy/Therapist

DHS Common Acronyms & Abbreviations

OTC Over The Counter

P

PA Prior Authorization - Method of authorizing Medical Assistance or General Assistance Medical Care coverage of certain restricted health care services. DHS administers PA system.

PA Physician's Assistant

PACE Program of All-inclusive Care of the Elderly

PAID Program Assessment and Integrity Division

PAS Preadmission Screening - Program that screens an individual before entering a nursing facility - screening outcome recommends nursing facility care or home care if applicable.

PASARR Preadmission Screening/Annual Resident Review

PASS Plan to achieve self-support

PBC Performance Based Contracting

PCA Personal Care Assistant

PCD Partnership for Child Development

PCN Primary Care Network - A group of primary care physicians who have joined together to share the risk of providing care to their patients who are covered by a given health plan

PCP Primary Care Physician - A physician whose practice is devoted primary to internal medicine, family/general practice and pediatrics

PCCM Primary Care Case Manager

PCP Person-Centered Planning - A process focusing on the person and what he or she wants for the future.

PCPO Personal Care Provider Organization

PCUR Primary Care Utilization Review

PDN Private Duty Nursing

PDP Prescription Drug Program

DHS Common Acronyms & Abbreviations

PERM Payment Error Rate Measurement

PGAMC Prepaid General Assistance Medical Care

PHP Prepaid Health Plan

PHN Public Health Nurse

PIP Practice/Physician Incentive Program

PMAP Prepaid Medical Assistance Program

PMUC Psychotropic Medication Monitoring Checklist - This checklist is part of the psychotropic online manual that the department has made available to licensed providers supporting persons with developmental disabilities or related conditions.

PME Person Months Eligible

PMI Person Master Index - a unique identification number that MAXIS assigns to each person

PMPM Per Member Per Month

PMPY Per Member Per Year

PMQI Performance Measurement & Quality Improvement

PMR Person Months Receiving

PO Purchase Order

POMS Program Operations Manual System -- Social Security Administration's policy manual for its programs including SSI.

POS Point of Sale or Point of Service

PPO Preferred Provider Organization - A program in which contracts are established with providers of medical care. Providers under such contracts are referred to as preferred providers

PPS Prospective Payment System -- Payment system in which the payments are not retroactively settled but are paid under a fixed fee schedule.

PRISM Minnesota's automated system for the establishment & enforcement of child support and medical support.

DHS Common Acronyms & Abbreviations

PRD Provider Relations Division

PRO Peer Review Organization - A circle review system in which professionals working in the field review the work performance of other professionals working in the field. Monitoring is done by peers, rather than the state.

PRWORA Personal Responsibility and Work Opportunity Reconciliation Act

PSD Purchasing & Service Delivery

PsyD Doctor of Psychology

PT Physical Therapy

PTE Pathways to Employment

Q

QA Quality Assurance

QC Quality Control - Federal and state system of monitoring accuracy of medical assistance and food support eligibility determination.

QI Qualified Individual - a person eligible for payment of all or part of the Medicare Part B payment by the MA program. The person does not have to be eligible for MA.

QI or CQI Quality Improvement or Continuous Quality Improvement - Service design that uses continuous feedback to improve effectiveness and/or efficiency.

QM Quality Management

QMB Qualified Medicare Beneficiary - An individual who is entitled to Medicare Part A, whose income is below 100 percent of the federal poverty guideline and whose assets are below two times the SSI asset limit. This is a medical assistance (MA) category of eligibility, which entitles the QMB to MA coverage of Medicare cost-sharing.

QDDP Qualified Developmental Disability Professional - A person qualified to work as an expert with persons with developmental disabilities or related conditions as defined in the Code of Federal Regulations: persons with a four-year college degree in an area related to developmental disabilities and who has a minimum of one year of experience working in that field.

QWD Qualified working Disabled adult - a person eligible for payment of Medicare Part A premium by the MA program. The person cannot receive MA or QMB benefits.

DHS Common Acronyms & Abbreviations

R

R&F Reports and Forecasts Division, part of the Finance and Management Operations administration

RCA Relative Custody Assistance - payment to assist relatives who are caring for related children under a court order issued under a Child in Need of Protection or Services petition.

RCA Refugee Cash Assistance - a program that provides financial help to refugees ineligible for both MFIP and SSI.

RFI Request for Information

RFP Request for Proposal - A formal notification that funds are available and invitation to service providers to submit grant proposals.

RFUJ Recipient Families United for Justice - St. Cloud and Central

RMA Refugee Medical Assistance - Medical Assistance available to persons newly arrived in the United States as refugees from another country.

RMS Random Moment Time Study

RN Registered Nurse

ROP Recognition of Parentage - a form that serves as acknowledgment of paternity.

RRP Refugee Resettlement Program - Program of cash, medical and support services provided as assistance to refugees under the Refugee Act.

RRS Regional Resource Specialist

RSC Regional Services Center for Deaf and Hard of Hearing People - Minnesota has eight Regional Service Centers in different areas of the state; all of which provide regional consultants, interpreters and telephone equipment distribution program staff.

RSDI Retirement, Survivors, Disability Insurance - Social Security entitlement under Title II of the Social Security Act.

RSS Regional Services Specialist - An expert in the area of developmental disabilities, who authorizes home and community-based services under the case managers in-service provision, and acts as a liaison between the county and the state in a given area of the state.

RTC Regional Treatment Center - A state-operated institutional facility providing 24-hour a day care and treatment for persons diagnosed as mentally ill or chemically dependent. Formerly known as state hospitals.

DHS Common Acronyms & Abbreviations

Rule 1 Licensure of family foster care and group family foster care.

Rule 2 Licensure of family child care facilities.

Rule 3 Licensure of child care centers.

Rule 4 Licensure of private agencies that provide foster care and adoption services.

Rule 5 Licensure of residential treatment programs for children with severe emotional disturbance and shelter services.

Rule 6 Maternity shelters

Rule 8 Licensure of group homes for children.

Rule 9 Day care and residential programs licensing fees. See Minnesota Statutes and Rules, [Chapter 245A.10](#)

Rule 12 Sets standards for grant applications, approval of applications, allocation of grants and maintenance of service and financial records. The grants are for residential services for adult mentally ill persons.

Rule 13 Licensing functions of county and private agencies related to family child care, adult foster care and child foster care.

Rule 15 Standards for family community support services for children with severe emotional disturbance and their families

Rule 16 Use of electroconvulsive therapy and referrals for psychosurgery for persons residing in state facilities.

Rule 17 This rule does not exist anymore. See Minnesota Statutes and Rules, [Chapter 245A](#)

Rule 18 This rule does not exist anymore. See Minnesota Statutes and Rules, [Chapter 245B](#)

Rule 20 Grants for providing semi-independent living services for persons with developmental disabilities

Rule 24 Rules to govern implementation of the chemical dependency consolidated treatment fund

Rule 25 Establishes criteria for the appropriate level of chemical dependency care for public assistance recipients

Rule 26 Licensure of the Minnesota Sexual Psychopathic Personality Treatment Center

DHS Common Acronyms & Abbreviations

Rule 27 Determining reimbursement for cost of care of patients in state facilities.

Rule 28 Community mental health services

Rule 29 Standards for mental health centers and clinics for insurance reimbursement.

Rule 30 Training and habilitation reimbursement procedures for ICFs/MR

Rule 32 Licensure of detoxification programs

Rule 34 This rule does not exist anymore. See Minnesota Statutes and Rules, [Chapter 245B](#)

Rule 35 Licensure of residential chemical dependency rehabilitation programs.

Rule 36 Licensing of residential facilities for adults with mental illness.

Rule 38 This rule does not exist anymore. See Minnesota Statutes and Rules, [Chapter 245B](#)

Rule 40 Use of aversive and deprivation procedures in facilities serving persons with developmental disabilities or related conditions.

Rule 41 Funding and administration of home and community-based services

Rule 42 This rule does not exist anymore. See Minnesota Statutes and Rules, [Chapter 245B](#)

Rule 43 Licensure of outpatient chemical dependency treatment programs.

Rule 45 Medical care surcharge

Rule 47 Medical Assistance eligibility policy and provider services.

Rule 48 Hospital admission certification

Rule 50 Payment rate determination.

Rule 53 Determination of payment rates for intermediate care facilities for persons with developmental disabilities.

Rule 54 MA and GAMC Payments to Hospitals for Inpatient Services

Rule 55 General Assistance (GA)

Rule 56 Commissioner's Consent to Lump Sum Paternity Suit Settlements

DHS Common Acronyms & Abbreviations

Rule 61 Child and Teen Checkups -- formerly Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Rule 62 Prepaid Medical Assistance Project

Rule 64 Surveillance and Integrity Review System

Rule 68 Conditions for MA and GAMC reimbursement

Rule 70 Community alternatives for chronically ill individuals under age 65

Rule 71 Community alternatives for disabled individuals under age 65

Rule 74 Determining statewide Medical Assistance hourly payment amount for case management services for persons with serious and persistent mental illness and children with severe emotional disturbance.

Rule 78 Grants for community-based mental health services for children with severe emotional disturbance and their families and adults with serious and persistent mental illness.

Rule 79 Mental health case management services

Rule 80 Licensure of residential facilities and services for the physically handicapped.

Rule 82 Compulsive gambling assessments for certain offenders.

Rule 100 Administration of MinnesotaCare

Rule 101 Provider participation in public assistance programs

Rule 160 Administration of community social services

Rule 161 Interstate placement of children for foster care or adoption.

Rule 162 Parental fees for children in 24-hour out-of-home care

Rule 163 Title IV-E funding allocation

Rule 171 Children under state guardianship in need of protection or services.

Rule 175 Public guardianship for adults with developmental disabilities

Rule 185 Case management services to persons with developmental disabilities or related conditions

DHS Common Acronyms & Abbreviations

Rule 186 Special needs rate exception for very dependent persons with special needs

Rule 195 Senior companion program

Rule 200 Adoption

Rule 203/51 Administration of adult foster care services and licensure of adult foster homes.

Rule 204 Foster care for children.

Rule 205 State goal for number of children in foster care

Rule 206 Homemaking services

Rule 207 Protective services for children

Rule 221 Protective services to vulnerable adults.

Rule 222 Services to mothers and pregnant women.

Rule 223 Licensure of adult day care programs.

Rules 490-841 Merit System

RUM Refugee Unaccompanied Minor - A person under 18 years old who entered the United States in refugee status unaccompanied by a parent and not destined to be with an adult. The program contracts with Lutheran Social Services and Catholic Charities and provides funding to counties to provide social services to refugee unaccompanied minors.

RWJ Robert Wood Johnson Foundation

S

SAIL Seniors' Agenda for Independent Living – See EDP.

SAMHSA Substance Abuse and Mental Health Services Administration

SA-PSNF Statewide average payment rate for nursing facilities. Used in computing a MA penalty period for uncompensated transfers of assets.

SAVE Systematic Alien Verification Entitlements

SCC State Coordinating Council

DHS Common Acronyms & Abbreviations

SCCARA Area Recipient Alliance

SCHIP State Children's Health Insurance Program. Allows states to establish a state-designed program, to expand their Medicaid program, or to use a combination of these approaches to provide health insurance to low-income children.

SD Standard Deviation

SDA Service Delivery Areas

SDXS/SDXI State Data Exchange reports - a monthly IEVS tape exchange between social security administration and SH. It includes information on the SSI grant and income and asset information SSA uses to compute the grant.

SE Standard Error

SED Serious Emotional Disturbance

SELF Support for emancipation and living functionally is a program to help older adolescents in substitute care transition to independent living.

SEMA4 The payroll, human resources and benefits system developed and supported by the departments of Finance and Employee Relations.

SEP Supported Employment Program - A program to assist a developmentally disabled (DD) person to keep a job with support from a program that includes a job coach, social workers and staff knowledgeable in working with individuals with DD.

SES SocioEconomic Status

SFY State Fiscal Year

SGA Substantial Gainful Activity - Term used by the SSI program to mean work activity that involves significant physical or mental activities done for pay or profit.

SHCN Special health care need

SILS Semi-Independent Living Services - A residential program for developmentally disabled adults in which they can live semi-independently, such as in an apartment with a roommate, with follow-along services to help the client live as "normal" a life as possible.

SIRS Surveillance & Integrity Review Section

SIS Special Income Standard

DHS Common Acronyms & Abbreviations

SLMB Specified Low-Income Medicare Beneficiary – SLMBs are Medicare beneficiaries with resources like qualified Medicare beneficiaries, yet with incomes that are higher – but still less than 120 percent of the federal poverty level. For SLMBs, the Medicaid program only pays the Supplementary medical Insurance (SMI) premiums.

SMC Systems Management Center

SMRT State Medical Review Team - determines disability status using Social Security Administration criteria.

SMHAC State Mental Health Advisory Council - Established by state statute (M.S. 245.697); composed of 30 members appointed by the governor to advise the governor, the Legislature and the Department of Human Services on policies, programs and services to persons with mental illness.

SMI Supplemental Medical Insurance. Part B of the Medicare program.

SMI/CAP Shared Master Index and Common Access Protocols

SMT Senior Management Team

SNAP Supplemental Nutrition Assistance Program

SNF Skilled Nursing Facility - Facility certified by the state Department of Health to provide on a daily, inpatient v\basis health-related services as defined by Medicare.

SNO Shelter Needy Option

SNSA Supplemental Nursing Services Agency

SNV Skilled Nursing Visit

SOBRA Second Omnibus Reconciliation Act of 1986

SOCS State Operated Community Services - Community ICFs/MR facilities with fewer than six beds that are operated by the Department of Human Services.

SOS State Operated Services

SOSS State Operated Services Support

SPA State Plan Amendment

SPMI Serious and Persistent Mental Illness

DHS Common Acronyms & Abbreviations

SPRTC St. Peter Regional Treatment Center

SRU A unit of staff within the Benefit Recovery Section with collections as its primary responsibility.

SSA Social Security Administration, also Social Security Act

SSI Supplemental Security Income - Federal program that provides a monthly grant to qualified aged, blind and disabled individuals under Title XVI of the Social Security Act to help pay their living expenses.

SSIS Social Service Information System - a statewide electronic record system.

SSO Second Surgical Opinion

SSTS Social Services Time Study - A federally approved method of allocating social service costs of administering Title IV-E and Medical Assistance.

ST Speech Therapist

SURS Survey and Utilization Reviews (now SIRS, Surveillance and Integrity Review)

SW Social Worker

T

TACIP Telephone Access for Communicating with Hearing Impaired Persons

TANF Temporary Assistance for Needy Families (A federal block grant to states that replaced AFDC, implemented in Minnesota as MFIP)

TAP Telephone Assistance Plan

TBI Traumatic Brain Injury

TDD Telephone Device for the Deaf

TEDS Treatment Episode Data Set

TEFRA Tax Equity and Fiscal Responsibility Act of 1962 - Federal Public Law 97-248. This term is also commonly used to describe the optional medical assistance (MA) category of eligibility enacted under TEFRA Subs. 134 for disabled children who require a level of care of an institutional setting and who, if they lived in an institution, would be MA eligible but for whom care at home is less expensive for the MA program.

TES Transition to Economic Stability

DHS Common Acronyms & Abbreviations

TIP Food Stamp Targeted Intervention Project

TITLE I OAA (Old Age Assistance)

TITLE III Older Americans Act - Funds for community services for older people: congregate dining, home-delivered meals, etc.

TITLE IV-A Section of the Social Security Act that provides block grants to states for Temporary Assistance for Needy Families (Implemented in Minnesota as the Minnesota Family Investment Program)

TITLE IV-B Section of Social Security Act that provides funding and standards for establishing, extending and strengthening child welfare services.

TITLE IV-D Child Support Enforcement

TITLE IV-E Part of the Social Security Act that funds the Foster Care Eligibility Reimbursement Program

TITLE V Maternal and Child Health - Services to Children with Handicaps Section of the Social Security Act of 1939, which provides for maintaining, promoting, planning and evaluating maternal and child health. Provides health care services to low-income women and children.

TITLE X Aid to the Blind

TITLE XI Demonstration Grants - Section of the Social Security Act used to fund demonstration projects to prove the feasibility of a social service program or service before it is fully funded.

TITLE XVI SSI (Supplemental Security Income) - the federal cash program for aged, blind and disabled persons.

TITLE XVIII Medicare

TITLE XIX Medicaid

TITLE XX Federal Social Services Program

TITLE XXI CHIP

TPL Third Party Liability

TPP Third Party Processor

TPR Termination of Parental Rights - Any action resulting in the termination of the parent-child relationship under Minnesota Statutes, section 260.221.

DHS Common Acronyms & Abbreviations

TQM Total Quality Management

TRICARE Military Health Plan. Formerly CHAMPUS/CHAMPVA

TSFC Therapeutic Support for Foster Care - a rehabilitation program.

TSL Technical Service Liaison

TSS Transition Support Systems

TTY Teletypewriter for the Deaf

U

UBEN Reemployment Insurance Data

UCARE Minnesota UCARE

UCR Usual, Customary and Reasonable - Health care providers' charge to the general public for a service.

UCR Uniform Crime Reports

UFDS Uniform Facility Data Set

UIFSA Uniform Interstate Family Support Act

UM Utilization Management - A process of integrating review and case management of services in a cooperative effort with other parties, including patients, employers, providers and payors.

UR Utilization Review - A formal assessment of the medical necessity, efficiency and/or appropriateness of health care services and treatment plans on a prospective, concurrent or retrospective basis.

URAC Utilization Review Accreditation Commissioner

USDA United States Department of Agriculture

USP United States Pharmacopoeia

V

VA Veterans Administration or Vulnerable Adult

VAA Vulnerable Adult Act

DHS Common Acronyms & Abbreviations

W

WEF Waiver Eligibility File - Computerized case information file that maintains information on eligibility for home and community based services.

WHO World Health Organization

WIC Women, Infants and Children Program - Supplemental food program for nutritionally at-risk pregnant or nursing women, infants and children to age 6.

WIS Welfare Information System - Computerized case information file which maintains eligibility information for the various public assistance programs.

WRTC Willmar Regional Treatment Center

WUV Netherlands' act - WUV is a Dutch acronym for payments the Dutch government makes under the Netherlands' Act on benefits for victims of persecution 1940-1945.

Y

YTD Year to Date