NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES
40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE
Commissioner

(518) 474-9475

LOCAL COMMISSIONERS MEMORANDUM

DSS-4037EL (Rev. 9/89)

Transmittal No: 92 LCM-82

Date: May 21, 1992

Division: Family and Children Services

TO: **Local District Commissioners**

SUBJECT: At Risk Low Income Child Care Program (ARLICC)

ATTACHMENTS: A-District Allocation (not available on-line)
B-Allocation Maximization (available on-line)
C-Statement of Intention to Participate (available on-line)
D-At Risk Low Income Child Care Program Plan (available on-line)

I am pleased to inform you of your federal allocation for the IV-A At Risk Low Income Child Care (ARLICC) program for State fiscal year April 1, 1992-March 31, 1993 (SFY 92-93). This LCM also provides information concerning the application, planning, and claiming for the ARLICC program.

ARLICC program funding is available to social services districts for expansion of child care services for eligible families with low income who are not currently receiving public assistance, who need child care in order to accept work or remain employed, and who, without such child care services, would be at risk of becoming eligible for ADC. Program information is detailed in 91 LCM-112, "New Federally Funded At Risk Low Income Child Care Program Under Title IV-A of the Social Security Act", issued June 7, 1991.

ALLOCATION

ARLICC program funds are granted to New York State on a federal fiscal year basis. The second year of the program is October 1, 1991 to September 30, 1992 (FFY 91-92). The allocation to social services districts is for the period April 1, 1992 to March 31, 1993 and is based upon the actual federal allocation to New York State for the first six months, April 1, 1992 to September 30, 1992, of the State fiscal year and an estimate of the federal

funds to be received for the second six months, October 1, 1992 to March 31, 1993, of the State fiscal year. While it is anticipated that federal funding will remain at the current levels, it is possible that allocations to social services districts may vary in subsequent years.

Districts must expend 50% of their total allocation for the period April 1, 1992 to September 30, 1992, and 50% for the period October 1, 1992 to March 31, 1993. Any funds unexpended from the 50% portion of the allocation dedicated for the period April 1, 1992 to September 30, 1992, can not be carried forward to meet expenditures for the October 1, 1992 to March 31, 1993 period nor utilized for any other purpose. The 50% portion designated for the October 1, 1992-March 31, 1993 period may be carried over to the next State fiscal year, as long as it is expended along with the district's new ARLICC allocation for April 1, 1993 through September 30, 1993 by September 30, 1993.

The social services districts' ARLICC allocation for SFY 92-93 is the same as the ARLICC allocation for SFY 91-92. Program funds are allocated Statewide as follows: 50% for New York City and 50% for the social services districts outside of New York City. Eligible social services districts outside of New York City are allocated funds based upon the social services district's expenditures for the Low Income Day Care Program (LIDC) in SFY 91-92, and the proportionate share of such expenditures to the total expenditures for the LIDC Program by all the social services districts outside of New York City. The ARLICC program federal allocation for your social services district is listed in Attachment A.

Any unexpended funds for federal fiscal year 91-92 may be reallocated by the State to districts which have exceeded their ARLICC allocations.

MATCH REQUIREMENTS

The State share of the ARLICC program is 37.5%. The State share for ARLICC will be deducted from the social services district's Low Income Day Care Program allocation for April 1, 1992 - March 31, 1993 claims. The social services district match is 12.5% of child care costs and, pursuant to federal regulation, 45 CFR Part 257.62, must be in cash. The total cost of care for which reimbursement is claimed must be reduced by the parent fees received. Unrestricted funds donated from private sources may be considered as part of the social services district's share. Funds must be transferred to the district and under the district's administrative control, donated without any restriction which would require their use for assisting a particular individual or organization or at particular facilities or institutions, and must not revert to the donor's facility or use either directly or indirectly.

ARLICC administrative costs are reimbursed at 50% federal, 25% State, and 25% local.

Please note Attachment A also provides a chart that demonstrates the district's potential gross day care program size and the amount of federal, State and local funds required to support that level of day care services. Attachment B provides an example of calculating maximum gross program size with ARLICC and LIDC allocations.

HOW TO APPLY

Social services districts that have **not previously** indicated whether they intend to participate in the ARLICC program must do so by completing Attachment C, Statement of Intention To Participate In The At Risk Low Income Child Care Program. This form must be returned immediately.

Prior to submitting any ARLICC claims, the social services district must submit Attachment D, At Risk Low Income Child Care Program Plan. The plan includes information regarding implementation of the ARLICC program by the social services district. Previously approved ARLICC plans remain in effect through September 1992. ARLICC planning will be incorporated as part of the child care component of the social services district's JOBS plan, which becomes effective October 1, 1992.

Districts which are not currently participating in the ARLICC program must return completed Attachment C, and Attachment D if participating, to:

Ms. Susan Duchnycz
NYS Department of Social Services
Bureau of Early Childhood Services
40 North Pearl Street 11B
Albany, New York 12243-0001

CLAIMING INSTRUCTIONS

Program expenditures for ARLICC should be claimed on Schedule H-Non-Title XX Services For Recipients (DSS-4283). The payments should be reported on line 2 (Day Care Services For Children), under column 7 (At Risk Day Care). These claiming instructions are contained in Chapter Three-Claim Forms and Instructions, Volume II of the New York State Fiscal Reference Manual.

Administrative expenditures for ARLICC made after October 1, 1991 should be claimed on Schedule D-2, Allocation for Claiming of General Services Expenditures (DSS-2347B), in Sections I and II under column 4 "Title IV-A Child Care." The At Risk Administrative Costs are then broken out in Section III, on lines C.2 and C.4. These claiming instructions are found in Chapter Nine-General Services Distribution and Claiming of the Local Cost Allocation Manual-Bulletin 143b.

Reimbursement is <u>not</u> available for expenditures related to the recruitment and training of child care providers, resource development, and licensing activities.

For ARLICC program costs, districts should claim 50% as federal share, 37.5% a State share and 12.5% of the total amount of expenses as local share. The

State share for ARLICC will be deducted from the social services district's Low Income Day Care Program allocation for April 1, 1992- March 31, 1993 claims.

ARLICC administrative costs are reimbursed at 50% federal share, 25% State share, and 25% local share.

All expenditures for the period ending September 30, 1992 must be claimed by November 8, 1992. Due to federal rules regarding claiming and the roll-over of program funds, no exceptions or waivers will be granted for the reimbursement of expenditures submitted after November 8, 1992 for the April 1, 1992-September 30, 1992 period.

Claims for the period October 1, 1992 ending March 31, 1993 should be submitted by May 31, 1993. ARLICC claims submitted after May 31, 1993 will have the State share taken from the State fiscal year 93-94 LIDC allocation rather than the State fiscal year 92-93 LIDC allocation.

SYSTEMS INFORMATION

The authorization of ARLICC services is supported in the WMS Services system. Service Type Suffix M designates IV-A At Risk Low Income Child Care. A WMS Service case must include the Direct Service Type 03M and the corresponding POS Service Type of 32M through 37M. The balance of the POS line will be authorized in the usual manner.

At this time, WMS does not support payments issued directly to the recipient with Service Type Suffix M. Also not supported with Service Type Suffix M is the the use of the following POS Service Types:

POS 30-Day Care-In-Home-Full Time
POS 31-Day Care-In Home-Part Time
POS 3A-School Age Child Care Program
POS 3D-Informal Child Care-Relative-Full Time
POS 3E-Informal Child Care-Relative-Part Time
POS 3F-Day Care-In Home- Relative-Full Time
POS 3G-Day Care-In Home-Relative-Part Time

These will be future system enhancements.

CONTACT PERSON

If you have any questions concerning the At Risk Low Income Child Care program, please contact Susan Duchnycz of the Bureau of Early Childhood Services at 1-800-342-3715 extension 4-9324, or dial direct (518) 474-9324; User ID SVC101.

If you have any claiming questions, please contact the Office of Financial Management, Roland Levie (Upstate) at 1-800-342-3715 ext. 4-7549 or dial direct (518) 474-7549; User ID FM0020 or Marvin Gold (Metro) at (212) 804-1108; User ID OFM270.

If you have any system questions, please contact Gerald Seeley of the Bureau of Services Information Systems at 1-800-342-3727 or dial direct (518) 432-2932; User ID OFL130.

Joseph Semidei
Deputy Commissioner
Family and Children
Services

ATTACHMENT B

ALLOCATION MAXIMIZATION

Example of Calculating Maximum Gross Program Size with ARLICC and LIDC Allocations

At the beginning of the State fiscal year, County X receives a State LIDC allocation of $600,000 and a federal ARLICC allocation of $275,000. In order to calculate the maximum gross program size which would be fully reimbursable with these two allocations, the social services district district should make the following calculations.

$275,000	federal share ARLICC @50%
/50%	divided by 50% for gross program size
$550,000	gross ARLICC program
* 37.5%	
$206,250	State share ARLICC
$550,000	gross ARLICC program
* 12.5%	
$68,750	Local share ARLICC (cash only)
$600,000	State LIDC allocation
-206,250	less State ARLICC match
$393,750	State share LIDC
/87.5%	divided by 87.5% for gross program size
$450,000	LIDC gross program
* 12.5%	
$ 56,250	local share LIDC (in-kind, fees, cash)

	Gross	Federal	State	Local
LIDC	$ 450,000.00	$0.00	$393,750.00	$56,250.00
ARLICC	$ 550,000.00	$275,000.00	$206,250.00	$68,750.00
Total	$1,000,000.00	$275,000.00	$600,000.00	$125,000.00

Districts must expend 50% of their total ARLICC allocation for the period April 1, 1992 to September 30, 1992, and 50% for the period October 1, 1992 to March 31, 1993. The 50% portion designated for the October 1, 1992-March 31, 1993 period may be carried over to the next State fiscal year, as long as it is expended, along with the districts new allocation for April 1, 1993 through September 30, 1993, by September 30, 1993.

Administrative costs are not included in the above calculations. For the Low Income Day Care Program, reimbursement for administrative costs is limited to ten (10) percent of the allocation available to the district or $25,000, whichever is greater. The maximum reimbursement is $350,000. For ARLICC, the administrative costs are reimbursed at 50% federal, 25% State, and 25% local.

ATTACHMENT C

STATEMENT OF INTENTION TO PARTICIPATE IN THE AT RISK LOW INCOME CHILD CARE PROGRAM

DISTRICT:_____

This district intends to participate in the At Risk Low Income Child Care Program.

YES No_____

This district assures that the At Risk Low Income Child Care Program funds will not be used to supplant any other federal or State funds used for child care services.

Yes_____ No_____

This district intends to implement the program on (date):_____

Approximately _____ adults and _____ children will be served.
(number) (number)

If your district has elected not to participate, please list the reason(s):

Commissioner's Signature _____
Date _____

Please return form to:

Ms. Susan Duchnycz
NYS Department of Social Services
Bureau of Early Childhood Services
40 North Pearl Street 11-B
Albany, New York 12243-0001

Attachment D

AT RISK LOW INCOME CHILD CARE PROGRAM PLAN

1. Does your district offer At Risk Low Income Child Care services?
   _____Yes _____No

If you answered yes to question #1, respond to each of the following items.

2. For what purposes is At Risk Low Income Child Care provided?

   At Risk Low Income Child Care is provided to financially eligible low income families who are not in receipt of public assistance, need child care in order to accept or maintain employment and would otherwise be at risk of becoming eligible for ADC.

3. Who is financially eligible to receive At Risk Low Income Child Care?

   Families with income up to 200% of the state income standard for the applicable family size

4. Who (by title and work unit) is responsible for eligibility determination and authorization of At Risk Low Income Child Care? If more than one unit is responsible please specify the tasks of each.

5. Who (by title and work unit) is responsible for providing parents with information about the types of providers who can be reimbursed and assisting them in locating child care? If your organization involves referral of clients from one unit or outside agency to another for any portion of the process, describe each unit's or agency's roles and responsibilities and the interface between groups.

ATTACHMENT D (continued)

6. Who (by title and work unit) is responsible for providing potential At Risk Low Income Child Care recipients with the full range of child care providers eligible for reimbursement?

7. Describe how the district ensures that parents make the final decision regarding the selection of a child care provider for the At Risk Low Income Child Care Program.

8. Client Estimate and Projected Expenditures

	ADULTS	CHILDREN	GROSS PROJECTED EXPENDITURES
At Risk Low Income Child Care Program	_____	_____	_____

Please return form to:

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NYS Department of Social Services
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