

FACES FINANCE GUIDE

A Summary of the District of Columbia's
FACES Financial System

CISA-FACES

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A Summary of the District of Columbia's FACES Financial System

INTRODUCTION

FACES is the District of Columbia's Statewide Automated Child Welfare Information System. The system was implemented in October 1999, and has been operational since that date. This document is in response to ACF's request regarding specific information about the FACES financial system. FACES provides full automated support for financial activities within its domain and generates all necessary reports and queries to support the District's centralized financial responsibilities with regards to child welfare. This document provides an overview and detailed information outlining the FACES financial system for rendering and paying for services in the system.

OVERVIEW

The financial component has been in operation since FACES was first implemented in October 1999. At a high level, the FACES financial module was inspired by the financial module implemented as part of the Massachusetts SACWIS (FamilyNet). Although development environments differ between these two systems, much of the underlying data model within the FACES financial module closely resembles that used for FamilyNet.

While inspired by FamilyNet, the FACES financial module is not a transfer of FamilyNet. Prior to initial implementation, FACES financial functionality was amended and extended to reflect the unique needs of the District. Additional enhancements and extensions to the financial module (in common with all other modules) have continued after the initial implementation in 1999. Some of these enhancements have included the following:

- Improving the systems ability to make Title IV-E foster care determinations;
- Adding functionality to make Title IV-E adoption determinations;
- Automation of the claiming calculations to support Targeted Case Management and Residential Rehabilitation; and
- The ability to partially write-off a receivable following receipt of cash from debt collection

In constructing the FACES financial module, CFSA took care to involve key members of CFSA fiscal management, representatives from the anticipated user community and financial experts from outside jurisdictions.

At a high level, the FACES financial module offers functionality to support the major child related financial transactions that take place within the Agency. This functionality falls into six broad categories:

Section 1: Contracts and Payment Rates

Section 2: Recognition of Services Rendered

Section 3: Accounts Payable

Section 4: Recognition of Underpayments and Overpayments

Section 5: Accounts Receivable and Recoupment

Section 6: Eligibility and Claiming

Appendix A: Sections 1 through 6 provide a detailed step by step process and walk through of each of the above Sections. Please refer to the Appendix while reading each section which will provide more information on how the FACES financial module is used in our day-to-day practice.

In the next section we discuss the functionality of Contracts and Rates Setting.

SECTION 1: CONTRACTS AND PAYMENT RATES

In order to support payment, FACES must record a unit rate for each service that will be delivered by a provider. In the District of Columbia, our provider community can be divided into two categories: non-contracted and contracted providers.

1.1 Recording Unit Rate for Non-Contracted Providers

Our non-contracted providers comprise adoptive parents in receipt of adoption subsidy, and foster and kinship parents who have been directly recruited by CFSA, rather than through a third party organization. For these two types of services, CFSA establishes standard daily rates for all providers based upon the age of the child and their levels based on clinical needs.

Please see Appendix A: Section 1.1 for screen shots and user instructions on entering non-contracted service rates

1.2 Recording Unit Rate for Contracted Providers

Our contracted provider group comprises all other providers with whom CFSA has negotiated a contract for provision of service – whether that service involves the placement of the child or not. The contracted rates for these services are negotiated on a provider by provider basis, and therefore may differ between providers offering similar services.

In addition to rate setting, we also establish a link between a provider's service and the physical location at which that service will be delivered. Establishing this relationship allows us to combine the contractual information relating to a provider, with the physical and licensed capacity of the provider at each facility in order to ensure that CFSA pays providers and places children appropriately.

Please see Appendix A: Section 1.2 for screen shots and user instructions on entering contracted service rates.

SECTION 2: RECOGNITION OF SERVICES RENDERED

Although not strictly part of the FACES financial module, it is important to describe how service delivery is recognized since it is this recognition that drives payment. Operationally, program staff members use FACES case management screens to document and recognize the delivery of both placement and non-placement services. Below we discuss how Placement Services are recognized in FACES.

2.1 Placement Services

The recognition of a placement service is a crucial activity within a SACWIS since it records the physical location of a child in our custody. Because this information is so vital, CFSA has taken steps to enhance the manner in which this information is gathered. There are two ways to capture placement information currently. Since the implementation of FACES, only one set of users (social workers) was responsible to capture placement information for children in our care. Placement information is critical to the business function and mission of this Agency. At all times, we must know the exact location of all children under our auspice, and we felt that we were lacking in capturing real time placement information and paying providers timely. The District extended the placement functionality to two additional groups via a web functionality to allow for the entry of real time information from the actual source. The web functionality, otherwise known as Placement Provider Web, allows the contracted placement providers and the CFSA placement unit to record critical, time-sensitive placement information, while the social worker still has the ability to record placement information in client-server. We believe that giving additional users the ability to record placement information enhances our ability to track and pay for services our children receive more effectively. Below we discuss the mechanism of recording placement information and the impact to the financial module.

In the present client-server FACES, the entry of a child into a placement is recorded by the social worker. The act of recording the placement in this way causes FACES to pay for that placement at the next scheduled accounts payable run.

A child's placements with a non-contracted provider will continue to be handled in the traditional manner – the placement is recorded by the social worker, FACES automatically recognizes the service delivery, and ultimately a payment record is created for interface to R-STARS (the District of Columbia's general ledger system).

Non-contracted providers currently do not have access to the Placement Provider Web and therefore they cannot initiate the entry of placement information. There is no technical reason why non-contracted providers, as a group, should not be given access in future however, CFSA believes that a more prudent approach to deployment of Placement Provider Web functionality should begin with the contracted providers. The Agency chose this approach for the following reasons:

- There are far fewer contracted providers than non-contracted providers. The introduction of any new technology inevitably requires an investment in supporting user groups new to that technology. CFSA preferred to initiate Placement Provider Web deployment with the

contracted providers because it feels better able to provide an appropriate level of post-implementation support to this smaller group.

- CFSA has more control (including contractual obligations) over the specifications of IT equipment used by the contracted agencies. This includes the specification of PC equipment and mandatory high-speed internet connections. The IT environment within non-contracted providers is significantly more diverse and therefore significantly harder to support.
- CFSA is unsure of the level of internet access within the non-contracted provider community. The agency preferred not to introduce functionality that may be interpreted as giving certain providers (those with internet access) any advantage in their dealings with CFSA.

Security for Placement Provider Web is handled through the CFSA information security officer in a manner similar to that employed to grant security to regular FACES users. Upon completion of training and the receipt of authorized forms, the CFSA security officer will issue a Placement Provider Web user ID. This user ID allows access to the secure Placement Provider web site. To preserve the confidentiality of data transmitted through the public internet, all such data is encrypted using industry standard Secure Socket Layer technology.

Although we are excited by the potential for improved data gathering through Placement Provider Web, we also recognize that such a system can only be effective if it is placed with a series of checks and balances to ensure that providers do not, in effect, generate their own payments. To address this concern, Placement Provider Web does not generate invoices for the payment of placements until the provider entered information has been verified by CFSA.

Please see Appendix A: Section 2.1.1 for screen shots and user instructions on entering Client-Server Placement Services. Please see Appendix A: Section 2.1.2 for screen shots and user instructions for web-enabled Placement Provider Web Services. Below we discuss Non-Placement Services, both Contracted and Non-Contracted.

2.2 Contracted Non-Placement Services

In addition to placement services, FACES also serves as the Agency's means for recording non-placement services provided to clients. In practice, the system is used to request and document the details of non-placement services delivered by both contracted and non-contracted providers and subsequently pay for them.

These services, such as mentoring, counseling, etc. are delivered at pre-set rates by agencies or individuals under contract with CFSA. These services are recognized when a social worker enters a request for service delivery through the Service Log module. The worker may enter the service request with a specific provider listed in FACES or create a referral to the Office of Clinical Practice.

The Office of Clinical Practice will then locate an appropriate provider. All service requests require a supervisory approval and many require the approval of a program manager. Once approved, the social worker then records the actual start date which triggers FACES to generate a draft invoice for the provider in the next scheduled accounts payable cycle.

Please see Appendix A: Section 2.2 for screen shots and user instructions on the Service Log.

2.3 Non-Contracted Services: Adoption and Guardianship Subsidies

Both Adoption and Guardianship subsidies are handled within FACES in a manner that closely resembles our process for non-contracted placement services. The subsidy payments can be handled this way for two reasons: first, the payments are typically owed for an entire month and, secondly, the adoptive or guardianship home is permanent for the child.

Although performed on different screens, the recognition of service provision for non-contracted, non-placement services is very similar to the process for recognition of service delivery for non-contracted placement services. The subsidy worker records the begin date for the adoption or guardianship subsidy. FACES then automatically generates payments for that service on a monthly basis and interfaces them with R-STARS. The interface to R-STARS is explained later in Section 3.4 Payment will continue in this vein until the social worker terminates the adoption or guardianship subsidy – or the child reaches eighteen years of age.

Please see Appendix A: Section 2.3.1 for screen shots and user instructions on establishing Adoption Subsidy. Please see Appendix A: Section 2.3.2 for screen shots and user instructions for Guardianship Subsidy.

In the next section we discuss the FACES Accounts Payable module.

SECTION 3: ACCOUNTS PAYABLE

Once service delivery has been recognized, the FACES automated payment process will pick up those service records and generate payments. Since our provider community is split between contracted and non-contracted providers, FACES operates separate automated payment processes to deal appropriately with each of these groups.

Below we discuss the FACES functionality to support Automatic Payments, Invoice Payments, and Demand Payments, and the interface with R-STARS.

3.1 Automatic Payments

The automatic payment is batch generated to non-contracted service providers (for both placement and non-placement type services). These providers are CFSA trained and monitored foster parents or kinship foster parents; adoption subsidy payments made to adoptive parents for whom CFSA has determined that an adoption subsidy payment is warranted; and guardianship subsidy payments made to guardianship parents for whom payment is warranted. These payments are interfaced to the District's general ledger system (R-STARS) for check creation.

3.2 Invoice Payments

The invoice payments process is used for providers/agencies that have a contract with the Agency to provide services, such as consortium agencies (i.e. Catholic Charities, Lutheran Social Services, etc.) who have a combination of foster homes, group homes, independent living programs or other treatment centers. On a monthly basis, the FACES Accounts Payable functionality generates a draft invoice that is printed and mailed by CFSA administrative staff to each provider detailing the children served within the prior month. This invoice is generated based upon information entered by social worker staff. Social workers attach clients to providers with related service lines, and enter the entry and exit dates for each service. Each invoice details the dates in which services were rendered for each client in the month, the rates of each service, and an aggregate of the total payment amount. The provider either verifies that the draft invoice is accurate, or makes amendments to the invoice, and is instructed to return a signed copy to CFSA within 14 days.

The FACES invoicing functionality stores two versions of all payment related information:

- The first version is that which was automatically calculated by FACES during the invoice generation process. This version holds the date that is sent to the provider as draft invoice.
- The second version is that which is ultimately received from the provider and approved by the Fiscal Office. Initially, this second version is set to hold the same data as the first - if the provider returns an invoice with no change, then the Fiscal Unit can simply approve the invoice for payment with no further data entry. If the invoice is returned from the provider with changes, the Fiscal Unit liaises with social work staff to confirm that these changes are acceptable before entering them into the second version and approving the invoice for

payment. In this way, FACES always has a record of the originally recorded invoice and the invoice that was ultimately paid.

If the provider does not return the invoice within 14 days, then no payment will be made until CFSA receives it. If we have received the signed invoice and any amendments have been resolved, then within 20 days CFSA fiscal personnel flags the FACES invoice as approved. An invoice approval is performed by selecting the Release button on the FACES screen. The act of Release stores ancillary information such as the date and time of approval and the person approving the invoice. FACES then interfaces a payment record to R-STARS.

Please see Appendix A: Section 3.2 for more information and user instructions on Invoice Payments.

3.3 Demand Payment

In addition to these regularly scheduled payments, FACES also supports functionality to request a one-time demand payment. There are two primary situations in which a demand payment might be required:

- CFSA wishes to pay a provider with whom the Agency has no prior relationship for services rendered on behalf of our client(s). This may be as a result of a court order. Any new provider that is to render services and receive payment must then be entered into FACES, which generates a provider ID that identifies them as the provider of the required service. This information is entered into FACES after a written agreement or contract between CFSA and the provider has been documented. Specifically, the worker requests a demand payment for the child for a specific provider, with a specific service, and a specified dollar amount.
- CFSA wishes to pay a known provider for activities or services that do not relate to an individual child. A common example of this type of payment is the financial assistance offered to a provider to enable wheelchair access to their facility. For these types of payment, the provider must also be registered within FACES with a generated provider ID assigned; however, there is no service association required for this type of non-client specific payment.

The use of demand payments is infrequent and declining as services are increasingly rendered within the scope of existing contracts. To prevent the unwarranted use of demand payments, multiple approvals must be requested and recorded at each required tier of supervisory and managerial approval in FACES before a demand payment is interfaced to R-STARS for check creation. Demand payments that are client specific, are linked to each client and each provider.

Please see Appendix A: Section 3.3 for more information and user instructions on Demand Payments.

3.4 R-STARS

The R-STARS is the District of Columbia's general ledger system. The R-STARS interface file is created automatically by FACES on a daily basis and transferred to R-STARS mainframe system through the District of Columbia WAN. As soon as FACES generates the interface file, all payments within that file are flagged as 'Interfaced' and time stamped. This status is reflected on the FACES financial screens and allows our fiscal staff to keep track of which payments are currently in the R-STARS/check generation process and cannot be changed.

The interface files that CFSA transmits to R-STARS are typically processed on the evening following their transmission. For each processed FACES payment record, R-STARS creates a check request record that is interfaced (along with all other check requests generated by District agencies) to the treasury system. Transmission to the treasury typically occurs on the second evening following transmission from FACES.

Once the treasury receives the check request records, a check will be created and mailed to the providers. This typically occurs within five days of receipt from R-STARS although there is no fixed schedule due to the treasury's efforts to manage the cash flow of the District. As soon as a check has been printed, an interface file is transmitted back to R-STARS that contains the check number and check creation date; this information cannot be changed. On the evening following receipt of the check information, R-STARS creates a file that contains this check information. This check information is interfaced and reflected in FACES.

Please see Appendix A: Section 3.4 for more information and user instructions.

In the next section we discuss how underpayments and overpayments are recognized in FACES.

SECTION 4: RECOGNITION OF UNDERPAYMENTS & OVERPAYMENTS (OVERVIEW)

The accounts payable process described above illustrates how FACES automatically handles paying for services in cases where the service delivery was recorded accurately and in a timely manner. FACES is also capable of handling situations where this does not occur.

There are two situations in which late entry or changes in data will cause FACES to recognize that an underpayment or overpayment situation has arisen:

- The start date or end date of a placement or service is entered after the FACES automated payment process has run;
- The start date or end date of a placement or service is changed after the FACES automated payment process has run

In both of these situations, FACES automatically recognizes that an underpayment or overpayment has occurred and takes the following action:

- Underpayment – FACES calculates the amount of the adjusting payment and immediately generates a new draft invoice for that amount. The new draft invoice for the underpayment then goes through the same verification and payment process as all new Invoice Payments (as discussed in the Accounts Payable section). Once the Agency receives the signed invoice from the provider and no amendments are required, the Fiscal Unit flags the invoice as approved in FACES before that adjusting payment is interfaced to the general ledger system, R-STARS, for check creation.
- Overpayment – FACES calculates the amount of the overpayment and generates an account receivable for that amount.

For more information, please see Appendix A: Section 4 for screen shots and user instructions.

It is important to note that both adjusting payments and accounts receivables are linked to the original payment record to which they relate. FACES creates this link for two important reasons:

- We can understand the true net cost of service provision, on a child by child basis, once all payments, adjustments and receivables are taken into consideration
- It may be necessary to make adjustments to federal claims if the accounts receivables and adjustments relate to claiming periods that have already been submitted for reimbursement

The process for dealing with Accounts Receivables, once they have been created, is discussed next. In the subsequent section we discuss the Recoupment functionality.

SECTION 5: ACCOUNTS RECEIVABLE AND RECOUPMENT

The Accounts Receivable module within FACES is tasked with managing the accounts receivable position of our vendors once the receivable records have been created. This falls into two broad processes:

- Flagging a provider as having an accounts receivable position, and
- Recouping money from subsequent payments.

5.1 Accounts Receivable

As soon as an account receivable is created by FACES, that provider is flagged as having a receivable position and is therefore subject to recoupment. However, FACES offers flexibility in the way that the receivable is recouped. For non-contracted providers, FACES automatically initiates a payment plan that recoups up to 1/12th of the total outstanding receivable amount every month. Contracted providers are expected to repay all of their receivables in the month following recognition of their receivable position.

In some instances, CFSA fiscal staff and a provider may negotiate a customized payment plan for recoupment. For both contracted and non-contracted providers, FACES allows the Fiscal Unit to enter a tailored payment plan on a provider by provider basis, so that the amount of recoupment can be precisely configured. Then as future payment invoices are generated for such providers, the system will automatically deduct the appropriate recoupment amount based upon the agreed plan.

Please see Appendix A: Section 5.1 for screen shots and user instructions on the Accounts Receivables functionality.

5.2 Recoupment

For both contracted and non-contracted providers, recoupment occurs immediately before a payment record is interfaced to R-STARS. The recoupment process will recover up to the amount of the payment plan.

Naturally, the automated recoupment process can only be effective for providers with whom CFSA has an ongoing financial relationship. For inactive providers, where this is not the case, CFSA fiscal staff will attempt to recover those monies by sending a letter to the providers. If unsuccessful the Agency will collect via a collection agency. There is functionality within FACES to allow fiscal staff to record any monies received in this way, intended to liquidate receivables. The decision to send letters or use collection agencies is made solely by fiscal staff with the assistance of FACES generated management reports that detail the aging of receivables.

If monies are recovered through the debt collection process then the fiscal staff enter the amount recovered into FACES to liquidate, or partially liquidate, the appropriate receivable. Ultimately, it may not be possible to completely recover the entire account receivable amount, in which case FACES provides fiscal staff the ability to write off a receivable either partially or in its entirety.

The decision to write off is made by fiscal personnel, outside of FACES, based upon District of Columbia guidelines.

Please see Appendix A: Section 5.2 for screen shots and user instructions.

In the next section we discuss the funding source prioritization for services provided to clients.

SECTION 6: ELIGIBILITY AND CLAIMING

FACES has a payment stamping component, which calculates all claims to agency funding sources for services paid for by CFSA. The payment stamping process is an automated mechanism that allocates all FACES client related expenditures to the most appropriate source(s) of funds. Payment stamping presently allocates costs among the following funding sources: IV-E foster care, IV-E adoption, IV-D, SSI, SSBG and local CFSA funds.

The payment stamping process runs on a quarterly basis and considers payments made during the previous quarter, and the lapsing quarter. To perform this cost allocation, payment stamping considers each payment made for each child during the period in question. For each of those payments, payment stamping considers the following additional factors:

- The eligibility of the child. Certain funding sources, such as Title IV-E is contingent upon an eligibility determination. Unless the child passes the eligibility test, no funds can be claimed.
- The eligibility of the service. Certain funding sources can only be used to fund certain types of service.
- Availability of funds. Some funding sources are capped (e.g. SSBG). Once a funding source has been exhausted, no further costs are allocated to that funding source.
- The circumstances of the provider. For example, Title IV-E foster care requires that only payments to licensed foster homes can be claimed.
- Matching criteria. For example, IV-E funding must be matched at 50% from CFSA funds.
- The funding source priority as defined by CFSA

The funding source priority is a matrix, developed by CFSA revenue maximization personnel, stored within FACES that defines, for each service, the order in which different funding sources should be used. From a general perspective, funds are typically used in the following order:

1. Funds that are restricted to a single child, such as IV-D or SSI
2. Funds that are uncapped, but have an eligibility requirement, such as IV-E
3. Funds that have no eligibility requirement, but are capped
4. Local CFSA funds

Given all of the above parameters, Payment Stamping automatically allocates each cost to one or more of our funding sources. This process covers all payments that are generated by FACES.

It is important to note that payment stamping automatically deals with payments that have subsequently had accounts receivables or adjustments attached to them. For accounts receivable, payment stamping will allocate the entire accounts receivable amount to CFSA funds – if the accounts receivable is recognized after a claim has been submitted then, at the lapsing quarter, payment stamping will automatically re-allocate funding so that federal claiming is reduced by the amount of the accounts receivable.

For adjustments, payment stamping will produce a cost allocation in line with the cost allocation that was generated for the original payment.

In order to support the claiming process, FACES produces a number of management reports that contain all of the data necessary to submit a federal claim. These reports are used by our revenue maximization unit to complete the claiming documentation. This is the only manual process.

Please see Appendix A: Section 6 for screen shots and user instructions on the Payment Stamping functionality.

For the Actual Claim

The payment stamping process is an automated mechanism that allocates all FACES client related expenditures to the most appropriate source(s) of funds. The payment stamping process runs on a quarterly basis and considers payments made during the previous quarter and the lapsing quarter. At the end of every quarter, part of our payment stamping process is to pay stamp the receivables created during that quarter. For example, this process automatically calculates any IV-E (foster care and adoption subsidy) amount that should be refunded to the Federal Government. FACES generates a management report from this process that details each individual receivable, the funding changes that have occurred as a result of that receivable and the total funding change according to each funding source. The CFSA Revenue Maximization Manager then submits the actual claims or claim adjustments to the Feds. The only manual process is the process of completing the forms for the Agency's claim or adjustment.

APPENDIX A: FACES Finance Guide

This document is designed as a screen-by-screen walkthrough of various financial procedures in the FACES application. of view.

The following procedures will be covered in this document:

SECTION 1: CONTRACTS AND RATE SETTING

- 1.1 Recording the Unit rate for Non-Contracted Providers
- 1.2 Recording the Unit Rate for a Contracted Provider

SECTION 2: RECOGNITION OF SERVICES RENDERED

- 2.1.1 Placement Services: Entering a Paid Placement Service in Client-Server FACES
- 2.1.2 Placement Services: Entering a Paid Placement Service in Placement Provider Web
- 2.2 Contracted Non-Placement Services: Making a Service Log Entry
- 2.3 Adoption and Guardianship Subsidy: Recording Adoption Subsidy Information
 - 2.3.1 Adoption Subsidy: Recording Adoption Subsidy Information
 - 2.3.2 Guardianship Subsidy: Recording Guardianship Subsidy Information

SECTION 3: ACCOUNTS PAYABLE

- 3.1 Automatic Payments
- 3.2 Invoice Payments
- 3.3 Demand Payments
- 3.4 R-STARS

SECTION 4: RECOGNITION OF UNDERPAYMENTS AND OVERPAYMENTS

SECTION 5: ACCOUNTS RECIEVABLE AND RECOUPMENT

- 5.1 Accounts Receivable (Entering a Payment Plan)
- 5.2 Viewing Recoupment History
- 5.3 Writing off Funds Receivable

SECTION 6: ELIGIBILITY AND CLAIMING

SECTION 1: CONTRACTS AND PAYMENT RATES

In order to support payment, FACES must record a unit rate for each service that can be delivered by a provider. In the District of Columbia, our provider community can be divided into two categories: non-contracted and contracted providers.

Below we discuss the steps for recording the rates of service for Non-Contracted Providers (Section 1.1) and Contracted Providers (Section 1.2)

1.1 Recording the unit rate for non-contracted providers

The rate screens are a grouping of screens that are used to capture information about service rates, add on rates and the respective linking of the two types of rates for the non-contracted providers of the Agency (i.e., foster and adoptive families). These screens also record the linking between the Agency's programs for clients and the services that a client may receive under each program.

When the **Rates** toolbar button is selected from the **Fin Admin** (Financial Administration) toolbar, the following path will appear.

Steps include:

Step 1: Click the **Fin Admin -> Rates -> Rate** button.

Step 2: Select the **Service** button.

Step 3: Enter **Start Date** of Service under Rate Details

Step 4: Enter Age range(**Minimum and Maximum Age**) for children allowed in Service

Step 5: Enter **Amount** (per day).

2: Select the Service button.

3-5: Fill out mandatory fields.

Start Date	End Date	Age Min	Age Max	Income From	Income To	Amount
00/00/0000	00/00/0000	0	0	0.00	0.00	0.00

Rate Details

Start Date: 00/00/0000 End Date: 00/00/0000
Minimum Age: 0 Maximum Age: 0
Income From: 0.00 Income To: 0.00
Amount: 0.00

Figure 1-1

Notes:

- Rates will automatically update providers' invoices and batch payment.
- The rate screen allows you to view and add rates for all services rendered by the provider.

1.2 Recording The Unit Rate For A Contracted Provider

Contracted providers rates are displayed by service and facility within each provider's contract on the **Contract** screen in the FACES system.

PROVIDER TRACK – CONTRACTED PROVIDERS

Steps include:

Step 1: Click on the **Provider -> Contract**

Step 2: Click on the **Contract** button.

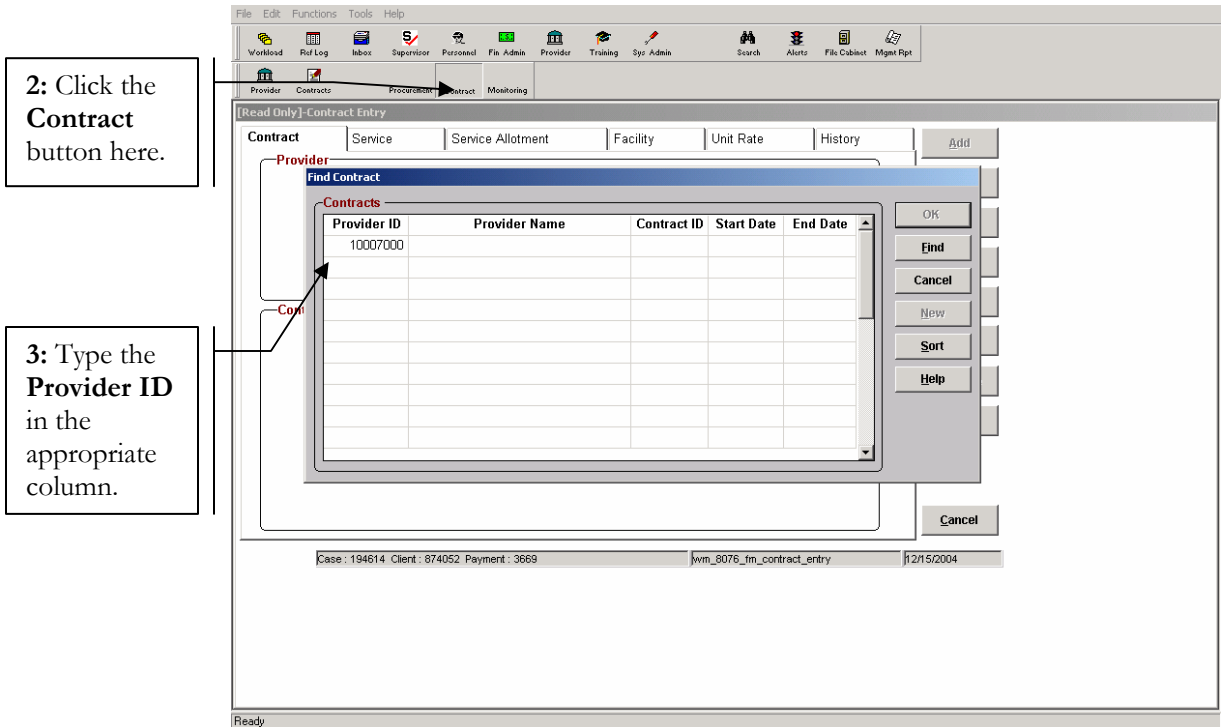


Figure 1-2

Step 3: Enter the **Provider ID** in the pop-up box that appears.

Step 4: Then click **Find**.

THE CONTRACT TAB

This screen provides basic information about the provider and the specific contract, including the contract ID, start and end date and value of the entire contract that is being viewed.

Note that a separate contact and check address is available for the contract to assist the user in locating provider staff and locations that are pertinent to the administrative function of the contract.

The screenshot displays a software window titled "Contract Entry" with a menu bar (File, Edit, Functions, Tools, Help) and a toolbar. The main area is divided into several sections:

- Contract Header:** Includes tabs for Contract, Service, Service Allotment, Facility, Unit Rate, and History. A vertical toolbar on the right contains buttons: Add, Change, Delete, Clear, End, Amend, Approve, Active, and Cancel.
- Provider:** Fields include Name (ELOC (Dreem)), Phone, Ext., Fax, SSN, FEIN, and Address.
- Contract Header:** Fields include Contract ID, Industry ID, Contract Date (08/22/1999), Start Date (01/01/1997), End Date (11/30/2004), Value (.00), and Payment Type (Regular Paid).
- Contact:** Fields include Prefix, First, Middle, Last, Suffix, Phone ((202) 462-8886), Ext., and Fax ((202) 787-2198).
- Check Address:** A text input field.

At the bottom of the window, the status bar shows "wm_8076_fm_contract_entry" and "11/21/2004". The Windows taskbar at the very bottom shows "Ready".

Figure 1-3

Notes:

- This Tab provides a Contract ID, which is system generated when the contract is recorded.
- The Contact box records the point of contact at the contracted provider for the CFSA Contract Specialist.

Service tab

The **Service** tab provides information about the specific services that are offered through this contract with this provider. A contract can have multiple service lines (Contract Line Item Number – CLIN). These service lines can be viewed by using the scroll bar on the right side of the Service Lines box. All service lines are displayed by service type and amount. The amount represents the dollar limit that has been placed on spending for that service type for this contract. The total of all service line amounts should total the contract total amount.

Steps include:

Step 1: Click on the **Service** tab.

2: Click the Service tab.

The screenshot shows the 'Contract Entry' window with the 'Service' tab selected. The 'Service Lines' table is as follows:

Line	Service	Start Date	End Date	Amount	PSA Client
1	Room & Board/Residential Treatment Facility	01/02/2001	09/30/2001	25,200.00	

Below the table, the details for Line Number 1 are shown:

- Service: Room & Board/Residential Treatment Facility
- Start Date: 01/02/2001
- End Date: 09/30/2001
- Contract Type: Emergency Contract (PSA's) 120 Days
- PSA Client: F
- Amount: 25,200.00
- Contracted Capacity: 1

Figure 1-4

Notes:

- **Service** field: identifies specific services offered through this contract with this provider.
- **Start and End Dates:** must be within the contract date period.
- This screen also specifies the full amount of the contract and the contracted capacity of the provider.

Facility tab

The **Facility** tab provides specific information about the facilities that provide the service type that was selected on the Service tab.

The Service Facilities box displays each of the facilities that offer the selected service under this contract. The full list of facilities for each service can be viewed by using the scroll bar on the right side of the Service Facilities box. Service addresses that are wider than the box can be viewed by using the scroll bar on the bottom of the Service Facilities box.

Step 3: Click on the **Facility** tab.

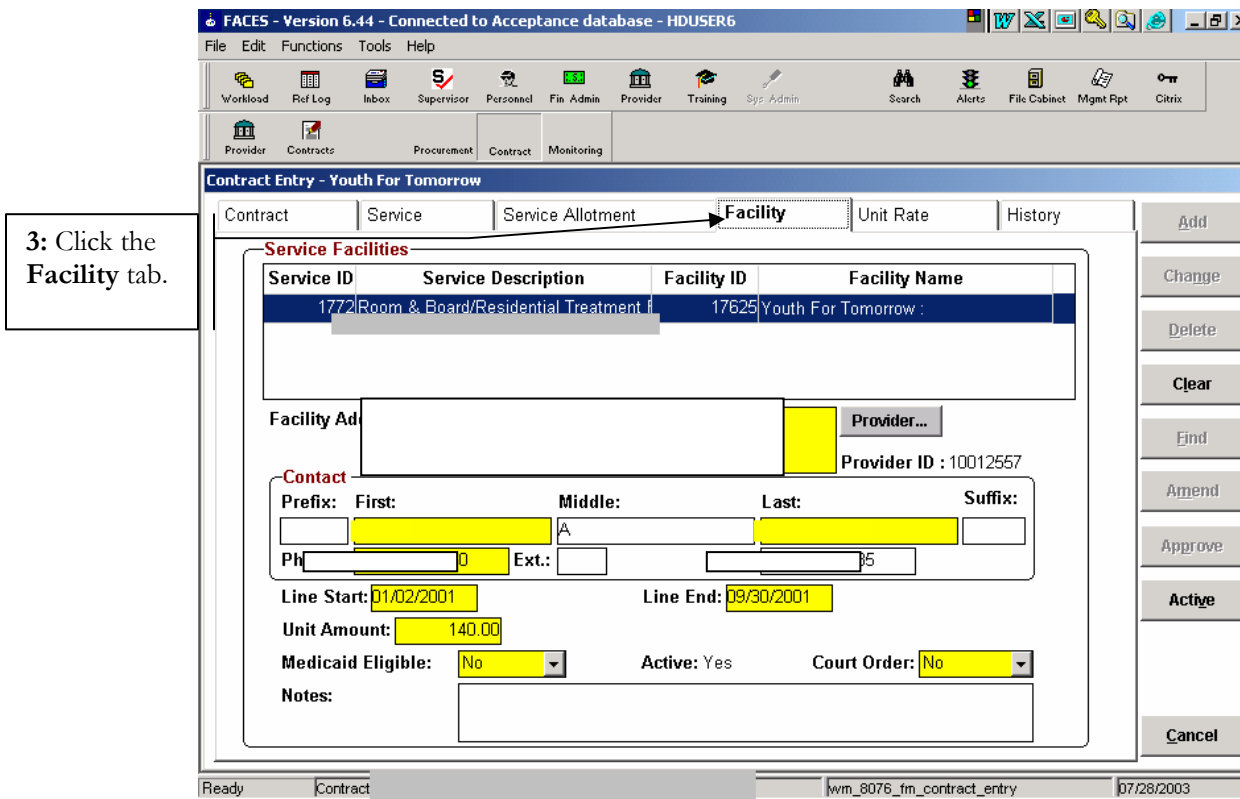


Figure 1-5

Notes:

- The specific Provider contact information is listed as well as the unit amount for this service.
- The Line start and Line end dates specify the date range for which the service is offered/valid.

Unit Rate tab

The **Unit Rate** tab provides detail about the breakdown of the unit rate for a specific facility for a specific service.

Step 4: Click on the **Unit Rate** tab.

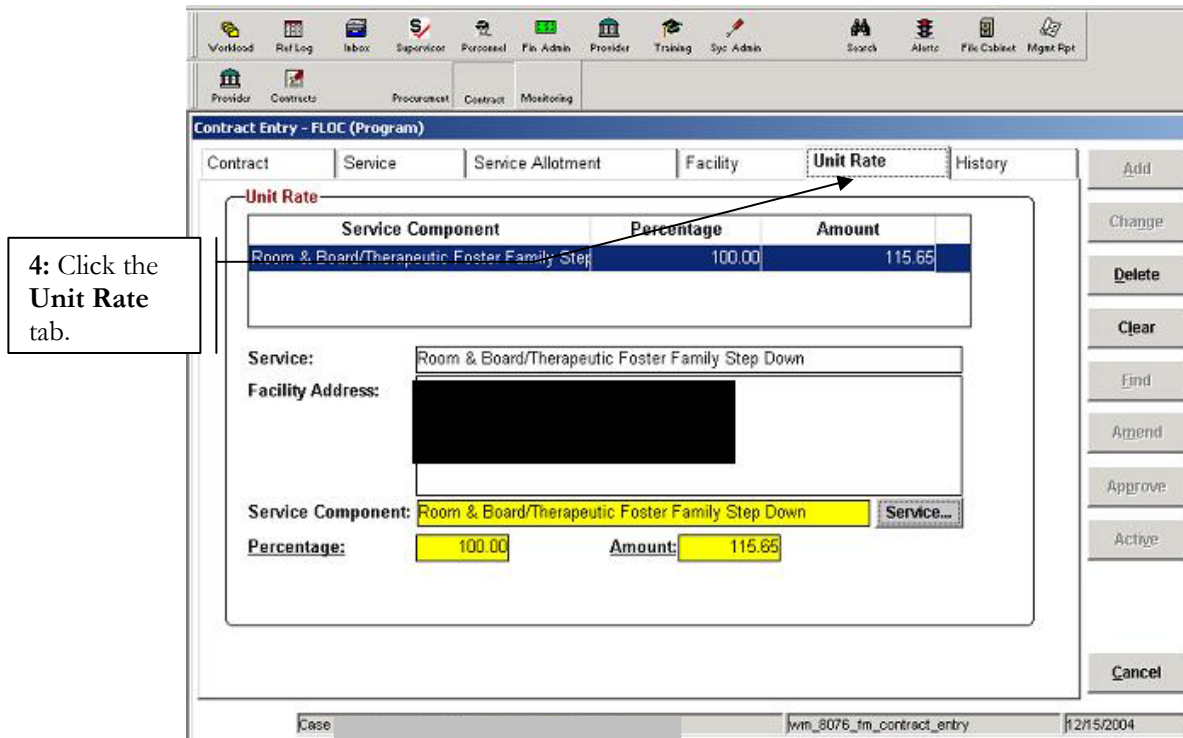


Figure 1-6

Notes:

- The Unit Rate tab provides a detailed breakdown of the specific services paid for in the unit rate of a specific service line. When services are contracted using the bundled approach, it is necessary to break apart and identify the service components paid for in the single unit rate.
- The Unit Rate breakdown of bundled services is used to ease the administrative tracking of services and payments.
- The percentages for all components of a bundled package must total 100% and the amounts must equal the rate paid for the bundled package. If the services are distinct (e.g., not bundled), the percentage in the Unit Rate table will reflect 100% and the amount will be equal to the unit amount on the Facility tab.
- This is pertinent to Payment Stamping and is not utilized by the Contracts and Procurement specialist.

History tab

The History tab provides a chronological history of any amendments that have occurred for the contract for a specific service.

Step 5: Click on the **History** tab.

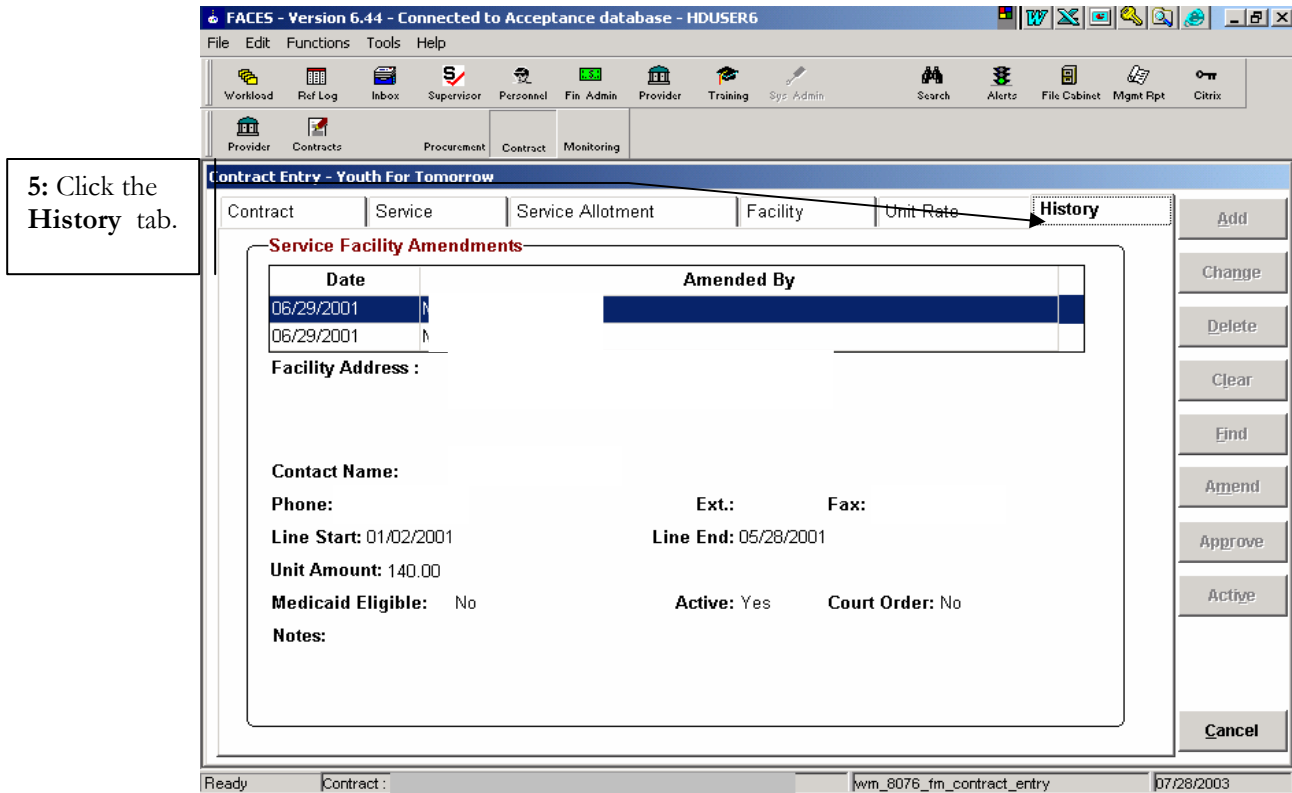


Figure 1-7

NOTES:

- This is a view-only screen.
- The system will automatically generate an amendment history line in the Service Facility Amendments.

SECTION 2: RECOGNITION OF SERVICES RENDERED

The Recognition of Services section highlights four types of services rendered:

- Placement Services
- Non-Placement Services
- Contracted Non-Placement Services
- Adoption & Guardianship Subsidy

2. 1.1 Placement Services: Entering a Paid Placement Service on Client-Server FACES

Placement information captures location information of all children under our care. Social Workers enter information on the Client-Server FACES.

Paid placements entered into FACES by social workers automatically generate an invoice in the accounts payable section of the Finance module once approved by the CFSA placement unit. The amount of the invoice depends on the information entered here – the start and end date of the placement and the service level, as well as the unit rate determined for that service level in the provider’s contract (see Section 1 for more information on unit rates).

Notes:

- Child’s home removal information must be entered in FACES prior to placement entry date.
- Child’s legal custody status must be entered in FACES prior to placement entry date.
- If the placement entry is being done in a referral, complete a case connect.
- If a child is being placed out-of-state or coming to the District from another state, the **ICPC** (Interstate Compact for the Placement of Children) screen must be completed prior to placement entry date.
- Incorrect or missing placement information may result in one of the following:
 - A. A provider not receiving payment.
 - B. Not knowing accurate location of all children under our care.
 - C. A foster parent not receiving notification of an Administrative Review or Court Notification.

To enter a paid placement, please complete the following navigation path:

Steps include:

Step 1: Open a case from the **Workload** icon.

Step 2: Click the **Placement** button.

Step 3: Highlight the **Client**.

Step 4: Click **Show** to view details for that client.

Step 5: Click the **Place** button.

Step 6: Click the **New** button.

Step 7: Select **Paid Placement** radio button that leads to the Recommendation screen.

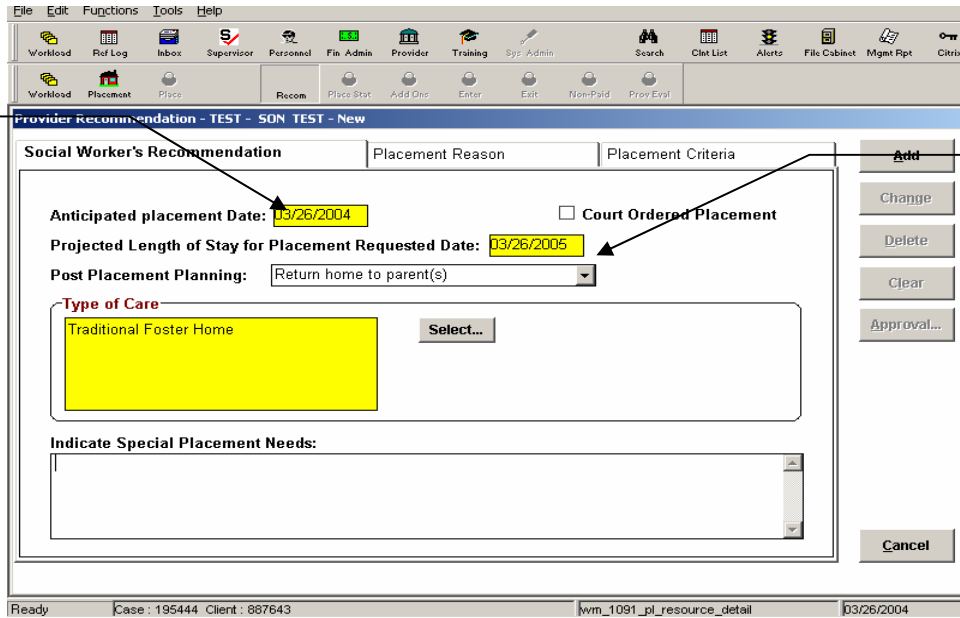
Step 8: Click **OK**.

Step 9: Enter the Anticipated **Placement Date** (right click for pop-up calendar), which is mandatory.

Step 10: Enter the **Projected Length of Stay for Placement Requested Date**, which is mandatory.

Step 11: Select the **Post Placement Planning** (if applicable).

9: Enter the Anticipated Placement Date.



10: Enter the Projected Length of Stay for Placement Requested Date.

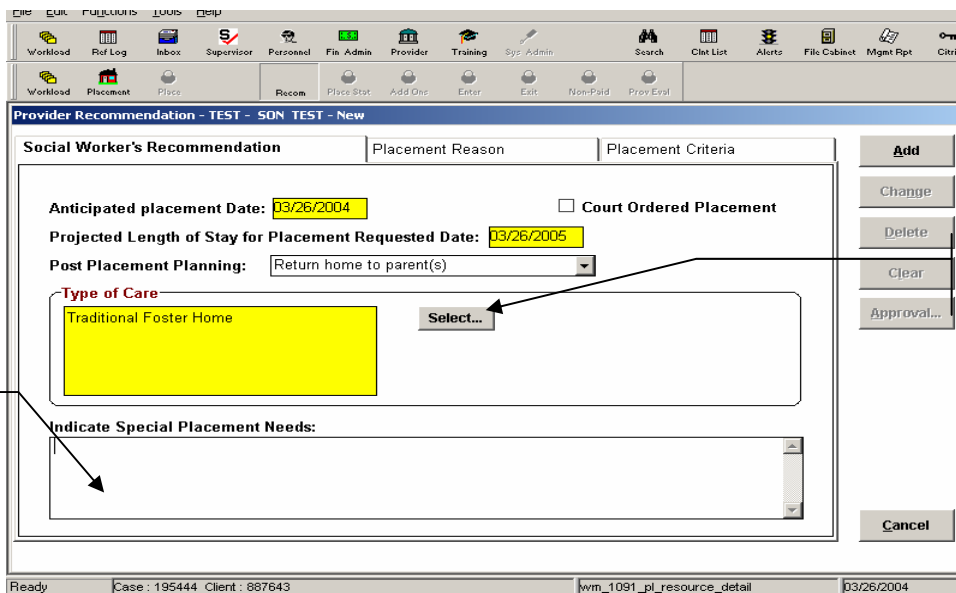
Figure 2-1

Step 12: Check **Court Ordered Placement** (if applicable).

Step 13: Select **Type of Care** recommended for this child, which is mandatory.

Step 14: Indicate **Special Placement Needs** in the text box and explain why the type of care selected is appropriate for this child (if applicable).

14: Indicate Special Placement Needs, if applicable.



13: Select Type of Care.

Figure 2-2

Step 15: Click the **Placement Reason** tab.

Step 16: Select the **Reason for Placement Request**.

Step 17: Enter any additional **Comments**

Step 18: Select the **Service Needs of the Child** by clicking on the Service button.

Step 19: Check **Date of Birth (Age)** and/or **Gender** if they are to be considered as placement criteria.

Step 20: Select the **Characteristics of Child**. The search will not find placement providers who will not accept these characteristics. This will assist the Family Resource Division to provide a more compatible match with a foster parent.

Step 21: Click **Add**, then click the **Approval...** button to request supervisory approval.

18: Select the Service Needs of the Child.

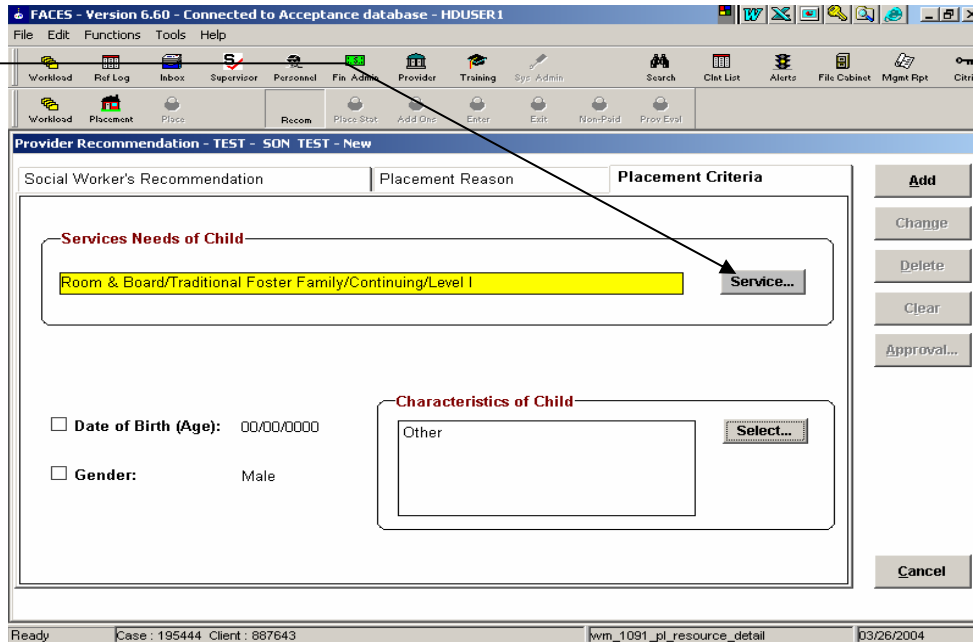


Figure 2-3

Notes:

- The supervisor must approve the placement recommendation.
- When the supervisor approves the placement recommendation, an administrative assignment to the case will be given to the placement unit and the screen will become Read Only.

Once the Placement Unit approves the request, the Entry and Exit screens become available.

Placement Entry – Entry Details Tab

Steps include:

Step 1: Enter the **Entry Date** and **Entry Time** that the child entered a particular placement.

The screenshot shows the 'Entry Placement - TEST - KEY TEST' window in the FACES software. The 'Entry Information' section includes fields for Creation Date (12/10/2004), Created By (HD USER1), Case ID # (196646), Provider Id (11132), and Provider Name (VERNELL ABNEY). The 'Entry Details' tab is selected, showing fields for Social Worker Entry Date, Entry Time, Provider Entry Date, Entry Time, Placement Unit Entry Date, and Entry Time. Below these are dropdown menus for 'Has Child Ever Been Adopted?', 'Age When Previous Adoption Legalized', 'Medicaid Paid Placement', and 'Type of Care'. A callout box on the left points to the 'Social Worker Entry Date' and 'Entry Time' fields with the text '1: Enter the Entry Date and Entry Time.'

Figure 2- 4

Step 2: Indicate if the **Has Child Ever Been Adopted** (AFCARS field), if applicable.

Step 3: Select the **Age When Previous Adoption Legalized** (AFCARS field), if applicable.

Step 4: Indicate if this is a **Medicaid Paid Placement** (AFCARS field), if applicable.

Step 5: Select the **Type of Care** (AFCARS field), if applicable.

NOTES:

- A placement entry date cannot be entered which is earlier than the last exit date. The child must first be exited from a placement before he/she can be entered into a new one.
- Payments to providers are generated based on the entry date entered on this screen.
- The Home Removal date CFSA Legal must be entered before entering the placement entry date.
- If the placement request is part of a referral, a case connect must be done before entering the placement date.
- If the child is being placed out of state or being placed in the District from another state, the ICPC 100A must be filled out before entering the placement entry date.
- The # of children in placement is counted based on the entry date on the Entry screen.

Placement Exit – Exit Details Tab

Steps include:

Step 1: Enter the **Date** and **Time** the child exits from the placement.

Step 2: Select a **Reason** for exiting this placement.

The screenshot shows the 'Exit Placement - TEST - KEY TEST - VERNELL ABNEY' window in the FACES software. The window title bar indicates 'FACES - Version 9.11i - Connected to PreProduction database - HDUSER1'. The menu bar includes File, Edit, Functions, Tools, and Help. The toolbar contains icons for Workload, Ref Log, Inbox, Supervisor, Personnel, Fin Admin, Provider, Training, Sys Admin, Search, Cst List, Alerts, File Cabinet, Mgmt Rpt, Citrix, Workload, Placement, Piles, Recom, Place Stat, Add Desc, Enter, Exit, Non-Paid, and Prov Eval. The main form area is titled 'Exit Placement - TEST - KEY TEST - VERNELL ABNEY' and contains the following sections:

- Exit Information:** Creation Date: 00/00/0000, Case ID #: 196646, Created By: HD USER1. Buttons: Add, Change, Delete, Clear.
- Exit Details:** Provider Details
- Social Worker:** Date: 00/00/0000, Time: 00:00, AM/PM, Reason: [dropdown], Last Updated By: [text], Last Updated Date: 00/00/0000.
- Provider:** Date: 00/00/0000, Time: 00:00, AM/PM, Reason: [dropdown], Last Updated By: [text], Last Updated Date: 00/00/0000.
- Placement Unit:** Date: 00/00/0000, Time: 00:00, AM/PM, Reason: [dropdown], Last Updated By: [text], Last Updated Date: 00/00/0000.
- Status:** [text] Select...
- Living Arrangement:** [text] Select...
- Cancel button.

The status bar at the bottom shows: Ready | Case: 196646 Client: 898948 Provider: 11132 | wnm_1096_pl_exit_placement | 12/10/2004

Figure 2-5

Notes:

- This screen should be used any time a child is exited from a placement.
- The five permanency exit reasons will generate a prompt asking the user if they would like to continue, since FACES will end the home removal and legal status of the child due to an AFCARS exit reason.
- Payments to providers are ended based on the exit date entered on this screen.

2. 1.2 Placement Services: Entering a Paid Placement Service in Placement Provider Web

Paid placements can also be entered into the Placement Provider Web interface for FACES. As of November 2004, Contracted Placement Agencies were given web-access to update placement information in real-time. This web-accessible browser allows contracted providers to update placement information in real-time. These placements are then confirmed by the CFSA Placement Unit, which generates a draft invoice in the Finance module based on information entered. The following walkthrough applies specifically to providers.

The Placement Provider Web system allows contracted placement providers to record the placement of children in their homes/facilities and to move children within their auspice, from one of their homes to another. This system is accessible via the World Wide Web and connects seamlessly with the existing FACES client-server system.

LOGGING IN TO PROVIDER WEB

FACES Placement Provider Web is accessible at the following address:

<https://www.facesplacement.cfsa-dc.org>

Connect to Placement Provider Web by typing this address into the address bar of your web browser.

Notes:

- Microsoft Internet Explorer (standard at CFSA) is required to access FACES Provider Web.
- The full address above, exactly as written, is required. Note the “s” in “https://” which denotes secure web transaction.

Steps include:

Step 1: Connect to the FACES Placement Provider Web and log in.

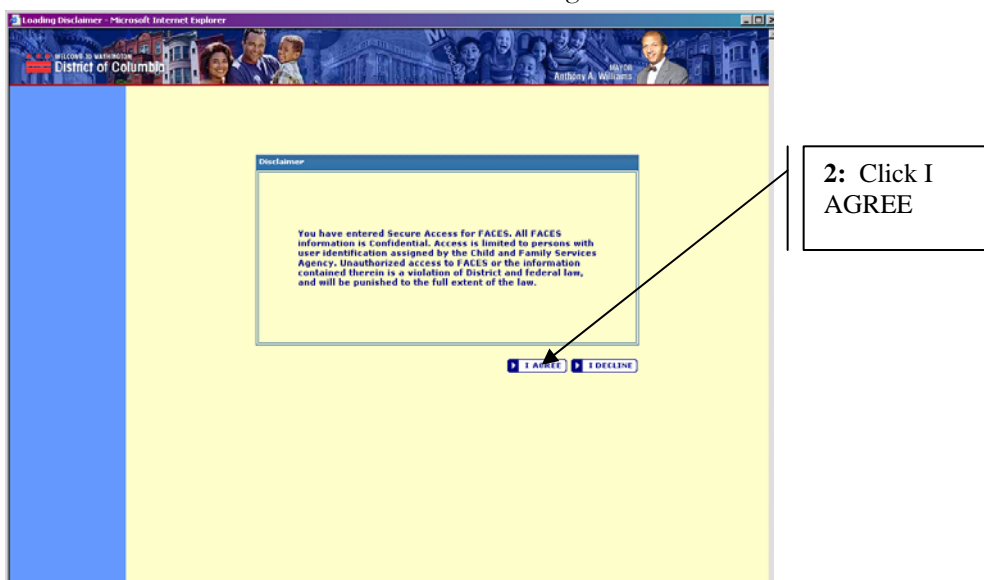


Figure 2-6

Step 2: A security disclaimer will be displayed. Read the text and click the I AGREE button, shown in Figure 2-6, to continue to the main screen of Provider Web.

RECORDING A PLACEMENT

To record a placement in the FACES Provider Web, please complete the following navigation path:

Step 1: From the main screen, click **Provider** to open the Provider menu

Step 2: Move your mouse to the **Location** option in this menu (don't click), then click **History** in the smaller menu that appears to the right.

Step 3: A list of providers will be displayed. Click the **Name** of the provider with whom this placement has been made, and note that the provider is highlighted in blue.

Step 4: Click the **New Placement** button below the list of providers. The **Search Client** screen will be displayed.

Step 5: Enter the **Client ID** for the client to be recorded and click the SEARCH CLIENT button. The Entry screen should be displayed. If it is not, view the pop-up note.

6: Enter the Date and Time of the placement.

The screenshot shows the 'Location Edit' page in a Microsoft Internet Explorer browser. The page has a blue header with the 'District of Columbia' logo and a navigation menu on the left with 'Organizer', 'Tasks', and 'Recent' options. The main content area is divided into several sections: 'Client' (Name and ID fields), 'Provider' (Name and ID fields), and 'Location Entry'. The 'Location Entry' section contains three rows: 'Placement Unit Confirmed', 'Social Worker', and 'Provider'. Each row has 'Start Date' and 'Time' fields. An arrow points from the text box on the left to the 'Start Date' field for the 'Provider' row.

Figure 2-7

Step 6: The Provider **Start Date** and **Time** fields become enabled. Enter the starting date and time of the placement on this screen.

Step 7: Click the **Services** tab to display the **Services** screen (Figure 2-8).

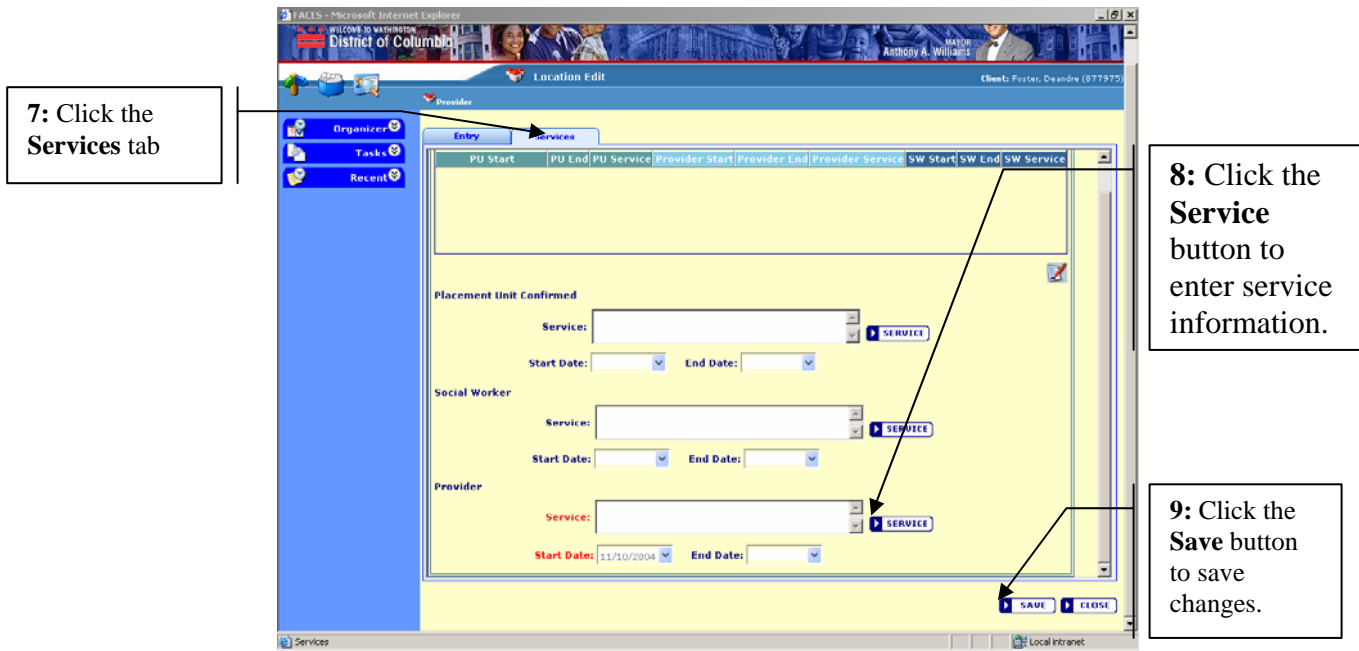


Figure 2-8

Step 8: Click the **Service** button to enter service information for the placement. A separate window will appear with three levels of options. Select an option for each level, as appropriate, and then click **OK**.

Step 9: Click the **SAVE** button to save changes. A dialog will appear warning that these changes are permanent. Click **OK** to proceed.

Notes:

- Only services linked to the selected provider will be displayed in the window for selection. If the service you need is not listed, contact the Office of Licensing and Monitoring requesting that they link the provider to the service.
- Service information can be changed within a placement episode.

2.2 Contracted Non-Placement Services: Making a Service Log Entry

The service log module in FACES is used for entry of non-placement services, such as tutoring, mentoring, clothing allowances, and many others. Just as with placements, entries on this screen generate invoices based on the dates and service selected, and the unit rate agreed in the provider's contract. The following guide covers the entering of service log entries at the investigation level. The screens are identical at the ongoing case level.

Notes:

- The Best Practice Implementation Plan (BPIP) and the Performance Improvement Plan (PIP) charge the Child and Family Services Agency (CFSA) with tracking services provided to children and families. Services should be tracked from referral, to initiation, to outcome.
- CFSA is increasingly teaming up with the community-based collaboratives to provide services to children and families. These services can be tracked through the **Service Log**.
- FACES will direct certain service referrals to the Office of Clinical Practice (OCP) staff. OCP services include tutoring, day care, homemaker services, etc. Once the OCP staff receives the referral they will identify a provider for the service.
- For services that require a two-tier approval both approvals need to be completed for payment to be generated.

Steps include:

- Step 1:** From **Workload** highlight the Referral.
Step 2: Click **Show**.
Step 3: Click **Workload**.
Step 4: For Investigation, click **Inv/Assess** button.
Step 5: Click on **Services** from the lower toolbar.
Step 6: **Highlight Client**.
Step 7: Click **Show**.
Step 8: Click **Clear** to create a new service row in the **Services** box
Step 9: Click **Service...** and select the service.
Step 10: Click **Status** to select status.
Step 11: Click **Frequency** picklist and select how often the service will be offered.
Step 12: Enter **Estimated Begin Date** and **End Date**.
Step 13: Click the radio button for **Provider Type**. (**Provider, Collateral or Collaborative**.)

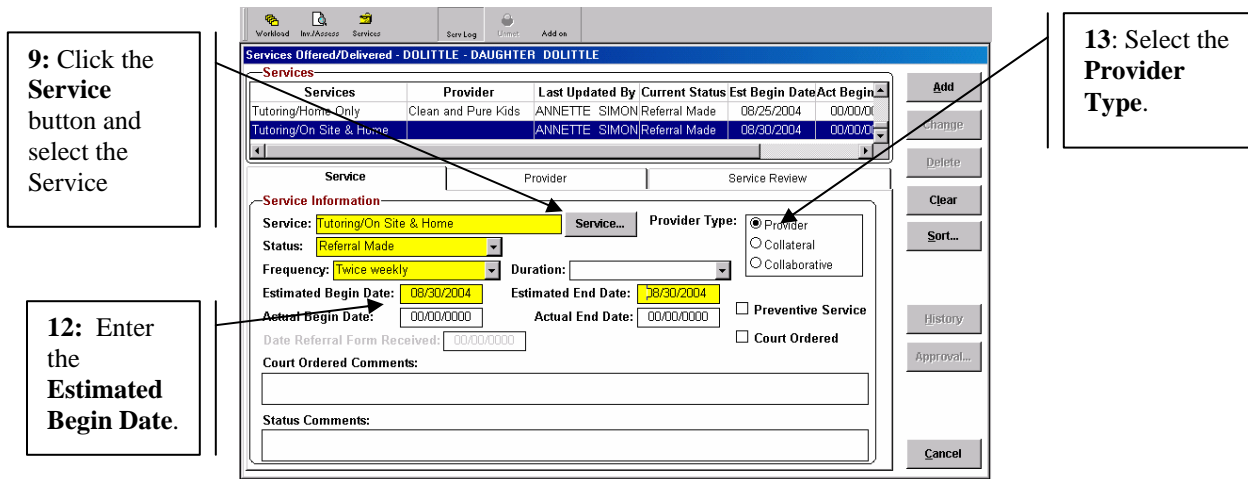


Figure 2-9

- Step 14:** The **Actual Begin Date** the service has begun).
Step 15: Click on **Provider** tab.
Step 16: Click **Find** under the Provider Type, find the Provider that offer the service.
Step 15: Click **Add**

Step 16: Click **Approval...** to request approval.

The screenshot shows a software interface for managing services. At the top, there's a header 'Services Offered/Delivered - DAVIS - ANGELA DAVIS'. Below it is a table with columns: Services, Provider, Last Updated By, Current Status, Est Begin Date, and Act Begin Date. Two rows of 'Tutoring/On Site & Home' services are listed, both by 'NIKIYA F FORD' with a status of 'Referral in Progr' and dates '08/26/2004'. To the right of the table is a vertical toolbar with buttons: Add, Change, Delete, Clear, Sort..., History, Approval..., and Cancel. Below the table is a form for adding or editing a service. It has tabs for 'Service', 'Provider', and 'Service Review'. The 'Provider' tab is active. Under 'Provider Type', there are radio buttons for 'Provider' (selected), 'Collateral', and 'Collaborative'. There are dropdown menus for 'Collateral' and 'Collaborative'. A 'Find...' button is next to the 'Provider' radio button. Below this is a 'Willing To Testify' checkbox and fields for 'Witness Name' and 'Attestable Information'. At the bottom of the form is a 'Provider' section with fields for 'Resource Id', 'Address', 'ResourceType', 'Name', 'Agency/Program Area', 'Home Phone', and 'Work Phone'. Callout boxes are present: '15: Click the Find button.' points to the 'Find...' button; '16: Click Add.' points to the 'Add' button in the toolbar; and '14: Click the Provider tab.' points to the 'Provider' tab.

Figure 2-10

2. 3 Non-Contracted Services: Recording Adoption Subsidy Information

Adoption and Guardianship subsidies are entered by the subsidy workers into the screens described below. The information entered on these screens then generates subsidy payments made through the Finance module in FACES.

Below we discuss the steps for recording Adoption Subsidy (Section 2.3.1) and Guardianship Subsidy (Section 2. 3.2) information in FACES.

2. 3.1 Adoption Subsidy: Recording Adoption Subsidy Information

After the adoption is finalized, the subsidy worker must insure that Final Decree of Adoption date is entered to enable the system to split the client, from the foster care case into an Adoption case. After a case split, the client will receive a new client ID, new case ID, and will become inactive in the foster care case. The adoption subsidy is initiated in the newly split adoption case, as the provider is linked to a new service line of **Adoption Subsidy**.

Steps include:

Step 1: In the newly split case, verify the providers information and client information to ensure that all the necessary information from the foster case has copied into the Adoption case.

Step 2: Update client information on the **General Information** screen, under the Client screen, in the new case and click **Change**.

- Change Client's name, if appropriate
- Date of involvement should be the same date the adoption was finalized
- Change role in case
- On the Other tab, remove the check mark from the Child is a State Ward

Step 3: Verify information on the **Gen Info** tab under the **Adoptions** button
Adpt/Guard→Adoptions→Gen Info→Adoption Consideration tab

Step 4: Verify the **Adopt Fam** screen

Step 5: Verify the **Subsidy Detail** tab on the **Subsidy** screen with the child's eligibility (which was determined in the foster case).

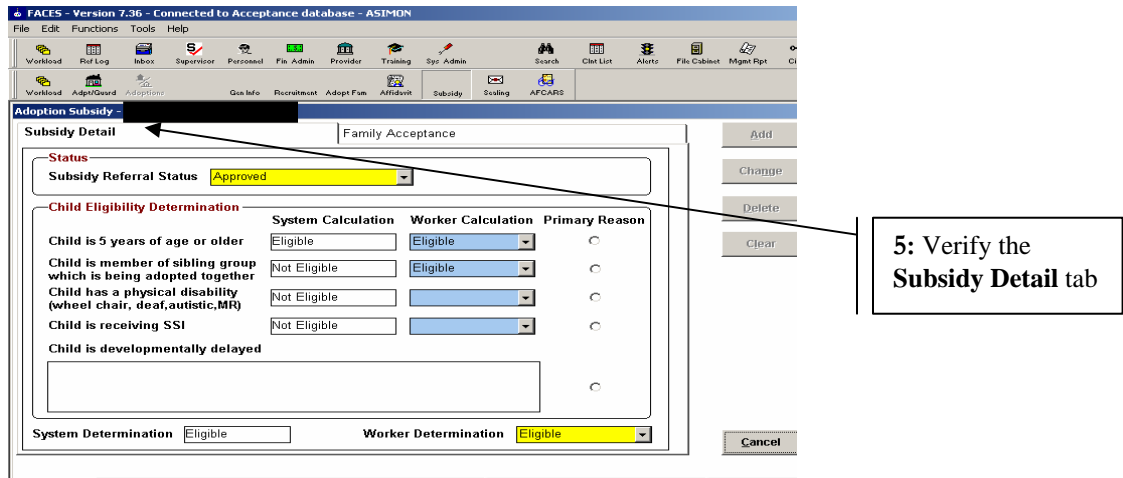


Figure 2-11

Step 6: Enter adoption subsidy service on the **Service Log**. To navigate to the **Service Log** screen, click **Services → Service Log → Service**

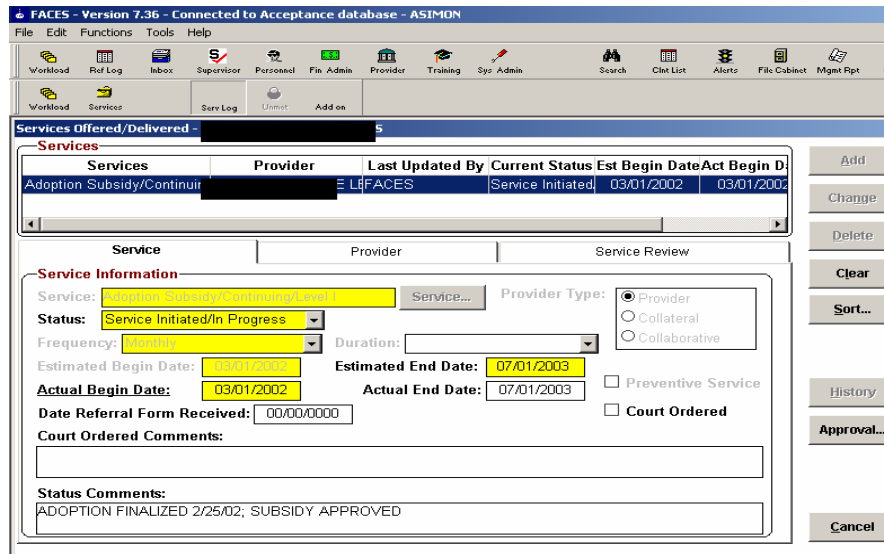


Figure 2-12

2. 3.2 Guardianship Subsidy: Recording Guardianship Subsidy Information

After the guardianship is granted in court, the subsidy worker must insure that the Guardianship Grant Date is entered to enable the system to split the client from the foster care case into an Adoption case. After a case split, the client will receive a new client ID, new case ID, and will become inactive in the foster care case. The guardianship subsidy is initiated in the newly split guardianship case, as the provider is linked to a new service line “Guardianship Subsidy”.

Steps include:

- Step 1:** In the newly split case, verify the providers information and client information to ensure all the necessary information from the foster case has copied into the Adoption case.
- Step 2:** Update client information on the **General Information** screen, under the Client screen, in the new case and click **Change**.
- Change client’s name if appropriate
 - Date of involvement should be the same date the guardianship was granted
 - Change role in case
 - On the Other tab remove check from the Child is a State Ward
- Step 3:** Verify the **Guardianship Information and Subsidy Information** on the Guardianship Information screen with the child’s eligibility (which was determined in the foster case).

Guardianship Information

Date: 09/04/2003 Client Name: BROTHER EXAMPLI Staff Name: HD USER1
 Placement Case ID : 194711 Program Area: CISA
 Start Date: 03/03/2003
 Provider Name: ANN DAVIS Provider Id: 11310
 ServiceType: Room & Board/Traditional Foster Family Continuing Level I

Subsidy Information

The child on whose behalf the subsidy would be paid meets at least one of the following criteria (check all that apply):

- A member of a sibling group
- Difficult to place for adoption because of his/her racial or ethnic background, or physical or mental disability
- Likely not to be placed in a permanent placement but for his/her acceptance as a member of the applicant's family
- At least 2 years of age

CFSA has made each of the following determinations concerning the child's permanency plan:

- The child's best interest is not met by the permanency plan of either reunification or adoption; and
- The permanency plan of legal guardianship with the applicant is in the child's best interest

The applicant meets each of the following criteria:

- The child was receiving full time parenting and protection from the kinshipcare provider
- Child was placed with kinshipcare provider for at least six continuous months immediately preceding the application

Each of the following circumstances concerning the child was met:

- When the subsidy application was submitted; and
- Continued to be met through the point that the court awarded permanent guardianship
 - The court adjudicated the child to be abused or neglected
 - Following a dispositional hearing, the court awarded the child in CFSA's legal custody
- The court awarded the applicant permanent guardianship over the child Date Guardianship Granted: 00/00/00
- The applicant continued to be the child's kinship provider when the court entered the permanent guardianship or
- The applicant has a financial need for a permanent guardianship subsidy (i.e. the applicant's federal adjusted gross income is less than \$270,470)
- Funds are available (the Council has appropriated sufficient funds for any subsidies sought)

Figure 2-13

Step 4: Enter guardianship subsidy service on the **Service Log** in the new case by clicking **Services→Service Log→Service**.

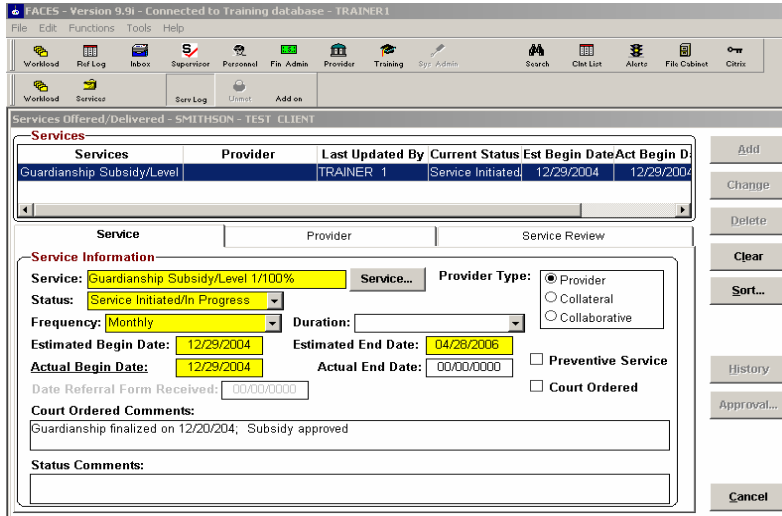


Figure 2-14

SECTION 3: ACCOUNTS PAYABLE

Once service delivery has been recognized, FACES automated payment process will pick up those service records and generate payments. Since our provider community is split between contracted and non-contracted providers, FACES operates separate automated payment processes to deal appropriately with each of these groups.

3.1 Automatic Payments

This type of payment is batch generated to non-contracted service providers (for both placement and non-placement type services). These providers are CFSA trained and monitored foster parents or kinship foster parents; adoption subsidy payments made to adoptive parents for whom CFSA has determined that an adoption subsidy payment is warranted; and guardianship subsidy payments made to parents for whom payment is warranted.

* This is an automated batch process, which does not have an actual screenshot. The results of the batch are reflected in Section 3. 4, R-STARS.

3.2 Invoice Payments

This process is used for providers/agencies that have a contract with the Agency to provide services, such as consortium agencies (i.e. Catholic Charities, Lutheran Social Services, etc.) who have a combination of foster homes, group homes, independent living programs or other treatment centers. On a monthly basis, the FACES Accounts Payable functionality generates a draft invoice that is printed and mailed by CFSA administrative staff to each provider detailing the children served within the prior month. This invoice is generated based upon information entered by social worker staff. Social workers attach clients to providers with related service lines, and enter the entry and exit dates for each service. The below screens display specific information about each invoice that is generated for a provider.

Steps include:

Step 1: To navigate to the **Plcmnt Invc** screen, click on **Fin Admin → Acct Pyble → Contracted → Plcmnt Invc**.

Step 2: Enter a Payment or Provider ID number to view invoices for a particular provider.

Step 3: Click **Find**

Step 4: Highlight the invoice you wish to view and click **OK**.

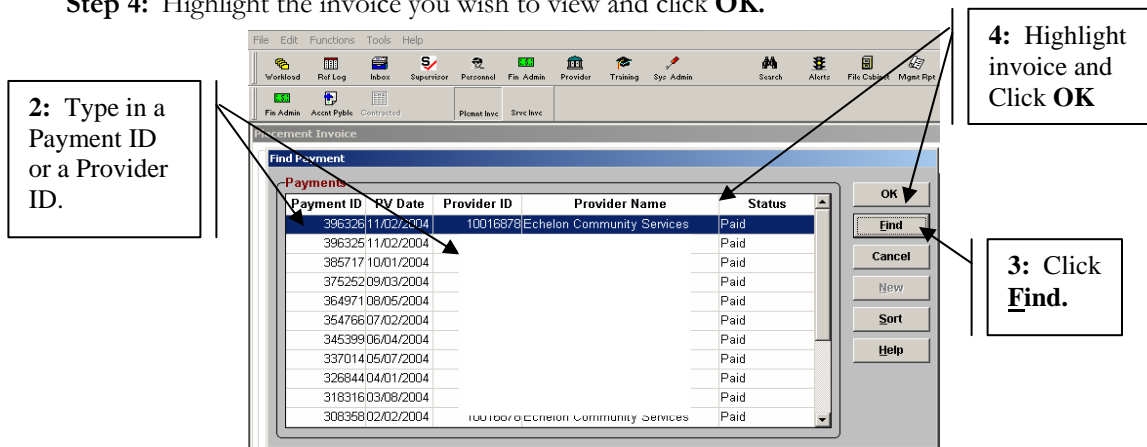


Figure 3-1

Step 5: Verify information on the provider and the payment status sections of the **Provider** tab

Step 6: Enter the Date Returned and verify the invoice amount and the date of creation.

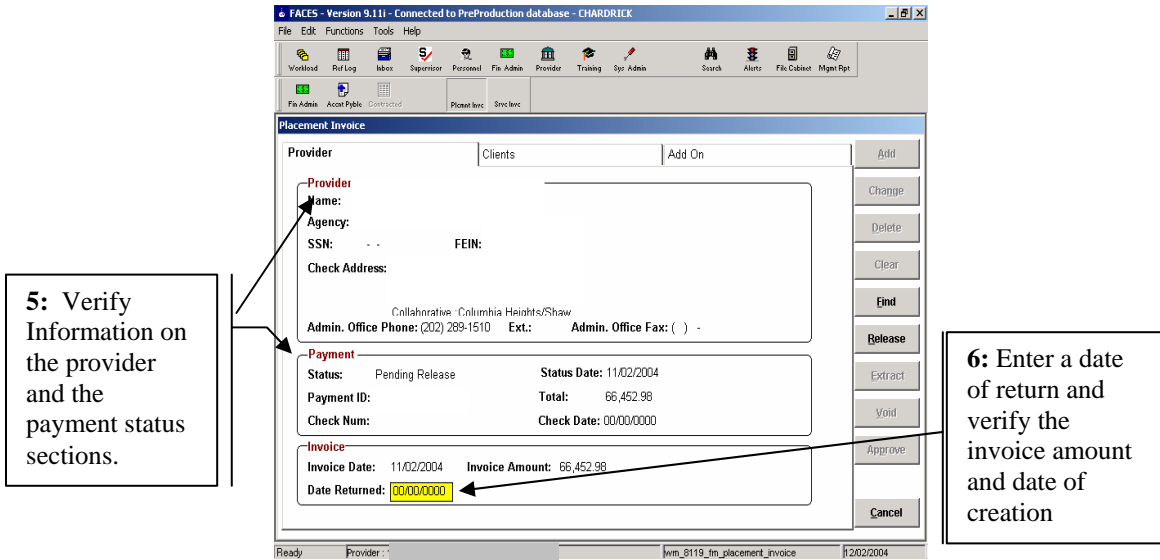


Figure 3-2

The **Clients** tab(screen) lists each client who received services on the invoice. As a client is highlighted in the Payment Line box, the user can view and edit the following information about the services provided.

Step 7: Click on the **Clients** tab.

Step 8: Verify the information on the **Client** tab.

Step 9: Select the **Extract** button to extract a payment line from the invoice

Step 10: Select the **Void** button to void a payment line from the invoice.

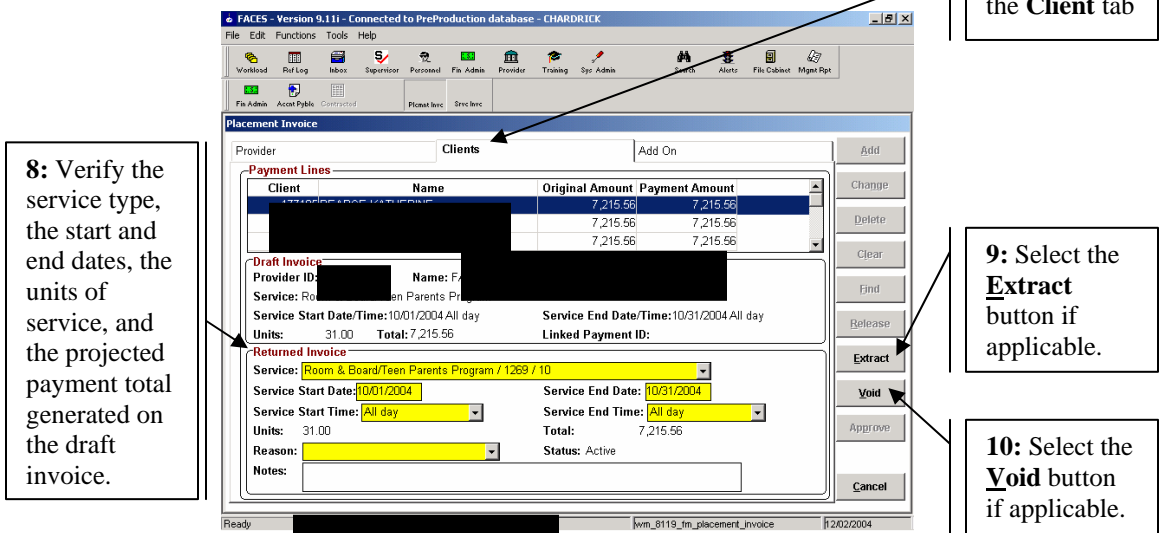


Figure 3-3

Notes:

- The **Release** button is selected to interface the payment with R-STARS once an invoice is approved.
- The **Client tab** shows the invoices that have been generated for a particular client who is utilizing the services of the provider in view.
- The client highlighted in the **Placement Lines** grid is the client information displayed within the **Draft Invoice** and **Returned Invoice** grids.
- Once an invoice has a status of “Paid”, the information on this screen cannot be edited.
- When the invoice is returned, the user can enter the information provided by the user.
- An incorrect payment line can be **Voided** or **Extracted**. Voiding a payment line will remove that payment line from the invoice. Extracting a payment line will generate a separate invoice if further investigation is necessary. Doing this allows the original invoice to go through without holdup.

Below is a sample of the FACES generated invoice report that is sent to providers. Once reviewed the provider must sign the invoice and return it to CFSA.

The **Summary** pages of the invoice reports details the total amount that the contracted provider will be paid based on the services they rendered for that month.

Summary of invoice report.

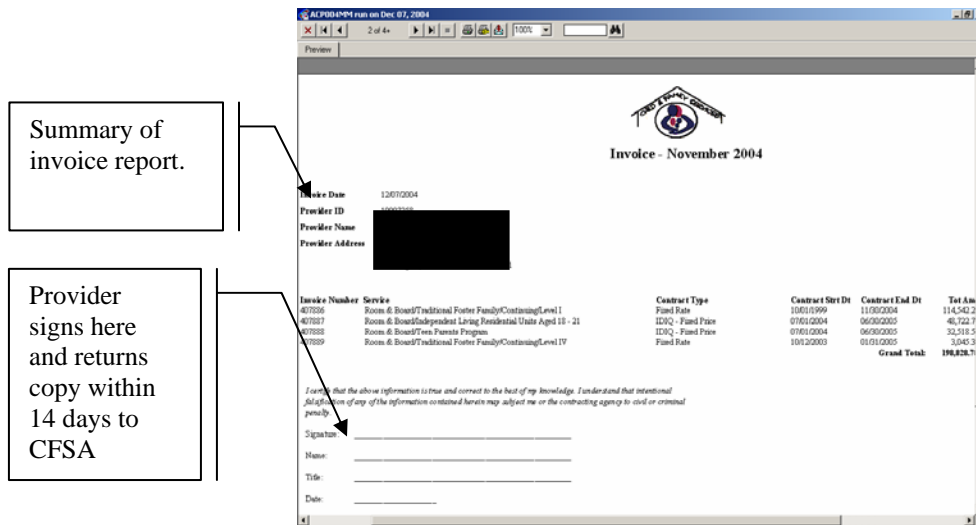
Services that the provider offered that month.

Total amount owed to the provider.

Invoice Number	Service	Contract Type	Contract Start Dt	Contract End Dt	Tot Am
477885	Room: 6 Board/Traditional Foster Family/ContinuingLevel1	Fund Rate	10/01/2004	11/30/2004	14,542.25
477887	Room: 6 Board/Independent Living Residential Units Aged 18 - 21	IDIQ - Fund Price	07/01/2004	06/30/2005	48,722.79
477888	Room: 6 Board/Trans Fosters Program	IDIQ - Fund Price	07/01/2004	06/30/2005	32,218.26
477889	Room: 6 Board/Traditional Foster Family/ContinuingLevel IV	Fund Rate	10/01/2003	01/01/2005	3,045.39
Grand Total:					198,828.71

Figure 3-4

The next page of the invoice summary provides a blank signature where the provider can sign the invoice, either to verify the information or to amend the information.

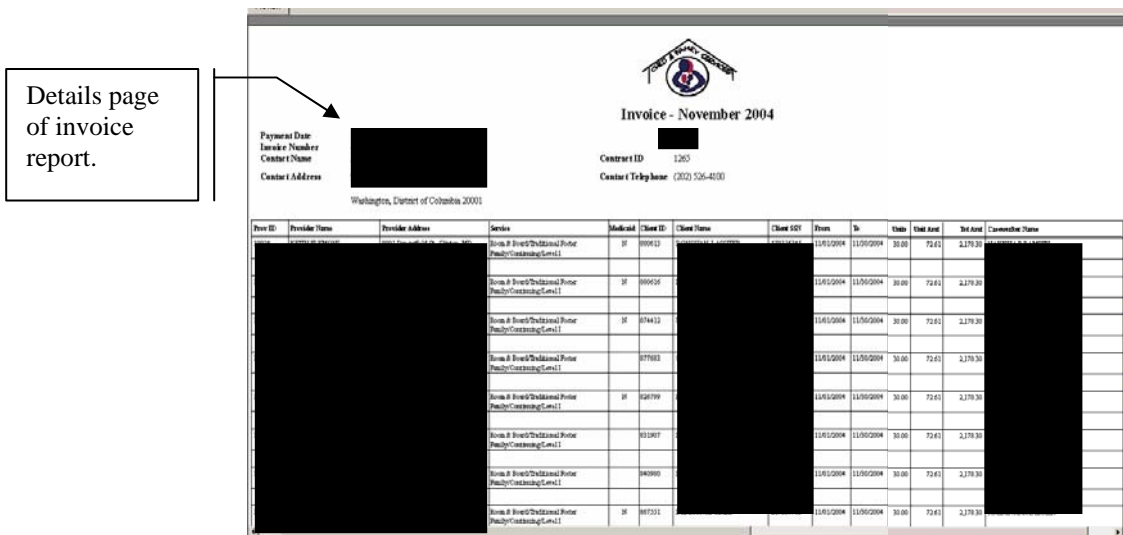


Summary of invoice report.

Provider signs here and returns copy within 14 days to CFSA

Figure 3-5

Detail pages of the invoice show a more in-depth look at the individual clients who were receiving specific services from that provider. The invoice lists the facility names and client names, in addition to the services that were offered.



Details page of invoice report.

Figure 3-6

3.3 Demand Payment

Demand payments are created when a circumstance arises where a provider cannot go through the normal invoicing process. Typically this process is used to pay for services that are not client-specific; are on a one-time basis; do not comply with the typical model of service delivery, and are payments to providers who do not have a contract with CFSA. All demand payments must be approved by the appropriate program and finance staff prior to release for payment in FACES. Demand Payments are recorded in the **FACES Payment Voucher** screen.

Steps include:

Step 1: On the client toolbar, click on the **Finance** button.

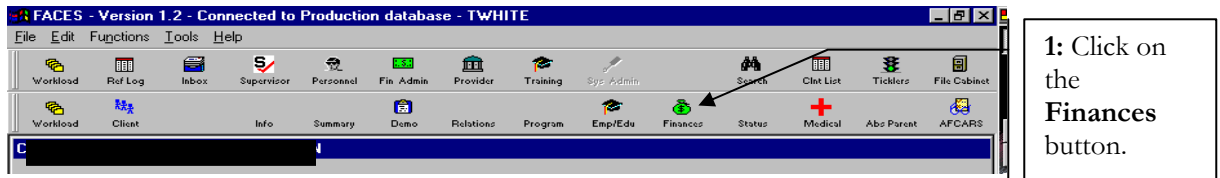


Figure 3-7

Step 2: Click the **Pymnt Vch** button on the lower level tool bar.

Step 3: Select **New**.

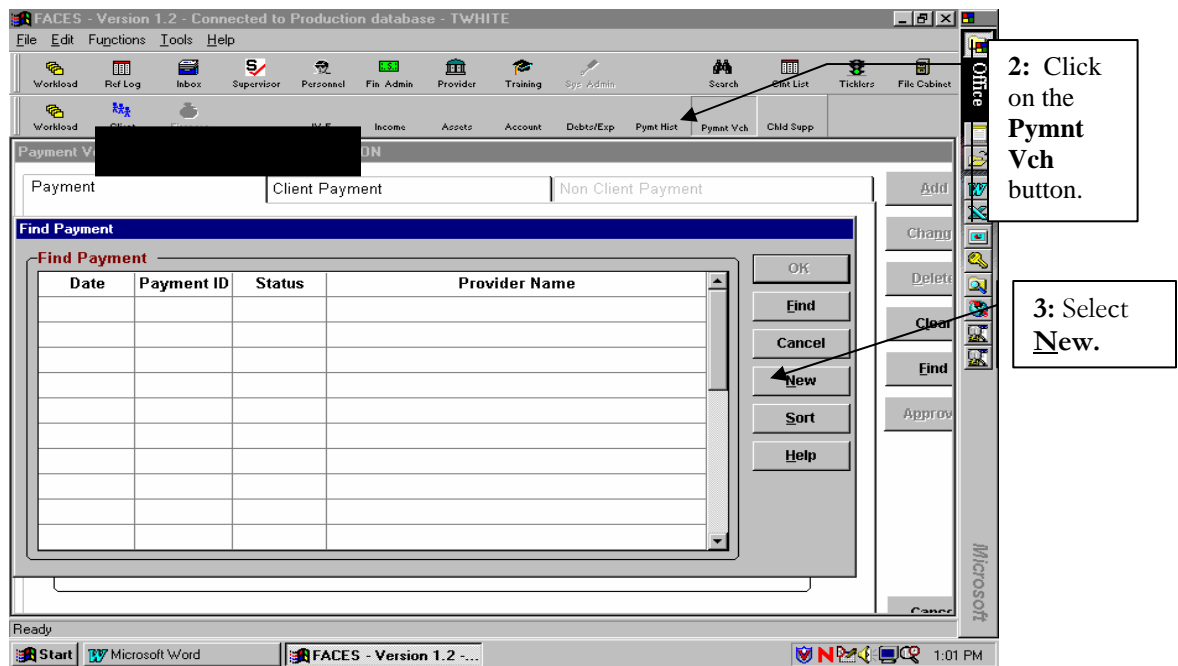


Figure 3-8

Step 4: Click on the **Find Provider...** button.

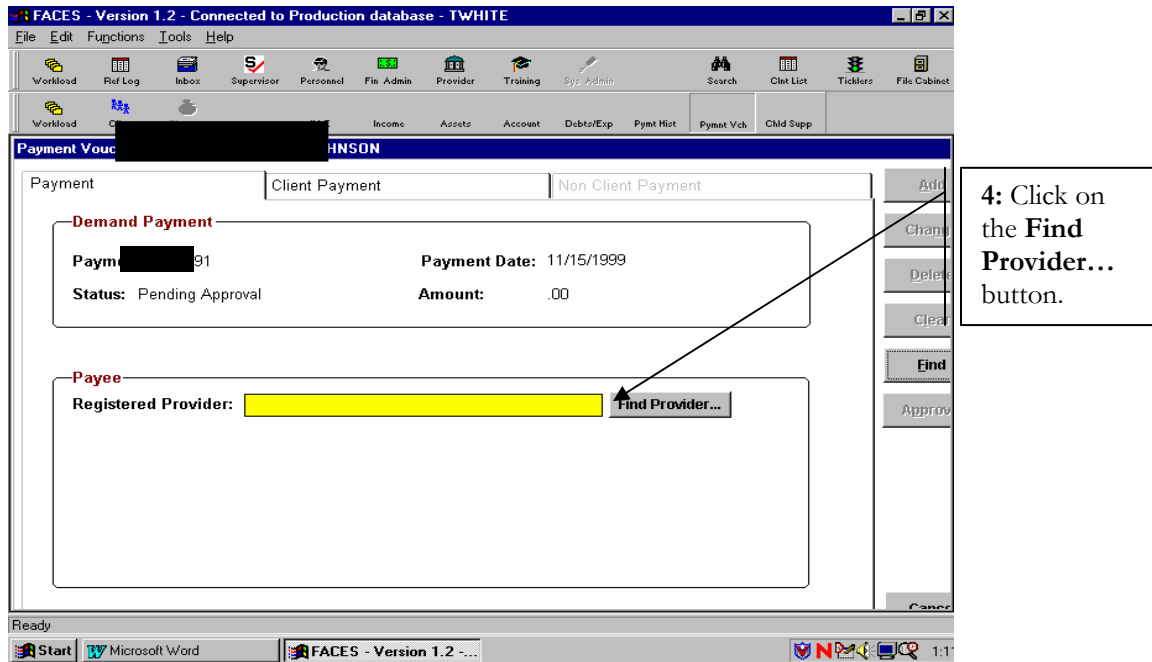


Figure 3-9

- Step 5: Find the provider by entering one of the criteria or clicking on **F**ind (if you click **F**ind, all of the providers in FACES will be displayed).
- Step 6: After finding the provider click **O**K.
- Step 7: Click on the **C**lient Payment tab and complete all mandatory fields.
- Step 8: Click **A**dd.
- Step 9: Click the **A**pprove button to request approval.
- Step 10: Once approval is requested click **O**K..

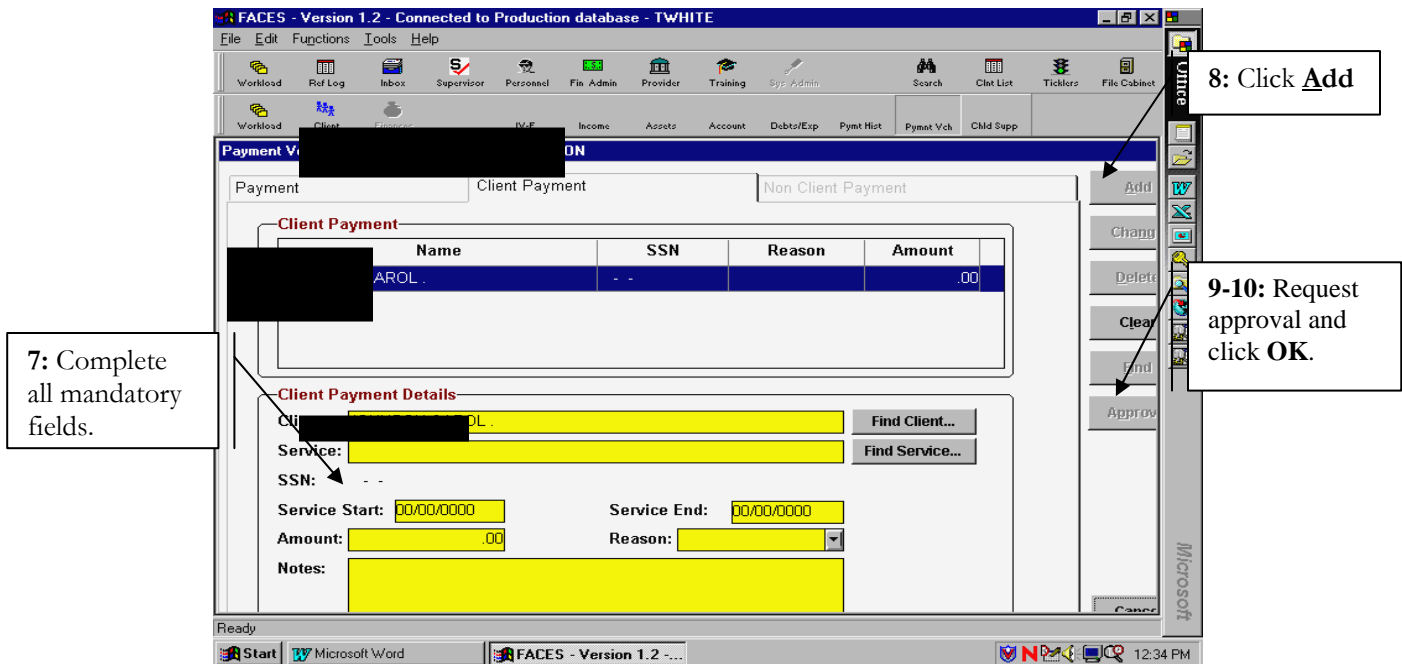


Figure 3-10

Notes:

- Demand payments are typically payments for services resulting from emergency or one-time requests, such as court orders.
- Demand payments are never for placement services
- Service Start and End dates reflect the timeframe in which the service has occurred.
- Supervisory approval of demand payment triggers an invoice for contracted providers and an interface to R-STARS for non-contracted providers. The Financial Office reviews all demand payments to ensure that there are no duplicated payments.

3.4 R-STARS

The R-STARS interface file is created automatically by FACES on a daily basis and transferred to R-STARS mainframe system through the District of Columbia WAN. As soon as FACES generates the interface file, all payments within that file are flagged as 'Interfaced' and time stamped. This status is reflected on the FACES financial screens and allows our fiscal staff to keep track of which payments are currently in the R-STARS/check generation process and cannot be changed.

Payment Status

The **Payment Status** screens allow fiscal staff to review all payments by status, all payments made to a provider, and all payments made for a client.

Steps include:

Step 1: Navigate to the **Pay Status** screen by clicking on **Pay Status**→**Fin Admin**→**Acct Pyble**→**Pay Status**.

Status Tab

Use the **Status Tab** to search for payments by status type.

Step 2: Chose a status type from the **Payment Status** picklist.

Step 3: Once a status has been chosen, the payments of the corresponding type will be displayed in the Payment Details and Client Details section of the screen.

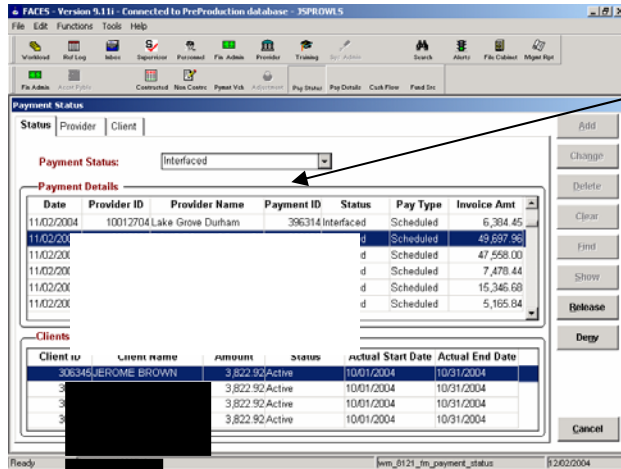


Figure 3-11

Notes:

- **Payment Details** grid shows; the interface date, the provider to be paid, the payment type, and the invoiced amount.
- The **Client Details** box displays each client that received services on the invoice highlighted in the **Provider Details** box. The client name, client ID, payment amount, status, and start and end dates are displayed

Provider Tab

Use the **Provider** Tab to search for payments by Provider name.

Step 4: Click on the **Provider** Tab

Step 5: Click the **Find** button to look up a provider whose payments information you wish to view.

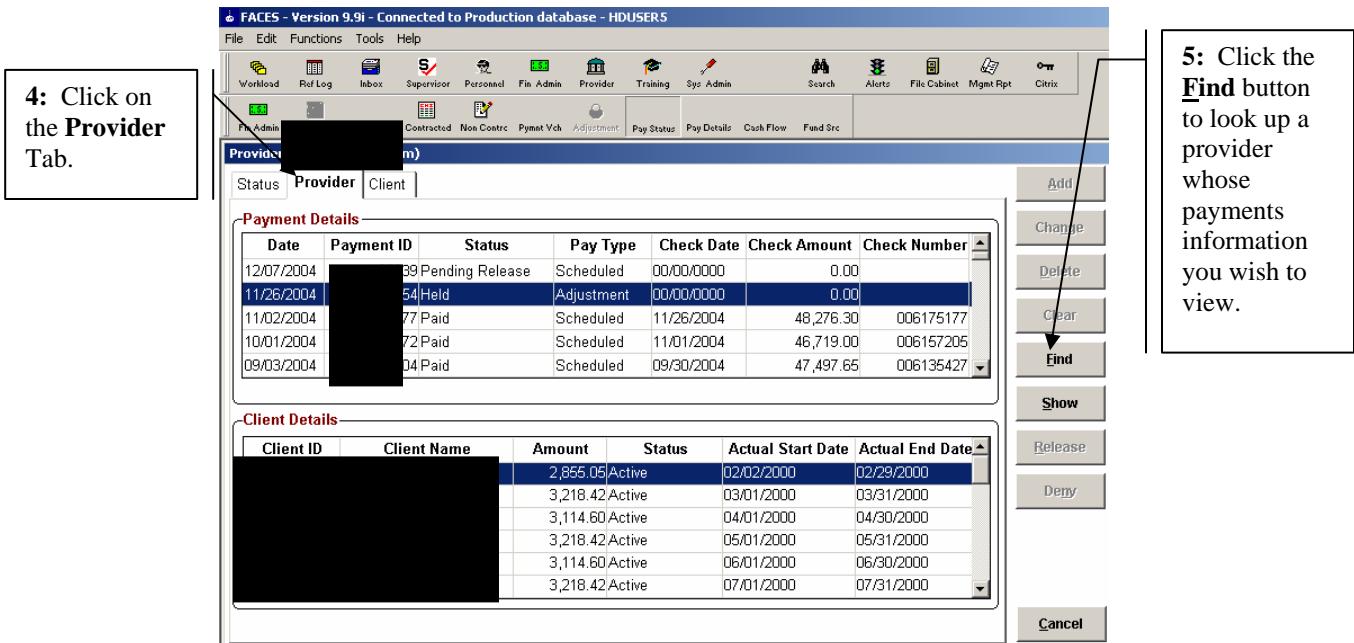


Figure 3-12

Notes:

- Payment Details box shows: the interface date, the provider to be paid, the payment type, and the invoiced amount.
- The Client Details box displays each client that received services on the invoice highlighted in the Provider Details box. The client name, client ID, payment amount, status, and start and end dates are displayed.

Client Tab

Use the **Client** Tab to search for payments by Client.

Step 6: Click the **Client** Tab.

Step 7: Click the **Find** button to look up a client whose payment information you wish to view.

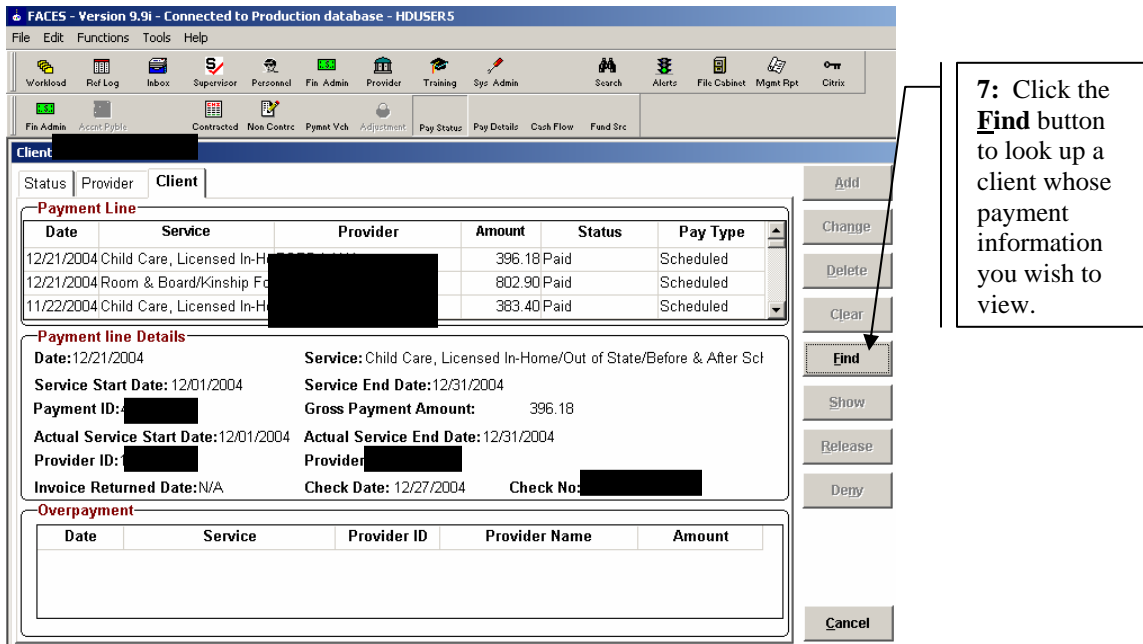


Figure 3-13

Notes:

- Summary information about the payment line is displayed in the top grid.
- Whatever is highlighted in the top grid is what gets displayed in this section.
- The interface files that CFS transmits to R-STARS are typically processed on the evening following their transmission. For each processed FACES payment record, R-STARS creates a check request record that is interfaced (along with all other check requests generated by District agencies) to the treasury system. Transmission to the treasury typically occurs on the second evening following transmission from FACES.
- Once the treasury receives the check request records, a check will be created and mailed to the providers. This typically occurs within five days of receipt from R-STARS although there is no fixed schedule due to the treasury's efforts to manage the cash flow of the District. As soon as a check has been printed, an interface file is transmitted back to R-STARS that contains the check number and check creation date; this information cannot be changed. On the evening following receipt of the check information, R-STARS creates a file that contains this check information.

Section 4: Recognition of Underpayments and Overpayments

The accounts payable process described above illustrates how FACES automatically handles paying for services in cases where the service delivery was recorded accurately and in a timely manner. FACES is also capable of handling situations where this does not occur.

There are two situations in which late entry or changes in data will cause FACES to recognize that an underpayment or overpayment situation has arisen:

- The start date or end date of a placement is entered after the FACES automated payment process has run.
- The start date or end date of a placement is changed after the FACES automated payment process has run.

FACES takes the following actions for each situation:

Underpayment – FACES calculates the amount of the adjusting payment and immediately generates a new invoice for that amount. The new invoice for the underpayment then goes through the same verification and payment process as all new Invoice Payments (as discussed in the Accounts Payable section). Once the Agency receives the signed invoice from the provider and no amendments are required, the Fiscal Unit flags the invoice as approved in FACES before that adjusting payment is interfaced to the general ledger system, R-STARS, for check creation.

Overpayment – FACES calculates the amount of the overpayment and generates an account receivable for that amount.

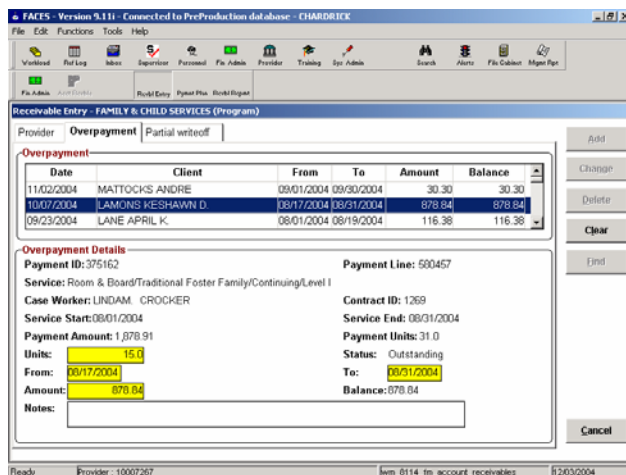


Figure 4-1

Note:

- The original **Service Start Date** and **Service End Date** always remains intact and visible. The Fiscal Unit has the ability to make changes the Overpayment Details box after they researched and verified the accounts receivable.

SECTION 5: ACCOUNTS RECEIVABLE AND RECOUPMENT

The accounts receivable module within FACES is tasked with managing the accounts receivable position of our vendors once the receivable records have been created. This falls into two broad processes:

- Flagging a provider as having an accounts receivable position, and
- Recouping money from subsequent payments.

5.1 Accounts Receivable (Entering a Payment Plan)

Steps include:

Step 1: Click **Fin Admin->Acct Rcvble -> Rcvbl Entry-> Payment Plan tab**

Step 2: Enter the total funds to be deducted from each payment in the **Plan Amount** field. The percentage of total funds receivable will be calculated and appear in the **Percentage** field. Alternatively, enter the percentage of total funds receivable to be deducted each period in the **Percentage** field. The total funds to be deducted from each payment will be calculated and appear in the **Plan Amount** field. In other words, these fields are linked – any change to either causes a corresponding change in the other field.

Step 3: Enter the percentage of the total amount to be paid per month in the **Percentage** field.

Step 4: Click **Add** to save the payment plan. Note that the plan then becomes read only and can be end-dated, but not altered. If a new plan is needed, press **Clear** and start new record.

The screenshot shows the 'Payment Plan' entry screen in the FACES software. The interface includes a menu bar (File, Edit, Functions, Tools, Help) and a toolbar with various icons. The main window is titled 'Payment Plan' and contains a table of existing plans and a 'Payment Plan Details' form.

Start Date	End Date	Percentage	Amount
10/10/1998	12/12/1999	12.00	178.56
12/12/2000	12/12/2001	12.00	178.56
12/13/2009	12/13/2011	12.00	178.56
10/10/2012	10/10/2020	12.00	178.56

Payment Plan Details

Start Date: 10/10/1998 End Date: 12/12/1999
Percentage %: 12.00 Plan Amount: 178.56

Buttons: Add, Change, Delete, Clear, End, Cancel

Callouts:

- 1: Enter the percentage of the total amount to be paid monthly. (points to Percentage % field)
- 2: Enter the Plan Amount. (points to Plan Amount field)
- 3: Enter the percentage of the total amount to be paid monthly. (points to Percentage % field)
- 4: Click The Add button once activated. (points to Add button)

Figure 5-1

NOTE:

- FACES develops an automatic recoupment schedule based on regular payments (1/12th of total due per month for non-contracted providers). This guide contains instructions for entering payments outside of this schedule, although the screens described also allow scheduled payments to be tracked.

5.2 Viewing Recoupment History

Steps include:

- Step 1:** Click **Fin Admin->Acct Rcvble->Rcvbl Rcpmt** to display the Receivable Recoupment screen.
- Step 2:** Enter information into at least one column and click the **Find** button to locate a provider. Clicking **Find** without entering information displays a complete list of all providers.
- Step 3:** Highlight the desired provider and click **OK**.
- Step 4:** The **Provider** tab will be displayed. This screen lists information about the provider, including the total receivable balance due.

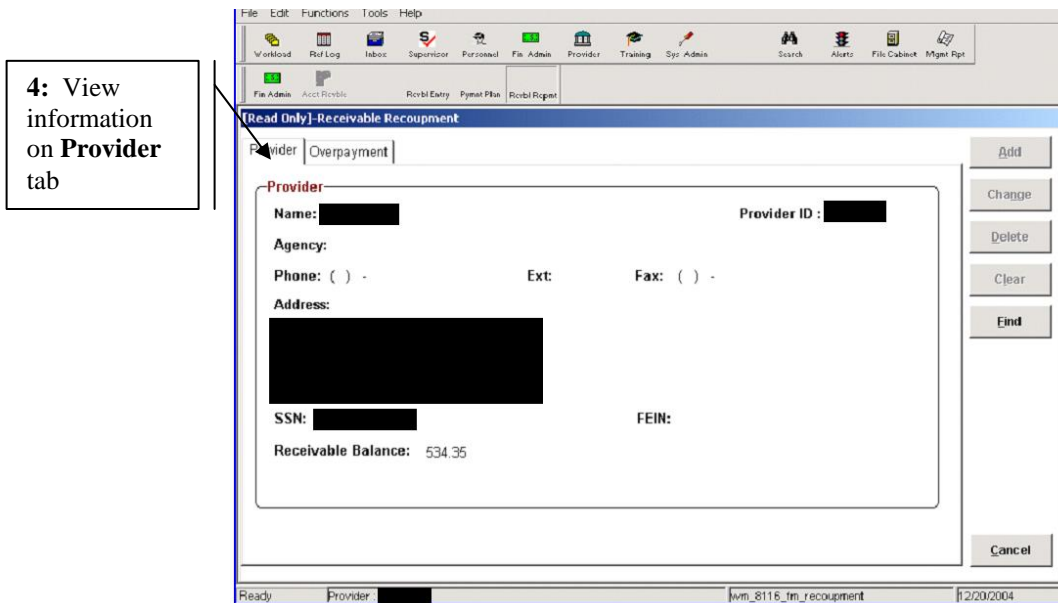


Figure 5-2

- Step 5:** Click the **Overpayment** tab to view the provider's overpayment and recoupment history. On this screen, each recouped payment is listed, including those payments deducted automatically from checks issued to the provider as part of a payment plan.

5: View information on Overpayment tab.

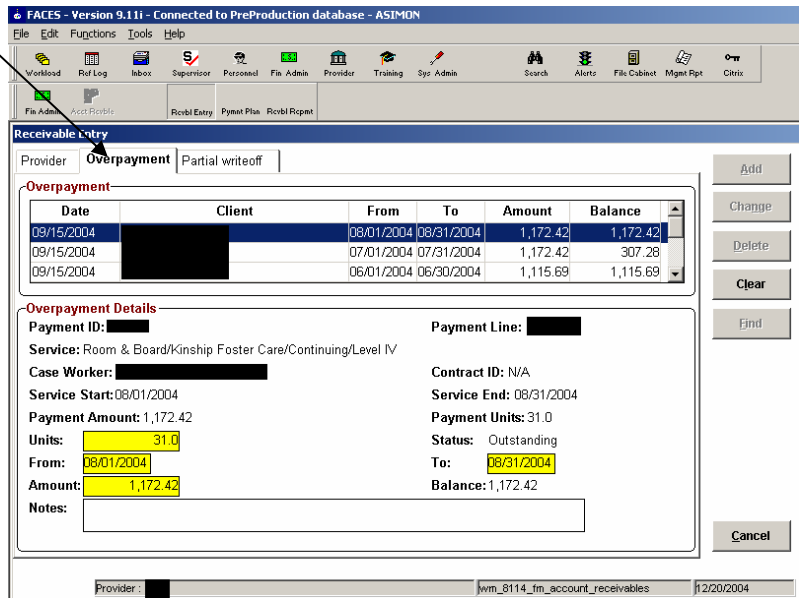


Figure 5-3

5.3 Writing Off Funds Receivable

The **Partial Writeoff** Tab described below will only be available if the selected provider's account has an Accounts Receivable record.

Steps include:

- Step 1: Click **Fin Admin->Acct Rcvble->Rcvbl Entry** to display the Receivable Entry screen.
- Step 2: Fill in **Last Name** or **Agency** of the desired provider, if known.
- Step 3: Enter other criteria, if desired.
- Step 4: Click **Find**.
- Step 5: The **Provider** tab will be displayed. This screen lists information about the provider, including the total receivable balance due.

8: Enter the Writeoff amount and Notes.

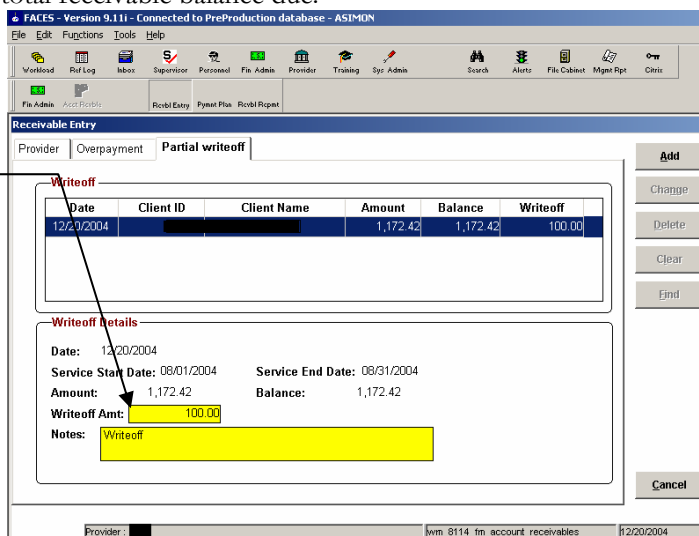


Figure 5-4

Step 6: Click the **Partial writeoff** tab.

Step 7: Any receivable funds previously written off will be displayed in the table on this screen.

Step 8: To write off funds, first enter the amount to be written off in the **Writeoff Amt.** field. Enter any applicable comments in the **Notes:** field.

Step 9: Click the **Add** button to save changes, writing off the amount entered.

Note:

Only the Finance Unit has the appropriate security to partially write off a payment and district guidelines must be followed.

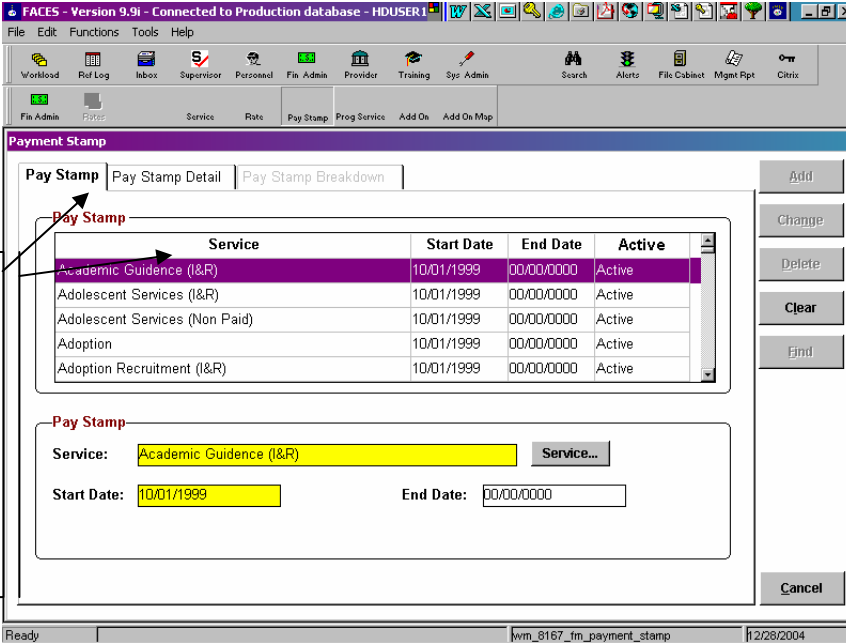
SECTION 6: ELIGIBILITY & CLAIMING

FACES has a payment stamping component, which calculates all claims to agency funding sources for services paid for by CFSA. The payment stamping process is an automated mechanism that allocates all FACES client related expenditures to the most appropriate source(s) of funds. Payment stamping presently allocates costs among the following funding sources: IV-E foster care, IV-E adoption, IV-D, SSI, SSBG and local CFSA funds.

With FACES, one can view a service and the payment stamp details that are associated with that service.

Steps include:

Step 1: Select **Fin Admin** → **Rates** → **Pay Stamp** → **Pay Stamp** tab



Step 1: Click on the **Pay Stamp** tab, highlight the appropriate Service and click the **Pay Stamp Detail** tab.

Service	Start Date	End Date	Active
Academic Guidance (I&R)	10/01/1999	00/00/0000	Active
Adolescent Services (I&R)	10/01/1999	00/00/0000	Active
Adolescent Services (Non Paid)	10/01/1999	00/00/0000	Active
Adoption	10/01/1999	00/00/0000	Active
Adoption Recruitment (I&R)	10/01/1999	00/00/0000	Active

Pay Stamp
Service: Academic Guidance (I&R) Service...
Start Date: 10/01/1999 End Date: 00/00/0000

Figure 6-1

Step 2: To view the Pay Stamp Details for a Service, highlight the appropriate Service and click the **Pay Stamp Detail** tab.

Step 3: Based upon the Service that was selected on the previous tab, view the priority order for claiming. To make modifications to a priority order, highlight the priority and enter the changes in the **Priority Stamp Detail** box.

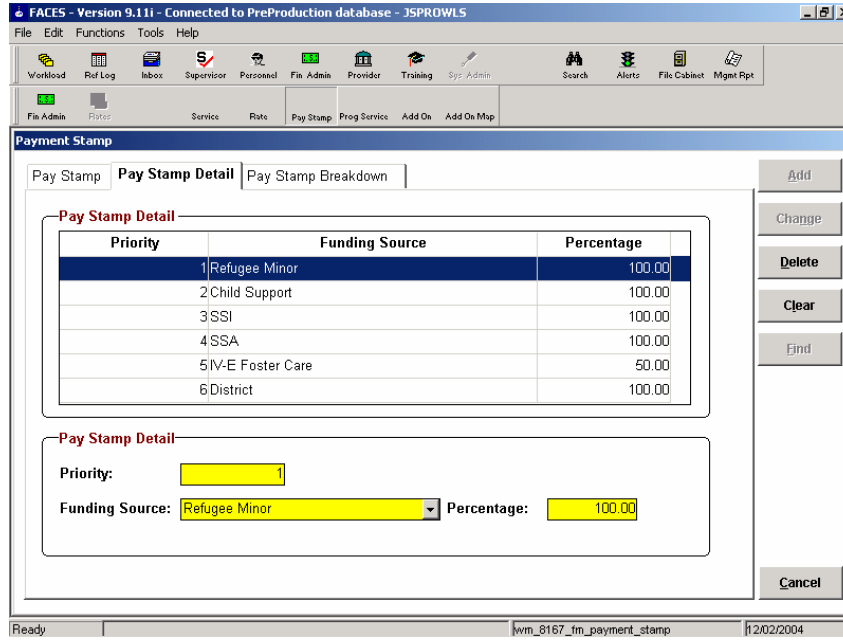


Figure 6-2

Reviewing Funding Source Claims

FACES allow Payment Stamping to automatically allocate each cost to one or more of our funding sources. To view the claims that have been made to a funding source in FACES, follow the following steps.

Steps include:

Step 1: Select **Fin Admin**→**Fund Src**→**Maintenance**

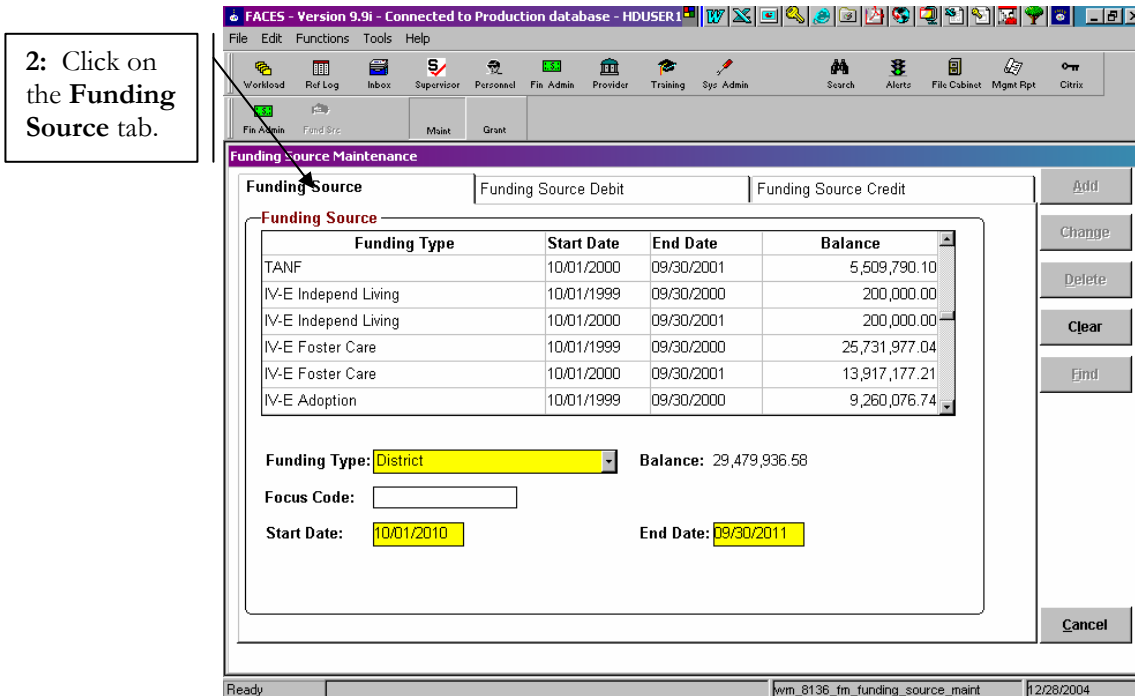


Figure 6-3

Step 2: Click on the **Funding Source** tab.

Step 3: Select a Funding Source

Step 4: Click on the **Funding Source Debit** tab. This displays all the individual service payments that were claimed on the funding source selected in the previous tab.

4: Click the Funding Source Debit tab.

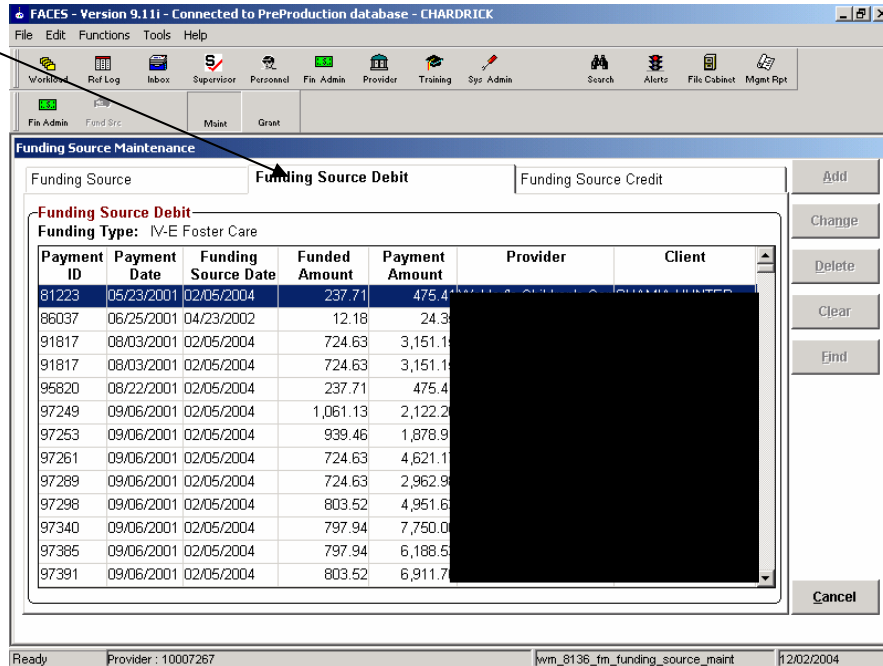


Figure 6-4

Note:

In this screen, the user can view all claim allocations that have been made to payments. In the example, the **Funding Source Debit** screen displays the following details for each claim made to IV-E Foster Care:

- Payment date
- Payment amount
- Claim amount
- Provider paid
- Client