



Foster Care Payment Bulletin

Special Payments & Foster Care Add-Ons

Division of Financial Services

FY 2026/FY2027

ADMINISTRATION FOR CHILDREN'S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE PAYMENTS



Overview

- Payment Bulletin: Guide to Foster Care Payments for Fiscal Year 2026 (effective July 1, 2025). The Foster Care Payment Bulletin reflects changes to Special Payment categories and includes the new payment types and invoicing requirements
- Effective July 1, 2025, ACS will no longer issue a separate annual special payments allocation. Instead, ACS will include an additional \$0.96 per diem onto the EFFC/SFFC care days. Providers are no longer required to submit Special Payment Categories listed in Section 1 of the Bulletin known as “Work Items” through SPPT. It is essential for provider agencies to maintain accurate, complete and permanent financial records and upon a Post Payment review request, submit receipts that support those “Work Items.” The Post Payment review process is outlined on page 5 of the Special Payment Bulletin.
- The Foster Care Payment Bulletin includes four sections that reflect **1)** allocated payment types for which EFFC and SFFC providers will no longer be required to submit through SPPT **2)** Payment types that are outside of the special payment allocation (non-allocated) **3)** Special Initiative Payments and **4)** Exceptional Payments **5)** Foster Care Add-on and New Payment Types:

Section 1: Allocated Special Payments for Family Foster Care Only

Section 2: Special Payments Outside the Allocated Budget for Family Foster Care & Residential Programs.

- Types of Special payments include Funeral Expenses, Sign Language/ Translation Services, Court Orders and US Passports.

Section 3: Special Initiative Payments for all Foster Care Program Types

- Types of Special Initiative payments include College Choice-Student Stipends, Career Choice stipends, Discharge Grants, Housing Subsidy Grants, ISYC Immigration Fee Reimbursement. These invoices must follow invoicing requirements as outlined in their respective guidance.

Section 4: Exceptional Payments for all Foster Care Program Types

- Types of Special payments include CCS21+ Billing for Foster Parent Pass-Thru youth over age 21; NMR, TPHI.

Section 5: Foster Care Add-ons for Foster Care Programs

- Types of Special Initiative payments include Care & Maintenance Variance [EFFC, SFFC, Res], Preventive [EFFC], PYA [EFFC, SFFC, Res] College Choice Fostering College Success Initiative-Student Stipends; Fair Futures [EFFC, SFFC & Res], Reunification Supports [SFFC], and Workforce Enhancement [SFFC & RES] and Aftercare (EBM) & TTM [RES].

ADMINISTRATION FOR CHILDREN'S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE SPECIAL PAYMENTS



Updates to EFFC and SILP Rates

EFFC/SILP FY26 Rate Increase:

The EFFC bottom-line budget is based on the slot allocation multiplied by the rate \$96.69 for EFFC or \$293.28 for SILP (for SILP see Residential Care section below) multiplied by the number of days per year.



Family Foster Care: Enhanced Family Foster Care (EFFC)

- The FY26 EFFC rate has been increased to from \$ \$88.40 to \$96.69.
- The FY26 EFFC budgets will be based on \$96.69.
- This rate includes the trend factors of 6.1% for Personnel Services (PS) and 7.5% for Non-Personnel Services (NPS), and the 2.6% COLA for FY 2025-26 Legislative COLA as outlined in the ADM.
- ACS used the percentage breakdown between PS and NPS as outlined in the original EFFC rate model.
- ACS will reimburse all providers at their OCFS FY26 approved MSAR or at a minimum of \$96.69, if their OCFS MSAR is below \$96.69.

Residential Care SILP Programs:

- The ACS SILP rate will increase by 2.6% for SFY 2025-26 Legislative COLA, raising the \$285.85 rate to \$293.28

ADMINISTRATION FOR CHILDREN'S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE SPECIAL PAYMENTS



Updates to Special Payment Allocation

Allocated Special Payments

- Effective July 1, 2025, ACS **will no longer issue** a separate special payments allocation. Instead, ACS will include an additional \$0.96 per day directly based on the submitted EFFC/SFFC care days.
- The estimated Special Payment allocation can be calculated by $\$0.96 \times \text{Active Census} \times 365$

$$\$0.96 \times \text{Active Census} \times 365 = \text{Spec Payment Allocation}$$

- The \$0.96 was calculated using \$350 allocation per child divided the annual care days in the fiscal year: $\$350/365=\$0.96$
 - Foster care agencies will receive funds for special expenses via their EFFC and SFFC care day payrolls
 - Agencies will no longer submit individual reimbursement requests to ACS via the SPPT Portal.
 - Special Payments expenses should continue to be reported on a separate line in your annual SOP submission.
 - Foster care agencies must continue to follow the Special Payments guidance [Section 1] regarding allowable expenses
 - Agencies may NOT use this funding for any other than special payment categories,
 - Foster care agencies will continue to manage these funds internally and keep all original documentation and receipts on file for Post-Payment and Audit purposes.
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- Example: The annual special payment allocation for an agency with a budgeted census of 150 = \$52,560. [$\$0.96 \times 150 \times 365 = \$52,560$]**

ADMINISTRATION FOR CHILDREN'S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE SPECIAL PAYMENTS



Updates to Special Payment Allocation

Post-Payment Review Process of Special Payments:

- The Child Welfare Payment Unit may sample agency special payments each service month during the fiscal year to ensure accurate receipts are being maintained by provider agencies.
 - This sample will be based on a percentage of your EFFC and/or SFFC census and based on the Special Payment Category and/or amount of the expense.
 - If sampled items are unable to be documented, or documentation results in a material finding, ACS will notify the provider in writing of the results.
 - Special Payments without documentation may result in recoupment.
- All original documentation and receipts must still be maintained for audit purposes.

ADMINISTRATION FOR CHILDREN'S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE SPECIAL PAYMENTS



Invoice Due Date

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. If ACS deems it necessary to request additional documentation 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 seven business (7) 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 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.

ADMINISTRATION FOR CHILDREN'S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE SPECIAL PAYMENTS



Invoice Submission Requirements

Non-Allocated Special Payments, Exceptional Payments and Special Initiatives [refer to section 2/3/4 for payment types]:

- Providers must submit invoices within 30 calendar days following the end of the invoiced service period, regardless of whether invoicing occurs on a monthly or quarterly basis.
- Provider agencies must complete and submit invoices based on **Contract Number** and **Service Type**.
- Agencies are directed to submit invoices on a monthly basis by service date for items purchased or for services rendered.
- Agencies may download fillable forms via the ACS website: <https://www.nyc.gov/site/acs/about/child-welfare-providers.page> and complete forms electronically.
- ACS may return forms that are not completed electronically.

Foster Care Addons [refer to section 5 for payment types]:

- Foster Care Add-Ons include payment categories outside of the MSAR and apply to specific foster care program types.
- Providers must submit invoices within 30 calendar days following the end of the invoiced service period, regardless of whether invoicing occurs on a monthly or quarterly basis.
 - **Note:** Variance invoices are submitted quarterly/annually.
- Provider agencies must complete and submit a monthly invoice tracker with applicable youth rosters in accordance with payment allocations and are included in your approved fiscal year budget.
- **All invoices for the year must be submitted no later than September 30 of the next fiscal year.**

Alphabetical Payment Index — A to W

Category & Payment Type		Pg.	Category & Payment Type		Pg.
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Section 1: Allocated Special Payments

Allocated Special Payments for Family Foster Care Only [EFFC/SFFC]

Invoicing is no longer submitted through the Special Payment Processing Template [SPPT]

Providers must maintain accurate, complete financial records and make them available to ACS/DFS Child Welfare Payment Unit for post-payment review.

NOTE: The additional \$0.96 per day special allocation payment may not be used for MSAR related expenses. This funding is for Allocated Special Payments only. There are no changes to the allocated categories. Agencies must still abide by the categories listed.

Foster Care provider agencies now receive their Fiscal Year Special Payment Allocation via the \$0.96 per diem, based on care days. The items listed in this are referred to as “Allocated” Special Payments and are approved by NYS and ACS for items purchased for youth in care. Each agency is responsible for deciding which items to purchase and for monitoring their annual Special Payment Budget Allocation.

Agencies must stay within their annual allocation [Census x \$0.96 x 365].

Allocated Special Payment Categories covered under the additional \$0.96 per diem:

➤ Camp-Day/Residential	➤ Initial Clothing	➤ Compensation for Damages
➤ Furniture Kin Only	➤ Gifts	➤ Hobby/Recreation
➤ Infant and Toddler Supplies	➤ Lessons	➤ School Expenses
➤ Special Dietary	➤ Special Attire	➤ Transportation >50 miles
➤ Tutoring		

Section 1: Allocated Special Payments

Changes to Special Payment Processed Via SPPT

SPECIAL PAYMENTS PROCESSED NO LONGER PROCESSED VIA SPPT:

- Effective 7/1/25, providers will no longer submit supporting documentation for Special Payment Categories listed in Section 1 (Allocated Special Payments.)
- Providers must maintain accurate, complete financial records and make them available to ACS/DFS Child Welfare Payment Unit for post-payment review.

NOTE: The additional \$0.96 per day special allocation payment may not be used for MSAR related expenses. This funding is for Allocated Special Payments only as outlined in Section 1.

- There are no changes to the allocated categories.
- Agencies must still abide by the categories listed.

Section 1: Allocated Special Payments Rates of Reimbursement

Allocated Special Payment Category	Rate of Reimbursement	Comment	Recommendation
Camp-Day	UP TO \$1800.	ACS adjusted to follow child care market rates	Agencies may cover expenses above/below rate of reimbursement, but must stay within their overall allocation
Residential Camp	\$225 max per week \$45 max per day 5–7 days is one week Maximum of 2 weeks-\$450	NYS Standards of Payment for Foster Care of Children	Agencies may cover expenses above/below rate of reimbursement, but must stay within their overall allocation
Clothing - Initial	\$300 Age 0-5 \$400 Age 6-11 \$600 Age 12-15 \$700 Age 16 & over	NYS Standards of Payment for Foster Care of Children	Agencies may cover expenses above/below rate of reimbursement, but must stay within their overall allocation
Damages	\$1,000 maximum over a two-year period from date of child's placement in the home.	NYS Standards of Payment for Foster Care of Children	Agencies may cover expenses above/below rate of reimbursement, but must stay within their overall allocation
Funeral Expenses [Non-Allocated/Offline Payment]	UP TO \$1400.	NYS Standards of Payment for Foster Care of Children	Agencies may cover expenses above/below rate of reimbursement, but must stay within their overall allocation
Hobby/Recreational Expenditures	UP TO \$400 year per foster child.	NYS Standards of Payment for Foster Care of Children	Agencies may cover expenses above/below rate of reimbursement, but must stay within their overall allocation

Section 1: Allocated Special Payments Rates of Reimbursement

Allocated Special Payment Category	Rate of Reimbursement	Comment	Comment
Activities	N/A	As per NYC Comptrollers Directives , all costs must be considered reasonable	Agencies must stay within their overall allocation
Furniture Kin Only	N/A	As per NYC Comptrollers Directives , all costs must be considered reasonable	Agencies must stay within their overall allocation
Gifts	N/A	As per NYC Comptrollers Directives , all costs must be considered reasonable	Agencies must stay within their overall allocation
Infant and Toddler Supplies	N/A	As per NYC Comptrollers Directives , all costs must be considered reasonable	Agencies must stay within their overall allocation
Lessons	N/A	As per NYC Comptrollers Directives , all costs must be considered reasonable	Agencies must stay within their overall allocation
School Expenses	N/A	As per NYC Comptrollers Directives , all costs must be considered reasonable	Agencies must stay within their overall allocation
Special Attire	N/A	As per NYC Comptrollers Directives , all costs must be considered reasonable	Agencies must stay within their overall allocation
Special Dietary	N/A	As per NYC Comptrollers Directives , all costs must be considered reasonable	Agencies must stay within their overall allocation
Tutoring children <11 years	N/A	As per NYC Comptrollers Directives , all costs must be considered reasonable	Agencies must stay within their overall allocation
Transportation > 50 miles	N/A	As per NYC Comptrollers Directives , all costs must be considered reasonable	Agencies must stay within their overall allocation

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT*	PAYMENT AUTHORIZATION	REQUIREMENTS
1.1	OC	Camp Fees (Residential) EFFC and SFFC ONLY	\$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	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. SOURCE OF RATE: 18 NYCRR 352.7(i) caps camp fees at \$400 annual	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT:

- Covered under \$0.96 per diem

COMMENTS

- While at residential camp the child is deemed on “vacation.” The day the child enters camp, and the days the child returns are “Days in Care.”

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT			PAYMENT AUTHORIZATION	REQUIREMENTS									
1.2	DC	Camp Fees (Day Camp) EFFC and SFFC ONLY	<table><tr><th>AGE</th><th>LENGTH</th><th>WEEKLY</th></tr><tr><td>Preschool</td><td>Full-Time</td><td>\$325.00</td></tr><tr><td>School Age</td><td>Full-Time</td><td>\$300.00</td></tr></table>			AGE	LENGTH	WEEKLY	Preschool	Full-Time	\$325.00	School Age	Full-Time	\$300.00	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. SOURCE OF RATE: 18 NYCRR 352.7(i) caps camp fees at \$400 annual	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review
			AGE	LENGTH	WEEKLY											
			Preschool	Full-Time	\$325.00											
			School Age	Full-Time	\$300.00											
			6 Weeks Maximum Reimbursement													
1-wk	2-wk	4-wk	6-wk													
\$ 325.00	\$ 650.00	\$ 1,300.00	\$ 1,950.00													
\$ 300.00	\$ 600.00	\$ 1,200.00	\$ 1,800.00													

PAYMENT:

- Covered under \$0.96 per diem

COMMENTS

- 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.
- Preschool generally covers children between the ages of 3 and 5. While 3 and 4 are common ages, many programs accept toddlers as young as 2. Pre-K (pre-kindergarten) is the specific, more structured year just before a child starts kindergarten, typically serving kids aged 4 to 5.

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.3	67	Clothing (Initial Clothing Allowance) Allowed at initial placement and at "re-placement" in a new home/facility EFFC and SFFC ONLY	• \$300 Age 0-5 • \$400 Age 6-11 • \$600 Age 12-15 • \$700 Age 16 & over • Maximum amounts No automatic flat grants	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).	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT:

- Covered under \$0.96 per diem

COMMENTS

- Provider Agency must assess child's clothing needs upon admission and transfer; clothing to be purchased as needed.
- *Pass Thru rate received by foster parents includes a daily/monthly clothing allowance that is to be applied toward clothing purchases on a regular basis.*
- 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	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.4	47	Compensation to Foster Parent for Damage to and/or Loss of Personal Property resulting from foster child in his/her care* EFFC and SFFC ONLY	\$1,000 maximum over a two-year period from date of child's placement in the home. Note: <i>Compensation of less than \$25 will NOT be allowed.</i>	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). Update Progress Notes	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT:

- Covered under \$0.96 per diem

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.5	63N	Furniture Kinship Placement Only - Beds - Dressers EFFC and SFFC ONLY	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)	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT:

- Covered under \$0.96 per diem

COMMENTS

- Furniture is applicable to new Kinship placements [beds and dressers].
- Due to limited funding, non-child specific items such as appliances and home furnishings are not considered a special payment.

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.6	71N	Gifts: Birthdays, Holidays, and Other Special Occasions EFFC and SFFC ONLY	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). Per 18 NYCRR 421.3 (c)(2)(iv)	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT:

- Covered under \$0.96 per diem

COMMENTS

- Holidays, Birthdays, Special Occasions
- If a gift card is issued, it must follow the gift policy. See Appendix [Gift Card Policy]

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.7	8G	Hobby/ Recreational Expenditures [UP TO \$400] EFFC and SFFC ONLY	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). Per 18 NYCRR 427.3 (c)(2)(ix)	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT:

- Covered under \$0.96 per diem

COMMENTS

- Special recreational/hobby expenditures includes travel expenses such as lodging, tools and the costs of transportation, entry or use fees, uniforms and materials.

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.8	8T	Infant and Toddler Supplies “Baby Items” • Crib • Baby Carrier • Car Seat • Highchair • Play pen • Stroller • Toddler Beds • Baby Gates EFFC and SFFC ONLY	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)	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT:

- Covered under \$0.96 per diem

COMMENTS

- According to NYS Standards of Payment, Ch. 8, Sec. B, Pg. 12, Subparagraph b, the placing agency should retain ownership of the car seat when the child is placed in another home.

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.9	70/70F 70F	Lessons Supplies Equipment Attire EFFC and SFFC ONLY	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).	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT:

- Covered under \$0.96 per diem

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.10	8V	- Activity Fees - Field Trips	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).	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review
	66	- School Supplies - Books - School Jewelry - Uniforms			
	66F	- School Pictures - Yearbooks			
		EFFC and SFFC ONLY			

PAYMENT:

- Covered under \$0.96 per diem

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.11	85	Special Dietary Fees [NEW] Nutritionist – certified medical documentation needed Specialized Infant formula Medically diagnosed conditions (i.e. Celiac) EFFC and SFFC ONLY	N/A	18 NYCRR 427.3 (c)(2)(xii)	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT:

- Covered under \$0.96 per diem

COMMENTS

- As required by NYS, Certified medical documentation required.

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.12	69	Special Attire • Graduation • Prom • Religious Observances • Circumstances or occasions, such as school attendance or scouting activities, in which uniforms are necessary items of clothing EFFC and SFFC ONLY	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).	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT:

- Covered under \$0.96 per diem

COMMENTS

- This category is a combination of all Special Attire and was listed separately in prior Special Payment Bulletins.
- Due to limited funding styling, spa, make-up expenses, may not be considered a special payment.

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.13	73	Transportation (Unusual Transportation Costs Only) - Over 50 miles from foster care placement - Child's cost to and from visits with birth parent's/relative's/siblings. EFFC and SFFC ONLY	Lowest cost mode of transportation as is appropriate in each 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) AND 18 NYCRR 427.3 (c)(2)(v)	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT:

- Covered under \$0.96 per diem

COMMENTS

- Reimbursement for travel 50 miles or less from foster care placement is included within applicable MSAR rate

SECTION 1 – FAMILY FOSTER CARE [ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
1.14	66	Tutoring* EFFC and SFFC ONLY	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).	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review
	18	Tutoring: IL/PYA [ages 14 thru 20] Fair Futures [ages 11 thru 20]	IL/PYA: Academic supports are services designed to help a youth complete high school or complete classes for the Test Assessing Secondary Completion (TASC). They may be reimbursable through utilizing approved allocated budgets in either IL/PYA (IL-Academic Support, IL-Academic Support or IL-Education Financial Assistance) as a <u>service</u> or Fair Futures as a <i>personnel</i> cost. Fair Futures: Providers may include tutors and tutoring in their plans to be funded through Fair Futures. (e.g. Costs for College/Education Specialists who proactively monitor academic performance to ensure that children and youth are on grade level/on track to graduate.) Specialists also provide support for college-bound youth with college applications, enrollment, and financial aid.		

PAYMENT:

- Covered under \$0.96 per diem
- Tutoring for youth 11+ is covered under Fair Futures or PYA.

Outside Allocated Budget (Non-Allocated) for Family Foster Care & Residential Programs

- ☐ **Court Orders**
- ☐ **Funeral Expenses**
- ☐ **Sign Language Services/Translations Services**
- ☐ **US Passports**

SECTION 2 – FAMILY FOSTER CARE & RESIDENTIAL CARE [NON-ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
2.1	N/A	Court Orders EFFC/SFFC/RES CARE	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	Agency must update CNNX progress notes for this special payment to reflect: • Specific Type of Expense • Service Period • Cost Specific details of Court Order, including date of issuance must be annotated in CNNX progress notes. • Agency to reimburse resource • ACS to reimburse agency upon receipt of above documentation to program area <u>plus</u>: • Copy of Family Court Order • Justification for Payment

PAYMENT REQUIREMENTS:

- Submit billing to ACS/DFS/Special Payment Unit: SpecialPayments.Payment@acs.nyc.gov
- Subject: Court Order Invoice include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrtr-Month(s)
- Invoice Billing to Include:
 - Payment Cover Sheet and Standard Detail Sheet
 - Necessary supporting documentation may be required which can include:
 - Copy of court order-*Note: Court Action Summary are not accepted in lieu of court order.*
 - Receipts and/or Updated CNNX progress notes
 - Requested documentation must be submitted via email to Payment Services Unit within seven (7) days of the request or invoice will be returned.
- Many court orders are billable items covered under Section 1 of the Special Payments Bulletin
 - Invoices will be returned if the expenditure is allowable under Section 1 of the Special Payment Bulletin.

SECTION 2 – FAMILY FOSTER CARE & RESIDENTIAL CARE [NON-ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
2.2	8T	Funeral Expenses	\$1,400	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.	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT REQUIREMENTS

- Submit billing to DFS/Special Payment Unit: SpecialPayments.Payment@acs.nyc.gov
- Subject: Funeral Expense Invoice include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrtr-Month(s)
- Invoice Billing to include:
 - Payment Cover Sheet and Standard Detail Sheet
 - Proof of Payment [Receipt]

COMMENTS

- Expenses over the rate of reimbursement will require Family Permanency Services approval and authorization for payment via an Exceptional Payment memo.

SECTION 2 – FAMILY FOSTER CARE & RESIDENTIAL CARE [NON-ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
2.3	74	Sign Language Services Translation Services EFFC/SFFC RES CARE	Industry rates are subject to review and vary depending upon credentials of interpreters (certified or non-certified) and on the nature of the assignment. <i>See Comments section for guidance on hiring interpreters.</i> 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	Refer to NYSSOP link: http://ocfs.ny.gov/main/rates/fostercare/manual/SOP-programManual.pdf	Providers are required to maintain supporting documentation and complete financial records on-site and are available for monthly Post-Payment Review

PAYMENT REQUIREMENTS

- Submit billing to DFS/Special Payment Unit: SpecialPayments.Payment@acs.nyc.gov
- Subject: Sign Language/Translation Invoice include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrr-Month(s)
- Invoice Billing to include:
 - Payment Cover Sheet and Standard Detail Sheet
 - Proof of Payment [Receipt]

COMMENTS

The organizations listed below can be resources for information on hiring Sign Language Interpreters –

- 1) Registry of Interpreters for the Deaf (RID) (www.rid.org)
- 2) NYC Metro RID (www.nycmetrorid.org)

SECTION 2 – FAMILY FOSTER CARE & RESIDENTIAL CARE [NON-ALLOCATED]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
2.4	N/A	U.S. Passports for youth ages 18-21 transitioning out of foster care. EFFC/SFFC/RES CARE	Determined by US Department of State		Agency must update CNNX progress notes for this special payment to reflect: Specific Type of Expense Service Period Cost

PAYMENT REQUIREMENTS

- **Submit billing to: DFS/Special Payment Unit:** SpecialPayments.Payment@acs.nyc.gov
- **Subject: Passport Invoice** include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrtr-Month(s)
- **Invoice Billing to include:**
 - Payment Cover Sheet and Standard Detail Sheet
 - Proof of Payment [Receipt]

COMMENTS

- Agencies will submit for this reimbursement as an offline payment request to payment services and this expense will be outside of your special payment allocation and requires the submission of the Special Payment Detail and Coversheet along with proof of payment [receipt] for Passport Book fees only.
- Agencies will be reimbursed the cost of the current Passport passbook fees only for youth transitioning out of foster care between the ages of 18-21, who wish to apply for this vital document.
- There is no need for a Court order for this item, and we should not be requesting one.

Section 3: Special Initiative Payments

Special Initiative Payments for all Foster Care Program Types

- ☐ **Career Choice/Work Ready Stipends**
- ☐ **College Choice-Student Stipends**
- ☐ **Discharge Grants**
- ☐ **Housing Subsidy Grants**
- ☐ **ISYC Immigration Fee Reimbursement**

SECTION 3 – SPECIAL INITIATIVES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
3.1	N/A	Career Choice/Work Ready	\$40 daily stipend for work-ready participants (5-day work week). \$60 daily stipend for career choice participants (5-day work week). Youth must be enrolled in an approved Career Choice/Work Ready program.	Complete and submit the Career Choice/Work Ready invoice template, roster, and signed attestation monthly to Career.Choice@acs.nyc.gov . The invoice serves as the youth roster and attestation. The Executive Director or designee must sign the attestation confirming compliance with the policy.	Maintain documentation for at least seven years, including signed invoice templates with attestations, monthly youth rosters, and progress notes confirming enrollment and stipend disbursement. Document youth participation and stipend details in CONNECTIONS or the approved case management system.

PAYMENT REQUIREMENTS

- **Submit billing to:** Family Permanency Services, **Career Choice** mailbox at: Career.Choice@acs.nyc.gov
- **Subject: ‘Career Choice Invoice’:** [include-FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qrtr-Month\(s\)](#)
- **Invoice Billing to Include:**
 - Youth Roster

COMMENTS:

- Career Choice/Work Ready Invoice which also serves as the youth Roster and Attestation.
- The attestation must be signed by the provider agency’s Executive Director or their designee, that stipends were disbursed according to the Career Choice /Work Ready Policy.
- The agency's Executive Director or their designee must sign the attestation on the Career Choice Cover Sheet.

SECTION 3 – SPECIAL INITIATIVES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
3.2a	N/A	COLLEGE CHOICE College/University Housing Under & Over 21 Students Residing in college housing sponsored by that College / University or in approved off-campus/private housing	Determined by ACS /Family Permanency Services /OESSP Room & Board College housing rate may not exceed \$30,000 after financial aid, during each academic year/three-semester period (fall, spring, summer).	NYS Standards of Payment for Foster Care of Children, Ch. 10, Sec. H, Pg. 1, Payments for Foster Children Attending A College or University. 18 NYCRR 628.3(a)(3) Services	CNNX ACTIVITIES - When residing at school, document as suspended payment - During school breaks, when youth returns to foster home or group care facility, Provider Agency must lift suspended payment; - Youth who are 21+ seeking to return to foster home or group care facility, must request support from Provider Agency, and Provider Agency must submit a Pass-Thru request directly to ACS College Success Initiatives unit

PAYMENT REQUIREMENTS

- **Submit billing to:** Family Permanency Services, **College Choice** mailbox at: collegechoicebenefitsprogram@acs.nyc.gov
- **Subject: ‘College/University Housing’** **include-FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qrtr-Month(s)**
- **Invoice Billing to Include:**

To ensure payment for Room and Board can be made timely during the academic year, agencies must ensure youth meet all eligibility requirements outlined in the FPS policy as well as ensure the below requirements are met:

Step 1: Become a Payee of the City of New York by registering here: www.nyc.gov/pip

Step 2: Ensure all colleges/universities and private off-campus landlords are aware that room and board payments are administered on a per-semester basis in alignment with the youth’s academic year (housing payments cannot be administered monthly)

Step 3: Ensure all vendors (colleges/universities and or private landlords) keep Payee Information active and up to date

Provider Agency is required to maintain and provide ACS

- Vendor ID number and remittance address for each college/university, or off-campus/private housing vendors (not applicable for the 6 NYC locations) and:
 - 1) Itemized Bursar Bill from the college/university showing the total cost of attendance, credits (financial aid), and balance of the bill or an invoice for off-campus/private housing vendors and signed lease agreement showing the cost of housing/rent and
 - 2) Proof of enrollment for the semester in which youth are enrolled
 - 3) Transcript; Current Course Schedule for the semester
 - 4) Current College/University
 - 5) academic year calendar
 - 6) Progress Note Justification with youth CIN#, CASE# and D.OB.

SECTION 3 – SPECIAL INITIATIVES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
3.2b	N/A	COLLEGE CHOICE Stipends	\$60 daily stipend for college choice participants	NYS Standards of Payment for Foster Care of Children, Ch. 10, Sec. H, Pg. 1, Payments for Foster Children Attending A College or University. 18 NYCRR 628.3(a)(3) Services Complete and submit the College Choice invoice template, roster, and signed attestation monthly to SpecialPayments.Payments@acs.nyc.gov The invoice serves as the youth roster and attestation. The Executive Director or designee must sign the attestation confirming compliance with the policy. For any inquiries please contact College.Choice.acs.nyc.gov	Maintain documentation for at least seven years, including signed invoice templates with attestations, monthly youth rosters, and progress notes confirming enrollment and stipend disbursement. Document youth participation and stipend details in CONNECTIONS or the approved case management system.

PAYMENT REQUIREMENTS

- **Submit billing to: DFS/Special Payment Unit** mailbox at: SpecialPayments.Payments@acs.nyc.gov Any inquires please contact: College.Choice.acs.nyc.gov
- **Subject: 'College Choice Invoice':** [include-FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qrtr-Month\(s\)](#)
- **Invoice Billing to Include:**
 - Payment Cover Sheet and Detail Sheet (Recoupment and Reimbursement sheets if applicable)
- **COMMENTS**
 - The agencies are responsible for contacting each student, confirming continued enrollment in college, and responding to OCI email stating who remains enrolled and who withdrew.
 - Stipends are disbursed directly to students either weekly, bi-weekly and in some cases monthly.
 - College Choice Invoice which also serves as the youth Roster and Attestation.
 - The attestation must be signed by the provider agency's Executive Director or their designee, that stipends were disbursed according to the College Choice protocol.
 - The agency's Executive Director or their designee must sign the attestation on the College Choice Cover Sheet.

SECTION 3 – SPECIAL INITIATIVES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
3.3	N/A	Discharge Grants	Up to \$2,000 per child/youth	Agency Executive Director/designee signs attestation and submits a discharge grant reimbursement template with a monthly roster to ACS FPS. ACS Payment Services processes reimbursement; receipts are retained on file but not submitted.	Youth/families must have been in care at least 9 consecutive months with an approved goal and not have received a discharge grant in the past 12 months. Agencies track spending, retain documentation (case/youth identifiers, discharge type/date, totals, signatures) for 7 years, ensure funds are used only for allowable essentials, and update progress notes.

PAYMENT REQUIREMENTS

- **Submit billing to:** Family Permanency Services, **Discharge Grant Mailbox** at: SpecialInitiatives@acs.nyc.gov
- **Subject: DG Invoice:** include **FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrtr-Month(s)**
- **Invoice Billing to Include:**
 - Youth Roster

See Appendix: Discharge Grant Policy

SECTION 3 – SPECIAL INITIATIVES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
3.4	N/A	Housing & Furniture Subsidy Grants	The subsidy may continue for up to 3 years with a maximum total of \$26,100.00, whichever comes first (including the grants). One-time grants up to \$4,350.00 each for moving expenses, security deposits, or rent/mortgage arrears.	Agency submits housing subsidy requests with supporting documentation to Specialpayments.payment@acs.nyc.gov.	Program supports families reunifying children from foster care, families preventing entry into care, or youth aging out of care.

PAYMENT REQUIREMENTS

- Submit billing to: ACS/DFS/Special Payment Unit: SpecialPayments.Payment@acs.nyc.gov
- Subject: 'HSF Invoice' include **FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qrtr-Month(s)**
- Invoice Billing to Include:
 - Housing Furniture Subsidy Invoice
 - Client letter of Eligibility
- Foster care agencies are responsible for paying the special grant (one-shot) directly to the vendors.

SECTION 3 – SPECIAL INITIATIVES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
3.5	N/A	ISYC Immigration Fee Reimbursement EFFC/SFFC/RES CARE	Per USCIS fee schedule (rates subject to change). Common fees: SIJS \$250; Green Card (SIJS/U/T) \$1,500; Green Card (General) \$2,940; Asylum \$100; Citizenship \$1,335-\$1,385; Work Permits \$470-\$1,070. See USCIS G-1055 for current rates.	Submit reimbursement request upon payment confirmation to sijs@acs.nyc.gov . Signed attestation from Executive Director or designee required confirming listed amounts were paid. Program review and payment authorization occur first; approved requests forwarded to DFS Payments for processing.	Maintain documentation for a minimum of seven (7) years. Required information: Agency name, contract #, program type, and fiscal year Date of submission Child name, DOB, and CIN Case name and number Facility ID ILSP Attorney name/Affiliation Fee type(s) and amount(s) Signed attestation Proof of payment

PAYMENT REQUIREMENTS

- **Submit billing to:** Immigrant Services and Language Affairs, ISYC mailbox at: sijs@acs.nyc.gov
- **Subject:** 'ISYC Immigration Fee Reimbursement' include **Agency Name – Program-Svc Month/FY – ISYC - EPW**
- **Invoice Billing to Include:**
- Completed ISYC reimbursement template
- Signed attestation of ISYC fee disbursement (signed by Executive Director or designee)
- Proof of payment (USCIS payment confirmation, receipts, bank/credit card statements, money orders, checks)

COMMENTS

- Reimbursement requests must be submitted by program type (EFFC, SFFC, Res Care).
- Questions about ISYC guidance: sijs@acs.nyc.gov
- Questions about DFS/Payment Services: valerie.doyle@acs.nyc.gov
- For current USCIS fee schedule, see G-1055: <https://www.uscis.gov/sites/default/files/document/forms/g-1055.pdf>

Section 4: Exceptional Payments

Exceptional Payments for all Foster Care Type Program

- ☐ **ACS Program Exceptional Payment Authorization Memo**
 - **Foster Parent Retro Rate**
 - **Sub-Contracts [offline payments]**
 - **Contract Header/Admin [offline payment]**
- ☐ **CCS21+ [FP Pass-Thru Only]**
- ☐ **Child Care [Court Ordered]**
- ☐ **Non-Medicaid Reimbursable Policy**
- ☐ **PINS Pre-Dispositional Case Care Day Payments**
- ☐ **Third Party Health Insurance Reimbursement**

SECTION 4 – EXCEPTIONAL PAYMENTS TYPES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
4.1a	N/A	Foster Parent Retro Rate Reimbursement (Delayed Agency Assignment) - ACS to reimburse foster care agency - With or without Court Order	Rate will reflect current FY MSAR	- Invoice and documentation submitted by Provider Agency to Family Permanency Services [FPS] - Approved by FPS - Approval package submitted by FPS to DFS/Payment Services for review and processing	Retro Rate Reimbursements: - Provider agency to reimburse foster parent - ACS to reimburse foster care agency

PAYMENT REQUIREMENTS

- **Submit billing to:** Kelia Davis, FPS Office of Older Youth Services
kelia.davis@acs.nyc.gov
- **Subject: 'Foster Parent Retro Rate Reimbursement'** include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtr-Month(s)
- **Invoice Billing to Include:**
 - Signed FPS Exceptional Payment Memo Template
 - Verification (Requisite Casework Requirements Complete)
 - Justification for Payment
 - Copy of Family Court Order
 - Placement Resource Information
 - Placement & Payment Information (Cover & Detail Payment Sheets)

COMMENTS

PLEASE DO NOT SUBMIT UNTIL YOU HAVE OBTAINED ALL BACK-UP DOCUMENTATION THAT IS REQUIRED TO PROCESS THE PAYMENT.

SECTION 4 – EXCEPTIONAL PAYMENTS TYPES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
4.1b	N/A	Sub-Contract Payment Authorization	Rate will reflect current FY MSARS	Family Permanency Services [FPS] approves sub-contracts, review & authorizes sub-contract payments: • Ensure with provider agency on ongoing basis that child continues to reside with the subcontracted resource • Prepare monthly Exceptional Payment Memo authorizing payment [reimbursement of agency subcontract payment] • Submit package after review and approve payment authorization and to DFS Child Welfare Payments	Foster Care Agency Responsibility: • Submits completed Invoice Package with following supporting documentation to FPS for review: • Cover and Detail sheets for Subcontract billing ▪ Provider Agency must utilize current OCFS BICS MSAR foster care rates to determine appropriate administrative rates for the subcontracting agency ▪ Document all payments to the subcontracting agency in PASSPort • Copy of monthly CNNX Progress Note confirming child remains in foster home/facility where subcontract was established PASSPort Requirements: • Must enter contract PASSPort Sub-Contractor Module • Must enter the payments [payments issued] to the sub-contractor in the PASSPort Sub-Contractor Module • Link to Fiscal Manual for Passport Users: Resources Library MOCS

PAYMENT REQUIREMENTS

- **Submit billing to:** Dave Williams, FPS Office of Older Youth Services Fatima.Robinson@acs.nyc.gov
- **Subject: 'Sub-Contract Payment Authorization'** include **FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtr-Month(s)**
- **Invoice Billing to Include:**
 - Signed FPS Exceptional Payment Memo Template
 - Printed Screen of the Subcontract Entered in PASP
 - Copy of Approved Sub-Contract
 - Copy of Approved OCFS MSAR for Facility Rate for Fiscal Year
 - Cover and Detail Payment Sheets
 - Supporting Documentation with Invoices and Proof of Subcontract Payment

COMMENTS

- **FPS Contact:** Dave Williams (dave.williams@acs.nyc.gov)

PLEASE DO NOT SUBMIT UNTIL YOU HAVE OBTAINED ALL BACK-UP DOCUMENTATION THAT IS REQUIRED TO PROCESS THE PAYMENT.

SECTION 4 – EXCEPTIONAL PAYMENTS TYPES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	REQUIREMENTS
4.1c	N/A	Contract Headers and MSAR Administrative Payments	Rate will reflect current FY MSARS	Family Permanency Services [FPS] approves sub-contracts, review & authorizes sub-contract payments: • Ensure with provider agency on ongoing basis that child continues to reside with the subcontracted resource • Prepare monthly Exceptional Payment Memo authorizing payment [reimbursement of agency subcontract payment] • Submit package after review and approve payment authorization and to DFS Child Welfare Payments	Foster Care Agency Responsibility: Provider Agency submits completed Administrative Rate Invoice Package with following supporting documentation to FPS for review: • Cover and Detail sheets for Administrative Rate billing • Provider Agency must utilize current OCFS BICS MSAR foster care rates to determine appropriate administrative rates • Copy of monthly CONNECTIONS Progress Note confirming child remains in foster home where contract header was established

PAYMENT REQUIREMENTS

- **Submit billing to:** Dave Williams, FPS Office of Older Youth Services dave.williams@acs.nyc.gov
- **Subject: 'Contract Headers and MSAR Administrative Payments'** **include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qrtr-Month(s)**
- **Invoice Billing to Include:**
 - Signed FPS Exceptional Payment Memo Template
 - Justification For Payment (Printed Screen of Contract Header in Connections)
 - Verification (Monthly Direct Payroll Spreadsheet Confirming Ongoing Placement with Resource)
 - Family Court Order
 - Placement Resource Information
 - CNNX Progress Note Indicating Child Remains in Foster Home Where Contract Header Was Established

COMMENTS

FPS Contact: Dave Williams (dave.williams@acs.nyc.gov)

PLEASE DO NOT SUBMIT UNTIL YOU HAVE OBTAINED ALL BACK-UP DOCUMENTATION THAT IS REQUIRED TO PROCESS THE PAYMENT.

SECTION 4 – EXCEPTIONAL PAYMENTS TYPES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
4.2	N/A	CCS21+ Family Foster Care FP Pass-Thru ONLY* EFFC/SFFC Only	Rate of FP Pass-Thru reimbursement is based on the current Fiscal Year approved rates LOD reimbursement will remain same as prior to 21st Birthday, unless approved by OCFH	CCS21+ approval is determined by Division of Family Permanency Services	Submit memorandum request for CCS21+ approval to FPS via mailbox: acs.sm.FPS.CCS21@acs.nyc.gov

PAYMENT REQUIREMENTS

- Submit billing to: DFS/Special Payment Unit: SpecialPayments.Payment@acs.nyc.gov
- Subject: CCS21+ Exception to Policy Invoice: **include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrr-Month(s)**
- Invoice Billing to Include:
 - Approved FPS CCS21+ memorandum with approved service period.
 - Payment Cover Sheet and Standard Detail Sheet.

COMMENTS

- Effective July 1, 2022, the **Admin** portion of this payment type is no longer invoiced, as this population is now covered under the new FY23 Budget Census and included in the budget/payment structure.
- Agencies may continue to invoice Family Foster Care Pass-thru as part of the CCS21 ETP process. This includes youth who have “8D” child placed with them in family foster care setting.
- Providers may not invoice for AWOL more than 7-day or extended Suspended Payment Status during CCS21+ Authorization Period.
- Options for Continuation of Care and Support Beyond Age 21 & Required Forms: <http://www1.nyc.gov/assets/acs/policies/init/2014/L.pdf>.

SECTION 4 – EXCEPTIONAL PAYMENTS TYPES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
4.3	N/A	Court Ordered Child Care 1) Working Foster Parents Within New York City	Maximum Rate Source NYS Office of Children & Family Services – Local Commissioner’s Memorandum (LCM) - Re: Child Care Market Rates (updated annually)	Child Care Voucher request must be requested and approved by Divisions of Family Permanency Services and Child Family Well-Being	Agency must update CNNX progress notes for this special payment to reflect: • Specific Type of Expense • Service Period • Cost Specific details regarding childcare justification must be annotated in CNNX progress notes. Agency to reimburse resource ACS to reimburse agency upon receipt FPS.childcarereferral@acs.nyc.gov
		Court Ordered Child Care 2) Working Foster Parents Outside New York City [voucher request]	Maximum Rate Source NYS Office of Children & Family Services – Local Commissioner’s Memorandum (LCM) - Re: Child Care Market Rates (updated annually)		

PAYMENT REQUIREMENTS

- **Submit billing to: DFS/Special Payment Unit:** SpecialPayments.Payment@acs.nyc.gov
- **Subject: Court Order-Child Care** include **FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrtr-Month(s)**
- **Invoice Billing to Include:**
 - Payment Cover Sheet and Standard Detail Sheet.
 - Copy of court order. *Note: Court Action Summary are not accepted in lieu of court order.*
 - Receipts.
 - Updated CNNX progress notes.
 - Requested documentation must be submitted via email to Payment Services Unit within seven (7) days of the request or invoice will be returned.

Link to child FPS Care Referral Forms: [pending](#)

SECTION 4 – EXCEPTIONAL PAYMENTS TYPES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
4.4	N/A	Non-Medicaid Reimbursements NMR Policy Applies EFFC/SFFC/RES CARE	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 NMR request(s) to: ATT: Yelena Gladkova Yelena.gladkova@acs.nyc.gov Providers may only submit for reimbursement NMR after approval

PAYMENT REQUIREMENTS

- Submit billing to DFS/Special Payment Unit: SpecialPayments.Payment@acs.nyc.gov
- Subject: Non-Medical Needs of Handicapped Child include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtr-Month(s) should this be included with special dietary needs in the allocated section.
- This is for NON-Medicaid reimbursement. Please clarify about court-ordered.
- Invoice Billing to Include:
 - Copy of approved NMR request by Commissioners Advisory Panel.
 - Proof of payment by agency for expenditures approved by provider agency.

COMMENTS

- Reimbursement will occur once NMR Advisory Panel approves request.
- Link to NMR Policy: <https://www.nyc.gov/site/acs/about/child-welfare-providers.page>

SECTION 4 – EXCEPTIONAL PAYMENTS TYPES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
4.5	N/A	Pre-Dispositional PINS Cases (Care Day Invoicing Requirements) EFFC/SFFC/RES CARE	Rate of reimbursement will mirror current fiscal year agency MSAR	Payment Services will process active pre-dispositional cases and coordinate the offline agency invoice submissions to ensure that payments submitted offline are processed timely. - Review and track agency invoice submissions and determine if agencies are billing beyond maximum allowable - Complete Pre-Dispositional PINS Payment Reconciliation payment memo that will support processing offline pre-dispo PINS billing.	Cover Sheet – Enter the Below Fields: - Agency Name, Address, Contract # - Enter Fiscal Year and Billing period Month - Enter “PINS Pre-Dispo Care Days”, under Summary of Services Provided - Enter Total Amount of care days invoiced - Sign and Date Certification Detail Sheet – Enter the Below Fields: - Agency Name, Service Type “PINS”, Contract # - Enter Fiscal Year and Billing period Month - Enter Youth Demographic information: - Name - CIN # - DOB - Enter Program Type - Enter Facility ID # - Enter Dates of Service: FROM” & “TO” - Number of Days Auto calculates - Enter Administrative, Pass-thru and clothing rates - Daily Rate & Amount will auto-calculate

PAYMENT REQUIREMENTS

- Submit billing to PINS Mailbox: PINS@acs.nyc.gov
- Subject: ‘Pins Invoice’ include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qrtr-Month(s)
- Monthly PINS Pre-Dispo Care-Day Cover and Detail Invoice submission:
 - Submit Monthly Invoice by the 10th business-day of each month.
 - Email the entire spreadsheet that includes prior service month invoices,

NOTE: Please annotate in the email subject line the service period for which invoice(s) are being submitted [i.e., PINS Care Day Invoice (FY/Month)]

SECTION 4 – EXCEPTIONAL PAYMENTS TYPES [ALL PROGRAMS]



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
4.6	N/A	Non-IV-E ICPC Reimbursement Third Party Health Insurance [TPHI]	Approved by Division of Family Permanency Services	Invoice and documentation submitted to and approved by First Deputy Commissioner's Office of Transitional Medicaid and Division of Family Permanency Services	CNNX Progress Note that indicates child remains on approved ICPC placement, but was not IV-E eligible

PAYMENT REQUIREMENTS

- **Submit billing to: First Deputy Commissioner's Office of Transitional Medicaid** NON4eICPC@acs.nyc.gov
- **Subject: 'Non-IV-E ICPC Reimbursement/Third Party Health Insurance'** **include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrr-Month(s)**
- **Invoice Billing to Include:**
 - Exceptional Payment Cover and Detail sheet for the approved Medical Plan Coverage Reimbursement Invoice [ICPC Managed Care Reimbursement] to Family Permanency Services Coordinator for review and payment authorization on monthly/quarterly basis, with required supporting documents:
 - Copy of monthly CNNX Progress Note that indicates child remains on approved ICPC placement
 - Copy of medical plan procured by foster care agency [needed for initial reimbursement]
 - Proof of payment [vendor invoice w/ Insurance/Plan Identification #/ paid receipt]

COMMENTS

As outlined in the NYC OCFS Interstate Compact on the Placement of Children (ICPC), non-IV-E children will not be automatically eligible for Medicaid (MA) in the Receiving State (RS). While some states may enroll non-IV-E foster children in MA, this is not a guarantee. An alternative, viable Medical Plan is required. Sending Agency is ultimately responsible for medical expenses.

Foster Care Add-Ons

☐	Aftercare	[EBM-\$52 per diem-QRTP Only]
☐	Fair Futures	[All Programs]
☐	Preventive	[EFFC Only]
☐	PYA	[All Programs]
☐	Reunification Supports	[SFFC Only]
☐	Trauma Treatment Model	[Reg Res Only]
☐	Variance	[Care Day-All Programs]
☐	Workforce Enhancement	[SFFC/Res Care]

SECTION 5 – FOSTER CARE ADD-ONS



Categoryi	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5.1a	N/A	Aftercare [Q RTP] Processed via BICS Q RTP Res Care Only	\$52 per diem per eligible youth who are active and/or have exited a Qualified Residential Treatment and EMPOWER Program and receive(d) required aftercare services (discharge planning and post-discharge support).	Agency reviews annual roster of eligible youth and returns a signed attestation to ACS/FPS. DFS System Support Office [SSO] writes POS lines and Payment Services processes BICS payments;	Agencies verify that youth and families receive aftercare services consistent with OCFS ADM 22-OCFS-ADM-07 (at least two face-to-face contacts per month) and maintain progress notes. Executive Director/designee (not the caseworker) attests to service delivery and submits a roster with service dates and demographic information.

PAYMENT REQUIREMENTS

- Verification includes consultation with Q RTP and/or case planning staff and a review of progress notes as well as discharge, support and service plans.
- For each youth named on the roster for whom the agency cannot make such an attestation that services continued, please clearly indicate an end date for the service. via Email to: Aftercare-Reimbursement@acs.nyc.gov

SECTION 5 – FOSTER CARE ADD-ONS



Categoryi	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5.1b	N/A	Aftercare Offline Reimbursement Request Submittal Process ▪ ACS will return to the Provider their aftercare list indicating the youth for whom a POS line could not be written. ▪ The Provider will complete the AFC invoice template roster. ▪ The Provider is to sign the aftercare attestation and submit the completed aftercare invoice and the signed attestation to the DFS/Special Payment Unit Aftercare mailbox (see below).	\$52 per diem per eligible youth who has exited a Qualified Residential Treatment and EMPOWER Program and receives required aftercare services (discharge planning and post-discharge support). Offline requests require an invoice and attestation submitted to the Aftercare-Reimbursement mailbox.	Agency reviews annual roster of eligible youth and returns a signed attestation to ACS/FPS.	Agencies verify that youth and families receive aftercare services consistent with OCFS ADM 22-OCFS-ADM-07 (at least two face-to-face contacts per month) and maintain progress notes.

PAYMENT REQUIREMENTS

- **Submit billing to:** DFS/Special Payment Unit Aftercare mailbox Aftercare-Reimbursement@acs.nyc.gov
- **Subject:** ‘Aftercare OFFLINE’ **include** FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qrtr-Month(s)
- **Invoice Billing to Include:**

Invoice submission for offline Aftercare Invoice. See “Invoice Submission” pg. 12:

- Verification includes consultation with QRTP and/or case planning staff and a review of progress notes as well as discharge, support and service plans.
- For each youth named on the roster for whom the agency cannot make such an attestation that services continued, please clearly indicate an end date for the service.

SECTION 5 – FOSTER CARE ADD-ONS



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5.2	N/A	Fair Futures EFFC/SFFC/RES CARE Youth in foster care who have experienced foster care at age 11 - 26	Approved Based on Approved Fiscal Year Budget	Invoice submitted to and approved by Family Permanency Services, Contract Management [CMU] Unit.	All expenditures for youth must be backed up with substantiating documentation in CONNECTIONS that must be entered as a progress note or in the Life Skills Assessment section of the semi-annual FASP reassessment.

PAYMENT REQUIREMENTS

- **Submit billing to:** Family Permanency Services **Fair Futures** mailbox at: Fairfutures@acs.nyc.gov
- **Subject: 'Fair Futures Invoice'** **include-FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtr-Month(s)**
- **Invoice Billing to Include:**
 - Youth Roster [ages 11-26]

Normative experiences are age- and developmentally-appropriate activities and opportunities that promote the healthy cognitive, social, emotional, physical, and educational development of children, youth, and young adults—regardless of involvement in the child welfare system.

SECTION 5 – FOSTER CARE ADD-ONS



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5.3	N/A	PREVENTIVE EFFC ONLY	Approved Based on Approved Fiscal Year Budget	Invoice submitted to and approved by Family Permanency Services, Contract Management [CMU] Unit.	CNNX Progress Note that indicates youth receiving preventive services

PAYMENT REQUIREMENTS

- **Submit billing to:** Family Permanency Services **Preventive** mailbox at: EFFCPrev@acs.nyc.gov
- **Subject: 'Preventive Invoice'** [include-FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtr-Month\(s\)](#)
- **Invoice Billing to Include:**
 - Youth Roster [\[ages 0-17\]](#)

SECTION 5 – FOSTER CARE ADD-ONS



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5.4	N/A	PYA/Independent Living Youth in foster care who have experienced foster care at age 14 or older can be provided IL services through their 20th birthday. (Up to their 21 st Birthday) EFFC/SFFC/RES CARE	Approved Based on Approved Fiscal Year Budget	Invoice submitted to and approved by Family Permanency Services, Contract Management [CMU] Unit.	All expenditures for youth must be backed up with substantiating documentation in CONNECTIONS that must be entered as a progress note or in the Life Skills Assessment section of the semi-annual FASP reassessment.

PAYMENT REQUIREMENTS

- **Submit billing to:** Family Permanency Services, **PYA** mailbox at: [IL PYA@acs.nyc.gov](mailto:IL_PYA@acs.nyc.gov) [note-IL underscore PYA]
- **Subject: ‘PYA Invoice’** **include-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrr-Month(s)**
- **Invoice Billing to Include:**
 - Youth rosters [ages 14-20]
 - Stipend rosters [payments to youth aged 16-20 years]
 - Goods/services templates and upon request receipts

The Independent Living- IL/PYA (CFCIP) and Special Payment Allocation support normative experience for youth in care. **Normative experiences** are age- and developmentally-appropriate activities and opportunities that promote the healthy cognitive, social, emotional, physical, and educational development of children, youth, and young adults—regardless of involvement in the child welfare system.

SECTION 5 – FOSTER CARE ADD-ONS



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5.6	N/A	Reunification Supports [aka TDS] SFCC ONLY	Approved Based on Approved Fiscal Year Budget	Invoice submitted to and approved by Family Permanency Services, Contract Management [CMU] Unit.	Must update CNNX Progress Notes to reflect discharge supports that were provided.

PAYMENT REQUIREMENTS

- **Submit billing to:** Family Permanency Services, **Reunification Supports** mailbox at: DischargeSupports@acs.nyc.gov
- **Subject: 'Reunification Invoice'** include **FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrr-Month(s)**
- **Invoice Billing to Include:**
 - Youth rosters

SECTION 5 – FOSTER CARE ADD-ONS



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5.7	N/A	Trauma Treatment Model (TTM) Non-Specialized Res Care Only	Approved Based on Approved Fiscal Year Budget	Invoice submitted to and approved by Family Permanency Services, Contract Management [CMU] Unit.	N/A

PAYMENT REQUIREMENTS

- **Submit billing to:** Family Permanency Services, **TTM** mailbox at: TBMInvoices@acs.nyc.gov
- **Subject: 'TTM Invoice':** include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qrtr-Month(s)
- **Invoice Billing to Include:**
 - Youth Roster

SECTION 5 – FOSTER CARE ADD-ONS



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5.8	N/A	Care Day VARIANCE EFFC/SFFC/RES CARE	Based on Approved Fiscal Year Budget, the Variance payment allows for the reimbursement of: Fixed Costs outside of Monthly Care-Day Reimbursement [not to exceed the annual budget]	Invoice submitted to and approved by Family Permanency Services, Contract Management [CMU] Unit.	Agencies must enter child movement data on time to ensure accurate care day payments.

PAYMENT REQUIREMENTS

- **Submit billing to:** Family Permanency Services, **VARIANCE** mailbox at: variancepayments@acs.nyc.gov
- **Subject: 'Variance Invoice'** include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrr-Month(s)
- **Invoice Billing to Include:**
 - Variance Invoices are submitted By PROGRAM TYPE [CONTRACT #] separately

Note: DFS reconciles recurring and single-issue payment data and provides data on a quarterly basis to agency fiscal staff.

SECTION 5 – FOSTER CARE ADD-ONS



Category	POS CODE	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS
5.9	N/A	Workforce Enhancement [WFE] SFFC and RES CARE ONLY	Based on Approved Fiscal Year Budget, the Variance payment allows for the reimbursement of: Approved PS Titles/Salaries only	Invoice submitted to and approved by Family Permanency Services, Contract Management [CMU] Unit.	N/A

PAYMENT REQUIREMENTS

- **Submit billing to:** Family Permanency Services, **WFE** mailbox at: WFE@acs.nyc.gov
- **Subject: ‘WFE Invoice’:** **include FY-Prog Type-Inv, Type-Agency Name-CT #-FID-Qtrr-Month(s)**
- **Invoice Billing to Include:**
 - Approved PS Titles/Salaries only

ADMINISTRATION FOR CHILDREN’S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE PAYMENTS



New Special Initiative:

Career Choice

[Career Choice: Page 1 of 2]

Career Choice and Work Ready Reimbursement Payments [FY26 Reimbursement Guidance issued 10/17/25]:

Youth participating in an approved program are eligible to receive a daily cash stipend. Those enrolled in the work ready pathway will receive a \$40 daily stipend paid based on a 5-day work week. Youth enrolled in the career choice pathway receive a \$60 daily stipend paid based on a 5-day work week.

Step 1: Complete required Invoice Template [An invoice must be completed for each program type EFFC, SFFC, GH, AOBH, SILP, YPP, IDD]:

- Using the provided template, fill out the Invoice with all the required information.
- Career Choice/Work Ready Invoice which also serves as the youth Roster and Attestation.

Step 2: Complete and sign the attestation confirming that the stipends were issued in compliance with the Career Choice Policy:

- The attestation must be signed by the provider agency’s Executive Director or their designee, that stipends were disbursed according to the Career Choice /Work Ready Policy.
- The agency’s Executive Director or their designee must sign the attestation on the Career Choice Cover Sheet.

ADMINISTRATION FOR CHILDREN'S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE PAYMENTS



New Special Initiative:

Career Choice

[Career Choice: Page 2 of 2]

Career Choice and Work Ready Reimbursement Payments [FY26 Reimbursement Guidance issued 10/17/25]:

Youth participating in an approved program are eligible to receive a daily cash stipend. Those enrolled in the Work Ready pathway will receive a \$40 daily stipend paid based on a 5-day work week. Youth enrolled in the Career Choice pathway receive a \$60 daily stipend paid based on a 5-day work week.

Step 3: Submit the monthly reimbursement request:

- Submit the complete monthly package, including the signed Invoice template, the attestation, and the youth roster, to ACS Career.Choice@acs.nyc.gov mailbox for review and processing.

Step 4: Maintain documentation for a minimum of seven years - Provider agencies must keep all stipend disbursement documentation on file for a minimum of seven years. This includes:

- Signed Career Choice Invoice templates with attestations.
- Monthly youth rosters.
- Progress notes confirming enrollment and stipend disbursement (uploaded to card or check?)
- Any additional records supporting the stipend disbursements.

ADMINISTRATION FOR CHILDREN’S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE PAYMENTS



New Special Initiative:

Discharge Grants

[Discharge Grant: Page 1 of 2]

Discharge Grant

Effective July 1, 2025, ACS FPS has revised the Discharge Grant policy for EFFC, SFFC, and Residential care (superseding prior guidance) to simplify processing and better support successful transitions:

- Eligible recipients are reunifying families or youth exiting to independent living who have spent at least nine consecutive months in ACS custody with an approved goal (Return to Parent or APPLA/Independent Living) and have not received a Discharge Grant in the prior 12 months.
- The grant provides up to \$2,000 per child/youth for essentials (e.g., groceries, transit, furniture, bedding, household goods, toiletries, electronics)
- Store-specific gift cards may be used only for remaining funds up to \$500, and ACS will not reimburse sales tax—luxury items, bank-branded gift cards, money orders, and direct payments are not allowed.

ADMINISTRATION FOR CHILDREN'S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE PAYMENTS



New Special Initiative:

Discharge Grants

[Discharge Grant: Page 2 of 2]

Reimbursement process for Discharge Grant expenditures:

- ACS requires that the provider agency's Executive Director or their designee sign an attestation of Discharge Grant disbursement consistent with this policy.
- The Discharge Grant reimbursement request template along with the attestation must be submitted monthly together with a roster of children/youth for whom Discharge Grant funds have been spent during that fiscal quarter
- Receipts are not submitted but must be retained for seven years, and documentation must include required case/youth identifiers, discharge type/date, totals, and signatures from the parent/caregiver or youth (agency staff may not sign);
- ACS will conduct post-payment reviews.

ADMINISTRATION FOR CHILDREN'S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE PAYMENTS



New Special Initiative:

ISYC Immigration Fee Reimbursement Process

[ISYC: Page 1 of 1]

ISYC immigration Fee Reimbursement Process:

- Provides reimbursement for Immigration Services for Youth In Care (ISYC)-approved immigration fee expenditures for youth in care.
- A signed attestation from the provider agency's Executive Director or designee is required.
- Reimbursement requests should be submitted upon payment confirmation.
- Proof of payment may include U.S. Citizenship and Immigration Services (USCIS) payment confirmation, receipts, bank or credit card statements, money orders, checks, or similar documentation.
- Required submission documents include a completed ISYC reimbursement template, signed attestation of ISYC fee disbursement, and proof of payment.
- Reimbursement requests should be emailed to sijs@acs.nyc.gov for program review and payment authorization before being forwarded to DFS Payments for processing.
- The ISYC reimbursement template must include agency, contract number, program type, fiscal year, child and case information, facility ID, attorney information, fee type, and amount.
- Documentation for each disbursement must be maintained for a minimum of seven years.

ADMINISTRATION FOR CHILDREN'S SERVICES PAYMENT BULLETIN — GUIDE TO FOSTER CARE SPECIAL PAYMENTS



Updated Special Initiative

Housing Subsidy Grant Increases

Housing Furniture Subsidy Grants [Increases]:

- Provides financial assistance for families reunifying with children from foster care, families needing to prevent a child from entering foster care, or youth aging out of foster care.
- The program includes a recurring monthly rental assistance of up to **\$725** renting market value apartments and two one-time "special grants" of up to **\$4,350** each for moving expenses, security deposits, and rent/mortgage arrears.
- The total subsidy can last up to three years, with a maximum of **\$26,100** which includes the "grants."
- Youth approved for the recurring monthly subsidy must remain on trial discharge or be in receipt of preventive services to continue to receive the subsidy. A parenting youth receiving the recurring monthly subsidy may be eligible to extend it beyond age 21 if a preventive case is opened and the 3 years and/or \$26,100 maximum has not been reached.
- Checks cannot be provided to a vendor unless the vendor is validated and active in the Financial Management System (FMS). Foster care agencies are responsible for paying the special grant (one-shot) directly to the vendors.
- ACS' case must be open and current in the Welfare Management System (WMS) for payment to be processed. Address reflected on the lease must be clearly represented in WMS (2970 form).
- Foster care providers will submit expenses on a PYA Checklist/Housing Subsidy CAPS report .

Glossary of Terms

Acronym	Meaning	Acronym	Meaning
ACS	Administration for Children's Services (NYC's child welfare agency)	FPS	Family Permanency Services; oversees foster care agencies and adoption agreements
Adoption Subsidy	Per diem paid to adoptive parents for adopting children; rate depends on child's age and level of difficulty	LOD	Level of Difficulty; rating of a child's needs that determines subsidy per diem rate
ASU	Adoption Subsidy Unit; creates and pays adoption subsidy cases within DFS	M921 Database	ACS database assigning vendor ID numbers to adoptive homes
BICS	Benefits Issuance and Control System; automates billing and claiming transactions for foster care and adoption	MSAR	Maximum State Aid Rate; daily reimbursement rate
Case Name	Name associated with a case number (often parent's name or child's name)	OCFS	Office of Children and Family Services; state agency overseeing child welfare policies and funding
Case Number	Number assigned by WMS to cases; can include multiple individuals	POS	Purchase of Service lines in WMS directing payments to foster or adoptive homes
CCRS	Child Care Review Service; ACS system for foster care dates, movements, legal activities, and milestones	PS	Personnel services (staff payroll/fringe)
CIN	Client/Child Identification Number; unique identifier assigned by WMS	PYA	Preparing Youth for Adulthood initiative
CNNX	CONNECTIONS; NY State's SACWIS system used to manage foster care and preventive services information	SFFC	Specialized Family Foster Care program
DFS	Division of Financial Services; oversees payments and claiming for ACS services and contracts	SSO	Systems Support Office; responsible for WMS/CCRS/CNNX data entry
EFFC	Enhanced Family Foster Care model	SSPS	Statewide Services Payment System
FAD	Foster and Adoptive Home; CNNX stage containing demographic information on foster/adoption homes	Vendor ID	Unique identifier assigned to adoption vendors via M921, used for payments
FID	Facility ID; eight-character identifier for foster or congregate care facility	WMS	Welfare Management System; system used to create/modify cases and direct payments

Standards of Payment Manual For Voluntary Agencies

NYS Standards of Payments (SOP) can be located here:

<https://ocfs.ny.gov/main/rates/fostercare/forms.php>

APPENDIX

Policy/Guidance Documents

Policy Guidance	Link
Aftercare-QRTP BICS/Offline	
Non-IV-E ICPC Third Party Health Insurance	
Non-Medicaid Reimbursable Expenses (NMR)	
Career Choice and Work Ready Payments	
CCS21+	\\acsad.nycnet\acsdata\Financial Services - Fiscal\Payment Unit\Child Welfare\AAA\Policies & Guidances\CCS21+ Practice Guidance revised 1-29-25 final
Child Care Central Process	
Pre-Dispo PINS	
College Choice-Room and Board Payments	
Discharge Grants	
Housing and Furniture Grants	
Sub-Contracts	
Exceptional Payment	
Gift Care Policy	
ISYC Immigration Fee Reimbursement	

APPENDIX

Policy/Guidance Documents