

SPECIAL PAYMENT BULLETIN

Guide to Foster Care Special Payments
Allocated and Non-Allocated Expenses



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Division of Financial Services
Payment Services



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ADMINISTRATION FOR CHILDREN’S SERVICES
PAYMENT BULLETIN – Guide to Foster Care Special Payments



<p>SECTION 1</p> <p>FAMILY FOSTER CARE [ALLOCATED]</p>	<p>Allocated Special Payments for FAMILY FOSTER CARE ONLY (pages 6-17)</p> <p>Foster Care provider agencies receive their Fiscal Year “Allocated” budget of \$350.00 per child, based on its child census at the close of prior fiscal year. The ACS Division of Financial Services’ Budget Office sends a Special Payment Allocation Letter to each provider agency at the beginning of the new Fiscal Year.</p> <p>The items listed in this category for which provider agencies receive a set budget (also referred to as “Allocated” Special Payments) are approved by NYS and ACS for items purchased for children in care. These items are documented per the NYSOCFS Standard of Payment. Each provider agency is responsible for deciding which items to purchase and for monitoring their annual Special Payment Budget Allocation. Purchases must remain within the budgeted allocation and all expenditures for items listed in this section of the Bulletin should be tracked against the Special Payment Budget Allocation. Agencies are required to maintain fiscal records and receipts for all expenditures in this category.</p> <p>Allocated invoicing is submitted through the Special Payment Processing Template [SPPT], (an ACS software application tool), which may be accessed via Contract Agency Remote Access (CARA). Provider agencies may obtain entry to CARA through their assigned CARA Security Officer.</p>
<p>SECTION 2</p> <p>FAMILY FOSTER CARE [OUTSIDE ALLOCATION]</p>	<p>Special Payments Outside the Allocated Budget for FAMILY FOSTER CARE (pages 18-21)</p> <p>The items listed in this category are outside of the Special Payment Budget Allocation and include College / University Room & Board, Child Care, Funeral Expenses and Sign Language/Translation Services. These categories are listed in the NYSOCFS Standard of Payment, but are not included in the aforementioned budgeted allocation. Agencies are required to maintain fiscal records and receipts for all expenditures in this category.</p> <p>Allocated invoicing is submitted via regular invoicing protocol [See page 2-“Invoicing Submission”]</p>
<p>SECTION 3</p> <p>RESIDENTIAL CARE ALL LEVELS [OUTSIDE ALLOCATION]</p>	<p>Special Payments Outside the Allocated Budget for RESIDENTIAL CARE (pages 22-24)</p> <p>Residential Care providers receive a daily per diem for Special types of payment that is included in their Maximum State Aid Rates (MSAR). The items listed in this category are outside of the per diem rate and include College / University Room & Board, Child Care, Funeral Expenses and Sign Language/Translation Services. These categories are listed in the NYSOCFS Standard of Payment, but are not included in the aforementioned budgeted allocation. Agencies are required to maintain fiscal records and receipts for all expenditures in this category.</p> <p>Allocated invoicing is submitted via regular invoicing protocol [See page 2-“Invoicing Submission”]</p>

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<p>SECTION 4</p> <p>EXCEPTIONAL TYPE PAYMENTS [NON-ALLOCATED]</p>	<p>Non-Allocated Special Payments for all FOSTER CARE PROGRAM TYPES (pages 25-29)</p> <p>The items listed in this category are considered non-allocated payments since these items are outside of the NYS Standard of Payment and are approved by the ACS Division of Family Permanency. Types of Exceptional Payments include: Exception to Policy billing for youth over age 21; College Room and Board Payments for youth over age 21; Fostering College Success Initiative-Student Stipends; Discharge Grants; and 1-1 Supervision. When invoicing for these items, refer to payment requirements listed under each category. Agencies are required to maintain fiscal records and/or receipts for all expenditures in this category.</p>
<p>SECTION 5</p> <p>SPECIAL INITIATIVES</p>	<p>Non-Allocated Special Payments for all FOSTER CARE PROGRAM TYPES (pages 30-34)</p> <p>The items listed in this category are considered non-allocated payments since these items are outside of the NYS Standard of Payment and are approved by the ACS Division of Family Permanency. Types of Special Initiative Payments include: Fostering College Success Initiative-Student Stipends; Discharge Grants; Trial Discharge Supports, and HAFI Flex Funding. When invoicing for these items, refer to payment requirements listed under each category. Agencies are required to maintain fiscal records and/or receipts for all expenditures in this category.</p>

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INVOICE SUBMISSION	<p><u>Allocated Special Payments</u></p> <ol style="list-style-type: none"> 1. For Allocated Special Payments invoicing is submitted through the Special Payment Processing Template [SPPT], (an ACS software application tool), when logged in via CARA. <ul style="list-style-type: none"> • Agencies receive Special Allocations based on Contract/Program Type [RFFC, TFFC, SFFC] • Agencies are required to indicate Program Type in SPPT • Agencies are directed to submit invoicing by: <ul style="list-style-type: none"> ➤ Month rather than individual Services Dates [i.e.: Sign Language-submit for month/services range not individual service dates] <p><u>Outside Allocation, Non-Allocated Payments & Special Initiative Payments</u></p> <ol style="list-style-type: none"> 1. For Outside Allocation & Non-Allocated Payments, provider agencies must complete and submit invoices based on Contract Number and Service Type. <ul style="list-style-type: none"> • Cover and Detail sheets have been revised to reflect newly required information [Contract Number, Program Type and Facility ID] 2. Agencies must download fillable forms via the ACS website http://www1.nyc.gov/site/acs/about/child-welfare-providers.page and are required to complete forms electronically. <p>ACS may return forms that are not completed electronically.</p>
INVOICE DUE DATE	<ol style="list-style-type: none"> 1. Invoices for actual expenses incurred in any one month shall be submitted to ACS by the provider agency within thirty (30) days after the end of each month in which such expenses were incurred. If the provider agency fails to provide ACS with the required invoices for the amounts incurred sixty (60) days after the date invoices are due and/or if the Contractor fails to provide invoices in a manner acceptable to ACS in accordance with this Special Payment Bulletin sixty (60) days after the date invoices are due, ACS, may at its sole option, disallow such invoices. 2. In the event that ACS deems it necessary to request additional documentation from the provider agency in order to complete payment processing, ACS will send a request to the provider agency. Requested documentation must be received by ACS no later than thirty (30) days from the date of the ACS request. If the provider agency fails to provide ACS with the requested documentation within the timeframe provided, ACS may at its sole option, disallow such invoices. 3. If the provider agency invoices ACS for non-allowable expenses, ACS, may, without any prior notice to the provider agencies, disallow such amounts from the provider agency invoice(s) and pay the remaining allowable expense amounts, if any. 4. Provider agencies are required to submit invoices based on contract numbers. Invoices containing incorrect contract numbers or multiple contracts on the same invoice will be returned.



SECTION 1 - Family Foster Care [Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
1	Camp Fees (Day Camp)	<ul style="list-style-type: none"> ◇ \$145 max per week ◇ \$290 max per summer ◇ \$29 max per day ◇ 5 – 7 days is one week ◇ Rates include fees, transportation, and registration. 	<p>NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 37, and Ch. 8, Sec. B, Pg. 10, and Pgs. 12-14.</p> <hr/> <p style="text-align: center;">SOURCE OF RATE 18 NYCRR 352.7 & ACS-determined rate.</p>	<p>Must update CNNX Progress Notes for this special payment.</p> <p>Specific details must include camp name and period of camp attendance.</p> <p>Update CNNX Progress Notes to reflect:</p> <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost
POS DC	<p>PAYMENT REQUIREMENTS</p> <ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. 			
	<p>COMMENTS</p> <ul style="list-style-type: none"> ◇ Per 88 ADM-33, and NYS regulation 18 NYCRR 431.13, placement may only be made in summer camps operated by non-profit organizations, corporations, or agencies with permits issued by public health officials in whose jurisdiction camps are located. 			



SECTION 1 - Family Foster Care [Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
2	Camp Fees (Residential)	<ul style="list-style-type: none"> ◇ \$225 max per week ◇ \$45 max per day ◇ 5–7 days is one week ◇ Maximum of 2 weeks ◇ Rates include camp fees, transportation and registration. 	<p>NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 37, and Ch. 8, Sec. B, Pg. 10, and Pgs. 12-14.</p> <hr/> <p>SOURCE OF RATE: 18 NYCRR 352.7(i) caps camp fees at \$400 annual</p>	<p>Must update CNNX Progress Notes for this special payment.</p> <p>Specific details must include camp name and period of camp attendance.</p> <p>Update CNNX Progress Notes to reflect:</p> <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost
POS OC	PAYMENT REQUIREMENTS			
	<ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. 			
COMMENTS				
<ul style="list-style-type: none"> ◇ While at residential camp the child is deemed on vacation. The day the child enters camp, and the day the child returns are “days in care”. “Days in care” are not counted as vacation time. ◇ Per 88 ADM-33, and NYS regulation 18 NYCRR 431.13, placement may only be made in summer camps operated by non-profit organizations, corporations, or agencies with permits issued by public health officials in whose jurisdiction camps are located. 				



SECTION 1 - Family Foster Care [Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
3	Clothing (Initial Clothing Allowance)	<ul style="list-style-type: none"> ◇ \$300 Age 0-5 ◇ \$400 Age 6-11 ◇ \$600 Age 12-15 ◇ \$700 Age 16 & over ◇ Maximum amounts <ul style="list-style-type: none"> ○ Not automatic flat grants ◇ SOURCE OF RATE <ul style="list-style-type: none"> ○ ACS-determined rate 	<p>NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 36, Para. 44.</p> <p>NYS Standards of Payment for Foster Care of Children, Ch. 8, Sec. B, Pgs. 1-2, Para. B(1)(a).</p>	<p>Must update CNNX Progress Notes for this special payment.</p> <p>Specific details of the initial clothing assessment must be annotated in CNNX Progress notes. (E.g. for whom, items etc.)</p> <p>Update CNNX Progress Notes to reflect:</p> <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost
POS 67	<p>PAYMENT REQUIREMENTS</p> <ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. 			
	<p>COMMENTS</p> <ul style="list-style-type: none"> ◇ Provider Agency must assess child’s clothing needs upon admission and transfer, clothing is to be purchased as needed. ◇ See SOP Appendix E for Clothing Guidelines at: http://ocfs.ny.gov/main/rates/fostercare/manual/SOP-ProgramManual.pdf 			

SECTION 1 - Family Foster Care [Allocated]



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
4	Clothing (Emergency Clothing Allowance)	◇ Case-by-case assessment and determination by provider agency	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 36, Para. 44. NYS Standards of Payment for Foster Care of Children, Ch. 8, Sec. B, Pgs. 1-2, Para B (1)(a).	Must update CNNX Progress Notes for this special payment. Update CNNX Progress Notes justifying need for emergency clothing. Update CNNX Progress Notes to reflect: <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost
POS 47	PAYMENT REQUIREMENTS <ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. 			
	COMMENTS <ul style="list-style-type: none"> ◇ See SOP Appendix E for Clothing Guidelines at: http://ocfs.ny.gov/main/rates/fostercare/manual/SOP-ProgramManual.pdf 			



SECTION 1 - Family Foster Care [Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5	<p>Compensation to Foster Parent for Damage to and/or Loss of Personal Property resulting from foster child in his/her care*.</p>	<p>◇ \$1,000 maximum over a two-year period from date of child’s placement in the home.</p> <p><i>Note: Compensation of less than \$25 will NOT be allowed.</i></p>	<p>NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 37 Para. 45, and Ch. 8, Sec. B, Pg. 9-10, Para. 3(2) (x).</p>	<p>Must update CNNX Progress Notes for this special payment.</p> <p>Update CNNX Progress Notes documenting damages and/or loss of property and cost.</p> <p>Update CNNX Progress Notes to reflect:</p> <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost
POS 47	<p>PAYMENT REQUIREMENTS</p> <ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. ◇ Proof of payment by provider agency is required. <p>Note: Reimbursement is based on date items were replaced or services rendered. Reimbursement must be for replacement of or repair to damaged item only. For example, if a television was damaged, family will be reimbursed for the purchase of another television, no other household item. Price quotes cannot serve as proof of cost, actual invoice is required.</p>			
	<p>COMMENTS</p> <p>* Note: Foster parent must first seek compensation from his/her insurance carrier</p>			

SECTION 1 - Family Foster Care [Allocated]



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
6	Gifts: Birthdays, Holidays, and Other Special Occasions	N/A	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 36, Pg. 37, Para. 45, and Ch. 8, Sec. B, Pg. 8, pg. 9, Para. 3(2)(iv). 18 NYCRR 427.3 (c)(2)(iv)	<p>Must update CNNX Progress Notes for this special payment.</p> <p>Update CNNX Progress Notes describing recipient and reason for gift. Notes to reflect:</p> <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost
POS 71	PAYMENT REQUIREMENTS			
	<ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4 ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. 			
COMMENTS				
<ul style="list-style-type: none"> ◇ None 				

SECTION 1 - Family Foster Care [Allocated]



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
7	Hobby/Recreational Expenditures FFC only [Music, Art, and Dance Lessons]	◇ The SOP (Standards of Payment) limits hobby/recreational expenditures to \$400/year per foster child.	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 36, Pg. 37. Para. 45, and Ch. 8, Sec. B, Pg. 9, Para 3 (iii) and Para. 3 (ix).	Must update CNNX Progress Notes for this special payment. Update CNNX Progress Notes to reflect: <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost of recreational activity or hobby
POS 70	PAYMENT REQUIREMENTS			
	◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned.			
COMMENTS				
◇ Note: Stating that the child was on “vacation” is not adequate to apply 18 NYCRR 427.3(c)(2) as a reimbursable special payment. However, if during the youth’s time off from school/work, the youth accompanies the family camping or is involved in some other recreational activity during this period, then 18 NYCRR 427.3(c)(ix) may be applicable and considered a recreational expense. Prior to any request for reimbursement, there needs to be a determination if the expense is covered by the board rate. Documentation is required for recreational expenses.				



SECTION 1 - Family Foster Care [Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
8	School Expenses <ul style="list-style-type: none"> ◇ Art supplies ◇ Activity fees ◇ Books ◇ Club dues ◇ Field trips ◇ School jewelry ◇ School pictures ◇ Tutoring* ◇ Uniforms ◇ Yearbooks 	N/A	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 36, pg. 37, Para. 45, and Ch. 8, Sec. B, Pg. 9, Para. 3(2)(ii).	Must update CNNX Progress Notes for this special payment. Update CNNX Progress Notes to reflect: <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost For example, school supplies list from school the child is attending
POS 66	PAYMENT REQUIREMENTS <ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Note: If supporting documentation is requested by the Payment Services Unit, documents must be submitted via the Special Initiatives Mailbox within 30 days of the request or the invoice will be returned. <p style="margin-left: 20px;">* For Tutoring agencies are directed to submit invoicing by month rather than individual Services Dates [i.e.: submit for month/service range not individual service dates]</p>			
	COMMENTS Note: Tuition is not an allowable expense.			

SECTION 1 - Family Foster Care [Allocated]



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
9	Special Attire <ul style="list-style-type: none"> ◇ Graduation ◇ Prom ◇ Religious Observance 	N/A	NYS Standards of Payment for Foster Care of Children, Ch. 4, Section C, Pg. 36, Pg. 37, Para. 45 and Ch. 8, Sec. B, Pg. 2, and Pg. 8, Para (3)(2)(i). NYCRR 427.3 (c)(2)(i)	Must update CNNX Progress Notes for this special payment. Update CNNX Progress Notes to reflect: <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost
POS 69	PAYMENT REQUIREMENTS <ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. 			
	COMMENTS <ul style="list-style-type: none"> ◇ Allowed for proms, religious observance and graduation, and for circumstances or occasions, such as school attendance or scouting activities, in which uniforms are necessary items of clothing ◇ This category is a combination of all Special Attire and was listed separately in prior Special Payment Bulletin. 			



SECTION 1 - Family Foster Care [Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
10	Special Furniture/ Equipment <ul style="list-style-type: none"> ◇ Baby Carrier ◇ Car Seat ◇ Cribs ◇ High Chair ◇ Playpen ◇ Stroller 	N/A	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 37 and Ch. 8, Sec. B, Pg. 9, 12. AND 18 NYCRR 427.3 (c)(2)(vii)	Must update CNNX Progress Notes for this special payment. Update CNNX Progress Notes detailing need for special furniture/equipment. Update CNNX Progress Notes to reflect: <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost
	PAYMENT REQUIREMENTS <ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. 			
	COMMENTS <ul style="list-style-type: none"> ◇ According to NYS Standards of Payment, Ch. 8, Sec. B, Pg. 12, Subpara.b, the placing agency should retain ownership of the car seat when the child is placed in another home. ◇ This category is a combination of all Special Furniture/Equipment. These items were listed separately in prior Special Payment Bulletin. 			



SECTION 1 - Family Foster Care [Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
11	<p>Transportation</p> <p>◇ Over 50 miles from foster care placement within New York State</p>	<p>◇ Lowest cost mode of transportation as is appropriate to case</p>	<p>NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 36, pg. 37, Para. 45, and Ch. 8, Sec. B, Pg. 2, Pg. 9, Para. 3(2)(v).</p>	<p>Must update CNNX Progress Notes for this special payment.</p> <p>Update CNNX Progress Notes detailing reason for travel expenditure.</p> <p>Update CNNX Progress Notes to reflect:</p> <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost <p>Transportation Logs that include who was transported, purpose, dates, start/end location, total mileage, rate and total cost. Identify the addresses.</p>
POS 72	<p>PAYMENT REQUIREMENTS</p> <p>◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4.</p> <p>◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned.</p>			
	<p>COMMENTS</p> <p>◇ Reimbursement for travel 50 miles or less from foster care placement is included within applicable rate. Note: staff transportation is not billable through special payments. Providers may include expense annual state SOP.</p>			



SECTION 1 - Family Foster Care [Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
12	Transportation ◇ Outside of New York State	◇ Lowest cost mode of transportation as is appropriate to case	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 36, pg. 37, Para. 45, and Ch. 8, Sec. B, Pg. 2, Pg. 9, Para. 3(2)(v).	Must update CNNX Progress Notes for this special payment. Update CNNX Progress Notes to reflect: <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost Update CNNX Progress Notes detailing reason for travel expenditure. Transportation Logs that include who was transported, purpose, dates, start/end location, total mileage, rate and total cost. Identify the addresses.
POS 73	PAYMENT REQUIREMENTS			
	◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned.			
COMMENTS				
◇ Reimbursement for travel 50 miles or less from foster care placement is included within applicable rate. Note: staff transportation is nit billable through special payments. Providers may include expense annual state SOP.				

End of Section 1



SECTION 2 – Family Foster Care [Outside of Allocation]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
1	<p style="text-align: center;">College/University Room & Board</p> <p style="text-align: center;"><u>Under 21</u></p> <p>Residing at College / University in approved Campus Housing</p>	<p>Reimbursement limited to Room & Board</p> <p>Reimbursement may not exceed actual cost for Room & Board <i>OR</i> current maximum family foster care pass-thru rate for children in age 12 & over category, whichever is less</p> <p>SOURCE OF RATE NYS Office of Children & Family Services</p> <ul style="list-style-type: none"> ▪ Local Commissioner’s Memorandum (LCM) <p>Re: Maximum State Aid Rate (from July to June) (updated annually)</p>	<p>NYS Standards of Payment for Foster Care of Children, Ch. 10, Sec. H, Pg. 1, Payments for Foster Children Attending A College or University.</p> <p>18 NYCRR 628.3(a)(3)</p>	<p><u>CNNX Activities Window</u></p> <ul style="list-style-type: none"> ◇ When residing at College/ University, document as suspended payment ◇ During school break periods, when youth returns to foster home or group care facility, Provider Agency must lift suspended payment
POS 8R	<p>PAYMENT REQUIREMENTS</p> <ol style="list-style-type: none"> 1. Requests for payment of Room Board must be made on a per semester basis via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4 2. Provider Agency is required to maintain: <ul style="list-style-type: none"> ▪ Itemized invoice showing cost of Room & Board; ▪ Proof of enrollment; ▪ College/University academic year calendar <p>COMMENTS</p> <ul style="list-style-type: none"> ◇ Payments for College Room & Board must: <ul style="list-style-type: none"> ○ Be made by Provider Agency to the College/ University, if not otherwise provided ○ Terminate upon child’s discharge from foster care ◇ Costs for days of care at a College or University are not included in Provider Agency’s per diem rate, and should not be included on DSS-2652 Report of Actual Expenditures 			

SECTION 2 – Family Foster Care [Outside of Allocation]



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
2	Funeral Expenses	\$1,400 Maximum	18 NYCRR 352.7(n) and NY CLS Soc Serv §141(5). 18 NYCRR 352.7(n) and NY CLS Soc Serv 141(5) limit burial expenses to \$900.	Must update CNNX Progress Notes for this special payment. Provide relevant details of associated Funeral costs in CNNX Progress Notes.
<p>PAYMENT REQUIREMENTS</p> <ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. 				
<p>COMMENTS</p> <ul style="list-style-type: none"> ◇ None 				

SECTION 2 – Family Foster Care [Outside of Allocation]



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
3	Child Care 1) Working Foster Parents <u>Within</u> New York City	<u>Maximum Rate Source</u> NYS Office of Children & Family Services – Local Commissioner’s Memorandum (LCM) - Re: Child Care Market Rates (updated annually)	N/A	Not reimbursable through Special Payment Bulletin. All child care referrals must be requested through ACS Division of Early Care & Education by the Division of Family Permanency Services.
	Child Care 2) Working Foster Parents <u>Outside</u> New York City [voucher request]	<u>Maximum Rate Source</u> NYS Office of Children & Family Services – Local Commissioner’s Memorandum (LCM) - Re: Child Care Market Rates (updated annually)	Voucher request must be requested and approved by Divisions of Family Permanency Services and Early Child Care and Education	Not reimbursable through Special Payment Bulletin. All child care referrals must be requested through ACS Division of Early Care & Education by the Division of Family Permanency Services.
PAYMENT REQUIREMENTS <ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. 				
COMMENTS <ul style="list-style-type: none"> ◇ All Child Care requests are referred to: ACS Division of Early Care & Education by the Division of Family Permanency Services. FPS.childcarereferral@acs.nyc.gov <p style="text-align: center; color: blue;">Link to child FPS Care Referral Forms: ECE-002 updated 6-17-15</p>				

SECTION 2 – Family Foster Care [Outside of Allocation]



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS		
5	Sign Language Services	Industry rates are subject to review and vary depending upon credentials of interpreters (certified or non-certified) and on the nature of the assignment. See Comments section for guidance on hiring interpreters. PLEASE NOTE: (clarification Jan 2012) Language Translation Services are not to be billed as Sign Language Interpretation Services. Agencies should not send reimbursement requests to ACS for Language Translation Services, which are covered in your contract with ACS.	Refer to NYSSOP link: http://ocfs.ny.gov/main/rates/fostercare/manual/SOP-ProgramManual.pdf	Must update CNNX Progress Notes for this special payment. Update CNNX Progress Notes with specific details on why Sign Language service was required, and name of service organization being used.		
PAYMENT REQUIREMENTS <ul style="list-style-type: none"> ◇ Invoice submission via the Special Payment Processing Template (SPPT). See “Invoice Submission” requirements, page 4. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned ◇ Agencies are directed to submit invoicing by month rather than individual Services Dates [i.e.: Sign Language-submit for month/services range not individual service dates] 						
COMMENTS The organizations listed below can be resources for information on hiring Sign Language Interpreters – <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 1) Registry of Interpreters for the Deaf (RID) 703-838-0030 (voice) 703-838-0459 TTY www.rid.org </td> <td style="width: 50%; vertical-align: top;"> 2) NYC Metro RID www.nycmetrorid.org </td> </tr> </table>					1) Registry of Interpreters for the Deaf (RID) 703-838-0030 (voice) 703-838-0459 TTY www.rid.org	2) NYC Metro RID www.nycmetrorid.org
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End of Section 2

SECTION 3 – Residential Care [Non-Allocated]



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
6	Translation Services	<p>Industry rates are subject to review and vary depending upon credentials of interpreters (certified or non-certified) and on the nature of the assignment.</p> <p>See Comments section for guidance on hiring interpreters.</p> <p>Agencies should not send reimbursement requests to ACS for Language Translation Services, which are covered in your contract with ACS.</p>	<p>Refer to NYSSOP link: http://ocfs.ny.gov/main/rates/fostercare/manual/SOP-ProgramManual.pdf</p>	<p>Must update CNNX Progress Notes for this special payment.</p> <p>Update CNNX Progress Notes with specific details on why Sign Language service was required, and name of service organization being used.</p>
<p>PAYMENT REQUIREMENTS Submit billing to:</p> <ul style="list-style-type: none"> ◇ DFS/Special Payment Unit: 150 William St, 9th Floor, NY, NY 10038 [ATT: Child Welfare Payment Unit] ◇ Invoice Billing to include: <ul style="list-style-type: none"> ○ Payment Cover Sheet and Standard Detail Sheet ○ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned ◇ Agencies are directed to submit invoicing by month rather than individual Services Dates [i.e.: Sign Language-submit for month/services range not individual service dates] 				
<p>COMMENTS NOTE: (clarification Jan 2012) Language Translation Services are not to be billed as Sign Language Interpretation Services.</p>				



SECTION 3 – Residential Care [Non-Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
1	<p>College / University Room & Board</p> <p style="text-align: center;"><u>Under 21</u></p> <p style="text-align: center;">Residing at College / University in approved Campus Housing</p>	<p>Reimbursement limited to Room & Board</p> <p>Reimbursement may not exceed cost for Room & Board <i>OR</i> regular family foster care current maximum pass-thru rate for children in age 12 & over category, whichever is less.</p> <p>SOURCE OF RATE NYS Office of Children & Family Services ▪ Local Commissioner’s Memorandum (LCM) Re: Maximum State Aid Rate (from July to June) (Updated annually)</p>	<p>NYS Standards of Payment for Foster Care of Children, Ch. 10, Sec. H, Pg. 1, Payments for Foster Children Attending A College or University.</p> <p>18 NYCRR 628.3(a)(3)</p>	<p>Must update CNNX Progress Notes for this special payment.</p> <p>Update CNNX Progress Notes detailing name of youth being served, school name, and semester/term of attendance.</p>
POS 8R	<p>PAYMENT REQUIREMENTS Requests for payment of Room Board must be made on a per semester basis and submit billing to:</p> <ul style="list-style-type: none"> ◇ DFS/Special Payment Unit: 150 William St, 9th Floor, NY, NY 10038 [ATT: Child Welfare Payment Unit] <p>Invoice Billing to include:</p> <ul style="list-style-type: none"> ○ Payment Cover Sheet and Standard Detail Sheet ○ Itemized invoice showing cost of Room & Board ○ Proof of enrollment ○ College/University academic year calendar <p>◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned.</p>			
<p>COMMENTS</p> <ul style="list-style-type: none"> ◇ Payments for College Room & Board must: <ul style="list-style-type: none"> ○ Be made by Provider Agency to the College/ University, if not otherwise provided ○ Terminate upon child’s discharge from foster care ◇ Costs for days of care at a College or University are not included in Provider Agency’s per diem rate, and should not be included on DSS-2652 Report of Actual Expenditures 				

SECTION 3 – Residential Care [Non-Allocated]



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
2	Funeral Expenses	Up to \$1,400 Maximum	18 NYCRR 352.7(n) and NY CLS Soc Serv §141(5). 18 NYCRR 352.7(n) and NY CLS Soc Serv 141(5) limit burial expenses to \$900.	Must update CNNX Progress Notes for this special payment. Provide relevant details of associated Funeral costs in CNNX Progress Notes.
<p>PAYMENT REQUIREMENTS</p> <p>Submit billing to:</p> <ul style="list-style-type: none"> ◇ DFS/Special Payment Unit: 150 William St, 9th Floor, NY, NY 10038 [ATT: Child Welfare Payment Unit] ◇ Invoice Billing to include: <ul style="list-style-type: none"> ○ Payment Cover Sheet and Standard Detail Sheet ○ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned. 				
<p>COMMENTS</p> <ul style="list-style-type: none"> ◇ None 				

SECTION 3 – Residential Care [Non-Allocated]



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS		
3	Sign Language Services	<p>Industry rates may vary and are subject to review. See Comments section for guidance on hiring interpreters.</p> <p>PLEASE NOTE (clarification Jan 2012) Language Translation Services are not to be billed as <i>Sign Language Interpretation Services</i>.</p> <p>Agencies should not send reimbursement requests to ACS for Language Translation Services which are covered in your contract with ACS.</p>	<p>Refer to NYSSOP link: http://ocfs.ny.gov/main/rates/fostercare/manual/SOP-ProgramManual.pdf</p>	<p>Must update CNNX Progress Notes for this special payment.</p> <p>Update CNNX Progress Notes with specific details on why Sign Language service was required, and name of service organization being used.</p>		
<p>PAYMENT REQUIREMENTS Submit billing to:</p> <ul style="list-style-type: none"> ◇ DFS/Special Payment Unit: 150 William St, 9th Floor, NY, NY 10038 [ATT: Child Welfare Payment Unit] ◇ Invoice Billing to include: <ul style="list-style-type: none"> ○ Payment Cover Sheet and Standard Detail Sheet ○ Legible copies of the sign language servicer’s signed timesheet(s) for verification of payment ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned <p>COMMENTS The organizations listed below can be resources for information on hiring Sign Language Interpreters:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>1) Registry of Interpreters for the Deaf (RID) 703-838-0030 (voice) 703-838-0459 TTY www.nycmetrorid.org</p> </td> <td style="width: 50%; vertical-align: top;"> <p>2) NYC Metro RID www.rid.org</p> </td> </tr> </table>					<p>1) Registry of Interpreters for the Deaf (RID) 703-838-0030 (voice) 703-838-0459 TTY www.nycmetrorid.org</p>	<p>2) NYC Metro RID www.rid.org</p>
<p>1) Registry of Interpreters for the Deaf (RID) 703-838-0030 (voice) 703-838-0459 TTY www.nycmetrorid.org</p>	<p>2) NYC Metro RID www.rid.org</p>					

End of Section 3



SECTION 4 – EXCEPTIONAL PAYMENT TYPES [Non-Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
1	College/University Room & Board Over 21 Residing at college / university Approved On/Off Campus Housing	Determined by Division of Family Permanency Services	Determined by Division of Family Permanency Services	Invoices are required to be original documents. Acceptable forms of an original invoice include: <ol style="list-style-type: none"> 1) Original invoice received via the Postal Service or 2) Emailed invoice: <ul style="list-style-type: none"> • The email must reference/indicate the invoice number in the subject line or 3) Faxed Invoice: <ul style="list-style-type: none"> • The Fax cover sheet must reference/indicate the invoice number
PAYMENT REQUIREMENTS <ul style="list-style-type: none"> ◇ For youth over age 21, this is an Administrative Payment made directly to College/University/Approved Housing vendor ◇ Requests for College Room & Board support are submitted directly to Family Permanency Services/College Support Unit Email: Phyllis.Brotsky@acs.nyc.gov ◇ Requests for payment of College Room Board must be made on a per semester basis ◇ Agency/Student are required to submit: <ol style="list-style-type: none"> 1. Itemized Invoice showing cost of Room & Board 2. Proof of Enrollment 3. College/University academic year calendar 				
COMMENTS <ul style="list-style-type: none"> ◇ Family Permanency Services/College Support Unit submits all required documents upon receipt, review and approval to Administrative Payments for direct payment to the College/ University 				



SECTION 4 – EXCEPTIONAL PAYMENT TYPES [Non-Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
4	Continuation of Support (ETP 21+)	◇ Approved and determined by Division of Family Permanency Services [** rate of reimbursement determined by BICS rates during approved service period**]	Determined by Division of Family Permanency Services	Submit memorandum request for ETP approval to FPS via mailbox: acs.sm.ETP@acs.nyc.gov
	1) Exceptional Payments	◇ Determined by Child Welfare Programs	Determined by Division of Family Permanency Services	Submit memorandum request for ETP approval to FPS via mailbox: acs.sm.ETP@acs.nyc.gov

PAYMENT REQUIREMENTS

Upon FPS Approval of ETP:

- ◇ **Submit billing to: DFS/Special Payment Unit: 150 William St, 9th Floor, NY, NY 10038 [ATT: Child Welfare Payment Unit]**
Subject: ETP Invoice
- ◇ **Invoice Billing to include:**
 - Approved FPS ETP memorandum with approved service period
 - Payment Cover Sheet and Standard Detail Sheet
 - **Exceptional Payment:**
 - Approved FPS ETP memorandum with approved Payment
 - Payment Cover Sheet and Standard Detail Sheet

COMMENTS

- ◇ Payment Services requires Family Permanency Services to verify AWOL or Suspended Payment Status during ETP Authorization Period. Reimbursement may be adjusted.
- ◇ Agencies may not submit invoices unless approval has been received.



SECTION 4 – EXCEPTIONAL PAYMENT TYPES [Non-Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5	1-1 Supervision [Residential & Family Foster Care]	Determined by Family Permanency Services [FPS]	Determined by Family Permanency Services	Requests must be submitted to Family Permanency Services
<p>PAYMENT REQUIREMENTS</p> <p>Invoice billing for 1-1 Supervision must be submitted within 30-days of the service provision <u>directly to:</u></p> <p style="padding-left: 20px;">ACS/Family Permanency Services 150 William Street, 8th Floor [Rm 8L5] New York, NY 10038</p> <p style="padding-left: 20px;">Attn: Virginia Johnson-Conway (1-1 Supervision)</p> <p>◇ Invoice package should include:</p> <ol style="list-style-type: none"> Approved FPS ETP 1:1 memorandum with approved service period Payment Cover Sheet Payment Detail Sheet Agency Staff timesheets 				
<p>COMMENTS</p> <p>◇ Payment is issued subsequent to FPS approval and DFS/Payment Services processing</p> <p>◇ Link to FPS 1-1 Supervision Guidance & Required Forms: 1-1 Services - Business Process - 2016</p>				



SECTION 4 – EXCEPTIONAL PAYMENT TYPES [Non-Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
6	Court Orders	Determined by NYC Family Court and/or Section 1 of the Special Payment Bulletin	Determined by NYC Family Court and/or Section 1 of the Special Payment Bulletin	<p>Must update CNNX Progress Notes for this special payment.</p> <p>Update CNNX Progress Notes providing specific details of Court Order, including date of issuance.</p> <p>Update CNNX Progress Notes to reflect:</p> <ul style="list-style-type: none"> • Specific Type of Expense • Service Period • Cost
<p>PAYMENT REQUIREMENTS</p> <p>Submit billing to:</p> <ul style="list-style-type: none"> ◇ ACS/DFS/Special Payment Unit: 150 William St, 9th Floor, NY, NY 10038 [ATT: Child Welfare Payment Unit] ◇ Invoice Billing to include: <ul style="list-style-type: none"> ○ Payment Cover Sheet and Standard Detail Sheet ○ Necessary supporting documentation may be required which can include: <ul style="list-style-type: none"> ○ Copy of Court Order [Dispositional Order, raised seal not required-can be downloaded from Legal Tracking system <input checked="" type="checkbox"/> <u>Court Action Summary, not accepted</u> ○ Receipts ○ Updated CNNX progress notes ◇ Requested documentation must be submitted via email to Payment Services Unit within 30 days of the request or invoice will be returned <p>COMMENTS</p> <p>Note 1: Many court orders are billable items through Section 1 of the Special Payments Bulletin</p> <ul style="list-style-type: none"> ◇ Payment Services will deduct court expenses that are allowable expenditures in the Special Payment Bulletin from an agency's set budget allocation when applicable <p>Note 2: Court orders are subject to review by Family Court Legal Services and/or Family Permanency Services</p>				



SECTION 4 – EXCEPTIONAL PAYMENT TYPES [Non-Allocated]

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
8	Non-Medical Needs of Handicapped Child	Determined/Approved by Administration for Children’s Services Chair of the Commissioner’s Advisory Panel	The Non-Medicaid Reimbursable Policy [dated 12/16/14]	Submit request(s) to: Administration for Children’s Services Chair of the Commissioner’s Advisory Panel 150 William Street, 18 th Floor New York, NY 10038 [refer to policy]
<p>PAYMENT REQUIREMENTS</p> <p>Upon Approval by ACS Panel submit billing to:</p> <ul style="list-style-type: none"> ◇ Submit billing to: DFS/Special Payment Unit: 150 William St, 9th Floor, NY, NY 10038 [ATT: Child Welfare Payment Unit] Subject Line: Non-Medical Needs of Handicapped Child <p>Attach required documents:</p> <ul style="list-style-type: none"> ◇ Copy of approved NMR request by Commissioners Advisory Panel ◇ Proof of payment by agency for expenditures approved by provider agency <p>COMMENTS</p> <p>Note: Reimbursement to agency will occur once NMR Advisory Panel approves request.</p> <p>Link to NMR Policy: 12-16-14 - NMR Signed Interim Policy</p>				

End of Section 4



SECTION 5 – SPECIAL INITIATIVE PAYMENT TYPES

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
1	<p>Fostering College Success [Pilot Phase 1]: [Effective 8/1/16] <u>ACS Dorm Program</u></p> <p>Monthly/Weekly STIPEND</p> <p>[Only applicable to students accepted into ACS Dorm Program]</p>	<ul style="list-style-type: none"> ◇ Up to \$30.93 Per Diem ◇ Up to \$958.83 Monthly ◇ Up to \$11,506 Annually 	<p>Eligibility determined by Family Permanency Services/College Bound & Support Programs</p>	<p>Agencies are required to:</p> <ul style="list-style-type: none"> ◇ Issue Stipend weekly to students and submit Monthly Affirmation Letter ◇ Support student in completing Monthly Spending Tracker Form
	<p>PAYMENT REQUIREMENTS</p> <ul style="list-style-type: none"> ◇ Documentation is due by the 7th of each month for stipends issued in the prior month, or the following business day if the 7th falls on a weekend or holiday ◇ Submit required documentation to Special Initiatives Mailbox: DFS.SpecialInitiatives@acs.nyc.gov ◇ Subject Line: College Stipend ◇ Documents Required: <ul style="list-style-type: none"> ○ Monthly Attestation Letter ○ Monthly Stipend Spending Tracker Form 			
	<p>COMMENTS</p> <ul style="list-style-type: none"> ◇ Links to FY 2018 Fostering College Success Weekly Stipend Guidance & Required Forms: FY18 interim Fostering College Success-Special Payment Allocations CUNY 			



SECTION 5 – SPECIAL INITIATIVE PAYMENT TYPES

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
2	<p>Fostering College Success a.k.a Non-CUNY [Pilot Phase 2]: [Effective 10/17/16]</p> <p>Monthly/Weekly College Stipend</p> <p>[Only applicable to students who were verified and approved by OSEPP Education Unit]</p>	<ul style="list-style-type: none"> ◇ 28.00 Per Diem ◇ Up to \$858.83 Monthly ◇ Up to \$8,680.00 Annual 	<p>Determination of student eligibility made by Office of College Bound & Support Programs</p>	<p>Agencies are required to:</p> <ul style="list-style-type: none"> ◇ Issue Stipend weekly to students and submit Monthly Affirmation Letter ◇ Support student in completing Monthly Spending Tracker Form
<p>PAYMENT REQUIREMENTS</p> <ul style="list-style-type: none"> ◇ Documentation is due by the 7th of each month for stipends issued in the prior month, or the following business day if the 7th falls on a weekend or holiday ◇ Submit required documentation to Special Initiatives Mailbox: DFS.SpecialInitiatives@acs.nyc.gov ◇ Subject Line to read: College Stipend ◇ Documents Required: <ul style="list-style-type: none"> ○ Monthly Attestation Letter ○ Monthly Stipend Spending Tracker Form 				
<p>COMMENTS</p> <ul style="list-style-type: none"> ◇ Links to FY 2018 Fostering College Success Weekly Stipend Guidance & Required Forms: FY18 interim Fostering College Success-Special Payment Allocations CUNY and Non-CUNY 				

SECTION 5 – SPECIAL INITIATIVE PAYMENT TYPES



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
3	DISCHARGE GRANTS	Up to \$1000.00 Maximum	Reinstated FY 2017 [Effective July 1, 2016]	<p>Must update CNNX Progress Notes for this Special Initiative Payment.</p> <p>Requisite Family Team Conference to assess family needs.</p> <p>Update CNNX Progress Notes providing specific details of Trial/Final discharge, including date(s) of issuance.</p>
<p>PAYMENT REQUIREMENTS</p> <ul style="list-style-type: none"> ◇ Submit billing to Special Initiatives Mailbox: DFS.SpecialInitiatives@acs.nyc.gov ◇ Subject Line: Discharge Grant Invoice <p>Attach required documents:</p> <ul style="list-style-type: none"> ○ Discharge Grant Itemized Invoice: FSS Form A ○ Discharge Grant Detail Reimbursement Request Form: FSS Form B ○ Activity Screen indicating Trial or Final Discharge ○ Approved ETP for Youth over age 21 				
<p>COMMENTS</p> <ul style="list-style-type: none"> ◇ Kinship Guardianship, Adoption, Close to Home, PINS youth and 8D children are not eligible. <p>To be eligible for a discharge grant:</p> <ul style="list-style-type: none"> ◇ Youth must have resided in the continuous care and custody of the Commissioner for nine (9) consecutive months or more ◇ Have an approved PPG of Return to Parents (01), Discharge to Primary Resource Person/Fit and Willing Relative (02) or Another Permanent Planned Living Arrangement Discharge (APPLA) (03) ◇ Must not have received a discharge grant within two years of the date of the current discharge <p style="text-align: center;">Link to Discharge Grant Interim Guidance & Required Forms: Discharge Grants-Fiscal Year 2017_Interim Guidance July 2016</p>				



SECTION 5 – SPECIAL INITIATIVE PAYMENT TYPES

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
4	<p>Trial Discharge Supports</p> <p>Supporting Discharges during placement and after discharge to community placement.</p> <p>Goals is it have earlier discharges and prevent re-entry</p>	<p>Determined/Approved by The Administration for Children’s Services/Family Permanency Services [FPS].</p> <p>Reimbursement based on FY18-FY20, Annual Line Item Budgets for PS & OTPS approved by Family Permanency Services [FPS] & Policy, Planning and Measurement [PPM].</p>	Determined by Family Permanency Services	N/A
<p>PAYMENT REQUIREMENTS</p> <ul style="list-style-type: none"> ◇ Invoice submission of the Standardized Discharge Support Invoice. See “Invoice Submission” requirements, page 4. <ul style="list-style-type: none"> • Total allocation by Contract type & Contract Number • Approved PS Titles/Salaries • Approved OTPS Line items ◇ Monthly Invoice submission: <ol style="list-style-type: none"> 1. Submit Discharge Support Monthly Invoice by the 10th business-day of each month. 2. Email invoices to: Family Permanency Services, Discharge Supports mailbox at: dischargesupports@acs.nyc.gov 3. FPS Operations Manager will review and approve authorization of invoice within 5-business days 4. FPS Operations Manager will certify invoice and submit to DFS Payment Services for payment processing. 				
<p>COMMENTS</p> <p>Overnight Visiting Alternatives may be charged to Trial Discharge Supports when families lack housing [see ACS Visiting Alternative Memo issued 5/8/18]</p>				



SECTION 5 – SPECIAL INITIATIVE PAYMENT TYPES

Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5	<p>HAFI Flex Certification Funding</p> <p>Supporting foster boarding and kinship homes overcome financial barriers to certification.</p>	<p>Determined/Approved by by Administration for Children’s Services/Family Permanency Services [FPS]/Parent Support & Recruitment</p>	<p>Determined by Family Permanency Services</p>	<p>N/A</p>
<p>PAYMENT REQUIREMENTS</p> <ul style="list-style-type: none"> ◇ Submit prepared and approved reimbursement request to ACS Family Permanency Division: HAFHI@acs.nyc.gov <p>Attach required documents:</p> <ul style="list-style-type: none"> ○ Certification Flex Fund Cover Sheet ○ Detailed Expenditure Form ○ Expenditure Receipt Form 				
<p>COMMENTS</p> <ul style="list-style-type: none"> ◇ Link to Certification Flexible Fund Guidelines & Required Forms: HAFHI Certification Flex Fund Guidelines & HAFHI Certification Flex Fund Reporting Forms 				

SECTION 5 – SPECIAL INITIATIVE PAYMENT TYPES



Category	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
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	COMMENTS style="color: red;">INTENTIONALLY LEFT BLANK			

End of Section 5



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(Document Links)

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[Exception to Policy Guidance Document](#)

[Home Away From Home – Flex Funding Policy/Invoices/Forms](#)

[Referral for Early Care and Education Services/Forms](#)

[Trial Discharge Supports](#)

[ETP Guidance \[aka Options for Continuation of Care and Support 21+](#)

[Non-Medicaid Reimbursable Policy](#)

D

Division of Financial Services Guidance

[Discharge Grant Guidance/Invoices/Forms](#)

[Trial Discharge Supports](#)

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E

[ETP Guidance \[aka Options for Continuation of Care and Support Beyond Age 21 \[1/9/14\]](#)

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[Special Initiatives - To Submit Documentation](#)

N

NYSSOP – New York State Standards of Payment

[Program Manual](#)

[Clothing Guidelines \(Appendix E\)](#)

S

Supervision [1-1]

NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, p. 36-38 **and** Ch. 8, Sec. B, p.2, p. 8-14 & Sec F, p. 1-2.
 18 NYCRR 427.3(c) [Special Payments] ---18 NYCRR 431.13 [Camp Operators] ---18 NYCRR 352.7 [Camp Fees]
 18 NYCRR 352.7 & NY CLS Soc. Serv. sec 141(5) [Funeral Expenses]---18 NYCRR 628.3(a)(3) [College Room & Board]
 NYS Office of Children & Family Services LCMs - Child Care Market Rates - Maximum State Aid Rates.

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