# Benefit Payments

**Topic:** *FM04a: Reimbursement*

**Report ID:** FM04a02

**Report Content:** This report summarizes the benefit payments made on behalf of children in three major categories: Title IV-E, Title XIX, and TANF. The Title IV-E component is further broken into four sub categories: Foster Home, Group Home, RCCs, and Adoptive Home. This report also provides information on the same components by county. In addition, it provides information on Checks Disbursed, Checks In Process and Overpayments at the county level.

In the summary sections, the report separates the payments for children in the subsidized guardianship program (control, experimental or exempt group) from the payments for the rest of the children in the agency's care. In addition to the criteria listed in the report details, payments will appear under sections 1-5.c only if the child has no Subsidized Guardianship program assignment for the period encompassing the payment begin date:
Payment.id_prsn not in (Select id_prog_asgn from Person_Program_Assignment PPA where
PPA.dt_begin <= Payment.dt_pmnt_begin and
(PPA.dt_end >= Payment.dt_pmnt_begin or PPA.dt_end is null) and
PPA.cd_program= code value for 'Subsidized Guardianship')

Sections 6-10, 11-15.c, and 16-20.c are identical to sections 1-5.c except for that they are specific to children with an assignment to the Subsidized Guardianship program, Control, Experimental or Exempt group, respectively. The following criteria is used to determine whether the child is part of the particular group of the Subsidized Guardianship program during the period encompassing the payment begin date:
Payment.id_prsn in (Select id_prog_asgn from Person_Program_Assignment PPA where
PPA.dt_begin <= Payment.dt_pmnt_begin and
(PPA.dt_end >= Payment.dt_pmnt_begin or PPA.dt_end is null) and
PPA.cd_group= code value for 'Control', 'Experimental', 'Exempt'- depending on the section- and
PPA.cd_program= code value for 'Subsidized Guardianship')

Sections 15.d and 15.e derive their information from the Subsidized Guardianship payments for children in the Experimental Group. Similarly, sections 20.d and 20.e are for the Subsidized Guardianship payments for children in the Exempt Group.

Subsidized Guardianship has a unique fiscal reporting category (funding source account number) code of 31. This allows the system to process the payments using the Adoption Eligibility record, while retaining the funding source numbers corresponding the BMCW Foster Care. As such, the Subsidized Guardianship sections of this report for the Experimental and Exempt groups are keyed on the new reporting category code.

When the report is run for 'All Counties', it lists the summary information for Statewide, Milwaukee and Non-Milwaukee, followed by the details for each of the counties. When the report is run for a specific county, only the county's details appear on the report.

**Dependencies:** FM04a – Title IV-E Reimbursement batch program needs to be complete its cycle.

**Frequency:** Monthly, quarterly.

**Runtime Parameters:** County, From Date, To Date

**Selection Criteria:** Refer to individual fields listed below.

**Sort Criteria:** Summary pages (Statewide, Milwaukee and Non-Milwaukee) followed by Counties.

**Page Breaks:** Summary, By County.

**Output Data:** For the dates specified, list the cumulative amount of payments made on behalf of children for the categories referred to in the Report Content Section of this report. It also provides information on the overpayments, checks in process and checks disbursed during the period.

**Audience:** DHFS fiscal staff.

**Business Intent:** Allows financial staff to review expenditures against funding sources.

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10      20      30      40      50      60      70      80      90      100     110     120     130
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Date: MM/DD/YYYY                                    State of Wisconsin                              Report ID: FM04a02
Time: hh:mm:ss AM/PM                              Bureau of Financial Services                           Page: XXXXXXX
                                        Payments Made Between MM/DD/YYYY and MM/DD/YYYY


1. MCPS/Milw. County Payment Amounts                IV-E                XIX                 State               Total
                                          ____________________________________________________________________________
     1.a. Foster Homes                      $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     1.b. Group Homes                       $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     1.c. Residential Care Centers          $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
                                          ============================================================================
          Total Amount for the Period       $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX

2. MCPS Kinship Care Payment Amounts                TANF
                                          _____________
          Total Amount for the Period       $XXX,XXX,XXX.XX

3. Non-Milwaukee Co. Payment Amounts                IV-E                XIX                 State               Total
                                          ____________________________________________________________________________
     3.a. Foster Homes                      $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     3.b. Group Homes                       $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     3.c. Residential Care Centers          $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
                                          ============================================================================
          Total Amount for the Period       $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX

4. Non-Milwaukee Kinship Care Payment Amount        TANF
                                          _____________
          Total Amount for the Period       $XXX,XXX,XXX.XX

5. State Foster Care and Adoption Amount            IV-E                XIX                 State               Total
                                          ____________________________________________________________________________
     5.a. Foster Homes                      $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     5.b. Group Homes                       $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     5.c. Residential Care Centers          $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     5.d. Non-Recurring Adoption Expenses (50/50)  $XXX,XXX,XXX.XX                  $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     5.e. Adoption Assistance               $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
                                          ============================================================================
          Total Amount for the Period       $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX


10      20      30      40      50      60      70      80      90      100     110     120     130
----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+--

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                                        Payments Made Between MM/DD/YYYY and MM/DD/YYYY
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6. Subsidized Guardianship- Control Group-
   MCPS/Milw. County Payment Amounts

| | IV-E | XIX | State | Total |
|---|---|---|---|---|
| 6.a. Foster Homes | $XXX,XXX,XXX.XX | | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| 6.b. Group Homes | $XXX,XXX,XXX.XX | | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| 6.c. Residential Care Centers | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| Total Amount for the Period | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |

7. Subsidized Guardianship- Control Group-
   MCPS Kinship Care Payment Amounts

| | TANF |
|---|---|
| Total Amount for the Period | $XXX,XXX,XXX.XX |

8. Subsidized Guardianship- Control Group-
   Non-Milwaukee Co. Payment Amounts

| | IV-E | XIX | State | Total |
|---|---|---|---|---|
| 8.a. Foster Homes | $XXX,XXX,XXX.XX | | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| 8.b. Group Homes | $XXX,XXX,XXX.XX | | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| 8.c. Residential Care Centers | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| Total Amount for the Period | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |

9. Subsidized Guardianship- Control Group-
   Non-Milwaukee Kinship Care Payment Amount

| | TANF |
|---|---|
| Total Amount for the Period | $XXX,XXX,XXX.XX |

10. Subsidized Guardianship- Control Group-
    State Foster Care

| | IV-E | XIX | State | Total |
|---|---|---|---|---|
| 10.a. Foster Homes | $XXX,XXX,XXX.XX | | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| 10.b. Group Homes | $XXX,XXX,XXX.XX | | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| 10.c. Residential Care Centers | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| Total Amount for the Period | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |

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10      20      30      40      50      60      70      80      90      100     110     120     130
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Bureau of Financial Services
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11. Subsidized Guardianship- Experimental Group-
    MCPS/Milw. County Payment Amounts

| | IV-E | XIX | State | Total |
|---|---|---|---|---|
| 11.a. Foster Homes | $XXX,XXX,XXX.XX | | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| 11.b. Group Homes | $XXX,XXX,XXX.XX | | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| 11.c. Residential Care Centers | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |
| Total Amount for the Period | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX | $XXX,XXX,XXX.XX |

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12. Subsidized Guardianship- Experimental Group-
    MCPS Kinship Care Payment Amounts                TANF
                                                 _____________
          Total Amount for the Period              $XXX,XXX,XXX.XX

13. Subsidized Guardianship- Experimental Group-
   Non-Milwaukee Co. Payment Amounts                 IV-E                XIX                 State               Total
                                                 ____________________________________________________________________
     13.a. Foster Homes                            $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     13.b. Group Homes                             $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     13.c. Residential Care Centers                $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
                                                 ====================================================================
          Total Amount for the Period              $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX

14. Subsidized Guardianship- Experimental Group-
    Non-Milwaukee Kinship Care Payment Amount         TANF
                                                 _____________
          Total Amount for the Period              $XXX,XXX,XXX.XX

15. Subsidized Guardianship- Experimental Group-
    State Foster Care and Subsidized Guardianship      IV-E                XIX                 State               Total
                                                 ____________________________________________________________________
     15.a. Foster Homes                            $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     15.b. Group Homes                             $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     15.c. Residential Care Centers                $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     15.d. Non-Recurring SG Expenses (50/50)       $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     15.e. Subsidized Guardianship                  $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
                                                 ====================================================================
          Total Amount for the Period              $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
10      20       30       40       50       60       70        80       90        100       110      120       130
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16. Subsidized Guardianship- Exempt Group-
    MCPS/Milw. County Payment Amounts                 IV-E                XIX                 State               Total
                                                 ____________________________________________________________________
    16.a. Foster Homes                            $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
    16.b. Group Homes                             $XXX,XXX,XXX.XX                         $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
    16.c. Residential Care Centers                $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
                                                 ====================================================================
          Total Amount for the Period              $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX

17. Subsidized Guardianship- Exempt Group-
    MCPS Kinship Care Payment Amounts                 TANF
                                                 _____________
          Total Amount for the Period              $XXX,XXX,XXX.XX

18. Subsidized Guardianship- Exempt Group-
   Non-Milwaukee Co. Payment Amounts                  IV-E                XIX                 State               Total
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                                                  ____________________________________________________________________
     18.a. Foster Homes                             $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     18.b. Group Homes                              $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     18.c. Residential Care Centers                 $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX   $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
                                                  ====================================================================
          Total Amount for the Period               $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX   $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX

19. Subsidized Guardianship- Exempt Group-
    Non-Milwaukee Kinship Care Payment Amount          TANF
                                                  _____________
          Total Amount for the Period               $XXX,XXX,XXX.XX

20. Subsidized Guardianship- Exempt Group-
    State Foster Care and Subsidized Guardianship      IV-E                XIX                 State              Total
                                                  ____________________________________________________________________
     20.a. Foster Homes                             $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     20.b. Group Homes                              $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     20.c. Residential Care Centers                 $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX   $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     20.d. Non-Recurring SG Expenses (50/50)        $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
     20.e. Subsidized Guardianship                   $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
                                                  ====================================================================
          Total Amount for the Period               $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX   $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
10      20       30       40        50       60       70        80       90        100       110      120       130
----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+----+--

Date: MM/DD/YYYY                                        State of Wisconsin                              Report ID: FM04a02
Time: hh:mm:ss AM/PM                                  Bureau of Financial Services                           Page: XXXXXXX
                                          Payments Made Between MM/DD/YYYY and MM/DD/YYYY

County Name:  XXXXXXXXXXXXXXXXX
-------------------------------------------

County Payment Amounts
                                                       IV-E                XIX                 State              Total
                                                 ---------------------------------------------------------------------------
       a. Foster Homes                                 $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX

       Non-system Disbursed Payments                   $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
       Overpayments                                    $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
       Checks In-Process                                                                                       $XXX,XXX,XXX.XX

       b. Group Homes                                  $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX

       Non-system Disbursed Payments                   $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
       Overpayments                                    $XXX,XXX,XXX.XX                      $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
       Checks In-Process                                                                                       $XXX,XXX,XXX.XX

       c. Residential Care Centers                     $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX   $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX

       Non-system Disbursed Payments                   $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX   $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
       Overpayments                                    $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX   $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX
        Checks In-Process                                                                                       $XXX,XXX,XXX.XX
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       Total Payment Amount for the Period            $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX    $XXX,XXX,XXX.XX

County Kinship Care Payment Amounts                   TANF
                                                 --------------
       Total Amount for the Period                    $XXX,XXX,XXX.XX

       Non-system Disbursed Payments                  $XXX,XXX,XXX.XX
       Overpayments                              -    $XXX,XXX,XXX.XX
        Checks In-Process                            $XXX,XXX,XXX.XX
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