



# Bulletin

**NUMBER**

#16-32-04

**DATE**

March 22, 2016

**OF INTEREST TO**

LCTS Coordinators  
LCTS Fiscal Reporting &  
Payment Agents  
County Human Service  
Directors  
Children's Mental Health  
Collaboratives  
Family Services  
Collaboratives  
School Superintendents  
Public Health Directors  
Corrections Administrators

**ACTION/DUE DATE**

Please use these instructions and forms to assist in the preparation of LCTS cost schedules and Annual Spending Report

**EXPIRATION DATE**

March 22, 2018

## Local Collaborative Time Study (LCTS) Fiscal Operations

**TOPIC**

Fiscal operations information and instructions for preparing the Local Collaborative Time Study (LCTS) Web-based Cost Schedules.

**PURPOSE**

Provide instructions and guidelines for preparing the DHS 3220.1, DHS 3220.2 and DHS 3220.3.

**CONTACT**

Bonnie Spray, Tribal and Collaborative Reimbursement Specialist

DHS Financial Operations Division (651) 431-3785 or [bonnie.spray@state.mn.us](mailto:bonnie.spray@state.mn.us) or fax (651) 431-7565.

**SIGNED**

ALEXANDRA KOTZE  
Chief Financial Officer

**TERMINOLOGY NOTICE**

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

## **I. BACKGROUND**

These cost schedules are used by the Minnesota Department of Human Services (DHS) in conjunction with the county/collaborative's Local Collaborative Time Study (LCTS) statistics to determine allowable costs for reimbursement by various federal programs.

## **II. PROCESSES**

- Web-based DHS-3220.1, DHS-3220.2 and DHS-3220.3 cost schedules will be emailed each quarter to the designated contact person on or about the 20<sup>th</sup> of the last month of the reporting quarter
- The DHS-3220.1, DHS-3220.2 and DHS-3220.3 are to be completed and submitted via the web-based form
- Amended cost schedules for prior quarters must be submitted using the new web-based form
- Completed cost schedules are due on the 20<sup>th</sup> of the month following the close of the quarter. If the 20<sup>th</sup> falls on a weekend or holiday, the schedules are due to DHS on the last business day that precedes the 20<sup>th</sup>

## **III. LEGAL REFERENCES**

[Minnesota Statutes, section 245.4932](#)

[Minnesota Statutes, section 245.495](#)

[Minnesota Statutes, section 256F.13](#)

## **IV. ATTACHMENTS**

- A. Fiscal Reporting and Payment Agent Duties and Responsibilities
- B. Primary Contact Form
- C. Training Verification
- D. Local Collaborative Time Study (LCTS) Public School Web-based Cost Schedule Instructions
- E. Local Collaborative Time Study (LCTS) Public School Web-based Cost Schedule 3220.1
- F. Instructions for Using and Navigating the Local Collaborative Time Study (LCTS) Public School Web-based Cost Schedule 3220.1
- G. Local Collaborative Time Study (LCTS) Corrections Web-based Cost Schedule Instructions
- H. Local Collaborative Time Study (LCTS) Corrections Web-based Cost Schedule 3220.2
- I. Instructions for Using and Navigating the Local Collaborative Time Study (LCTS) Corrections Web-based Cost Schedule 3220.2
- J. Local Collaborative Time Study (LCTS) Public Health Web-based Cost Schedule Instructions

- K. Local Collaborative Time Study (LCTS) Public Health Web-based Cost Schedule 3220.3
- L. Instructions for Using and Navigating the Local Collaborative Time Study (LCTS) Public Health Web-based Cost Schedule 3220.3
- M. Local Collaborative Time Study (LCTS) Most Frequently Asked Questions & Answers for Public Schools

## V. ACTION REQUIRED

The following staff must read this bulletin in its entirety **before** submitting web-based cost schedules for the county/collaborative. This bulletin is intended to serve as the mandatory training that is necessary to submit web-based cost schedules for the Local Collaborative Time Study.

- LCTS Fiscal Reporting and Payment Agents
- LCTS Fiscal Site Contacts

Review of this document and its attachments by the individuals above is required prior to completing and submitting the web-based cost schedule on a quarterly basis. New Fiscal Site Contacts must follow up with the LCTS Fiscal Reporting and Payment Agent.

Web-based cost schedules must be prepared in accordance with the attached instructions and submitted to DHS within 20 days after the close of the quarter. If a web-based cost schedule cannot be submitted within the required time frame, please call Bonnie Spray at (651) 431-3785.

The LCTS Fiscal Reporting and Payment Agent and Fiscal Site Contacts must print a copy of the completed web-based cost schedule and sign it and retain the signed copy at the county/collaborative for the length of time required by the county record retention policy or at least four years, whichever is longer.

## VI. AMENDED REPORTS

Counties have up to one year to revise and submit a corrected DHS-3220.1, DHS-3220.2 or DHS-3220.3 cost schedule. The process for submitting an amended report is similar to submitting a current quarter report except when selecting the date of the amended report. Please refer to [page 6 of Attachment F](#) for further instructions.

### **Americans with Disabilities Act (ADA) Advisory**

This information is available in accessible formats for people with disabilities by calling (651) 431-3725 (voice) or toll free at (800) 627-3529 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

ATTACHMENT A

**Local Collaborative Time Study (LCTS)**

**Fiscal Information for  
LCTS Reporting and Payment  
Agents**



***Local Collaborative Time Study (LCTS)***  
***FISCAL REPORTING & PAYMENT AGENT***  
***~Duties and Responsibilities***

For the LCTS, County Human Services is required to act as the collaborative's LCTS Fiscal Reporting & Payment Agent. Outside of the LCTS, another entity or person may act as the fiscal agent for the collaborative; however the duties outlined below are the responsibility of the LCTS Fiscal Reporting & Payment Agent.

The LCTS Coordinator is charged with the overall responsibility of this project. The fiscal reporting is your responsibility. To ensure the success of the LCTS fiscal reporting for your collaborative, you will work closely with the LCTS Coordinator.

- **Serve as the LCTS fiscal liaison between all participating partners of the collaborative and DHS.**

*Have a complete understanding of all of the LCTS Fiscal Reporting & Payment Agent duties and responsibilities.*

Because of the need for local coordination in the administration of the LCTS, we have designated two positions to act as liaisons between the local collaboratives and our agency. They are the LCTS Coordinator and the LCTS Fiscal Reporting & Payment Agent. The LCTS Coordinator deals primarily with the time study operation, while the fiscal topics and fiscal reporting will be your responsibility.

- **Maintain an up-to-date list of the LCTS fiscal site contacts at each participating agency's site.**

*Know your fiscal site contacts*

You should establish working relationships with the LCTS fiscal site contacts at each agency. These are the people who complete the cost schedules. You should keep a list of the LCTS fiscal site contacts and their phone numbers. Please provide DHS with the fiscal site contact information using the [LCTS Primary Contact Form](#) and the [LCTS Training Verification Form](#). Include the following information for each of your fiscal contacts:

- LCTS partner
- Fiscal Site Contact Name
- Fiscal Site Contact Training Date

- **Understand the Cost Schedules for all three agencies (Public Schools, Public Health & Corrections).**

*Understand the Cost Schedules*

You will be the point person for questions on the cost schedules from the LCTS fiscal site contacts. For this reason, you need to thoroughly understand the complexities of the LCTS cost pool and how to accurately complete each of your agency's cost schedules. Please refer to Attachment N, [DHS Contacts for LCTS Questions](#) for additional training or specific questions.

- **Make sure that all LCTS fiscal site contacts are trained on how to fill out the cost schedules, including staff turnover or new partners.**

*Provide training on cost schedules*

When LCTS fiscal site contacts change or when new entities are added to the time study, it is your responsibility to be sure that the staff is properly trained on the completion of the LCTS Cost Schedules. If necessary refer to Attachment N, [DHS Contacts for LCTS Questions](#) for assistance.

- **Review the cost schedules submitted online by all partners, and check for accuracy. The partner's cost schedules are due on or before twenty days after the end of the quarter.**

*Web-based Cost Schedules*

You are responsible for the submission of your partner's web-based cost schedules. Your list of LCTS fiscal site contacts and phone numbers will come in handy if all of the cost schedules have not been submitted. Please be sure to establish a deadline for the LCTS fiscal site contacts in submitting their cost schedules, so you can review the reports for accuracy prior to the 20<sup>th</sup>.

- **Receive federal reimbursement revenue on behalf of the local collaborative organization.**

*Receiving and disbursing the LCTS Money*

The earnings generated by the LCTS will pass through the county. It is your responsibility to deposit the LCTS earnings into the integrated fund of the collaborative. From the integrated fund, the collaborative's LCTS earnings must be spent on new, or the expansion of existing, prevention and early intervention services.

- **Report the expenditures back to DHS.**

*Report the expenditures back to DHS*

Your collaborative is required to report the LCTS expenditures back to DHS. As the collaborative's LCTS Fiscal Reporting & Payment Agent, it is your responsibility to coordinate this reporting effort. Each year, we will send you the LCTS Annual Spending Report. This report is due on or about the 1<sup>st</sup> of March each year.

This is a lot of responsibility and you shouldn't be out there on your own. You should be heavily linked with your LCTS Coordinator. Please call on them and request their assistance with the LCTS reports or any other issues that you encounter. And as always, if you need additional assistance, we are here to assist you.

**ATTACHMENT B**

**LCTS Primary Contact Form**

DHS-4546-ENG

Use side 1 of this form to inform DHS of changes regarding LCTS Coordinator and LCTS Fiscal Reporting & Payment Agents. Use side 2 of this form to inform DHS of changes regarding LCTS Fiscal Site Contacts, and LCTS Trainers. Use the appropriate places for deletions and changes.

**All new information submitted must be followed up with LCTS Training Verification Form DHS-4547-ENG.**

**PLEASE PRINT CLEARLY OR TYPE**

**Current LCTS Coordinator**

LCTS Coordinator being deleted: \_\_\_\_\_

County Name: \_\_\_\_\_

**NEW INFORMATION**

LCTS Coordinator being added: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Effective Date: \_\_\_\_\_

U.S. mailing address: \_\_\_\_\_  
(Street number, P.O. Box, Suite #, etc.)

\_\_\_\_\_  
(City) (Zip Code)

**Current LCTS Fiscal Reporting & Payment Agent**

**Reminder: all Fiscal Reporting & Payment Agents must be a county Social Services employee.**

LCTS Fiscal Reporting & Payment Agent being deleted:  
\_\_\_\_\_

County ID#: \_\_\_\_\_

**NEW INFORMATION**

LCTS Fiscal Reporting & Payment Agent being added:  
\_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Effective Date: \_\_\_\_\_

U.S. mailing address: \_\_\_\_\_  
(Street number, P.O. Box, Suite #, etc.)

\_\_\_\_\_

Mail/fax forms to:  
LCTS Project Manager  
DHS Financial Operations Division  
P.O. Box 64940  
St. Paul, MN 55164-0940  
(651) 431-7565

# LCTS Primary Contact Form

DHS-4546-ENG

## **Current LCTS Fiscal Site Contact**

LCTS Fiscal Site Contact being deleted: \_\_\_\_\_

Partner: \_\_\_\_\_

## **NEW INFORMATION**

LCTS Fiscal Site Contact being added: \_\_\_\_\_

Partner: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## **Current LCTS Fiscal Site Contact**

LCTS Fiscal Site Contact being deleted: \_\_\_\_\_

Partner: \_\_\_\_\_

## **NEW INFORMATION**

LCTS Fiscal Site Contact being added: \_\_\_\_\_

Partner: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## **Current LCTS Trainer**

LCTS Trainer being deleted: \_\_\_\_\_

Partner: \_\_\_\_\_

## **NEW INFORMATION**

LCTS Trainer being added: \_\_\_\_\_

Partner: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## **Current LCTS Trainer**

LCTS Trainer being deleted: \_\_\_\_\_

Partner: \_\_\_\_\_

## **NEW INFORMATION**

LCTS Trainer being added: \_\_\_\_\_

Partner: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**ATTACHMENT C**

**LCTS Training Verification Form**

County Name \_\_\_\_\_

LCTS Coordinator's Name \_\_\_\_\_

The following people have been trained and are newly certified: **(Please print legibly or type)**

**Position:**

C = LCTS Coordinator  
T = Trainer  
F = LCTS Fiscal Reporting & Payment Agent  
FC = Fiscal Site Contact

**Partner:**

Write the ISD # to identify the School District  
P = Public Health  
C = Corrections  
**(In some cases, partner identification will not be necessary)**

	<u>Name</u>	<u>Email</u>	<u>Position</u>	<u>Partner</u>	<u>Training Date</u>
1.	_____	_____	___	___	_____
2.	_____	_____	___	___	_____
3.	_____	_____	___	___	_____
4.	_____	_____	___	___	_____
5.	_____	_____	___	___	_____
6.	_____	_____	___	___	_____
7.	_____	_____	___	___	_____
8.	_____	_____	___	___	_____
9.	_____	_____	___	___	_____

LCTS Coordinator's Signature: \_\_\_\_\_  
*(Required for positions "C" and "T")*

LCTS Fiscal Reporting & Payment Agent's Signature: \_\_\_\_\_  
*(Required for positions "F" and "FC")*

Return this form to:  
LCTS Project Manager  
DHS Financial Operations Division  
P.O. Box 64940  
St. Paul, MN 55164-0940  
Fax: 651-431-7565

**ATTACHMENT D**

**MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS)**

**Cost Schedule Instructions for the Local Collaborative Time Study (LCTS)**

**Public School Web-based Cost Schedule 3220.1**

**A. OVERVIEW**

1. The primary purpose of the quarterly public school cost schedule is to report the costs incurred by the school district in support of the participants in the LCTS. These costs coupled with staff time study results determine the amount of reimbursement the collaborative will receive from the LCTS project.
2. Each school district participating in the LCTS must complete a quarterly cost schedule.
3. As a school district LCTS Fiscal Site Contact, you must complete an LCTS Cost Schedule after each calendar quarter. The calendar quarters are:
  - January through March,
  - April through June,
  - July through September, and
  - October through December

The quarterly cost schedule should include all expenses for the three months of the quarter. Cash basis reporting must be used when completing the public school quarterly cost schedule. This means that only expenses which have been paid in the current reporting quarter can be included on the cost schedule.

4. The Fiscal Reporting and Payment Agent must establish, announce, and enforce quarterly cost schedule due dates for all school district partners in order to meet DHS cost schedule submission deadlines. You must complete and submit the quarterly public school cost schedule on or before the date determined by the LCTS Fiscal Reporting and Payment Agent.
5. Your county's LCTS Fiscal Reporting and Payment Agent will review all cost schedules from participating school districts on or before the 20<sup>th</sup> calendar day following the end of each quarter.

## B. TRAINING REQUIREMENT

DHS requires that all LCTS Fiscal Site Contacts (those who complete the LCTS Cost Schedule) receive mandatory LCTS cost schedule training **BEFORE** completing and submitting the *LCTS Public School Web-based Cost Schedule 3220.1*. If DHS has not received a Training Verification Form for the individual completing the schedule, the schedule will not be accepted.

There are four types of training which will meet the training requirements. If you have not received training in one of these four forms, you are not qualified to complete this schedule and you should contact your county's LCTS Fiscal Reporting and Payment Agent immediately. The four approved types of training are:

- a. The LCTS Fiscal Site Contact has attended the interactive videoconference "LCTS Fiscal & Cost Schedule" training in person – and they have the documented date of the participation on file with DHS.
- b. The LCTS Fiscal Site Contact has reviewed a previously recorded "LCTS Fiscal & Cost Schedule" training DVD – AND – their county's LCTS Fiscal Reporting and Payment Agent has followed up with them in person (e.g. reviewed the schedule methodology with them, quizzed them, made certain they understand what it is they are supposed to report, etc.) and as a result of this process – the county's LCTS Fiscal Reporting and Payment Agent is confident that they know how to capture only the applicable costs.
- c. The county's LCTS Fiscal Reporting and Payment Agent provided individual line by line training to the LCTS Fiscal Site Contact in person.
- d. The LCTS Fiscal Site Contact has reviewed DHS Bulletin 16-32-04 and the attachments in their entirety – AND - their county's LCTS Fiscal Reporting and Payment Agent has followed up with them in person (e.g. reviewed the schedule methodology with them, quizzed them, made certain they understand what it is they are supposed to report, etc.) and as a result of this process – the county's LCTS Fiscal Reporting and Payment Agent is confident that they know how to capture only the applicable costs.

## C. COMPLETING THE PUBLIC SCHOOL COST SCHEDULE

### GENERAL:

1. Open the email containing the link to your public school cost schedule and either click on the link or copy and paste the website address in your browser.
2. Review the headings of the cost schedule “County/Collaborative” and “School District” to make sure you received the correct document. If you received another partner’s cost schedule in error, please contact your county’s LCTS Fiscal Reporting and Payment Agent.
3. Click on the “Quarter Ending” dropdown and select the appropriate quarter in which you are submitting costs. There are several options of dates to choose from in order to facilitate annual settle-up cost schedules.
4. Complete sections 1 and 2, rounding all amounts to the nearest dollar.

### NOTE:

- Only expenses that have been **paid** by the reporting school district in the current reporting quarter can be included on this schedule.
  - Expenses included on this report must be directly related to the LCTS staff participants.
  - Do not include any types of costs which are ineligible for federal reimbursement according to federal [OMB Circular A-21](#).<sup>1</sup> You are responsible for review and compliance with this federal circular. Some examples of ineligible costs include:
    - Instructional and educational supplies.
    - Entertainment relating to amusement, staff picnics, etc.
    - Fines and penalties.
    - Expenditures resulting from violations of, or failure to comply with, federal, state or local laws and regulations such as traffic tickets or parking fines.
5. Review the cost schedule for math accuracy before submitting to your county’s LCTS Fiscal Reporting and Payment Agent.
  6. Enter your name and telephone number as contact information for your county’s LCTS Fiscal Reporting and Payment Agent.
  7. Click on “Submit” to send the schedule to DHS and print and sign a copy for your records.

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<sup>1</sup> The new [Uniform Guidance](#) replaced OMB circular A-21 effective December 26, 2014. Sec 2 CFR 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audit.

## SECTION 1 – EXPENDITURES:

### Line 1: Direct Labor and Benefits of the LCTS Participants

Report on this line the total salary amounts plus payroll related benefits paid to the LCTS participants through the school district payroll system during the current reporting quarter.

- Payroll related benefits include employer contributions for items such as life insurance, disability insurance, medical and dental insurance and employer paid FICA, Medicare and workers' compensation that are paid during the current reporting quarter.

In order to ensure that you accurately capture the correct costs to report on this line, you must first be certain that you have an accurate listing of staff who participated in the time study in the current reporting quarter. Your school district LCTS Designated Site Contact is responsible for maintaining an accurate listing of LCTS participants at all times and reporting any changes to DHS. You must verify with them who was participating in the LCTS during the current reporting quarter. Once you determine participating staff, you should report 100% of the salaries and related benefits of those individuals on Line 1.

Again, since this report must be on a CASH basis – the check or warrant dates for the amount listed on Line 1 must be in the current reporting quarter.

Individuals who are not a school district salaried employee paid through the school district payroll system **cannot** be included here. **Do not include** contracted staff, self-employed individuals, and independent contractors.

If you find that someone included in the list of LCTS participants you received from the school district's LCTS Designated Site Contact is not an employee of the school district, notify your county's LCTS Fiscal Reporting and Payment Agent immediately.

### Line 2: Direct Labor and Benefits of Administrative, Supervisory and Clerical Support

Report on this line the portion of the salary amounts plus payroll related benefits paid to support staff through the school district's payroll system during the current reporting quarter. These costs must be directly attributable to the support of the LCTS participants.

**NOTE: Do not report 100% of these individuals' salaries and benefits on Line 2.**

Determine the portion of the salaries and benefits directly attributable to support of the LCTS participants using the following allocation method:

- Identify the immediate supervisor of each LCTS participant and any clerical or administrative staff that directly support LCTS participants.
- Determine the percentage of total time their supervisor spends in actual supervision of the LCTS participant and apply that percentage to the supervisor's salary and benefits.

*Example: If 10% of their total time is spent directly supervising the LCTS participant – report only 10% of the supervisor’s salary and benefits on Line 2.*

- Next – identify which clerical and administrative staff members provide direct support to the LCTS participants.
- Determine the percentage of their total time that is spent providing direct support to LCTS participants and apply that percentage to their total salaries and benefits.

*Example: If 30% of their total time is spent providing direct administrative or clerical support to LCTS participants – report only 30% of their salary and benefits on Line 2.*

Once you have determined the allocation method for how you arrived at the costs reported on Line 2, be sure to document and retain the methodology.

Again, since this schedule must be on a CASH basis – the check or warrant dates for the amount listed on Line 2 must be in the current reporting quarter.

### **Line 3: Federal Revenue Offset**



See section titled, **SECTION 2 – FEDERAL REVENUE OFFSET** on next page.

Line 3 will automatically populate with the total of Section 2 – Total Federal Revenue Offset.

### **Line 4: Net Direct Labor and Benefits (Enter in both columns A and B)**

Line 4 will automatically populate with the sum of Lines 1 and 2 less Line 3. This amount will be used in the calculation on Lines 5 and 6.

### **Line 5: Indirect Allocation for Column A**

Line 5 will automatically populate with the total of Line 4 multiplied by the Unrestricted Indirect Rate that is obtained from the Minnesota Department of Education. The Unrestricted Indirect Rate will also be pre-populated from the Minnesota Department of Education.

### **Line 6: Indirect Allocation for Column B**

Line 6 will automatically populate with the total of Line 4 multiplied by the Restricted Indirect Rate that is obtained from the Minnesota Department of Human Services. The Restricted Indirect Rate will also be pre-populated from the Minnesota Department of Human Services.

**Line 7: Occupancy (Enter in both columns A and B)**

**Do not report** any amount on this line unless you have submitted a written cost allocation plan for occupancy expenses and have received approval from DHS on your methodology.

**Line 8: Depreciation (Enter in both columns A and B)**

**Do not report** any amount on this line unless you have submitted a written cost allocation plan for depreciation expenses and have received approval from DHS on your methodology.

**Line 9: Direct Expenses (Enter in both columns A and B)**

Report all supplies, equipment and other direct expenses *except* instructional or medical supplies that are used by LCTS staff to perform their day-to-day jobs.

Allowable expenses: Mileage, postage, telephones, office supplies (*not* instructional aids)

Non-Allowable expenses: First-aid supplies, instructional supplies, contract services

**NOTE:** *Object codes here refer to Minnesota UFARS classifications. These can be downloaded from the Minnesota Department of Education’s website.*

Again, since this report must be on a CASH basis – the check or warrant dates for the amount listed on Line 3 must be in the current reporting quarter.

**Line 10: NET School District Cost Pool (Totals must appear in both columns A and B)**

For column A: the field will automatically populate with the total of Lines 4, 5, 7, 8 and 9.

For column B: the field will automatically populate with the total of Lines 4, 6, 7, 8 and 9.

The amounts on Line 10 are the LCTS cost pool amounts that DHS submits to each respective federal agency on behalf of your county/collaborative. You are responsible for the review, compliance and accuracy of these figures.

**SECTION 2 – FEDERAL REVENUE OFFSET:**

Per federal requirements – you must determine if any of the amounts reported in Section 1 are federally funded. We cannot submit federally-funded amounts to the federal government for reimbursement – this is considered “double dipping”.

If your school district received federal grants that were used to fund any portion of the total expenditures on Line 5 – you must report the name of the federal grant and only that portion of the federal grant which was used to fund any of the expenses reported in Section 1.

Use a separate line for each grant.

Do not include LCTS reimbursement earnings in this section. Federal grants are generally identified in UFARS with revenue source codes greater than 400. For a list of the most frequently reported federal grants for Public Schools, please contact your county's LCTS Fiscal Reporting and Payment Agent.

**NOTE:** this section should not be left blank. It would be rare for a school district not to receive federal Special Ed dollars or other federal funding to fund expenses attributable to LCTS participants. However, if you are certain your school district has no federal revenue to report, please indicate by entering the word "None" in this section.

Cash basis rules still apply to this section – **with one exception:**

If you receive a federal grant as an annual lump sum (or any frequency other than quarterly), it is your responsibility to match the expenses reported with the associated federal revenue in the same period that the expenses are reported (even if the federal revenue was received in a different period).

In other words, you do not want one quarter's worth of expenditures in Section 1 – and an entire year's worth of the federal revenue offset in Section 2. The expenses and any associated federal revenue offset must be matched quarter for quarter – in the period that the expense is reported.

To our knowledge, this only occurs with federal Special Education funding for school districts who have requested that they receive their federal Special Education dollars annually rather than quarterly. In this case, you know the funding amount at the time you report the related expenses (even though you have not yet received the funding).

If you are uncertain as to whether this exception applies to a particular federal grant or if you have questions on how to treat a grant you have identified as an exception – contact your county's LCTS Fiscal Reporting and Payment Agent for further guidance.

## **D. FREQUENTLY ASKED QUESTIONS**

Please see Attachment M, [LCTS Most Frequently Asked Questions & Answers for Public Schools](#) for more information on questions that have often been asked on this cost schedule.

## **E. WHO TO CONTACT**

If you have questions, concerns or comments regarding this cost schedule and instructions – please contact your county's LCTS Fiscal Reporting and Payment Agent.

## ATTACHMENT E

[Cost Schedule Bulletin](#)

County/Collaborative	School District	Quarter End Date
55 - Olmsted	Dover/Eyota #533	12/31/2015 <span style="float: right;">▼</span>

Last Update: Wednesday, February 10, 2016 2:29 PM

**SECTION 1: EXPENDITURES** COLUMN A QUARTERLY COSTS      COLUMN B QUARTERLY COSTS

Line 1: <a href="#">Direct Labor and Benefits of Time Study Participants</a>	0		
Line 2: Direct Labor and Benefits of Administrative, Supervisory and Clerical Support	0		
Line 3: Federal Revenue Offset (See Section 2 below for this figure)	0		
Line 4: Net Direct Labor and Benefits (Column A and B = sum of lines 1 and 2 less line 3)	0	0	0
Line 5: Indirect Allocation - <b>Column A Only</b> Total Direct from line 4 x MDE District Unrestricted Indirect Rate of 0.000		0	
Line 6: Indirect Allocation - <b>Column B Only</b> Total Direct from line 4 x DHS District Restricted Indirect Rate of 0.000			0
Line 7: Occupancy (Use only if DHS approved)	0	0	0
Line 8: Depreciation (Use only if DHS approved)	0	0	0
Line 9: Direct Expenses	0	0	0
Line 10: NET School District Cost Pool	0	0	0

**SECTION 2: FEDERAL REVENUE OFFSET**

<u>Name of Federal Grant</u> (If none - write "NONE" - do not leave this section blank)	<u>Amount of Federal Grant that was used to fund expenditures in Section 1</u>
None	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Total Federal Revenue Offset</b> (transfer to line 3 above)	0

I verify that I have received the LCTS Fiscal & Cost Report training, and that this schedule and supporting documentation is accurate and complies with all guidelines set forth in the LCTS Public School Cost Schedule Instructions.

	3/16/2016	
Signature of the LCTS Fiscal Site Contact	Date	Telephone Number

**ATTACHMENT F**

**MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS)**

**Instructions for Using and Navigating the Local Collaborative Time Study (LCTS)**

**Public School Web-based Cost Schedule 3220.1**

The Local Collaborative Time Study (LCTS) Public School Cost Schedule 3220.1 is a web-based form. The instructions below address only the technical aspects of entering data on the web-based DHS-3220.1 form.

On or about the 20<sup>th</sup> of the last month of each quarter, an email reminder containing the links to the county/collaboratives unique DHS-3220.1 form(s) will be sent to each county LCTS Fiscal Reporting and Payment Agent (FRAPA) who in turn will forward each link to the appropriate collaborative partner's LCTS Fiscal Site Contact. Below is a sample of the notification email:

To: LCTS Fiscal Reporting and Payment Agent

The links below contain this quarter's Cost Schedules for 01 - Aitkin which will be available to you **01/01/2016**. Please complete and submit by the last business day prior to 01/20/2016.

**Aitkin Public Schools ISD #0001**

You can either click on this link [\[DHS link\]](#) to access the report or copy and paste this address into your web browser:

**[DHS link]**

If you need assistance in completing these cost schedules, open the report and click on the help link for the LCTS Web-based Cost Schedule Bulletin. If you need additional assistance, please contact Bonnie Spray at (651) 431-3785.

***All cost reports are subject to state/federal audits. Falsification of this information diminishes the integrity of the cost report and compromises the administrative claims.***

Click on the link within the email to open the DHS-3220.1. Once the form is opened, verify that the county name and number appears correctly in the "County/Collaborative" box. Verify that the school district appears correctly in the "School District" box. Then save the form to your Internet Favorites. The suggested naming convention for the fourth quarter of 2015 is Q415 3220.1. Once you have saved the form to your Favorites, you can access open quarters from your saved file or by clicking on the link in the reminder email.

County/Collaborative	School District	Quarter End Date
01 - Aitkin	Aitkin Public Schools ISD #0001	12/31/2015

Last Update: Friday, January 08, 2016 2:30 PM

## Moving around the DHS-3220.1

On the keyboard, you can use either the Tab or the Enter key to move down to the next line. Holding the Shift and Tab key will move you up or back a field. You can move the mouse to any line and click to move from field to field. The arrow keys will only work left or right within a line; they will not work up or down between lines. Do not refresh the page or you will freeze the application. Do not use the “Back” button. If you are interrupted while completing the cost schedule, you may click on the “Save” button to return to the saved form. By selecting “Submit”, you have forwarded your cost schedule to DHS and do not need to save it. You must close the application once you have submitted the form.

## Help Links

Any text in [blue](#) and underlined, is a help link. (If you hover over any of them, you will see a question mark - [?](#)) Clicking on the help link will bring up that document or information.

Notice the Cost Schedule Bulletin link in the upper left hand corner. This will take you directly to the current bulletin.



Minnesota Department of Human Services

[Cost Schedule Bulletin](#)

## Entering Data

The cost schedule form is organized into sections 1 and 2. Descriptions of each section can be found in Attachment D, [LCTS Public School Web-based Instructions](#).

## SECTION 1: EXPENDITURES

Enter the expense for each expense line. The system will automatically subtotal and total the lines in each section.

<b>SECTION 1: EXPENDITURES</b>		<b>COLUMN A</b>	<b>COLUMN B</b>
		<b>QUARTERLY COSTS</b>	<b>QUARTERLY COSTS</b>
Line 1: Direct Labor and Benefits of Time Study Participants	<input type="text" value="45000"/>		
Line 2: Direct Labor and Benefits of Administrative, Supervisory and Clerical Support	<input type="text" value="3000"/>		
Line 3: Federal Revenue Offset (See Section 2 below for this figure)	<input type="text" value="0"/>		
Line 4: Net Direct Labor and Benefits (Column A and B = sum of lines 1 and 2 less line 3)		<input type="text" value="48,000"/>	<input type="text" value="48,000"/>
Line 5: Indirect Allocation - <b>Column A Only</b>			
Total Direct from line 4 x MDE District Unrestricted Indirect Rate of	<input type="text" value="17.200"/>	<input type="text" value="8,256"/>	
Line 6: Indirect Allocation - <b>Column B Only</b>			
Total Direct from line 4 x DHS District Restricted Indirect Rate of	<input type="text" value="3.500"/>		<input type="text" value="1,680"/>
Line 7: Occupancy (Use only if DHS approved)		<input type="text" value="0"/>	<input type="text" value="0"/>
Line 8: Depreciation (Use only if DHS approved)		<input type="text" value="0"/>	<input type="text" value="0"/>
Line 9: Direct Expenses		<input type="text" value="500"/>	<input type="text" value="500"/>
<b>Line 10: NET School District Cost Pool</b>		<input type="text" value="56,756"/>	<input type="text" value="50,180"/>

## SECTION 2: FEDERAL REVENUE OFFSET

Enter the name of the federal grants received and any amount used to fund any portion of total expenditures. Use a separate line for each grant.

### SECTION 2: FEDERAL REVENUE OFFSET

<u>Name of Federal Grant</u> (If none - write "NONE" - do not leave this section blank)	<u>Amount of Federal Grant that was used to fund expenditures in Section 1</u>
Special Ed	3000
Federal Flow Through PL 105-17	5500
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Total Federal Revenue Offset</b> (transfer to line 3 above)	<b>8,500</b>

**NOTE:** The total from the Federal Revenue Offset will auto-fill Line 3

### SECTION 1: EXPENDITURES

	COLUMN A QUARTERLY COSTS	COLUMN B QUARTERLY COSTS
Line 1: Direct Labor and Benefits of Time Study Participants	45000	
Line 2: Direct Labor and Benefits of Administrative, Supervisory and Clerical Support	3000	
Line 3: Federal Revenue Offset (See Section 2 below for this figure)	8,500	

## Report Certification

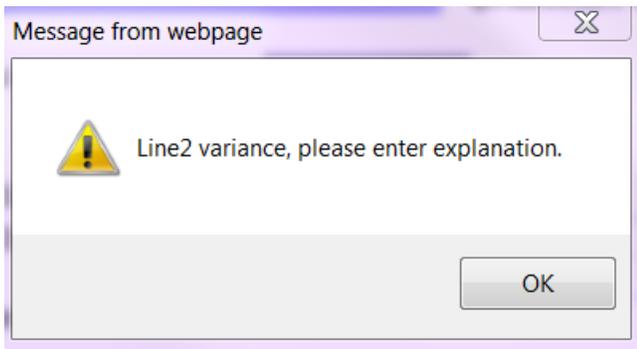
Enter complete contact information as requested on the schedule. As indicated on the bottom of the DHS-3220.1, electronic submission to DHS only requires that you type in the name of the LCTS Fiscal Site Contact. However, you must print and retain an original signed copy at your county/collaborative for at least four (4) years. Your specific county may require a longer retention period – so please consult your county retention schedule.

**I verify that I have received the LCTS Fiscal & Cost Report training, and that this schedule and supporting documentation is accurate and complies with all guidelines set forth in the LCTS Public School Cost Schedule Instructions.**

	5/22/2013	
Signature of the LCTS Fiscal Site Contact	Date	Telephone Number

## Variance Explanation Section

This message appears when variances exceed or decrease by 30% of the average amount reported over the previous 4 quarters. For audit purposes, provide an explanation as to why the variance occurred. The explanation must be detailed in a manner that supports the variance (i.e., the county had no expenditures in previous quarters or the county incurred additional expenses related to ...).

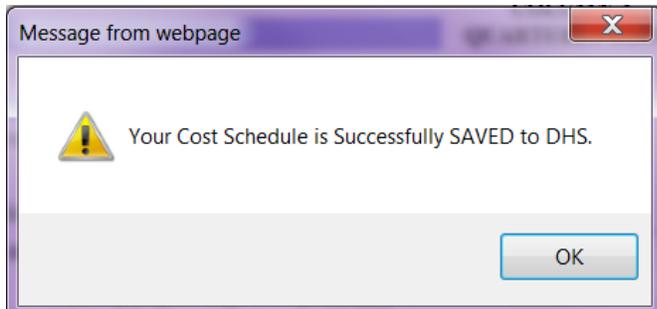


## “Save” and “Submit” Buttons

If you click on “Save”, you are saving a working copy of your cost schedule, allowing you to come back and complete your cost schedule at a later time.

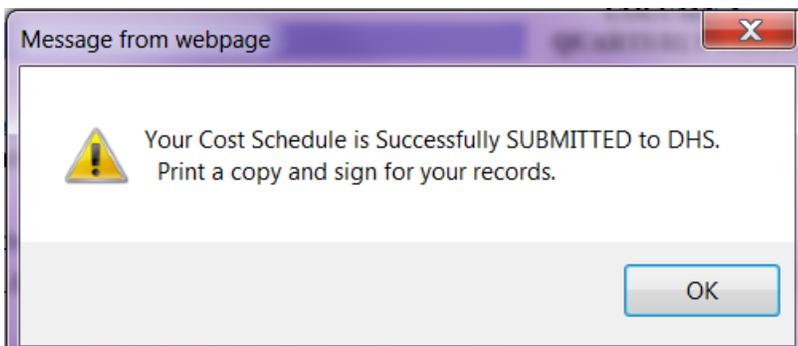
- After you click on “Save”, you MUST exit the web page and reopen it in order to work on the cost schedule again.
- Saving your report does not submit your report to DHS.
- You MUST come back and click on the “Submit” button in order to send the cost schedule to DHS.
- The web based application will not “sweep” the saved files and import (submit) for you.

The message to the right is what you will receive when you click on “Save” and your cost schedule has passed the edit process.



Clicking on the “Submit” button submits your cost schedule to DHS. Each time you click on “Submit”, you are overriding the prior version and replacing it with the current version. You may repeatedly submit changed versions until the quarter is locked. Only the last version you submitted will be saved and processed by DHS. The cost schedules will be locked on the evening of the 20<sup>th</sup> calendar day of the month following quarter end. Cost schedules will be locked on the evening of the preceding business day if the 20<sup>th</sup> falls on a holiday Friday, Saturday, Sunday or holiday Monday.

The following shows you the message you will receive when you click on “Submit” and your cost schedule has passed the edit process and is ready to send to DHS.



## Error Messages

The web based DHS-3220.1 has several “built-in” audit checks. Some error messages will not appear if you are merely “saving” your cost schedule. However, once you click “Submit”, those error messages will appear in red. You will need to enter the data requested by the message and click “Submit” again.

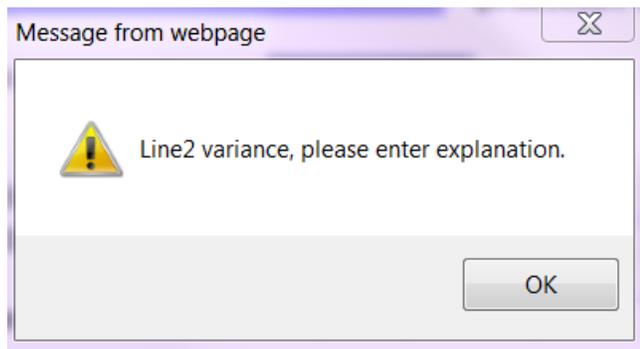
*Example 1.* One example of an error message that will appear any time you click on “Save” or “Submit” is in the certification section. If you click “Save” or “Submit” without having each of the fields completed, you will get the following error message (text in red):

<input type="text"/>	5/22/2013	<input type="text"/>
<b>Signature of the LCTS Fiscal Site Contact</b>	<b>Date</b>	<b>Telephone Number</b>
Signature of the LCTS Fiscal Site Contact is Required.	Phone number is Required.	

*Example 2.* An example of an error message that only appears when you click “Submit” is shown in the expenditures section. Line 1 in Section 1 must have an amount filled in because you will always have the costs of time study participants to report on this line.

Line 1: Direct Labor and Benefits of Time Study Participants  Please enter an Amount.

*Example 3.* Another type of message you might receive is a variance message. Variance messages will only appear after you click the “Submit” button. Variance messages are an alert that a possible data entry error could have been made on this line.



If you get this message, scroll down to the Variance Explanation Section (which is right below the “Save” and “Submit” buttons) and provide a brief explanation for the variance or confirmation that the amount entered was correct.

Below is an example of the Line 2 variance screen:

Line 2 is greater than 30% of Line 1.

You will need to enter an explanation and click the “Resubmit” button.

When your cost schedule has passed the edit process and you have clicked on the “Submit” (or “Resubmit”) button, you will see your explanation added to the cost schedule:

Line 2 is greater than 30% of Line 1.

There were increased insurance costs for our clerical staff.

## Amended Reports

If an error is discovered on a previously submitted cost schedule, you have up to one year to submit a corrected cost schedule.

To submit a corrected cost schedule, open the DHS-3220.1. From the “Quarter End Date” drop down box, click on the quarter that you want to amend. If the quarter you want to amend does not appear in the selection list, you are not allowed to correct that quarter’s report.

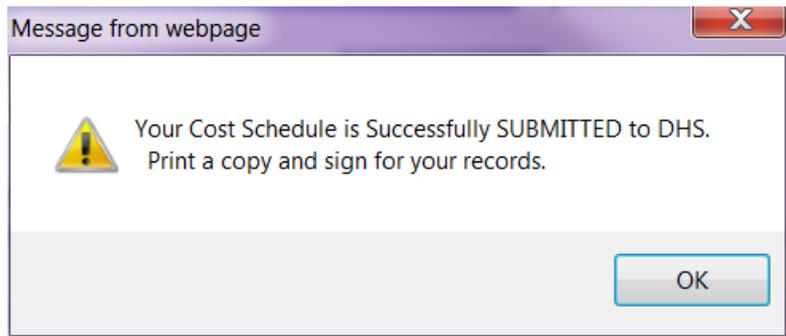
Quarter End Date

12/31/2015

Enter your changes and click on the “Resubmit” button.

**Resubmit**

If you receive any variance messages, you must provide an explanation. Click on the “Resubmit” button. When the cost schedule has passed the edit process and you have clicked on the “Resubmit” button, you will receive the following message:



Print a copy of the cost schedule, obtain the appropriate signature and keep on file for at least four (4) years or as long as your county retention schedule mandates, whichever is longer.

## ATTACHMENT G

### MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS)

## **Cost Schedule Instructions for the Local Collaborative Time Study (LCTS)**

### **Corrections Web-based Cost Schedules 3220.2**

#### **A. OVERVIEW**

1. The primary purpose of the quarterly corrections cost schedule is to report the costs incurred by the corrections agency in support of the participants in the LCTS. These costs coupled with staff time study results determine the amount of reimbursement the collaborative will receive from the LCTS project.
2. Each corrections agency participating in the LCTS must complete a quarterly cost schedule.
3. As a corrections agency LCTS Fiscal Site Contact, you must complete an LCTS Cost Schedule after each calendar quarter. The calendar quarters are:
  - January through March,
  - April through June,
  - July through September, and
  - October through December

The quarterly cost schedule should include all expenses for the three months of the quarter. Cash basis reporting must be used when completing the corrections quarterly cost schedule. This means that only expenses which have been paid in the current reporting quarter can be included on the cost schedule.

4. The Fiscal Reporting and Payment Agent must establish, announce, and enforce quarterly cost schedule due dates for all corrections agency partners in order to meet DHS cost schedule submission deadlines. You must complete and submit the quarterly corrections cost schedule on or before the date determined by the LCTS Fiscal Reporting and Payment Agent.
5. Your county's LCTS Fiscal Reporting and Payment Agent will review all cost schedules from participating corrections agencies on or before the 20<sup>th</sup> calendar day following the end of each quarter.

## **B. TRAINING REQUIREMENT**

DHS requires that all LCTS Fiscal Site Contacts (those who complete the LCTS Cost Schedule) receive mandatory LCTS cost schedule training **BEFORE** completing and submitting the *LCTS Corrections Web-based Cost Schedule 3220.2*. If DHS has not received a Training Verification Form for the individual completing the schedule, the schedule will not be accepted.

There are four types of training which will meet the training requirements. If you have not received training in one of these four forms, you are not qualified to complete this schedule and you should contact your county's LCTS Fiscal Reporting and Payment Agent immediately. The four approved types of training are:

- a. The LCTS Fiscal Site Contact has attended the interactive videoconference "LCTS Fiscal & Cost Schedule" training in person – and they have the documented date of the participation on file with DHS.
- b. The LCTS Fiscal Site Contact has reviewed a previously recorded "LCTS Fiscal & Cost Schedule" training DVD – AND – their county's LCTS Fiscal Reporting and Payment Agent has followed up with them in person (e.g. reviewed the schedule methodology with them, quizzed them, made certain they understand what it is they are supposed to report, etc.) and as a result of this process – the county's LCTS Fiscal Reporting and Payment Agent is confident that they know how to capture only the applicable costs.
- c. The county's LCTS Fiscal Reporting and Payment Agent provided individual line by line training to the LCTS Fiscal Site Contact in person.
- d. The LCTS Fiscal Site Contact has reviewed DHS Bulletin 16-32-04 and the attachments in their entirety – AND – their county's LCTS Fiscal Reporting and Payment Agent has followed up with them in person (e.g. reviewed the schedule methodology with them, quizzed them, made certain they understand what it is they are supposed to report, etc.) and as a result of this process – the county's LCTS Fiscal Reporting and Payment Agent is confident that they know how to capture only the applicable costs.

## C. COMPLETING THE CORRECTIONS COST SCHEDULE

### GENERAL:

1. Open the email containing the link to your corrections agency cost schedule and either click on the link or copy and paste the website address in your browser.
2. Review the headings of the cost schedule “County/Collaborative” and “Agency Name” to make sure you received the correct document. If you received another partner’s cost schedule in error, please contact your county’s LCTS Fiscal Reporting and Payment Agent.
3. Click on the “Quarter Ending” dropdown and select the appropriate quarter in which you are submitting costs. There are several options of dates to choose from in order to facilitate annual settle-up cost schedules.
4. Complete sections 1 and 2, rounding all amounts to the nearest dollar.

### NOTE:

- Only expenses that have been **paid** by the reporting corrections agency in the current reporting quarter can be included on this schedule.
  - Expenses included on this report must be directly related to the LCTS staff participants.
  - Include only expenditures for the Juvenile Probation Program. Do not include expenses for out-of-home placement (or other operations involved in housing juveniles) or expenses of a secured detention or lock-up facility.
  - Do not include any types of costs which are ineligible for federal reimbursement according to federal [OMB Circular A-87](#).<sup>1</sup> You are responsible for review and compliance with this federal circular. Some examples of ineligible costs include:
    - Goods or services for personal use.
    - Entertainment relating to amusement, staff picnics, etc.
    - Fines and penalties.
    - Interest on borrowed capital or the use of a governmental unit’s own funds.
    - Costs of membership in organizations substantially involved in lobbying are unallowable.
5. Review the cost schedule for math accuracy before submitting to your county’s LCTS Fiscal Reporting and Payment Agent.
  6. Enter your name and telephone number as contact information for your county’s LCTS Fiscal Reporting and Payment Agent.
  7. Click on “Submit” to send the schedule to DHS and print and sign a copy for your records.

---

<sup>1</sup> The new [Uniform Guidance](#) replaced OMB circular A-87 effective December 26, 2014. Sec 2 CFR 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audit.

## SECTION 1 – EXPENDITURES:

### Line 1: Direct Labor and Benefits of the LCTS Participants

Report on this line the total salary amounts plus payroll related benefits paid to LCTS participants through the corrections agency payroll system during the current reporting quarter.

- Payroll related benefits are the employer contributions for items such as life insurance, disability insurance, medical and dental insurance and employer paid FICA, Medicare and workers' compensation that are paid during the current reporting quarter.

In order to ensure that you accurately capture the correct costs to report on this line, you must first be certain that you have an accurate listing of staff who participated in the time study in the current reporting quarter. Your corrections agency LCTS Designated Site Contact is responsible for maintaining an accurate listing of LCTS participants at all times and reporting any changes to DHS. You must verify with them who was participating in the LCTS during the current reporting quarter. Once you determine participating staff, you should report 100% of the salaries and related benefits of those individuals on Line 1.

Again, since this report must be on a CASH basis – the check or warrant dates for the amount listed on Line 1 must be in the current reporting quarter.

Individuals who are not a corrections agency salaried employee paid through the corrections agency payroll system **cannot** be included here. **Do not include** staff members who work only with adults or work only with children in out-of-home placement or in secured detention or lock-up facility. **Do not include** contracted staff, self-employed individuals, and independent contractors.

If you find that someone included in the list of LCTS participants you received from the corrections agency LCTS Designated Site Contact is not an employee of the corrections agency, notify your county's LCTS Fiscal Reporting and Payment Agent immediately.

### Line 2: Direct Labor and Benefits of Administrative, Supervisory and Clerical Support

Report on this line the portion of the salary amounts plus payroll related benefits paid to support staff through the corrections agency's payroll system during the current reporting quarter. These costs must be directly attributable to the support of the LCTS participants.

#### **NOTE: Do not report 100% of these individuals' salaries and benefits on Line 2**

Determine the portion of the salaries and benefits directly attributable to support of the LCTS participants using the following allocation method:

- Identify the immediate supervisor of each LCTS participant and any clerical or administrative staff that directly support LCTS participants.
- Determine the percentage of total time their supervisor spends in actual supervision of the LCTS participant and apply that percentage to the supervisor's salary and benefits.

*Example: If 10% of their total time is spent directly supervising the LCTS participant – report only 10% of the supervisor's salary and benefits on Line 2.*

- Next – identify which clerical and administrative staff members provide direct support to the LCTS participants.
- Determine the percentage of their total time that is spent providing direct support to LCTS participants and apply that percentage to their total salaries and benefits.

*Example: If 30% of their total time is spent providing direct administrative or clerical support to LCTS participants – report only 30% of their salary and benefits on Line 2.*

Once you have determined the allocation method for how you arrived at the costs reported on Line 2, be sure to document and retain the methodology.

Again, since this schedule must be on a CASH basis – the check or warrant dates for the amount listed on Line 2 must be in the current reporting quarter.

### **Line 3: Direct Charges**

Report all supplies, equipment and other direct expenses *except* instructional or medical supplies that are used by LCTS staff to perform their day-to-day jobs.

Allowable expenses: Mileage, postage, telephones, office supplies (*not* instructional aids)

Non-Allowable expenses: First-aid supplies, Instructional supplies, contract services

Again, since this report must be on a CASH basis – the check or warrant dates for the amount listed on Line 3 must be in the current reporting quarter.

### **Line 4: Allocated Expenses**

Report on this line the proper LCTS allocation of allowable overhead expenses that are shared between programs.

The types of expenses to be included on Line 4 are: rent, utilities, repair and maintenance, office supplies, typing, photocopying, duplicating, binding and other general operating expenses.

Do not automatically report 100% of these expenses. List only the portion that benefits the LCTS participants. An appropriate method of allocation must be used to determine the portion that is attributable to the LCTS participants.

Once you have determined the allocation method for how you arrived at the costs reported on Line 4, be sure to document and retain the methodology.

Again, since this report must be on a CASH basis – the check or warrant dates for the amount listed on Line 4 must be in the current reporting quarter.

### **Line 5: Total Expenditures**

This field will automatically populate with the total of Lines 1, 2, 3 and 4.

## **SECTION 2 – FEDERAL REVENUE OFFSET:**

Per federal requirements – you must determine if any of the amounts reported in Section 1 are federally funded. We cannot submit federally-funded amounts to the federal government for reimbursement – this is considered “double dipping”.

If your corrections agency received federal grants that were used to fund any portion of the total expenditures on Line 5 – you must report the name of the federal grant and only that portion of the federal grant which was used to fund any of the expenses reported in Section 1.

Use a separate line for each grant.

Do not include LCTS reimbursement earnings in this section. For a list of the most frequently reported federal grants for Corrections, please contact your county’s LCTS Fiscal Reporting and Payment Agent.

### **Line 6: Total Federal Revenue Offset**

This field will automatically populate with the sum of all federal grant amounts.

### **Line 7: NET Corrections Cost Pool**

The federal government will not reimburse expenditures that were federally funded (otherwise known as “double dipping”) – therefore, the federal revenue that was used to pay for any of the expenditures reported on Line 5 will be deducted.

The amount on Line 7 is the LCTS cost pool amount that DHS submits to each respective federal agency on behalf of your county/collaborative. You are responsible for the review, compliance and accuracy of these figures.

## **D. WHO TO CONTACT**

If you have questions, concerns or comments regarding this cost schedule and instructions – please contact your county’s LCTS Fiscal Reporting and Payment Agent.



**ATTACHMENT I**

**MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS)**

**Instructions for Using and Navigating the Local Collaborative Time Study (LCTS)**

**Corrections Web-based Cost Schedule 3220.2**

The Local Collaborative Time Study (LCTS) Corrections Cost Schedule 3220.2 is a web-based form. The instructions below address only the technical aspects of entering data on the web-based DHS-3220.2 form.

On or about the 20<sup>th</sup> of the last month of each quarter, an email reminder containing the links to the county/collaboratives unique DHS-3220.2 form(s) will be sent to each county LCTS Fiscal Reporting and Payment Agent (FRAPA) who in turn will forward each link to the appropriate collaborative partner's LCTS Fiscal Site Contact. Below is a sample of the notification email:

To: LCTS Fiscal Reporting and Payment Agent

The links below contain this quarter's Cost Schedules for 01 - Aitkin which will be available to you **01/01/2016**. Please complete and submit by the last business day prior to 01/20/2016.

**Central MN Community Corrections**

You can either click on this link [\[DHS link\]](#) to access the report or copy and paste this address into your web browser:

**[DHS link]**

If you need assistance in completing these cost schedules, open the report and click on the help link for the LCTS Web-based Cost Schedule Bulletin. If you need additional assistance, please contact Bonnie Spray at (651) 431-3785.

***All cost reports are subject to state/federal audits. Falsification of this information diminishes the integrity of the cost report and compromises the administrative claims.***

Click on the link within the email to open the DHS-3220.2. Once the form is opened, verify that the county name and number appears correctly in the "County/Collaborative" box. Verify that the agency name appears correctly in the "Agency Name" box. Then, save the form to your Internet Favorites. The suggested naming convention for the fourth quarter of 2015 is Q415 3220.2. Once you have saved the form to your Favorites, you can access open quarters from your saved file or by clicking on the link in the reminder email.

County/Collaborative	Agency Name	Quarter Ending
01 - Aitkin	Central MN Community Corrections	12/31/2015

Last Update: Friday, January 15, 2016 11:59 AM

## Moving around the DHS-3220.2

On the keyboard, you can use either the Tab or the Enter key to move down to the next line. Holding the Shift and Tab key will move you up or back a field. You can move the mouse to any line and click to move from field to field. The arrow keys will only work left or right within a line; they will not work up or down between lines. Do not refresh the page or you will freeze the application. Do not use the "Back" button. If you are interrupted while completing the cost schedule, you may click on the "Save" button to return to the saved form. By selecting "Submit", you have forwarded your cost schedule to DHS and do not need to save it. You must close the application once you have submitted the form.

## Entering Data

The cost schedule form is organized into sections 1 and 2. Descriptions of each section can be found in Attachment G, [LCTS Corrections Web-based Instructions](#).

### SECTION 1: EXPENDITURES

Enter the expense for each expense line. The system will automatically subtotal and total the lines in each section.

#### SECTION 1: EXPENDITURES

Line 1: Direct Labor and Benefits of the LCTS Participants	160000
Line 2: Direct Labor and Benefits of Administrative, Supervisory and Clerical Support	200
Line 3: Direct Charges	540
Line 4: Allocated Expenses	10
Line 5: Total Expenditures (lines 1 - 4)	160,750

### SECTION 2: FEDERAL REVENUE OFFSET

Enter the federal grants received.

#### SECTION 2: FEDERAL REVENUE OFFSET

<u>Name of Federal Grant</u>	<u>Amount of Federal Grant that was used to fund expenditures on Line 5</u>
None	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Line 6: Total Federal Revenue Offset	0
Line 7: NET Corrections Cost Pool (Line 5 minus Line 6)	160,750

**NOTE:** It is common for Corrections agencies to not have any federal revenue offset.

## Report Certification

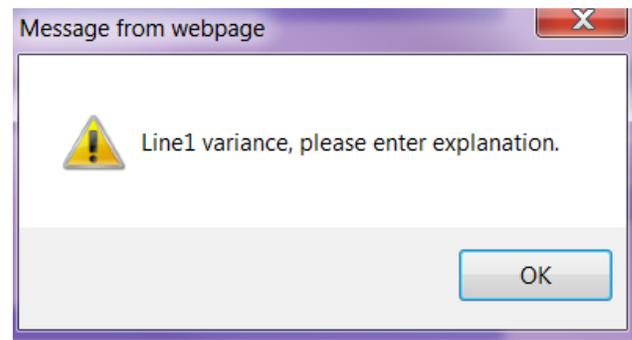
Enter complete contact information as requested on the schedule. As indicated on the bottom of the DHS-3220.2, electronic submission to DHS only requires that you type in the name of the LCTS Fiscal Site Contact. However, you must print and retain an original signed copy at the county/collaborative for at least four (4) years. Your specific county may require a longer retention period – so please consult the county retention schedule.

**I verify that I have received the LCTS Fiscal & Cost Report training, and that this schedule and supporting documentation is accurate and complies with all guidelines set forth in the LCTS Correction Cost Schedule Instructions.**

5/22/2013   
Signature of the LCTS Fiscal Site Contact      Date      Telephone Number

## Variance Explanation Section

This message appears when variances exceed or decrease by 25% of the average amount reported over the previous 4 quarters. For audit purposes, provide an explanation as to why the variance occurred. The explanation must be detailed in a manner that supports the variance (i.e., the county had no expenditures in previous quarters or the county incurred additional expenses related to ...).

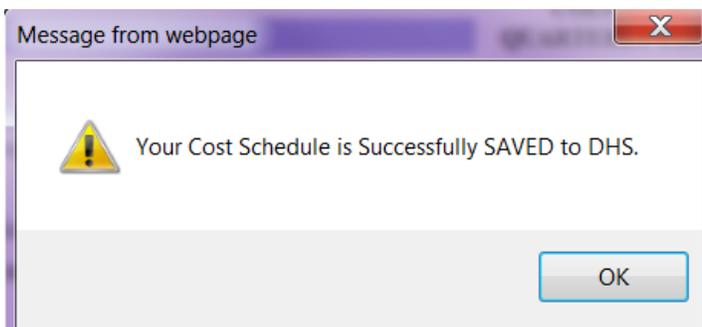


## “Save” and “Submit” Buttons

If you click on “Save”, you are saving a working copy of your cost schedule, allowing you to come back and complete your cost schedule at a later time.

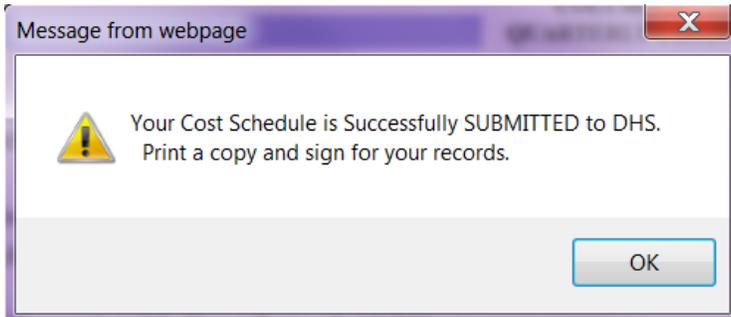
- After you click on “Save”, you MUST exit the web page and reopen it in order to work on the cost schedule again.
- Saving your report does not submit your report to DHS.
- You MUST come back and click on the “Submit” button in order to send the cost schedule to DHS.
- The web based application will not “sweep” the saved files and import (submit) for you.

The following shows the message you will receive when you click on “Save” and your cost schedule has passed the edit process.



Clicking on the “Submit” button submits your cost schedule to DHS. Each time you click on “Submit”, you are overriding the prior version and replacing it with the current version. You may repeatedly submit changed versions until the quarter is locked. Only the last version you submitted will be saved and processed by DHS. The cost schedules will be locked on the evening of the 20<sup>th</sup> calendar day of the month following quarter end. Cost schedules will be locked on the evening of the preceding business day if the 20<sup>th</sup> falls on a holiday Friday, Saturday, Sunday or holiday Monday.

The following shows you the message you will receive when you click on “Submit” and your cost schedule has passed the edit process and is ready to send to DHS.



## Error Messages

The web based DHS-3220.2 has several “built-in” audit checks. Some error messages will not appear if you are merely “saving” your cost schedule. However, once you click “Submit”, those error messages will appear in red. You will need to enter the data requested by the message and click “Submit” again.

*Example 1.* One example of an error message that will appear any time you click on “Save” or “Submit” is in the certification section. If you click “Save” or “Submit” without having each of the fields completed, you will get the following error message (text in red):

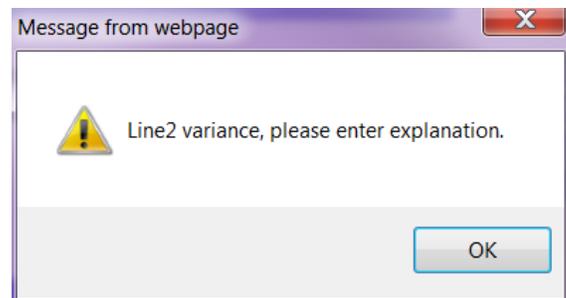
<input type="text"/>	5/22/2013	<input type="text"/>
<b>Signature of the LCTS Fiscal Site Contact</b>	<b>Date</b>	<b>Telephone Number</b>
Signature of the LCTS Fiscal Site Contact is Required.	Phone number is Required.	

*Example 2.* An example of an error message that only appears when you click “Submit” is shown in the expenditures section. Line 1 in Section 1 must have an amount filled in because you will always have the costs of time study participants to report on this line.

Line 1: Direct Labor and Benefits of the LCTS Participants

Please enter an Amount.

*Example 3.* Another type of message you might receive is a variance message. Variance messages will only appear after you click the “Submit” button. Variance messages are an alert that a possible data entry error could have been made on this line.



If you get this message, scroll down to the Variance Explanation Section (which is right below the “Save” and “Submit” buttons) and provide a brief explanation for the variance or confirmation that the amount entered was correct.

Below is an example of the Line 2 variance screen:

Line 2 is greater than 25% of Line 1.

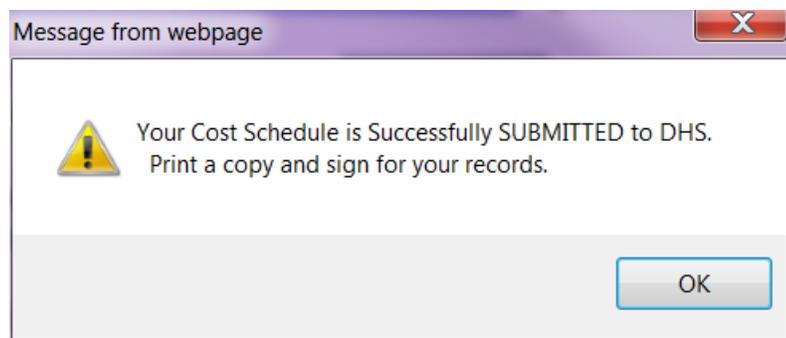
You will need to enter an explanation and click the “Resubmit” button.

Line 2 is greater than 25% of Line 1.

There were increased insurance costs.

**Resubmit**

When your cost schedule has passed the edit process and you have clicked on the “Submit” (or “Resubmit”) button, you will receive the following message:



## Amended Reports

If an error is discovered on a previously submitted cost schedule, you have one year to submit a corrected cost schedule.

To submit a corrected cost schedule, open the DHS-3220.2. From the “Quarter End Date” drop down box, click on the quarter that you want to amend. If the quarter you want to amend does not appear in the selection list, you are not allowed to correct that quarter’s report.

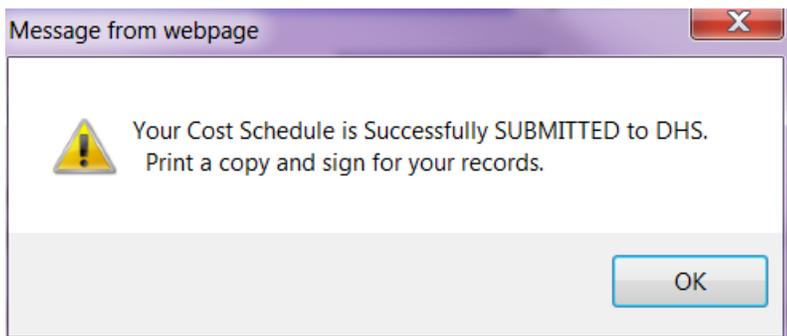
Quarter End Date

12/31/2015

Enter your changes and click on the “Resubmit” button.

**Resubmit**

If you receive any variance messages, you must provide an explanation. Click on the “Resubmit” button. When your cost schedule has passed the edit process and you have clicked on the “Resubmit” button, you will receive the following message:



Print a copy of the cost schedule, obtain the appropriate signature and keep on file for at least four (4) years or as long as the county retention schedule mandates, whichever is longer.

## ATTACHMENT J

### MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS)

## **Cost Schedule Instructions for the Local Collaborative Time Study (LCTS)**

### **Public Health Web-based Cost Schedules 3220.3**

#### **A. OVERVIEW**

1. The primary purpose of the quarterly public health cost schedule is to report the costs incurred by the public health agency in support of the participants in the LCTS. These costs coupled with staff time study results determine the amount of reimbursement the collaborative will receive from the LCTS project.
2. Each public health agency participating in the LCTS must complete a quarterly cost schedule.
3. As a public health agency LCTS Fiscal Site Contact, you must complete an LCTS Cost Schedule after each calendar quarter. The calendar quarters are:
  - January through March,
  - April through June,
  - July through September, and
  - October through December.

The quarterly cost schedule should include all expenses for the three months of the quarter. Cash basis reporting must be used when completing the public health quarterly cost schedule. This means that only expenses which have been paid in the current reporting quarter can be included on the cost schedule.

4. The Fiscal Reporting and Payment Agent must establish, announce, and enforce quarterly cost schedule due dates for all public health agency partners in order to meet DHS cost schedule submission deadlines. You must complete and submit the quarterly public health cost schedule on or before the date determined by the LCTS Fiscal Reporting and Payment Agent.
5. Your county's LCTS Fiscal Reporting and Payment Agent will review all cost schedules from participating public health agencies on or before the 20<sup>th</sup> calendar day following the end of each quarter.

## B. TRAINING REQUIREMENT

DHS requires that all LCTS Fiscal Site Contacts (those who complete the LCTS Cost Schedule) receive mandatory LCTS cost schedule training **BEFORE** completing and submitting the *LCTS Public Health Web-based Cost Schedule 3220.3*. If DHS has not received a Training Verification Form for the individual completing the schedule, the schedule will not be accepted.

There are four types of training which will meet the training requirements. If you have not received training in one of these four forms, you are not qualified to complete this schedule and you should contact your county's LCTS Fiscal Reporting and Payment Agent immediately. The four approved types of training are:

- a. The LCTS Fiscal Site Contact has attended the interactive videoconference "LCTS Fiscal & Cost Schedule" training in person – and they have the documented date of the participation on file with DHS.
- b. The LCTS Fiscal Site Contact has reviewed a previously recorded "LCTS Fiscal & Cost Schedule" training DVD – AND – their county's LCTS Fiscal Reporting and Payment Agent has followed up with them in person (e.g. reviewed the schedule methodology with them, quizzed them, made certain they understand what it is they are supposed to report, etc.) and as a result of this process – the county's LCTS Fiscal Reporting and Payment Agent is confident that they know how to capture only the applicable costs.
- c. The county's LCTS Fiscal Reporting and Payment Agent provided individual line by line training to the LCTS Fiscal Site Contact in person.
- d. The LCTS Fiscal Site Contact has reviewed DHS Bulletin 16-32-04 and the attachments in their entirety – AND – their county's LCTS Fiscal Reporting and Payment Agent has followed up with them in person (e.g. reviewed the schedule methodology with them, quizzed them, made certain they understand what it is they are supposed to report, etc.) and as a result of this process – the county's LCTS Fiscal Reporting and Payment Agent is confident that they know how to capture only the applicable costs.

## C. COMPLETING THE PUBLIC HEALTH COST SCHEDULE

### GENERAL:

1. Open the email containing the link to your public health agency cost schedule and either click on the link or copy and paste the website address in your browser.
2. Review the headings of the cost schedule “County/Collaborative” and “Agency Name” to make sure you received the correct document. If you received another partner’s cost schedule in error, please contact your county’s LCTS Fiscal Reporting and Payment Agent.
3. Click on the “Quarter Ending” dropdown and select the appropriate quarter in which you are submitting costs. There are several options of dates to choose from in order to facilitate annual settle-up cost schedules.
4. Complete sections 1 and 2, rounding all amounts to the nearest dollar.

### NOTE:

- Only expenses that have been **paid** by the reporting public health agency in the current reporting quarter can be included on this schedule.
  - Expenses included on this report must be directly related to the LCTS staff participants.
  - Do not include any types of costs which are ineligible for federal reimbursement according to federal [OMB Circular A-87](#).<sup>1</sup> You are responsible for review and compliance with this federal circular. Some examples of ineligible costs include:
    - Goods or services for personal use.
    - Entertainment relating to amusement, staff picnics, etc.
    - Fines and penalties.
    - Interest on borrowed capital or the use of a governmental unit’s own funds.
    - Costs of membership in organizations substantially involved in lobbying are unallowable.
5. Review the cost schedule for math accuracy before submitting to your county’s LCTS Fiscal Reporting and Payment Agent.
  6. Enter your name and telephone number as contact information for your county’s LCTS Fiscal Reporting and Payment Agent.
  7. Click on “Save”, click on “Submit” to send the schedule to DHS and print and sign a copy for your records.

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<sup>1</sup> The new [Uniform Guidance](#) replaced OMB circular A-87 effective December 26, 2014. Sec 2 CFR 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audit.

## SECTION 1 – EXPENDITURES:

### Line 1: Direct Labor and Benefits of the LCTS Participants

Report on this line the total salary amounts plus payroll related benefits paid to LCTS participants through the public health agency payroll system during the current reporting quarter.

- Payroll related benefits are the employer contributions for items such as life insurance, disability insurance, medical and dental insurance and employer paid FICA, Medicare and workers' compensation that are paid during the current reporting quarter.

In order to ensure that you accurately capture the correct costs to report on this line, you must first be certain that you have an accurate listing of staff who participated in the time study in the current reporting quarter. Your public health agency LCTS Designated Site Contact is responsible for maintaining an accurate listing of LCTS participants at all times and reporting any changes to DHS. You must verify with them who was participating in the LCTS during the current reporting quarter. Once you determine participating staff, you should report 100% of the salaries and related benefits of those individuals on Line 1.

Again, since this report must be on a CASH basis – the check or warrant dates for the amount listed on Line 1 must be in the current reporting quarter.

Individuals who are not a public health agency salaried employee paid through the public health agency payroll system **cannot** be included here. **Do not include** contracted staff, self-employed individuals, and independent contractors.

If you find that someone included in the list of LCTS participants you received from the public health's LCTS Designated Site Contact is not an employee of the public health agency, notify your county's LCTS Fiscal Reporting and Payment Agent immediately.

### Line 2: Direct Labor and Benefits of Administrative, Supervisory and Clerical Support

Report on this line the portion of the salary amounts plus payroll related benefits paid to support staff through the public health agency's payroll system during the current reporting quarter. These costs must be directly attributable to the support of the LCTS participants.

**NOTE: Do not report 100% of these individuals' salaries and benefits on Line 2**

Determine the portion of the salaries and benefits directly attributable to support of the LCTS participants using the following allocation method:

- Identify the immediate supervisor of each LCTS participant and any clerical or administrative staff that directly support LCTS participants.
- Determine the percentage of total time their supervisor spends in actual supervision of the LCTS participant and apply that percentage to the supervisor's salary and benefits.

*Example: If 10% of their total time is spent directly supervising the LCTS participant – report only 10% of the supervisor's salary and benefits on Line 2.*

- Next – identify which clerical and administrative staff members provide direct support to the LCTS participants.
- Determine the percentage of their total time that is spent providing direct support to LCTS participants and apply that percentage to their total salaries and benefits.

*Example: If 30% of their total time is spent providing direct administrative or clerical support to LCTS participants – report only 30% of their salary and benefits on Line 2.*

Once you have determined the allocation method for how you arrived at the costs reported on Line 2, be sure to document and retain the methodology.

Again, since this schedule must be on a CASH basis – the check or warrant dates for the amount listed on Line 2 must be in the current reporting quarter.

### **Line 3: Direct Charges**

Report all supplies, equipment and other direct expenses *except* instructional or medical supplies that are used by LCTS staff to perform their day-to-day jobs.

Allowable expenses: Mileage, postage, telephones, office supplies (*not* instructional aids)

Non-Allowable expenses: First-aid supplies, instructional supplies, contract services

Again, since this report must be on a CASH basis – the check or warrant dates for the amount listed on Line 3 must be in the current reporting quarter.

### **Line 4: Allocated Expenses**

Report on this line the proper LCTS allocation of allowable overhead expenses that are shared between programs.

The types of expenses to be included on Line 4 are: rent, utilities, repair and maintenance, office supplies, typing, photocopying, duplicating, binding and other general operating expenses.

Do not automatically report 100% of these expenses. List only the portion that benefits the LCTS participants. An appropriate method of allocation must be used to determine the portion that is attributable to the LCTS participants.

Once you have determined the allocation method for how you arrived at the costs reported on Line 4, be sure to document and retain the methodology.

Again, since this report must be on a CASH basis – the check or warrant dates for the amount listed on Line 4 must be in the current reporting quarter.

### **Line 5: Total Expenditures**

This field will automatically populate with the total of Lines 1, 2, 3 and 4.

## **SECTION 2 – FEDERAL REVENUE OFFSET:**

Per federal requirements – you must determine if any of the amounts reported in Section 1 are federally funded. We cannot submit federally-funded amounts to the federal government for reimbursement – this is considered “double dipping”.

If your public health agency received federal grants that were used to fund any portion of the total expenditures on Line 5 – you must report the name of the federal grant and only that portion of the federal grant which was used to fund any of the expenses reported in Section 1.

Use a separate line for each grant.

Do not include LCTS reimbursement earnings in this section. For a list of the most frequently reported federal grants for Public Health, please contact your county’s LCTS Fiscal Reporting and Payment Agent.

**NOTE:** this section should not be left blank. It would be rare for a public health agency not to receive federal funding to fund expenses attributable to LCTS participants. However, if you are certain your public health agency has no federal revenue to report, please indicate by entering the word “None” in this section.

Cash basis rules still apply to this section – **with one exception:**

If you receive a federal grant as an annual lump sum (or any frequency other than quarterly), it is your responsibility to match the expenses reported with the associated federal revenue in the same period that the expenses are reported (even if the federal revenue was received in a different period).

In other words, you do not want one quarter’s worth of expenditures in Section 1 – and an entire year’s worth of the federal revenue offset in Section 2. The expenses and any associated federal revenue offset must be matched quarter for quarter – in the period that the expense is reported.

If you are uncertain as to whether this exception applies to a particular federal grant or if you have questions on how to treat a grant you have identified as an exception – contact your county’s LCTS Fiscal Reporting and Payment Agent for further guidance.

Since the “Total Federal Revenue Offset” amount in Section 2 is the amount of other federal revenue the public health agency used to pay the current quarter’s expenses, it cannot exceed the quarter’s expenses reported on Line 5. If it does, please review all revenue and expenses lines in the schedule, determine what is in error and correct the schedule.

### **Line 6: Total Federal Revenue Offset**

This field will automatically populate with the sum of all federal grant amounts.

### **Line 7: NET Public Health Cost Pool**

The federal government will not reimburse expenditures that were federally funded (otherwise known as “double dipping”) – therefore, the federal revenue that was used to pay for any of the expenditures reported on Line 5 will be deducted.

The amount on Line 7 is the LCTS cost pool amount that DHS submits to each respective federal agency on behalf of your county/collaborative. You are responsible for the review, compliance and accuracy of these figures.

## **D. WHO TO CONTACT**

If you have questions, concerns or comments regarding this cost schedule and instructions – please contact your county’s LCTS Fiscal Reporting and Payment Agent.



**ATTACHMENT L**

**MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS)**

**Instructions for Using and Navigating the Local Collaborative Time Study (LCTS)**

**Public Health Web-based Cost Schedule 3220.3**

The Local Collaborative Time Study (LCTS) Public Health Cost Schedule 3220.3 is a web-based form. The instructions below address only the technical aspects of entering data on the web-based DHS-3220.3 form.

On or about the 20<sup>th</sup> of the last month of each quarter, an email reminder containing the links to the county/collaboratives unique DHS-3220.3 form(s) will be sent to each county LCTS Fiscal Reporting and Payment Agent (FRAPA) who in turn will forward each link to the appropriate collaborative partner's LCTS Fiscal Site Contact. Below is a sample of the notification email:

To: LCTS Fiscal Reporting and Payment Agent

The links below contain this quarter's Cost Schedules for 01 - Aitkin which will be available to you **01/01/2015**. Please complete and submit by the last business day prior to 01/20/2015.

**Aitkin County Public Health**

You can either click on this link [\[DHS link\]](#) to access the report or copy and paste this address into your web browser:

**[DHS link]**

If you need assistance in completing these cost schedules, open the report and click on the help link for the LCTS Web-based Cost Schedule Bulletin. If you need additional assistance, please contact Bonnie Spray at (651) 431-3785.

***All cost reports are subject to state/federal audits. Falsification of this information diminishes the integrity of the cost report and compromises the administrative claims.***

Click on the link within the email to open the DHS-3220.3. Once the form is opened, verify that the county name and number appears correctly in the "County/Collaborative" box. Verify that the agency name appears correctly in the "Agency Name" box. Then, save the form to your Internet Favorites. The suggested naming convention for the fourth quarter of 2015 is Q415 3220.3. Once you have saved the form to your Favorites, you can access open quarters from your saved file or by clicking on the link in the reminder email.

County/Collaborative	Agency Name	Quarter Ending
01 - Aitkin	Aitkin County Public Health	12/31/2015

Last Update: Thursday, January 14, 2016 3:12 PM

## Moving around the DHS-3220.3

On the keyboard, you can use either the Tab or the Enter key to move down to the next line. Holding the Shift and Tab key will move you up or back a field. You can move the mouse to any line and click to move from field to field. The arrow keys will only work left or right within a line; they will not work up or down between lines. Do not refresh the page or you will freeze the application. Do not use the “Back” button. If you are interrupted while completing the cost schedule, you may click on the “Save” button to return to the saved form. By selecting “Submit”, you have forwarded your cost schedule to DHS and do not need to save it. You must close the application once you have submitted the form.

## Entering Data

The cost schedule form is organized into sections 1 and 2. Descriptions of each section can be found in Attachment J, [LCTS Public Health Web-based Instructions](#).

### SECTION 1: EXPENDITURES

Enter the expense for each expense line. The system will automatically subtotal and total the lines in each section.

#### SECTION 1: EXPENDITURES

Line 1: Direct Labor and Benefits of the LCTS Participants	160000
Line 2: Direct Labor and Benefits of Administrative, Supervisory and Clerical Support	200
Line 3: Direct Charges	540
Line 4: Allocated Expenses	10
Line 5: Total Expenditures (lines 1 - 4)	160,750

### SECTION 2: FEDERAL REVENUE OFFSET

Enter the federal grants received.

#### SECTION 2: FEDERAL REVENUE OFFSET

<u>Name of Federal Grant</u>	<u>Amount of Federal Grant that was used to fund expenditures on Line 5</u>
WIC	8000
TANF/Home Visits	6500
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Line 6: Total Federal Revenue Offset	14,500
Line 7: NET Public Health Cost Pool (Line 5 minus Line 6)	90,378

## Report Certification

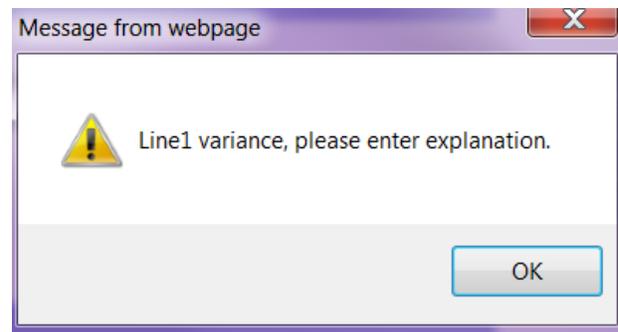
Enter complete contact information as requested on the schedule. As indicated on the bottom of the DHS-3220.3, electronic submission to DHS only requires that you type in the name of the LCTS Fiscal Site Contact. However, you must print and retain an original signed copy at the county/collaborative for at least four (4) years. Your specific county may require a longer retention period – so please consult the county retention schedule.

**I verify that I have received the LCTS Fiscal & Cost Report training, and that this schedule and supporting documentation is accurate and complies with all guidelines set forth in the LCTS Public Health Cost Schedule Instructions.**

5/22/2013   
Signature of the LCTS Fiscal Site Contact      Date      Telephone Number

## Variance Explanation Section

This message appears when variances exceed or decrease by 25% of the average amount reported over the previous 4 quarters. For audit purposes, provide an explanation as to why the variance occurred. The explanation must be detailed in a manner that supports the variance (i.e., the county had no expenditures in previous quarters or the county incurred additional expenses related to ...).

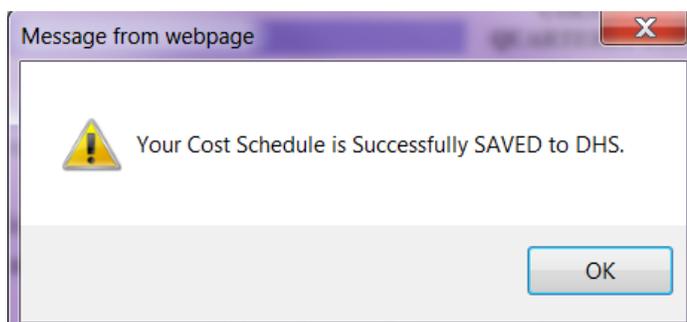


## “Save” and “Submit” Buttons

If you click on “Save”, you are saving a working copy of your cost schedule, allowing you to come back and complete your cost schedule at a later time.

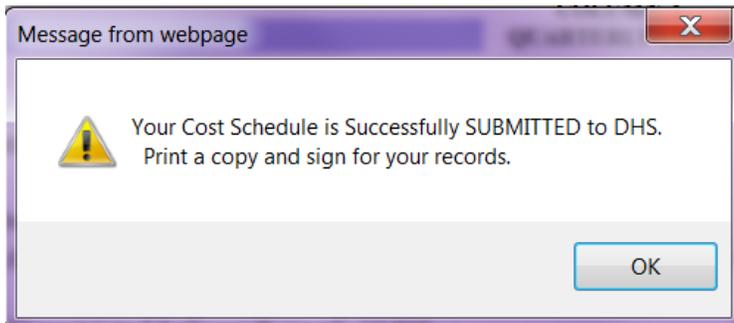
- After you click on “Save”, you **MUST** exit the web page and reopen it in order to work on the cost schedule again.
- Saving your report **does not** submit your report to DHS.
- You **MUST** come back and click on the “Submit” button in order to send the cost schedule to DHS.
- The web based application will not “sweep” the saved files and import (submit) for you.

The following shows you the message you will receive when you click on “Save” and your cost schedule has passed the edit process.



Clicking on the “Submit” button submits your cost schedule to DHS. Each time you click on “Submit”, you are overriding the prior version and replacing it with the current version. You may repeatedly submit changed versions until the quarter is locked. Only the last version you submitted will be saved and processed by DHS. The cost schedules will be locked on the evening of the 20<sup>th</sup> calendar of the month following quarter end. Cost schedules will be locked on the evening of the preceding business day if the 20<sup>th</sup> falls on a holiday Friday, Saturday, Sunday or holiday Monday.

The following shows you the message you will receive when you click on “Submit” and your cost schedule has passed the edit process and is ready to send to DHS.



## Error Messages

The web based DHS-3220.3 has several “built-in” audit checks. Some error messages will not appear if you are merely “saving” your cost schedule. However, once you click “Submit”, those error messages will appear in red. You will need to enter the data requested by the message and click “Submit” again.

*Example 1.* One example of an error message that will appear any time you click on “Save” or “Submit” is in the certification section. If you click “Save” or “Submit” without having each of the fields completed, you will get the following error message (text in red):

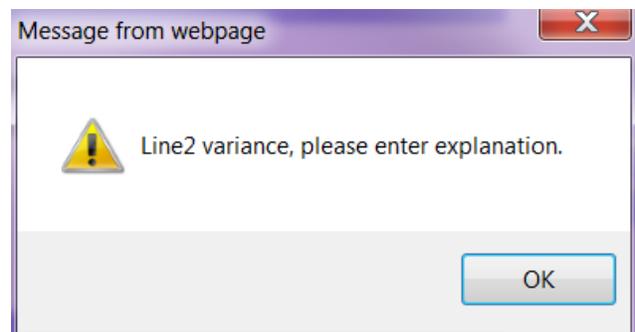
<input type="text"/>	<input type="text" value="5/22/2013"/>	<input type="text"/>
<b>Signature of the LCTS Fiscal Site Contact</b>	<b>Date</b>	<b>Telephone Number</b>
Signature of the LCTS Fiscal Site Contact is Required.	Phone number is Required.	

*Example 2.* An example of an error message that only appears when you click “Submit” is shown in the expenditures section. Line 1 in Section 1 must have an amount filled in because you will always have the costs of time study participants to report on this line.

Line 1: Direct Labor and Benefits of the LCTS Participants

Please enter an Amount.

*Example 3.* Another type of message you might receive is a variance message. Variance messages will only appear after you click the “Submit” button. Variance messages are an alert that a possible data entry error could have been made on this line.



If you get this message, scroll down to the Variance Explanation Section (which is right below the “Save” and “Submit” buttons) and provide a brief explanation for the variance or confirmation that the amount entered was correct.

Below is an example of the Line 2 variance screen:

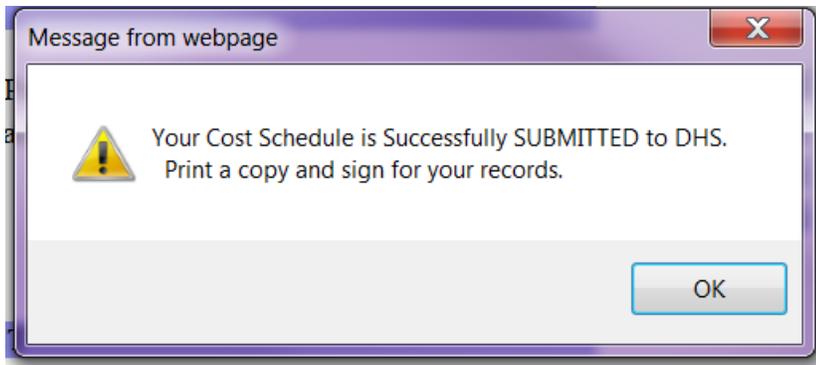
Line 2 is greater than 25% of Line 1.

You will need to enter an explanation and click the “Resubmit” button.

Line 2 is greater than 25% of Line 1.  
There were increased insurance costs.

**Resubmit**

When your cost schedule has passed the edit process and you have clicked on the “Submit” (or “Resubmit”) button, you will receive the following message:



## Amended Reports

If an error is discovered on a previously submitted cost schedule, you have one year to submit a corrected cost schedule.

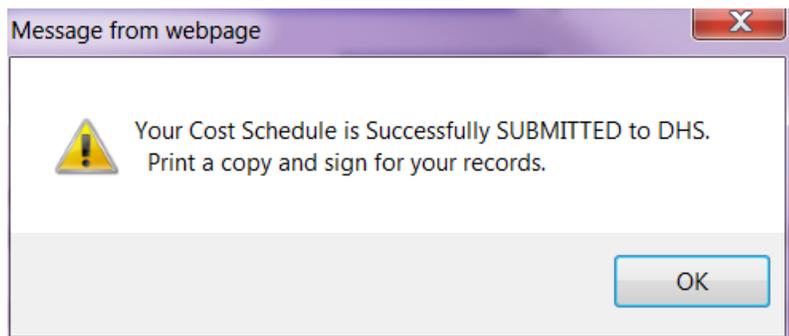
To submit a corrected cost schedule, open the DHS-3220.3. From the “Quarter End Date” drop down box, click on the quarter that you want to amend. If the quarter you want to amend does not appear in the selection list, you are not allowed to correct that quarter’s report.

Quarter End Date

Enter your changes and click on the “Resubmit” button.

**Resubmit**

If you receive any variance messages, you must provide an explanation. Click on the “Resubmit” button. When your cost schedule has passed the edit process and you have clicked on the “Resubmit” button, you will receive the following message:



Print a copy of the cost schedule, obtain the appropriate signature and keep on file for at least four (4) years or as long as the county retention schedule mandates, whichever is longer.

**ATTACHMENT M**

**MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS)**

**Local Collaborative Time Study (LCTS)**

**Public Schools Most Frequently Asked Questions & Answers**

**A. Line 1:**

1. **Question:** If a school pays DUES on behalf of the employee as part of their contract, can the dues be included in the figure that is reported on Line 1 of the LCTS Web-based Cost Schedule?

**Answer:** No

2. **Question:** If a time study participant also performs coaching duties in addition to his/her normal job—can we include the coaching portion of his/her salary on Line 1?

**Answer:** No

3. **Question:** What do we do with a time study participant who leaves in the middle of the quarter? Is there a difference on how you want it to be treated on the LCTS Web-based Cost Report?

**Answer:** *It depends on why they left the LCTS (keep reading)*

- A. *If the time study participant went out on leave and they are going to be gone for more than 6 weeks, report their salary and benefits up to the time that they went out on leave. If their leave is less than 6 weeks—it is ok to continue reporting their salary and benefits on Line 1.*
- B. *If the time study participant quit or changed job duties—it is permissible to include their salaries and benefits on Line 1 up to their last pay check...or as of the date they switched jobs.*
- C. *If the time study participant was removed from the LCTS because he/she does not meet the qualifications to participate—you should not report any of their expenses on Line 1.*

4. **Question:** Where can I get an updated LCTS time study participant list?

**Answer:** *Contact your LCTS County Coordinator for this information*

**B. Line 2:**

1. **Question:** Can we include the LCTS Fiscal Reporting and Payment Agent's salary?

**Answer:** No

2. **Question:** Can we include the Fiscal Site Contact's salary?

**Answer:** No

3. **Question:** Why can't I just report 100% of the administrative, supervisory and clerical support staff's salary and benefits on Line 2?

**Answer:** Only the portion of these individual's salaries and benefits that benefit the time study participant are allowed by the federal government. Therefore, you must use an allocation method to determine how much of their time is spent in direct support of, or spent in direct supervision of the time study participants. Then apply that percentage to their salaries and benefits and report the result on Line 2.

### C. Lines 4 and 5:

1. **Question:** Where can I find my school district's most current Unrestricted Indirect Rates?

**Answer:** The rates are auto-filled in the web-based cost schedule with the correct percentages for your school district and can be found at the following web site:

- A. [Unrestricted Indirect Rates](#)
- B. Hover over School Support tab at the top of the page
- C. Scroll down and click on School Finance
- D. Click on Financial Management on left side of the page
- E. Click on Guidance and Reports on left side of the page
- F. Click on Indirect Cost Rates Applicable for FY 20XX – Memorandum
- G. Click on the hyperlink labeled "[View the restricted and unrestricted cost rates.](#)"
- H. Scroll down and click on "Indirect Cost" Rates under the heading - School Finance Spreadsheets
- I. Click on the dropdown arrow on Category and choose "Indirect Cost Rates"
- J. Choose the appropriate current quarter year from the Year dropdown menu
- K. Click the "List Files" button
- L. Click the "xlsx" button and open the file
- M. Select the "IDC ALL" tab at bottom of page
- N. Use the column labeled "Unrestricted Rates for 'Other Types' - Capped Rate % See Note.(3),(4)"

2. **Question:** Where can I find my school district's most current Restricted Indirect Rates?

**Answer:** The rates are auto-filled in the web-based cost schedule with the correct percentages for your school district

3. **Question:** When will new Indirect Rates appear on the Public School Web-based Cost Schedule?

**Answer:** New rates are effective every July 1<sup>st</sup>. You should see the new rates in your 3<sup>rd</sup> quarter web-based cost schedule (Quarter ending September 30<sup>th</sup>)

### D. Line 8:

1. **Question:** Can we include workshop or training expenses of the time study participants on Line 8?

**Answer:** Yes, if the cost of the training provided is for employee development of the time study participants.

## E. Federal Revenue

1. **Question:** I have read the instructions and still don't understand how to report the Federal Grants that come in once a year?

**Answer:** Contact your LCTS Fiscal Reporting and Payment Agent at County Social Services for further assistance

## F. Other Questions

1. **Question:** How do I get to the OMB Circular web site?

**Answer:** The new Uniform Guidance replaced the OMB Circular effective December 26<sup>th</sup>, 2014: Sec 2 CFR 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audit.

- A. [Uniform Guidance](#)
- B. Scroll down to select the area you wish to read
- C. Scroll down to GENERAL PROVISIONS FOR SELECTED ITEMS OF COST to research specific items.
  - Use CTRL F if you want to search for a word or phrase within the OMB circular

2. **Question:** How do I get to the UFARS Codes?

**Answer:** Follow these steps to the web site:

- A. [UFARS Codes](#)
- B. Hover over School Support tab at top of page
- C. Scroll down to and click on School Finance
- D. Click on Financial Management on left side of page
- E. Click on UFARS on left side of page
- F. Scroll down to Chapter 9 – List of Codes
- G. Print out the 17-page report if you wish

3. **Question:** I don't see my question listed here—what should I do next?

**Answer:**

- Refer to the [LCTS Public School Web-based Cost Schedule 3220.1 Instructions](#)
- Contact your LCTS Fiscal Reporting and Payment Agent at County Social Services

## ATTACHMENT N

### *DHS Contacts for LCTS Questions*

*We understand the importance of having a single contact with each county in the administration of the LCTS. All questions directed to DHS must be routed through the county's LCTS Coordinator or LCTS Fiscal Reporting & Payment Agent. We are committed to routing calls and emails from local staff back to these individuals.*

#### **Bonnie Spray**

*Tribal and Collaborative Reimbursement Specialist*

Phone: (651) 431-3785

Email: [bonnie.spray@state.mn.us](mailto:bonnie.spray@state.mn.us)

#### **Beth Chaplin**

*Foster Care/Title IV-E Specialist*

Phone: (651) 431-4919

Email: [beth.chaplin@state.mn.us](mailto:beth.chaplin@state.mn.us)

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Contact **Bonnie** for:

- LCTS forms or to verify DHS receipt of a form
- Questions regarding quarterly-change due dates
- ALL questions pertaining to LCTS Random Moments
- Reporting a change in the LCTS Coordinator or LCTS Fiscal Reporting & Payment Agent (FRAPA)
- “Timelines for LCTS” questions
- Adding or deleting partners from the LCTS
- *MISSED* Random Moment Log sheets
- LCTS Cost Report and Cost Pool questions
- Annual Settle-up or Miscellaneous Claim Adjustment questions
- Questions pertaining to Desk Audit follow-up
- Remittance Advice and/or LCTS payment questions
- Requests for waivers on the 10% administrative spending rule
- Requests for waivers on the 24 month spending rule
- LCTS Annual Spending Report – questions on how to complete
- LCTS Annual Spending Report publications
- “I’m a new LCTS Coordinator and I need help” type questions
- “I’m a new LCTS Fiscal Reporting & Payment Agent (FRAPA) and I need help” type questions
- LCTS applications (new counties)
- LCTS Contract
- Responsibilities of county, collaborative & participating partners
- Who is eligible to participate on the LCTS
- LCTS activity code questions and related technical assistance
- 40% participation rule
- LCTS claiming
- Federal-related questions
- DHS' administrative costs
- Interest on the LCTS earnings
- DHS' fiscal policies surrounding the LCTS
- LCTS spending questions
- LCTS training for LCTS Coordinators and Recorders
- LCTS training for LCTS Fiscal Reporting & Payment Agents
- LCTS training for time study participants

## *DHS Contacts for LCTS Questions (cont.)*

Contact **Beth** for:

- LCTS Title IV-E Foster Care Candidacy determination questions
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US mail and faxes for Bonnie may be sent to:

MN Department of Human Services  
Financial Operations Division  
P.O. Box 64940  
St. Paul, MN 55164-0940  
Fax: (651) 431-7565

For questions regarding **county reporting of LCTS funds on SEAGR**, please contact:

**Julie Spurgeon**

MN Department of Human Services  
Financial Operations Division  
P.O. Box 64940  
St. Paul, MN 55164-0940  
**Phone: (651) 431-3782**  
Fax: (651) 431-7480  
Email: [julie.spurgeon@state.mn.us](mailto:julie.spurgeon@state.mn.us)