



Candice L Broce

DHS Commissioner and DFCS Director

Fiscal & Administration 2022 Fiscal Summit

Presented By:

**Renita Jeffries, Sr Director of Accounting &
Delivered Services**

Cathy Phillips, RBWO Manager

Karen Hardy, Field Fiscal Services Unit Manager

What will we learn today?

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- Pre-Bill Submission, Provider Responsibilities, and Items reimbursed on Pre-Bills
 - Clothing Allowances
 - Contracts and Rate Schedules/Annexes
 - Waiver Letters
 - Respite Care
 - Bed Holds
 - Concurrent Care
 - Payment Processing
 - Standard Operating Procedures for Outstanding payments
 - Items that may be reimbursed by the child's county of custody
 - Items that are Not billable



What will we learn today?

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- Miscellaneous DFCS Policies
 - Q&A



Pre-Bills

- All RBWO providers must download their pre-bills on the SMILE website: <https://smileonline.us/smile/wa/r/AppLogin>. You must be registered on the SMILE website, by vendor, to download the pre-bills using your SMILE vendor number(s). Your SMILE vendor number is located on the bottom left side of the Pre-Bill above your Provider's Name. If you have a problem registering or downloading the document, please call SMILE at 1-800-553-5911.
- NOTE: Each site has it's own independent Vendor ID#. You have to open each site with it's own Vendor ID# to obtain your pre-bill.
- The Pre-Bill is your first step in being reimbursed.

Pre-Bills (cont.)

- The Pre-Bills are released into the SMILE Web Portal on the last day of the month and are accessible to the providers on the first day of the following month.
- They are no longer mailed to the vendors, so you must retrieve them from the SMILE Web Portal.

NOTE: Please do not email your pre-bills to your payment center. They will not be worked until the originals are received in the mail.

- There is a column on the pre bills that the waiver expiration date must be entered. This should help alert the provider when to apply for another waiver.

Provider's Responsibilities

- Verify all children on your roster matches the pre-bill. Verify placement dates for the prior month and that the information for these children are correct (name, per diem, # of days, waiver amount, sibling incentive).
 - **Please note: Any inconsistencies should be discussed and communicated to the DFCS Case Manager who will need to ensure proper correction and/or entries are completed in GA SHINES.**
- Add any new children admitted to the agency or RESPITE placements using the **New Admit form.** For RESPITE, please remember to attach a copy of the email between the case manager and provider approving respite.

NOTE: Please remember that if you move a child around between your foster homes and/or agencies, you must notify the case manager to update SHINES and submit them on the appropriate pre-bill. DFCS must always know the exact location of our children.

Providers Responsibilities (cont.)

- Any other miscellaneous charges (clothing, medical) you must submit the original receipts. **Miscellaneous charges are to be submitted on the pre-bill along with all other current month's expenditures.**
- Provider's are required to mail Pre-bills back to their assigned payment center by the **10th day of the month** with total owed. Included with the pre-bills should be the new admit forms, and if applicable a copy of any waivers for your new admits or any changes for your current children, and the receipts for any miscellaneous charges. **No Faxes, Scans or Emails will be accepted.**

Items Reimbursed On Pre-Bill

The following items are listed on the pre-bill for payment:

Per Diem

- **Regular**
- **Respite**

Sibling Incentive (\$3.44 per day per child each month for sibling group of 3 or more placed together in the same foster home)

ADM/WVR Cost (i.e. Foster Care/Parent Supplement) - requires signed RBWO Program Designation Waiver Letter issued by CCTU

Per Diem

The following items are listed on the pre-bill for payment:

Per Diem

- **Regular**

Payment Centers have been notifying us that providers are sending in their invoices marked as BASE for Per Diem, knowing they have requested a Waiver. Then, when the waiver is obtained, they are back billing. Please do not do this. If you and the case manager have agreed to a higher rate, we need you to complete the pre-bill appropriately. **In the notes section, please state that you are waiting on a WAIVER for the child.** This will allow us to aid you in getting the waivers completed faster and paid correctly.

Back Billing is causing our staff to have to touch the same child, for the same month, multiple times which effects our productivity.

Items Reimbursed On Pre-Bill (cont.)

Other

- **Clothing** (Initial and annual clothing allowance amounts)
- **Car Seat** (Maximum reimbursement of up to \$200.00 per child up to age 8)
- **Medical** (must be prescription drugs, not over the counter)
- **Supplemental Supervision** (No Waiver is required for the first two weeks while CAPS is being approved)

NOTE: If supplemental supervision goes beyond two weeks, then a State waiver along with the day care receipts will be required and the payment will be made directly to the vendor

- **Safety Helmets** (\$30 per child)

NOTE: Original receipts must be attached for clothing, car seats, medical, supplemental supervision and safety helmets. Providers should retain copies of all receipts submitted in case they are lost in the mail.

Clothing Allowances

Initial and Annual clothing allowances are available to all youth placed with a Child Placement Agency (CPA) or Child Caring Institution (CCI).

Clothing receipts are to be submitted on the pre-bill each month when incurred. Clothing receipts should not be held for several months before they are submitted.

Per RBWO Minimum Standards, 11.33, to be reimbursed for clothing it must be submitted within 90 days. The 90 days starts on the first day following the month the purchases were incurred.

Clothing Allowance (cont.)

Initial Clothing – all new children entering a foster care placement or returning after a break in DFCS custody are entitled to initial clothing.

- Initial clothing must be utilized within the first 6 months of placement (increments or at one time).
- \$311 for children birth through age 12 and \$415 for children 13 and over.

Annual Clothing

- All children are eligible for annual clothing and can be spent in increments or at one time.
- Cannot be utilized in the same calendar year a child enters care.
- \$690 for all age children effective July 1, 2022

NOTE: Reimbursement is based on date-to-date not based on the month they entered care. Example: child entered care on 5/15/20, then initial clothing would be from 5/15/20 to 11/14/20.

RBWO Clothing (continued)

In order to be reimbursed, please follow these procedures.

- Original receipts must be attached to the Pre-bill for the month the charges are incurred for reimbursement. Please include the following information on these receipts:
 - child's name,
 - the CCI or CPA and Subcontractor's name, the names must be legible
- Name of store and date purchased must be visible on all receipts
- Receipts need to identify the articles of clothing purchased
- Separate receipts for each child are preferred. If separate receipts are not provided, please do not use high-lighters as they tend to make the amounts fade and it is hard to review the receipt.
- Federal regulations do not allow DFCS to directly pay a retail vendor for clothing
- DFCS county directors do have the authority to grant an additional initial clothing entitlement for children in "dire need" of additional clothing. However, the need must be documented. Providers must obtain approval **prior to incurring the cost**. This is entered as a waiver amount. Waiver must be attached to the pre-bill.

Clothing Entitlements

Examples for All Agencies:

<u>Child Enters Foster Care</u>	<u>Initial Entitlement</u>	<u>Annual Entitlement</u>	<u>County Funds</u>
March 2018	March 18-August 18	Jan 19-June 19 & July 19 –June 20	*If available
December 2018	December 18-May 19	Jan 19-June 19 & July 19 –June 20	*If available
January 2019	January 19-June 19	Jan 20-June 20 & July 20-June 21	*If available
October 2019	October 19-March 20	Jan 20-June 20 & July 20-June 21	*If available

*County Directors or their Designee must approve an additional Initial Clothing Allowance and authorize county funds prior to the provider incurring any expense for clothing reimbursement. This would be considered a waiver.

*** Parental Custody Children are not entitled to clothing allowance

*** Initial clothing dates are counted by the date not the calendar month.

*** Annual clothing entitlements are based on the fiscal year July 1 to June 30.

***County clothing is NOT paid through the RBWO Pre-Bill system. These charges must be listed on a foster care invoice and sent to the appropriate legal county of custody for reimbursement.

DIVISION OF FAMILY & CHILDREN SERVICES

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY AND CHILDREN SERVICES
ATTN: SHERRY FONTAINE PHONE: 229-931-6893
1601 NORTH MLK JR. BLVD
SUITE 110
AMERICUS, GA 31719

10/01/2019
07:57:27
1

Prebill

PRE-BILL - September 2019

SMID #	Child Name Person ID	UAS	Days	Per Diam	SubTotal	Sibling	ADM/WVR Cost	Other	Total	Wvr Exp	Note
357974	21028846	610	30	68.21	2,046.30	0.00	1,062.00	0.00	3108.30	10/01/2019	
405753	21472532	611	30	70.20	2,106.00	0.00	1,005.00	139.37	3250.37	03/01/2020	clothing
405754	21472530	611	30	70.20	2,106.00	0.00	1,005.00	86.60	3197.60	10/01/2019	clothing
186604	9424679	610	30	72.59	2,177.70	0.00	936.00	0.00	3113.70	08/01/2020	
406503	21553670	611	30	68.21	2,046.30	0.00	1,062.00	0.00	3108.30	08/01/2019	
317773	20557442	610	30	70.20	2,106.00	0.00	1,005.00	0.00	3111.00	11/01/2019	
									3113.70		
									22,002.97		

Vendor #: 4574 Resource ID:
ELKS AIDMORE, INC
105 PENTZ ST

16864862 Agency Type : N

DALTON, GA 30720
770-483-3535

>>> DATE OF DISCHARGE (DOD) equals last night in facility. <<<

DIVISION OF FAMILY & CHILDREN SERVICES

Signature
Page
of
Prebill

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY AND CHILDREN SERVICES
ATTN: SHERRY FONTAINE PHONE: 229-931-6893
1601 NORTH MLK JR. BLVD
SUITE 110
AMERICUS, GA 31719

10/01/2019
07:57:27
2

PRE-BILL - September 2019

SMID #	Child Name Person ID	UAS	Days	Per Diam	SubTotal	Sibling	ADM/WVR Cost	Other	Total	Wvr Exp	Note
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Total Pre-Bill 22002.97

Total New Admits 0

Total Amount 22002.97

Are there any children in a MAAC Placement removed? _____

I, the undersigned, certify that the information reported above is accurate and complete.

Signature

Date

(Print Name)

Contact Number

ARE THERE ANY CHILDREN IN A MAAC PLACEMENT? _____

OTHER (CLOTHING, MEDICAL, SUPPLEMENTAL SUPERVISION)

NOTE: PLEASE ATTACH ALL CLOTHING, MEDICAL AND
SUPPLEMENTAL SUPERVISION ORIGINAL RECEIPTS.

		GEORGIA DEPARTMENT OF HUMAN RESOURCES						
		Division of Family and Children Services - RBWO						
		(Payment Center Address)						
		(Payment Center Address)						
Service Month:								
<u>New Admissions Form</u>								
Provider Name _____								
Site Location or Program Name _____								
Street Address (payment) _____								
City/State/Zip Code _____								
Name of Child (last name, first name & MI): _____	# <u>Days</u>	Per <u>Diem</u>	<u>Subtotal</u>	<u>Other*</u>	(less) <u>Parental Payment</u>	<u>Total Payment</u>	<u>Comments</u>	CPA Administrative <u>Cost</u>
Admit Date	0	\$0.00	\$0.00			\$0.00		
SSN	-							
DOB	-							
Gender	-							
Medicaid #	-							
County Name	-							
Custody Holder	-							
Diagnostic Code	-							
Name of Child (last name, first name & MI): _____	0	\$0.00	\$0.00			\$0.00		
Admit Date	-							
SSN	-							
DOB	-							
Gender	-							
Medicaid #	-							
County Name	-							
Custody Holder	-							
Diagnostic Code	-							
I, the undersigned, certify that the information reported above is accurate and complete.								
_____ Signature			_____ Date		_____ Phone #			
Notes: You must attach copies of the RBWO Memo, Parental Agreements, and a current Medicaid Card.								
*Other = Pre-approved clothing, Waiver for Supplemental Supervision for children Placed with CPA, and Medical expenses not covered by Medicaid. Remember to attach receipts								

Contracts and Rate Schedules/Annexes

- Provider rates are set and monitored by the DFCS Fiscal and Administration Unit. Current rates are based on the state approved RBWO rate structure.
- A Rate Schedule is included in the providers RBWO Contract for each DFCS fiscal year.
- Each rate schedule has the mailing address, site location, Vendor ID number, SRID number, phone number, effective date, program designation, program rate amount, and capacity (applicable to only CCI rate schedules)

Please Note: Per the Scope of Services section in the provider contracts: To accept children only within their approved program designations on their Rate Schedule, Annex titled Payment Provisions, and contractual capacity. The contractor further agrees that all per diems will be paid in accordance with contracted program designations and associated per diems. The contractor further agrees to ensure that per diem payments to foster parents match the amount indicated on the Rate Schedule.

Waiver Letters

- Individual Waiver Letters for youth may be approved on an individual basis by the Care Coordination Treatment Unit (CCTU) through the Universal Application Process for youth that meet specific needs which require a supplement that is above the standard state per diem rates. For more information on the Application Process please see Appendix D of the RBWO minimum standards
- DFCS Case Managers should work with providers if there appears to be a need to obtain a waiver letter. The DFCS case manager will submit the Universal Application Form to the Care Coordination Treatment Unit within the first 30 days of the child entering placement.
- Waivers should not be used as the source document for paying standard per diem rate or for paying standard rates to foster parents.

Waiver Letters Continued

- DFCS case managers are responsible for entering RBWO Waiver information into GA Shines, and uploading the letter into the External Documents section of GA Shines.
- Providers can access the GA Shines vendor portal to check if the youth's Waiver Letter has been updated correctly into GA Shines.
- In addition to giving Waiver Letters directly to the payment center staff for payment processing; Providers must also give the Waiver Letters to the DFCS case manager to ensure that the letter is entered and uploaded into GA Shines.

Waiver needed to pay above base rate (Contracted)

Please Note:
effective on 2/1/15
means the payment
is paid on that date,
end date on 2/1/16
means it has ended
and there is no
payment made.

MEMORANDUM

TO: Taylor Swift, Director
Fulton County DFCS

FROM: Alicia Keys, Monitoring Specialist
Office of Provider Management

DATE: Janaury 20, 2015

RE: RBWO Program Designation Waiver for
Justin Bieber- DOB: September 23, 1994



The program designation request for Justin Bieber has been approved. The approved designation is Maximum Watchful Oversight (MWO). This approval is based on Justin being diagnosed with Attention Deficit Hyperactivity Disorder, Depressive Disorder NOS, and Borderline Intellectual Functioning. The following potentially related concerns were reported: defiance, poor hygiene, stealing from the community, public masturbation, and physical aggression. Justin has an IEP.

This approval is effective from February 1, 2015 through February 1, 2016. Please note that DFCS Social Services Policy 1003.15 requires that an application for Supplemental Security Income (SSI) be made in a timely manner for eligible children. Therefore, an SSI application must be submitted prior to renewal of this waiver if one has not already been submitted.

The approved daily CCI rate is based on the terms of the agency's RBWO contract. The approved daily CPA rate is \$91.83. The breakdown of this rate is as follows: \$41.27 Agency + \$19.36 Foster Parent + \$31.20 Foster Parent Supplement = \$91.83. Please ensure that the required Payment of Care information is entered and that a copy of this waiver is uploaded into GA SHINES.

The approved provider list is available through GA SHINES and on the GA+SCORE website at www.gascore.com. If you have any questions or need further assistance, contact Stephanie Jackson, OPM Waiver Specialist, at stjackson@dhr.state.ga.us or (404) 232-1282.

cc: Sade Lyons, Case Manager, Bibb County DFCS
Stevie Wonder, Supervisor, Bibb County DFCS
Lionel Richie, lrchie@thebestplacement.org
Stephanie Jackson, Waiver Specialist, OPM

Respite Care

- Respite placements must be approved by the child's legal county's DFCS Case Manager with an email or memo (stating the home where the child is placed and dates). The case manager will enter this information into GA SHINES. Please attach this email or memo to your pre-bill when submitted for processing.
- Respite for family foster care providers is designed to provide the caregiver a needed break from parenting for the purposes of vacation, hospitalization or any other reason that they would be unable to care for the child in their home. Only children in approved DFCS and RBWO CPA contracted foster homes are eligible for this service.
- Respite care is paid at the youth's current per diem rate, plus any applicable waiver amount, up to ten (10) days per foster home, per fiscal year. We do not pay ADMIN FEE on respite.
- The respite days may be taken individually or consecutively in a fiscal year. Respite care providers must meet DFCS established standards.

Bed Holds

- Per Diem payments may be paid to a youth's provider (RBWO) during the youth's absence of up to 10 days in a calendar month. This provision requires the absence of the youth to be planned and purposeful for the following 3 reasons only: hospitalization, runaway, or incarceration status.
- If a bed is held for more than 10 days in a calendar month, it must be approved by the county director in writing .
- Bed holds in excess over 10 days in a calendar month must be paid from County Funds. The provider will need to complete a foster care invoice, attaching the approval email from the county director, and mail it to the child's legal county for processing.

Concurrent Care

- For Concurrent Placements: Per Diem payments may be paid to a youth's provider (RBWO) during the youth's absence of up to 10 days in a calendar month. This provision requires the absence of the youth to be planned and purposeful for the following reasons: when visiting with a parent/relative; visits to another facility for possible moves or evaluations and foster parents are attending required training that involves overnight stays.
- Concurrent placements must be approved by the legal county's DFCS Case Manager with an email or memo (stating the home where the child is placed and dates). The case manager will enter the information into GA SHINES. Please attach this memo to your pre-bill when submitted for processing.
- If a youth is away at college and is still in DFCS custody; then a concurrent placement must be entered and approved by the DFCS Case Manager each time the child visits the CCI/CPA placement. A new ADMIT Form will be required when billing for these children.
- Per diem payments will only be made to the provider caring for the child.

Payment Processing

When our payment centers receive a Provider's Pre-Bills, and they are ready to begin processing the payments, they complete the following steps:

Please note that provider invoice packages are worked in the order they are received, therefore, please do not expect that the staff can work your invoices the same day they arrive.

Day 1- Verify all information is correct in SHINES so the invoice will process and not reject (Payment of Care, Placement, Eligibility, Legal, Citizenship, Waiver uploaded, etc..). If there are any discrepancies between the SHINES system versus the Pre-Bill, they email the case manager, the case manager's supervisor and our Data Integrity Specialist to assist us with getting SHINES updated so the invoices can be processed.

Payment Processing

If the prebills match the SHINES generated invoices, then the payment center can validate the invoice and add any additional items onto the SHINES invoice such as clothing, medical, etc..

Day 2 – The SHINES system will validate the invoices overnight and if no issues are identified the invoices will roll into the Supervisor's QUEUE to review/approve.

If the invoices reject, the payment center staff are responsible for working with the case manager to get the issues resolved.

Payment Processing

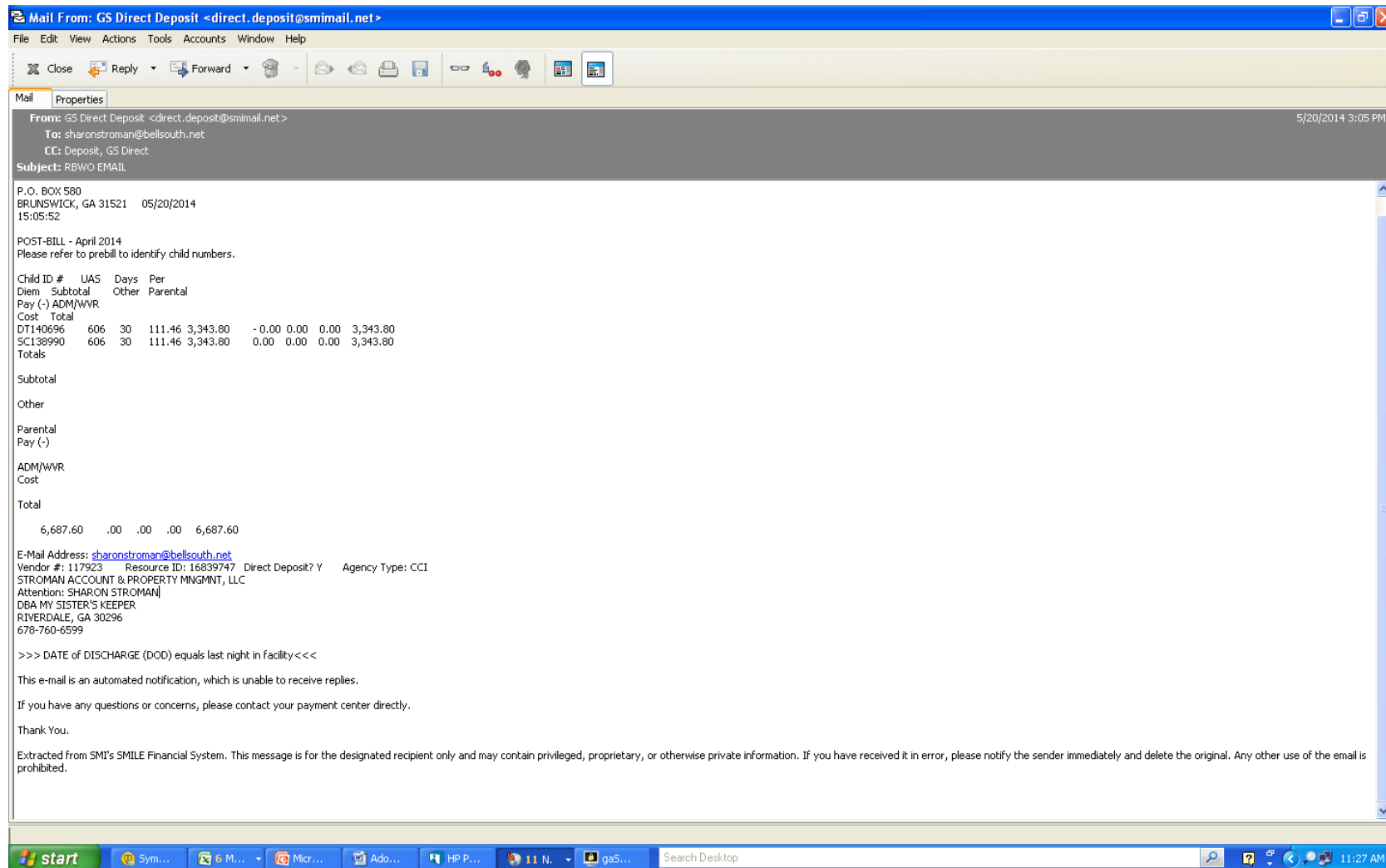
Day 3 – Invoices will interface from SHINES to SMILE (accounting system) to be processed for payment either via Direct Deposit (3 days) or Paper Check

Day 4 – SMILE (accounting system) pulls the money from the state's bank account and begins the process of routing the funds to the provider's account

Day 5 – Providers will receive their Direct Deposit email notification from direct.deposit@smimail.net per Vendor ID Number. If your email address changes, please notify Cathy Phillips.

Day 6 – Funds should post to the provider's account and providers can pull their post bill from the SMILE Web Portal for reconciling

Email for Direct Deposit



DIVISION OF FAMILY & CHILDREN SERVICES

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY AND CHILDREN SERVICES
PO BOX 747
BLAKELY, GA 39823

Page 1
05/15/2017
11:17:12

Example of
SMI
Website
Backup for
payments

POST-BILL

SMID #	Child Name	Serv Mnth	Days	Per Diem	SubTotal	Other	Sib Incent	ADM/WVR Cost	Total	Wvr Exp	Check #
296903		Feb '17	0	0.00	0.00	13.93	0.00	0.00	13.93		108990
296903		Mar '17	0	0.00	0.00	193.69	0.00	0.00	193.69		108990
277184		Jan '17	0	0.00	0.00	200.37	0.00	0.00	200.37		108990
310231		Jan '17	31	0.00	0.00	84.40	0.00	0.00	84.40		108990
310233		Jan '17	31	0.00	0.00	96.28	0.00	0.00	96.28		108990
310233		Feb '17	0	0.00	0.00	122.87	0.00	0.00	122.87		108990
277233		Jan '17	0	0.00	0.00	149.62	0.00	0.00	149.62		108990
274941		Mar '17	31	47.60	1,475.60	0.00	0.00	0.00	1,475.60		108990
246579		Feb '17	0	0.00	0.00	173.10	0.00	0.00	173.10		108990
234008		Jan '17	1	0.00	0.00	50.76	0.00	0.00	50.76		108990
255300		Aug '16	3	0.00	0.00	45.81	0.00	0.00	45.81		108990
255301		Aug '16	3	0.00	0.00	109.95	0.00	0.00	109.95		108990

	Subtotal	Other	Sibling Incentive	ADM/WVR Cost	Total	Page
Totals	1,475.60	1,240.78	0.00	0.00	2,716.38	1

Total Checks Paid 2,716.38
Total Payments Pending -

Vendor #: 35448 Resource ID: 8507357 Direct Deposit? Y Agency Type: P

Standard Operating Procedures for Outstanding Payments

- If all the information from the pre-bill is correct, the Payment Centers will process the invoice within 5 (five) business days of receipt.
- If payment for a specific child **has not been received in 30 days after the billing month** the provider must contact the DFCS Case Manager via email. If they do not receive a response within 24-48 hours, they should escalate the request to the case managers Supervisor or Field Program Specialist (FPS).
- If payment for a specific child **has not been received in 45 days after the billing month** the provider must contact the County Director via email of the child's legal county.
- If payment for a specific child **has not been received in 60 days after the billing month** the provider must contact Regional Director and District Director via email who is over the child's legal county.

PLEASE NOTE: Payment Centers can not process any placement for payment that has not been entered and/or approved in the GA SHINES system. Therefore, you should not reach out to them first about outstanding payments. Please follow the SOP procedures above.

Standard Operating Procedures for Outstanding Payments continued

- If payment for a specific child has not been received after 30 days of the billing month the provider must then fill out the mandatory RBWO Outstanding Payment Report and remit it via email to Cathy Phillips and Karen Hardy who will review and forward them to the payment center as appropriate. When submitting this report via email, please remember to always encrypt the files.
- Please do not alter this report.

RBWO OUTSTANDING PAYMENT REPORT

Vendor's Name:

Resource ID #:

Please remit this report in EXCEL format (Secured) back to Cathy Phillips, and Karen Hardy

Child Name	Person ID#	Beginning Dates (if not full month)	Ending Dates (if not full month)	Total Per Diem Rate per Day, copy of current waiver should be attached	Total Per Diem Amount Outstanding	Total Sibling Incentive Outstanding	Total Respite Care Outstanding	Name of Respite/Concurrent Provider	Other Miscellaneous Outstanding	Other Miscellaneous Amount Outstanding	Total Amount Outstanding	Payment Center Comments
									Clothing, Car Seat, Safety Helmet, Medical (receipts must be attached). If you already sent them, please send us copies			
Sally Fields	11223344	9/2/2020	9/18/2020	\$ 58.36	\$ 933.76	\$ 55.04			Clothing	\$ 122.05	\$ 1,110.85	
Sally Fields	11223344	7/1/2020	7/31/2020						Medical	\$ 56.95	\$ 56.95	
Sally Fields	11223344	8/1/2020	8/6/2020				\$136.30	Mary Poppins			\$ 136.30	

Items that may be reimbursed by the child's legal county

Items listed below are submitted to the legal county by the provider for reimbursement on a Foster Care Invoice Form 526 (*not on the pre-bill*)

Safety Enrichment \$500 maximum per child per DFCS fiscal year

- Requires DFCS Case Manager approval
- Promotes the well-being of children in foster care by providing them with extra-curricular activities that are available through a licensed community center, licensed childcare center, licensed family day care center, or programs through the Red Cross, YMCA, Girls and Boys Club, schools, colleges, churches, etc..
- Examples include: Summer camps and Sports camps, Swimming, gymnastics, karate or other sports related lessons, Music, dance, art lessons

Items that may be reimbursed by the child's legal county (continued)

Miscellaneous expenses

Some counties may pay for the following expenses, but are on a case-by-case basis and may require prior approval before being billed to the legal county on a foster care invoice

- Clothing not qualified to be initial or annual
- Haircuts
- Allowances
- School supplies or activities
- State ID – 18-year-old
- Property Destruction approved on case-by-case basis
- Diapers, Wipes, Formula
- Bed holds for over 10 days in a given month

BOARDING COUNTY RULE

If a child is placed in a county other than their legal county, then **the boarding county's foster care policies are to be adhered to**. The legal county has the financial responsibility to pay these expenditures.

For example, a Fulton County youth who's foster home is in Paulding County; all reimbursable expenditures will follow the county guidelines of Paulding County, but the funds will be paid by Fulton County.

County Foster Care Invoice

DUE TO COUNTY DFCS OFFICE BY THE 20TH OF EACH MONTH							
Georgia Department of Human Resources DFCS FOSTER CARE INVOICE							
1. <input type="checkbox"/> Foster Home <input type="checkbox"/> Institution <input type="checkbox"/> Emerg. Shelter <input type="checkbox"/> Respite <input type="checkbox"/> Other		2. CASEWORKER NAME: _____					
		3. CHILD'S NAME : _____				AGE: _____	
		4. UAS PROGRAM CODE(S) (CASEWORKER USE ONLY) _____					
5. _____		County DFCS					
6. _____		Foster Home Address City State Zip					
7. EXPENDITURES DESCRIPTION (PLEASE ATTACH ORIGINAL RECEIPTS)							
a. PER DIEM		FROM _____ TO _____ Inclusive		AMOUNT		FUND SOURCE (CASEWORKER USE ONLY)	
b. CLOTHING		FOR _____ DAYS @ \$ _____ PER DAY					
c. SUPPLEMENTAL SUPERVISION							
d. MEDICAL							
e. INCIDENTALS (List)							
f. OTHER EXPENSES (List)							
g. Less: Revenue, Copay, Insurance							
8. GRAND TOTAL: \$ _____							
I hereby certify that the above services have been rendered by me, and that payment, in whole or in part, has not been received from any source.							
9. Contractor SIGNATURE _____				DATE _____			
I hereby certify that this invoice has been checked and is approved for payment.							
10. DFCS APPROVING AUTHORITY SIGNATURE _____				DATE _____			
ITEMS 11-14 DFCS USE ONLY 11. VENDOR # _____ 12. CHILD'S # _____							
13. EXPENDITURES	CODE	STATE	CODE	COUNTY	CODE	RESTRICTED	TOTAL
a. Per Diem - Regular							
b. Per Diem - Special							
c. AIDS Approved Per Diem							
d. State App. Per Diem Waviers							
e. Initial Clothing							
f. Annual Clothing							
g. Clothing (County/R.F.)							
h. Supplemental Supervision							
i. Child Restraint Devices							
j. Medical Needs							
k. Incidentals							
l. Written Waiver Item							
m. Other							
14. TOTALS:							

Form 526 (Rev. 11-03) Original - Accounting Copy - Case Record Copy - Contractor (if desired)

Items that are Not billable

Items listed below are non billable items on either the pre-bill or Foster Care Invoice and are incurred costs by the CCI or CPA agency.

- Foster Home Renovations/Accommodations (i.e. generators, access ramps)
- Live Scan Fingerprinting for staff
- Live scan for anyone living in the home over 18 years old
- Bathroom accommodations (i.e. widening door, expanding shower, wheelchair accessible, medical necessary accommodations)

Miscellaneous DFCS Policies

Head in the bed rule is:

“We only pay the placement where the child sleeps for the entire night.”

No county expenses are paid from RBWO those must be sent to the legal county on the foster care invoice to be reimbursed. These should be approved by the county before expensed.

Expenses such as birth certificates and airline tickets through Travel, Inc will be paid from GIA on the regional accounting books.

Miscellaneous DFCS Policies (continued)

New waivers should be requested well in advance before the expiration of existing waivers as to not cause payment processing delays.

Funeral Cost are paid thru RBWO. The invoice from the vendor, W-9 and e-verify form are needed to pay.

Miscellaneous DFCS Policies (continued)

In the event that AmeriGroup does not pay for a child's medical appointments, equipment, etc., then the provider will need to contact the case manager. The case manager will be responsible for obtaining the AmeriGroup denial letter and submitting it to state management for consideration before a payment can be made.

Unusual Medical/Dental expenses above \$5000.00 must be approved by the Regional Director, such as braces, specialized medical equipment/beds, etc.. Individual invoices are required, we do not pay the vendor up front before services are rendered.

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Additional resources:
<http://ffs.dhs.ga.gov/ffs/index.php>
COSTAR fiscal services website

<https://smileonline.us/smile/wa/r/AppLogin>
SMI payment website