



Eligibility and Finance Training – January 2021

# FSFN Financial & Capturing Costs Correctly

Marci Kirkland, Financial Analyst  
DCF, Office of CBC/ME Financial Accountability (OFA)

# FSFN Financial

- ▶ A Financial Translation of Eligibility Determinations
- ▶ Payment Guidance
- ▶ Setting up Service Types Correctly

# FSFN Financial

## A Financial Translation of Eligibility Determinations

### FSFN Payment Download

Payment Download provides the most “real-time” payment information when it comes to the fund source the payment is being recorded to.

https://fsfn-production.dcf.state.fl.us/ - Payment Download - Internet Explorer provided by DCF

**Florida Safe Families Network** Hand Book Print Audit Spell Check Help

**Selection**

Payee: [Search](#) Payee ID:

Provider: [Search](#) Provider ID:

Person: [Search](#) Person ID:  Case ID:

Service Type:  Service Batch:

Invoice Number:  Invoice Date Range: From:  To:

Invoice Disposition:  Invoice Disposition Date Range: From:  To:

Agency:  Payment Service Date Range: From:  To:

**Results**

	Eligibility Status	OCA Begin Date	OCA End Date	Amount	OCA	Agency	County	Current	OCA Disposition Date	OCA Transaction Type	
#	Eligible Reimbursable	12/01/2019	12/31/2019	\$504.68	LCFHE	1000029	16	Y	12/30/2019	01	<a href="#">History</a>
#	Title N-E Foster Care Pending	12/01/2019	12/31/2019	\$504.68	LCFHI	1000029	16	Y	12/30/2019	01	<a href="#">History</a>
#	Title N-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$504.68	LCFHE	1000029	16	Y	12/30/2019	01	<a href="#">History</a>
#	Title N-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$504.68	LCFHE	1000029	16	Y	12/30/2019	01	<a href="#">History</a>
#	Title N-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$504.68	LCFHE	1000029	16	Y	12/30/2019	01	<a href="#">History</a>
#	Title N-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$504.68	LCFHE	1000029	16	Y	12/30/2019	01	<a href="#">History</a>
#	Title N-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$504.68	LCFHE	1000029	16	Y	12/30/2019	01	<a href="#">History</a>
#	Title N-E Foster Care Eligible Non-Reimbursable	12/01/2019	12/31/2019	\$504.68	LCFHI	1000029	16	Y	12/30/2019	01	<a href="#">History</a>

# FSFN Financial

## A Financial Translation of Eligibility Determinations

### FSFN Payment Download

The Eligibility Status is recorded to a payment when the Financial Batch is scheduled.

In this example, when the Foster Care Service Batch financial was scheduled on 12/4/2019, this child's Title IV-E Eligibility Record had not been completed.

The payment is mapped to the "ineligible" OCA LCFHI.

Results

Eligibility Status	OCA Begin Date	OCA End Date	Amount	OCA	Agency	County	Current	OCA Disposition Date	OCA Transaction Type	
Eligible Reimbursable	12/01/2019	12/31/2019	\$504.68	LCFHE	1000029	16	Y	12/30/2019	01	<a href="#">History</a>
Title IV-E Foster Care Pending	12/01/2019	12/31/2019	\$504.68	LCFHI	1000029	16	Y	12/30/2019	01	<a href="#">History</a>
Title IV-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$504.68	LCFHE	1000029	16	Y	12/30/2019	01	<a href="#">History</a>

Payment Reimbursement History -- Webpage Dialog

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**Basic Information**

Person Name: [Redacted] Case Name: [Redacted]  
 Payee Name: [Redacted] Provider Name: [Redacted]  
 Service Type: [Redacted] Service Batch: Foster Care  
 Payment Service Begin Date: 12/01/2019 Payment Service End Date: 12/31/2019  
 Invoice Date: 12/04/2019 Amount: \$504.68

**Trust Account Calculation**

Date	Amount	Benefit Type

**Other Cost Accumulator**

Trans Date	Reporting Category	OCA	OCA Begin Date	OCA End Date	Amount	Current	OCA Disposition Date	OCA Transaction Type
12/04/2019		LCFHI	12/01/2019	12/31/2019	\$504.68	Y	12/30/2019	01

**Payment Eligibility History**

Trans Date	Begin Date	End Date	Eligibility	Amount
12/04/2019	12/01/2019	12/31/2019	Title IV-E Foster Care Pending	\$504.68

Close

# FSFN Financial

## A Financial Translation of Eligibility Determinations

### FSFN Payment Download

In this example, when the Foster Care Service Batch financial was scheduled on 1/3/2020, this child's Title IV-E Eligibility had an Eligibility Determination, effective December, as being "Title IV-E Foster Care Eligible Reimbursable".

- ▶ The payment is mapped to the "eligible" OCA LCFHE.

When another Foster Care Service Batch financial was scheduled on 1/14/2020, there had been an update to the eligibility record where now the Eligibility Determination, as of 12/21/2019, is "Title IV-E Foster Care Eligible Non-Reimbursable".

- ▶ The OCA has been re-evaluated, and now part of the payment is now being mapped to the "ineligible" OCA LCHI.

	Eligibility Status	OCA Begin Date	OCA End Date	Amount	OCA	Agency	County	Current	OCA Disposition Date	OCA Transaction Type	
†	Title IV-E Foster Care Eligible Non-Reimbursable	12/21/2019	12/31/2019	\$165.59	LCHI	1000065	58	Y	01/16/2020	01	<a href="#">History</a>
†	Title IV-E Foster Care Eligible Reimbursable	12/01/2019	12/20/2019	\$301.06	LCFHE	1000065	58	Y	01/16/2020	01	<a href="#">History</a>
†	Title IV-E Foster Care Eligible Non-Reimbursable	12/21/2019	12/31/2019	\$165.59	LCHI	1000065	58	Y	01/16/2020	01	<a href="#">History</a>
†	Title IV-E Foster Care Eligible Reimbursable	12/01/2019	12/20/2019	\$19.35	LCFHE	1000065	58	Y	01/16/2020	01	<a href="#">History</a>
†	Title IV-E Foster Care Eligible Non-Reimbursable	12/21/2019	12/31/2019	\$10.65	LCHI	1000065	58	Y	01/16/2020	01	<a href="#">History</a>

**Payment Reimbursement History -- Webpage Dialog**  
**Florida Safe Families Network**  
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**Basic Information**

Person Name:		Case Name:	
Payee Name:		Provider Name:	
Service Type:		Service Batch:	Foster Care
Payment Service Begin Date:	12/01/2019	Payment Service End Date:	12/31/2019
Invoice Date:	01/03/2020	Amount:	\$466.65

**Trust Account Calculation**

Date	Amount	Benefit Type

**Other Cost Accumulator**

Trans Date	Reporting Category	OCA	OCA Begin Date	OCA End Date	Amount	Current	OCA Disposition Date	OCA Transaction Type
01/03/2020		LCFHE	12/01/2019	12/31/2019	\$466.65	N	01/06/2020	01
01/14/2020		LCFHE	12/01/2019	12/31/2019	(\$466.65)	N	01/16/2020	03
01/14/2020		LCHI	12/21/2019	12/31/2019	\$165.59	Y	01/16/2020	01
01/14/2020		LCFHE	12/01/2019	12/20/2019	\$301.06	Y	01/16/2020	01

**Payment Eligibility History**

Trans Date	Begin Date	End Date	Eligibility	Amount
01/03/2020	12/01/2019	12/31/2019	Title IV-E Foster Care Eligible Reimbursable	\$466.65
01/14/2020	12/21/2019	12/31/2019	Title IV-E Foster Care Eligible Non-Reimbursable	\$165.59
01/14/2020	12/01/2019	12/20/2019	Title IV-E Foster Care Eligible Reimbursable	\$301.06

Close

# FSFN Financial

## A Financial Translation of Eligibility Determinations

### FSFN Payment Download

In this example, when the Foster Care Service Batch financial was scheduled on 1/3/2020, this child's Title IV-E Eligibility had a Eligibility Determination, effective December, as being "Title IV-E Foster Care Eligible Reimbursable".

- ▶ The payment is mapped to the "eligible" OCA LCFHE.

When another Foster Care Service Batch financial was scheduled on 1/23/2020, an Eligibility Redetermination had been completed, which resulted as the same eligibility status, but the OCA will still be re-evaluated.

	Eligibility Status	OCA Begin Date	OCA End Date	Amount	OCA	Agency	County	Current	OCA Disposition Date	OCA Transaction Type	
t	Title IV-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$478.60	LCFHE	1000065	58	Y	01/23/2020	01	<a href="#">History</a>
t	Title IV-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$478.60	LCFHE	1000065	41	Y		01	<a href="#">History</a>
t	Title IV-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$466.65	LCFHE	1000065	41	Y		01	<a href="#">History</a>
t	Title IV-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$466.65	LCFHE	1000065	41	Y		01	<a href="#">History</a>
t	Title IV-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$30.00	LCFHE	1000065	41	Y		01	<a href="#">History</a>
t	Title IV-E Foster Care Eligible Reimbursable	12/01/2019	12/31/2019	\$30.00	LCFHE	1000065	41	Y		01	<a href="#">History</a>
e placement	Title IV-E Foster Care Eligible Reimbursable	12/01/2019	12/22/2019	\$435.77	LCFHE	1000065	58	Y		01	<a href="#">History</a>

Payment Reimbursement History -- Webpage Dialog

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**Basic Information**

Person Name: [Redacted] Case Name: [Redacted]  
 Payee Name: [Redacted] Provider Name: [Redacted]  
 Service Type: [Redacted] Service Batch: Foster Care  
 Payment Service Begin Date: 12/01/2019 Payment Service End Date: 12/31/2019  
 Invoice Date: 01/03/2020 Amount: \$478.60

**Trust Account Calculation**

Date	Amount	Benefit Type

**Other Cost Accumulator**

Trans Date	Reporting Category	OCA	OCA Begin Date	OCA End Date	Amount	Current	OCA Disposition Date	OCA Transaction Type
01/03/2020		LCFHE	12/01/2019	12/31/2019	\$478.60	N	01/06/2020	01
01/23/2020		LCFHE	12/01/2019	12/31/2019	\$478.60	Y		01
01/23/2020		LCFHE	12/01/2019	12/31/2019	(\$478.60)	N		03

**Payment Eligibility History**

Trans Date	Begin Date	End Date	Eligibility	Amount
01/03/2020	12/01/2019	12/31/2019	Title IV-E Foster Care Eligible Reimbursable	\$478.60
01/23/2020	12/01/2019	12/31/2019	Title IV-E Foster Care Eligible Reimbursable	\$478.60

Close

# FSFN Financial Payment Guidance

## FSFN Payment Reference Guide

The FSFN Payment Reference Guide provides the following information necessary to process payments accurately in FSFN, such as:

- ▶ Setting up the Service Types for Placements and Services, with special attention to:
  - ▶ How to set up if the cost is allowable as a Title IV-E Foster Care Maintenance Payment and the fund source should be determined based on the child or young adult's Title IV-E Eligibility.
- ▶ Service Category Descriptions – This is the first category chosen when setting up a Service Type or when choosing which Service Type to select when entering Placements, Services, processing manual Payments & Overpayment Adjustments, etc...
  - ▶ Used to create statewide reports, such as the Statewide Client Eligibility Report.
  - ▶ Describe what types of costs at a high level should be captured within each category.

# FSFN Financial Payment Guidance

## FSFN Payment Reference Guide {continued}

- ▶ Reporting Category Descriptions, which:
  - ▶ Describe what types of costs can be claimed for the Reporting Category, i.e., allowable costs;
  - ▶ **Should the Service Type be directed to the child/young adult's Title IV-E Eligibility Record based on the Reporting Category chosen;**
  - ▶ Other Cost Accumulators (OCA) associated with the Reporting Category; and
  - ▶ Program Eligibility {for some of the Reporting Categories}.
- ▶ NCANDS Reporting Descriptions (previously known as Statewide Reporting Group)
- ▶ NYTD Reporting Group Descriptions
- ▶ And More.....

# FSFN Financial Payment Guidance

The *FSFN Payment Reference Guide* can be obtained at:

[http://eww.dcf.state.fl.us/ascbc/training/fsfn\\_payment\\_reference\\_guide.pdf](http://eww.dcf.state.fl.us/ascbc/training/fsfn_payment_reference_guide.pdf)

or

<https://www.myflfamilies.com/service-programs/community-based-care/docs/FSFN%20Payment%20Reference%20Guide.pdf>

**Please Note:** Always remember to look at the “Updated Date” located in the header of each page.



# FSFN Financial Setting Up Service Types Correctly

## ► “Placement” Service Types

- Eligibility – Is the funding determined by the child or young adult’s Title IV-E Eligibility Record?
  - If “Yes”, then ‘Applicable’
  - If “No”, then ‘Not Applicable’
- License Type Required – Is the payment contingent upon if the Provider has a License documented in FSFN or not?
  - If “Yes”, then select the License Type option required for the Provider to have recorded as **active** in FSFN.
  - If “No”, then select ‘No Existing License Type’

https://fsfn-production.dcf.state.fl.us/ - Maintain Service Type and Rate - Internet Explorer provided by DCF

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Hand Book Print Audit Spell Check Help ?

**Service Information**

Fiscal Agency: [dropdown] Short Desc: SLA SH Effective Date: 01/2019

Service Category: Independent Living Med Desc: SLA Shared House (EFC) Inactive Date: [dropdown]

Service Code: 5189 Service Code Long Desc: SLA Shared Housing (EFC) Date Last Paid: 12/21/2018

**Service Type Specifics**

Service  Placement

Override Parent Agency rule

Service Batch: [dropdown]

Age From: [input] Age To: [input]

Next Service Type: [dropdown]

Eligibility: Applicable

License Type Required: No Existing License Type

Payments Allowed

Ongoing Service/Placement

Amount Auto Calculated

Service Spans Multiple Days

Non-System-Disbursed Payment

Episode Driven

Unit Type

Fixed Price

Full Month

Advance

Negative Payment Allowed

Reporting Category: Extended Foster Care  Multiple Allowed

Statewide Reporting: Other

NYTD Reporting: Supervised Independent Living

Spending Limit: N/A Period: [dropdown]

Limit Amount: [input]

Accepts Override Approval: [dropdown]

Rate by Service  Rate by Provider

Rate by Child Allowed

**Service Rates**

Select	Effective Date	Last Updated	Rate Period	Rate	Action
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**Multiple Rate Categories**

Reporting Category	Rate	Action
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License Type Required:

- Child Caring Agency (CCA)
- Child Placing Agency (CPA)
- Level I - Child Specific
- Level II - Non-Child Specific
- Level III - Safe Foster Home / Human Trafficking
- Level IV - Therapeutic Foster Care
- Level V - Medical Foster Home
- No Existing License Type
- Non-DCF License

Insert Save Close

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# FSFN Financial Setting Up Service Types Correctly

## ▶ When must a License Type be selected?

- ▶ When the Service Type is used to record, regardless of if a payment will be processed or not, a child being placed or an additional service is being provided by a DCF **Licensed Foster Home** or **Group Home**, such as recording in FSFN a child or young adult's:

### ▶ Respite Services–

- ▶ When do you set up Respite Services as a 'Placement' or 'Service' Service Type?
- ▶ Is a License Type always required?
- ▶ What would be chosen for the 'Eligibility' data field?
- ▶ When a License is required, the Service Type must be added to the FSFN Provider Management's page under "Licensed Services".

https://fsfn-production.dcf.state.fl.us/ - Maintain Service Type and Rate - Internet Explorer provided by DCF

**Florida Safe Families Network** Hand Book Print Audit Spell Check Help

**Service Information**

Fiscal Agency: [Dropdown] Short Desc: LVL II FH Res Effective Date: 08/2019  
 Service Category: Respite Care Med Desc: LVL II Lic FH Respite Inactive Date: [Dropdown]  
 Service Code: [Dropdown] Service Code Long Desc: Level II Licensed Foster Home Respite Date Last Paid: 00/00/0000

**Service Type Specifics**

Service  Placement  
 Override Parent Agency rule  
 Service Batch: Foster Care  
 Age From: [Dropdown] Age To: [Dropdown]  
 Next Service Type: [Dropdown]  
 Eligibility: Applicable  
 License Type Required: Level II - Non-Child Specific

Payments Allow ed  
 Ongoing Service/Placement  
 Amount Auto Calculated  
 Service Spans Multiple Days  
 Non-System-Disbursed Payment  
 Episode Driven  
 Unit Type  
 Fixed Price  
 Full Month  
 Advance  
 Negative Payment Allow ed

Reporting Category: Other Client Services - Out-of-Home  Multiple Allow ed  
 NCANDS Reporting: Respite Care Services  
 NYTD Reporting: Not Applicable  
 Spending Limit: N/A Period: [Dropdown]  
 Limit Amount: [Dropdown]  
 Accepts Override Approval: [Dropdown]  
 Rate by Service  Rate by Provider  
 Rate by Child Allow ed

**Service Rates**

Select	Effective Date	Last Updated	Rate Period	Rate	Action
	08/2019	00/00/0000	Daily	\$15.91	Delete

**Multiple Rate Categories**

Reporting Category	Rate	Action

Insert Save Close

**Has this Service Type been set up correctly?**

# FSFN Financial Setting Up Service Types Correctly

## ▶ How will this Provider be paid?

- ▶ By **Day** or for the **Full Month**, regardless of when the Placement or Service is ended in FSFN?
  - ▶ By Day – the payment will only be paid for the days within the Service Begin and Service End Dates, then if:
    - ▶ A Daily Rate is established in FSFN, then the payment amount will be the **Daily Rate multiplied by the Number of Days**.
    - ▶ A Monthly Rate is established in FSFN, then the payment amount will be **the Monthly Rate divided by Number of Days in the month, then multiplied by the Number of Days**.
  - ▶ Full Month – the payment will be paid for the entire month regardless of when the Placement or Service is ended in FSFN. **Note: This is identified in the Service Type by checking the “Full Month” checkbox.**
  - ▶ Advance – the payment will be calculated for ongoing Placements or Services a month in advance, when the advance month is entered when scheduling the financial batch. **Note: This is identified in the Service Type by checking the “Advance” checkbox.**

https://fsfn-production.dcf.state.fl.us/ - Maintain Service Type and Rate - Internet Explorer provided by DCF

Florida Safe Families Network

Hand Book Print Audit Spell Check Help ?

**Service Information**

Fiscal Agency: [Dropdown] Short Desc: SLA LIC FH Effective Date: 01/2019  
Service Category: Independent Living Med Desc: SLA LIC FH (EFC) Inactive Date: [Empty]  
Service Code: 5646 Service Code Long Desc: SLA Licensed Foster Home (EFC) Date Last Paid: 01/14/2019

**Service Type Specifics**

Service  Placement

Override Parent Agency rule

Service Batch: IL

Age From: [Empty] Age To: [Empty]

Next Service Type: [Dropdown]

Eligibility: Applicable

License Type Required: No Existing License Type

Payments Allowed

Ongoing Service/Placement

Amount Auto Calculated

Service Spans Multiple Days

Non-System-Disbursed Payment

Episode Driven

Unit Type

Fixed Price

Full Month

Advance

Negative Payment Allowed

Reporting Category: Extended Foster Care  Multiple Allowed

Statewide Reporting: Other

NYTD Reporting: Supervised Independent Living

Spending Limit: N/A Period: [Dropdown]

Limit Amount: [Empty]

Accepts Override Approval: [Dropdown]

Rate by Service  Rate by Provider

Rate by Child Allowed

**Service Rates**

Select	Effective Date	Last Updated	Rate Period	Rate	Action
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**Multiple Rate Categories**

Reporting Category	Rate	Action
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Insert Save Close

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**By looking at this Service Type, how are Providers paid?**

# FSFN Financial Setting Up Service Types Correctly

## ▶ How will the payment amount for this Placement or Service be calculated?

- ▶ **Rate by Service** or **Rate by Provider**? For whichever one is chosen, always remember to check the “**Rate by Child Allowed**” checkbox {this will always be a “safety net” in establishing a rate for a child or young adult}.
  - ▶ **Rate by Service** – if this radio button is selected then rate should be established within the Maintain Services page within the Service Type itself.
    - ▶ Pro: The updated rate will be reflected for multiple children or young adult’s using the Service Type will no other update required; however, this update **MUST** be done by using the Maintain Services Page in the Service Rate section **only**.
  - ▶ **Rate by Provider** – if this radio button is selected then rate **MUST** be established within the Provider Management’s page, under the ‘Services’ tab. Provider Rates are updated as well on the Provider Management’s page.

https://fsfn-production.dcf.state.fl.us/ - Maintain Service Type and Rate - Internet Explorer provided by DCF

Florida Safe Families Network

Hand Book Print Audit Spell Check Help ?

**Service Information**

Fiscal Agency: [dropdown] Short Desc: SLA LIC FH Effective Date: 01/2019  
Service Category: Independent Living Med Desc: SLA LIC FH (EFC) Inactive Date: [empty]  
Service Code: 5646 Service Code Long Desc: SLA Licensed Foster Home (EFC) Date Last Paid: 01/14/2019

**Service Type Specifics**

Service  Placement

Override Parent Agency rule

Service Batch: IL Age From: [empty] Age To: [empty]

Next Service Type: [dropdown]

Eligibility: Applicable License Type Required: No Existing License Type

Payments Allowed  
 Ongoing Service/Placement  
 Amount Auto Calculated  
 Service Spans Multiple Days  
 Non-System-Disbursed Payment  
 Episode Driven  
 Unit Type  
 Fixed Price  
 Full Month  
 Advance  
 Negative Payment Allowed

Reporting Category: Extended Foster Care  Multiple Allowed  
Statewide Reporting: Other  
NYTD Reporting: Supervised Independent Living  
Spending Limit: N/A Period: [dropdown]  
Limit Amount: [empty]  
 Accepts Override Approval: [dropdown]

Rate by Service  Rate by Provider  
 Rate by Child Allowed

**Service Rates**

Select	Effective Date	Last Updated	Rate Period	Rate	Action
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**Multiple Rate Categories**

Reporting Category	Rate	Action
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Insert Save Close

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# Additional Questions

**Marci Kirkland**

[Marci.Kirkland@myflfamilies.com](mailto:Marci.Kirkland@myflfamilies.com)

**or**

[HQW.CFO.Fiscal.Accountability@myflfamilies.com](mailto:HQW.CFO.Fiscal.Accountability@myflfamilies.com)