

FISCAL MANUAL ACS Division of Financial Services

Child Welfare – Foster Care

Effective July 1, 2011



Michael R. Bloomberg, Mayor John B. Mattingly, Commissioner



Administration for Children's Services Division of Financial Services Fiscal Manual Effective July 1, 2011

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PAYMENT BULLETIN Guide to Foster Care Special Payments

Effective July 1, 2011



Michael R. Bloomberg, Mayor John B. Mattingly, Commissioner

ADMINISTRATION FOR CHILDREN'S SERVICES PAYMENT BULLETIN – Guide to Foster Care Special Payments- effective July 1. 2011

FAMILY FOSTER CARE	Effective July 1, 2011 items within the Special Payment Budget Allocation are provided ONLY for children in Family Foster Care (see Section 1).
Section 1	The items listed in this section of the Bulletin are approved by NYS and ACS for purchase for children in care. Each Provider is responsible for deciding which items to purchase and for monitoring their annual Special Payment Budget Allocation. Providers are to ensure that purchases remain within the limit of the Budget Allocation.
	With the exception of Child Care outside of New York City, College/ University Room & Board, Funeral Expenses, and Sign Language Services, all expenditures for items listed in this section of the Bulletin are to be tracked against the Special Payment Budget Allocation.
TREATMENT FAMILY FOSTER CARE SPECIALIZED FAMILY FOSTER CARE Section 2	TFFC and SFFC programs may bill for the following four Special Payment items ONLY. These items are outside of the Special Payment Budget Allocation. (See Section 2): Child Care outside of New York City Funeral Expenses Sign Language Services College / University Room & Board
RESIDENTIAL CARE ALL LEVELS	Residential Care programs at all levels may bill for the following two Special Payment items ONLY. These items are outside of the Special Payment Budget Allocation. (See Section 3):
Section 3	College / University Room & Board Funeral Expenses
INVOICE DUE DATE	• Invoices for actual expenses incurred in any one month shall be submitted to ACS by the Contractor within thirty (30) days after the end of each month in which such expenses were incurred. If the Contractor 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 Fiscal Manual sixty (60) days after the date invoices are due, ACS, may, at its sole option, disallow such invoices.
	• If the Contractor invoices ACS for non-allowable expenses, ACS, may, without any prior notice to the Contractor, disallow such amounts from the Contractor's invoice(s) and pay the remaining allowable expense amounts, if any.
FURTHER INFORMATION	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, p. 36-38 <i>and</i> 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.

	SECTION 1 – Family Foster Care								
	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS	PAYMENT REQUIREMENTS	COMMENTS			
1	Camp Fees Residential FFC only	\$225 max per week \$45 max per day 5–7 days is one week Maximum of 2 weeks Rates include 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	Connections - Provider Agency to update Progress Notes to include name of camp and period of camp attendance.	Residential Camp within NY State Provider Agency to submit Camp Fees Detail Sheet. Residential Camp outside of NY State — Provider Agency to submit: Camp Fees Detail Sheet. Transportation Detail Sheet.	While at residential camp. The child is deemed on vacation. The day the child enters, and the day the child returns from camp 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.			
2	Camp Fees Day Camp FFC only	\$145 max per week \$290 max per summer \$29 max per day 5 – 7 days is one week Rates include 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 & ACS-determined rate.	Connections - Provider Agency to update Progress Notes to include name of camp.	Day Camp within NY State — Provider Agency to submit Camp Fees Detail Sheet. Day Camp outside of NY State — Provider Agency to submit: 1. Camp Fees Detail Sheet. 2. Transportation Detail Sheet.	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.			
3	Car Seats Special Furniture/ Equipment FFC only	n/a	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg 37 <i>and</i> Ch. 8, Sec. B, Pg 9, 12.	Connections - Provider Agency to update Progress Notes if need for special furniture/ equipment was previously highlighted in the case.	Provider Agency to submit Standard Detail Sheet.	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.			

			SECTION 1 - Family	Foster Care - continued		
	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS	PAYMENT REQUIREMENTS	COMMENTS
4	Child Care for Working Parents Within New York City FFC only	See Comments	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg 36, p. 37 <i>and</i> Ch. 8, Sec. B, Pg 2, pg 8-9, Para. 2(vi) <i>and</i> Ch. 8, p. 10-12, Para (4)(a).	See Comments	See Comments	Within New York City Cases will be referred to ACS Division of Child Care. Child care provided within New York City for foster care children is NOT reimbursed as a Special Payment. All Child Care Service Providers must be licensed.
5	Child Care for Working Parents Outside New York City FFC only This expense is outside of the Special Payment Budget Allocation.	Maximum Rate Source NYS Office of Children & Family Services –Local Commissioner's Memorandum (LCM) - Re: Child Care Market Rates (updated annually)	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg 36, p. 37 and Ch. 8, Sec. B, Pg 2, pg 8-9, Para. 2(vi) and Ch. 8, p. 10-12, Para. 4(a).	Connections - Provider Agency to document use of Child Care in Progress Notes.	 Child Care Detail Sheet Invoice on Letterhead from Child Care Service Provider indicating rate, hours of attendance, and dates of service Copy of Current License Signed Attendance Sheet Calendar from Child Care Service Provider. 	Outside New York City Child Care services for foster care children placed outside of New York City are reimbursed as a Special Payment. All Child Care Service Providers must be licensed.
6	Clothing Initial Clothing FFC only	\$300 Age 0-5 \$400 Age 6-11 \$600 Age 12-15 \$700 Age 16 & over Maximum amounts Not automatic flat grants SOURCE OF RATE ACS-determined rate	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).	Connections – Provider Agency to update Progress Notes.	Provider Agency to submit Standard Detail Sheet.	Provider Agency is to assess child's clothing needs upon admission and transfer. Clothing is to be purchased as needed. See SOP Appendix E for Clothing Guidelines.
7	Clothing Emergency Clothing FFC only	Case-by-case assessment and determination.	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).	Connections – Provider Agency to update Progress Notes.	Provider Agency to submit Standard Detail Sheet.	See SOP Appendix E for Clothing Guidelines.

			SECTION 1 - Fami	ly Foster Care - continued		
	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS	PAYMENT REQUIREMENTS	COMMENTS
8	College/University Room & Board FFC only Children under 21 years old -Residing at college / university away from foster home or group facility. Off-campus or on- campus living This expense is outside of the Special Payment Budget Allocation.	Reimbursement limited to Room & Board Amount of reimbursement may not exceed Provider Agency's actual cost for Room & Board OR current maximum pass-thru rate for children in age 12 & over category — whichever is less. Reimbursement for care of commuting students is made at applicable rate for their foster home or group care facility. SOURCE OF RATE NYS Office of Children & Family Services -Local Commissioner's Memorandum (LCM) -Re: Maximum State Aid Rate (from July to June) (Update annually)	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)	Connections - Provider Agency to update Progress Notes.	 Requests for payment of Room Board must be made on a per semester basis. 1. College Room & Board Detail Sheet. 2. Itemized Invoice showing cost of Room & Board. 3. Proof of Enrollment. 4. Transcript from College/Univ. 5. College/University academic year calendar. 	Payments for Room & Board will be made by Provider Agency to the College/ University, if not otherwise provided. Provider Agency shall continue to assure appropriate care, plan for the child, arrange for transportation to and from school, and secure placement for the child during school vacation periods. The correct status of the child must be reflected in CCRS at all times. Report as suspended payment the period when child is residing at College/ University. During school vacation periods, when child is in care in Provider Agency's foster home or group care facility, Provider Agency is to report such days of care in CCRS. Payment for College/ University Room & Board terminates 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 1 - Family Fo	oster Care - continued		
	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS	PAYMENT REQUIREMENTS	COMMENTS
9	Compensation to Foster Parent for Damage to and/or Loss of Personal Property owned by foster parent that is caused by a foster child in his/her care.** FFC only	\$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, Ch. 4, Sec. C, Pg 37 Para. 45, <i>and</i> Ch. 8, Sec. B, Pg. 9-10, Para. 3(2)(x).	Connections – Provider Agency to update Progress Notes.	Provider Agency to submit Standard Detail Sheet.	**Foster parent must first seek compensation from his/her insurance carrier. Compensation of less than \$25 will NOT be granted.
10	Cribs Special Furniture / Equipment FFC only	n/a	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg 37 <i>and</i> Ch. 8, Sec. B, Pg 9, 12. 18 NYCRR 427.3 (c) 2 vii	Connections - Provider Agency to update Progress Notes if need for special furniture/equipment was previously highlighted in the case.	Provider Agency to submit Standard Detail Sheet.	According to NYS Standards of Payment, Ch. 8, Sec. B, Pg 12, Subpara. b, the placing agency should retain ownership of the crib when the child is placed in another home.
11	Finder's Fees	Effective with referrals m	nade to Provider Agencies Se	ptember 1, 1991, and later, n	no reimbursement will be made	de for Finder's Fees.
12	Funeral Expenses FFC only This expense is outside of the Special Payment Budget Allocation	\$1400 Max per foster child	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.	Connections - Provider Agency to update Progress Notes.	Provider Agency to submit Standard Detail Sheet.	
13	Gifts Birthdays, Holidays, and Other Special Occasions FFC only	n/a	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg 36, pg 37, Para. 45, <i>and</i> Ch. 8, Sec. B, Pg. 8, pg. 9, Para. 3(2)(iv).	No update required.	Provider Agency to submit Standard Detail Sheet.	

			SECTION 1 – Family	Foster Care - continued		
	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS	PAYMENT REQUIREMENTS	COMMENTS
14	Graduation Special Attire FFC 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).	No update required.	Provider Agency to submit Standard Detail Sheet.	Reimbursement for Junior High and High School graduation attire.
15	High Chairs Special Furniture Equipment FFC only	n/a	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg 37 <i>and</i> Ch. 8, Sec. B, Pg 9, 12.	Connections - Provider Agency to update Progress Notes if need for special furniture/equipment was previously highlighted in the case.	Provider Agency to submit Standard Detail Sheet.	According to NYS Standards of Payment, Ch. 8, Sec. B, Pg 12, Subpara. b, the placing agency should retain ownership of high chair when child is placed in another home.
16	Hobby/Recreational Expenditures FFC only	The SOP limits hobby/recreational expenditures to	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 36, pg 37.	Connections – Provider Agency to update Progress Notes.	Provider Agency to submit Standard Detail Sheet.	
	Music, Art, and Dance Lessons FFC only	\$400/year per foster child.	Para. 45, <i>and</i> Ch. 8, Sec. B, Pg 9, Para 3 (iii) and Para. 3 (ix).			
17	Non-Medical Needs of Handicapped Childspecial furniture/ equipment/ clothingnot covered by medical assistance, which arise from child's handicap FFC only	n/a	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 36, Pg. 37, Para. 45, <i>and</i> Ch. 8, Sec. B, Pg 2, pgs. 8-10, Para. 3 (xii), pg. 14, Para 4 (d).	Connections – Provider Agency to update Progress Notes.	Provider Agency to submit Standard Detail Sheet.	
18	Proms Special Attire FFC 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 Page 8, Para (3)(2)(i).	No update required.	Provider Agency to submit Standard Detail Sheet.	

			SECTION 1 - Family	Foster Care - continued		
	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS	PAYMENT REQUIREMENTS	COMMENTS
19	Religious Observance Special Attire FFC 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 Page 8, Para (3)(2)(i).	No update required.	Provider Agency to submit Standard Detail Sheet.	
20	School Expenses (books, activity fees, field trips, club dues, school jewelry, school pictures, art supplies, yearbooks) FFC only	n/a	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 36, pg. 37, Para. 45, <i>and</i> Ch. 8, Sec. B, Pg. 9, Para. 3(2)(ii).	No update required.	Provider Agency to submit Standard Detail Sheet.	
21	Sign Language Services FFC only This expense is outside of the Special Payment Budget Allocation	Rates charged vary depending on use of certified or non-certified interpreters, and on the nature of the assignment. Industry rates vary from \$70-100/hour. See Comments section for guidance on hiring interpreters.		Connections – Provider Agency to update Progress Notes.	Provider Agency to submit Standard Detail Sheet. Provider Agency is to keep Invoices for Sign Language Services in Agency files. Invoices are to be made available to ACS upon request.	The organizations listed below can be resources for information on hiring Sign Language Interpreters – Registry of Interpreters for the Deaf (RID) www.rid.org 703-838-0030 (voice) 703-838-0459 TTY NYC Metro RID www.nycmetrorid.org 212-821-9588 (TTY/Voice)
22	Transportation over 50 miles from foster care placement <u>w/in New York State</u> FFC only	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, <i>and</i> Ch. 8, Sec. B, Pg. 2, Pg. 9, Para. 3(2)(v).	Connections – Provider Agency to update Progress Notes.	Provider Agency to submit Transportation Detail Sheet.	Reimbursement for travel 50 miles or less from foster care placement is included within applicable rate.
23	Transportation Outside of New York State FFC only	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, <i>and</i> Ch. 8, Sec. B, Pg. 2, Pg. 9, Para. 3(2)(v).	Connections – Provider Agency to update Progress Notes with location(s) and dates of travel.	Provider Agency to submit Transportation Detail Sheet.	Reimbursement for travel 50 miles or less from foster care placement is included within applicable rate.

	SECTION 1 — Family Foster Care - continued								
	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS	PAYMENT REQUIREMENTS	COMMENTS			
24	Tutoring FFC only	n/a		Connections – Provider Agency to update Progress Notes.	Provider Agency to submit Standard Detail Sheet.				
25	Uniforms School Attendance Scouting Activities Other Circumstances FFC only	n/a	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg. 36, pg 37, Para. 45 <i>and</i> Ch. 8, Sec. B, Pg 2, and Page 8, Para. 3(2)(i).	No update required.	Provider Agency to submit Standard Detail Sheet.				
26	Window Guards**	**to be supplied by landlo	ord.						

	SECTION 2 – Treatment Family Foster Care and Specialized Family Foster Care						
	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS	PAYMENT REQUIREMENTS	COMMENTS	
1	Child Care for Working Parents Outside New York City TFFC, Specialized FFC Developmentally Disabled, Specialized FFC Special Medical & Specialized FFC Sexually Exploited This expense is outside of the Special Payment Budget Allocation.	Maximum Rate Source NYS Office of Children & Family Services –Local Commissioner's Memorandum (LCM) - Re: Child Care Market Rates (updated annually)	NYS Standards of Payment for Foster Care of Children, Ch. 4, Sec. C, Pg 36, p. 37 <i>and</i> Ch. 8, Sec. B, Pg 2, pg 8-9, Para. 2(vi) <i>and</i> Ch. 8, p. 10-12, Para. 4(a).	Connections - Provider Agency to document use of Child Care in Progress Notes.	Child Care Detail Sheet Invoice on Letterhead from Child Care Service Provider indicating rate, hours of attendance, and dates of service Copy of Current License Signed Attendance Sheet Calendar from Child Care Service Provider.	Outside New York City Child Care services for foster care children placed outside of New York City are reimbursed as a Special Payment. All Child Care Service Providers must be licensed.	
2	Funeral Expenses TFFC, Specialized FFC Developmentally Disabled, Specialized FFC Special Medical & Specialized FFC Sexually Exploited This expense is outside of the Special Payment Budget Allocation	\$1400 Max per foster child	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.	Connections - Provider Agency to update Progress Notes.	Provider Agency to submit Standard Detail Sheet.		
3	Sign Language Services TFFC, Specialized FFC Developmentally Disabled, Specialized FFC Special Medical & Specialized FFC Sexually Exploited This expense is outside of the Special Payment Budget Allocation	Rates charged vary depending on use of certified or non-certified interpreters, and on the nature of the assignment. Industry rates vary from \$70-100/hour. See Comments section for guidance on hiring interpreters.		Connections – Provider Agency to update Progress Notes.	Provider Agency to submit Standard Detail Sheet. Provider Agency is to keep Invoices for Sign Language Services in Agency files. Invoices are to be made available to ACS upon request.	The organizations listed below can be resources for information on hiring Sign Language Interpreters – Registry of Interpreters for the Deaf (RID) www.rid.org 703-838-0030 (voice) 703-838-0459 TTY NYC Metro RID www.nycmetrorid.org 212-821-9588 (TTY/Voice)	
			College Room and	Board – see next page			

	SECTION 2 – Treatment Family Foster Care and Specialized Family Foster Care - continued						
	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS	PAYMENT REQUIREMENTS	COMMENTS	
3	College/University Room & Board TFFC, Specialized FFC Developmentally Disabled, Specialized FFC Special Medical & Specialized FFC Sexually Exploited Children under 21 years old -Residing at college / university away from foster home or group facility. Off-campus or on- campus living This expense is outside of the Special Payment Budget Allocation.	Reimbursement limited to Room & Board Amount of reimbursement may not exceed Provider Agency's actual cost for Room & Board OR current maximum pass-thru rate for children in age 12 & over category — whichever is less. Reimbursement for care of commuting students is made at applicable rate for their foster home or group care facility. SOURCE OF RATE NYS Office of Children & Family Services -Local Commissioner's Memorandum (LCM) -Re: Maximum State Aid Rate (from July to June) (Update annually)	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)	Connections - Provider Agency to update Progress Notes.	 Requests for payment of Room Board must be made on a per semester basis. 1. College Room & Board Detail Sheet. 2. Itemized Invoice showing cost of Room & Board. 3. Proof of Enrollment. 4. Transcript from College or University. 5. College or University academic year calendar. 	Payments for Room & Board will be made by Provider Agency to the College/ University, if not otherwise provided. Provider Agency shall continue to assure appropriate care, plan for the child, arrange for transportation to and from school, and secure placement for the child during school vacation periods. The correct status of the child must be reflected in CCRS at all times. Report as suspended payment the period when child is residing at College/ University. During school vacation periods, when child is in care in Provider Agency's foster home or group care facility, Provider Agency is to report such days of care in CCRS. Payment for College/ University Room & Board terminates 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 (all levels)						
	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS	PAYMENT REQUIREMENTS	COMMENTS	
1	College/University Room & Board Residential Care (all levels) only Children under 21 years old -Residing at college / university away from foster home or group facility. Off-campus or oncampus living This expense is outside of the Special Payment Budget Allocation.	Reimbursement limited to Room & Board Amount of reimbursement may not exceed Provider Agency's actual cost for Room & Board OR current maximum pass-thru rate for children in age 12 & over category — whichever is less. Reimbursement for care of commuting students is made at applicable rate for their foster home or group care facility. SOURCE OF RATE NYS Office of Children & Family Services -Local Commissioner's Memorandum (LCM) -Re: Maximum State Aid Rate (from July to June) (Update annually)	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)	Connections - Provider Agency to update Progress Notes.	 Requests for payment of Room Board must be made on a per semester basis. 1. College Room & Board Detail Sheet. 2. Itemized Invoice showing cost of Room & Board. 3. Proof of Enrollment. 4. Transcript from College/Univ. 5. College/University academic year calendar. 	Payments for Room & Board will be made by Provider Agency to the College/ University, if not otherwise provided. Provider Agency shall continue to assure appropriate care, plan for the child, arrange for transportation to and from school, and secure placement for the child during school vacation periods. The correct status of the child must be reflected in CCRS at all times. Report as suspended payment the period when child is residing at College/ University. During school vacation periods, when child is in care in Provider Agency's foster home or group care facility, Provider Agency is to report such days of care in CCRS. Payment for College/ University Room & Board terminates 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 (all levels) - continued										
	SPECIAL PAYMENT CATEGORY	RATE OF REIMBURSEMENT	PAYMENT AUTHORIZATION	CASE MANAGEMENT REQUIREMENTS	PAYMENT REQUIREMENTS	COMMENTS					
2	Funeral Expenses Residential Care (all levels) only This expense is outside of the Special Payment Budget Allocation	\$1400 Max per foster child	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.	Connections - Provider Agency to update Progress Notes.	Provider Agency to submit Standard Detail Sheet.						



SSPS PAYROLL SCHEDULES

February 2010 – March 2012



Michael R. Bloomberg, Mayor John B. Mattingly, Commissioner

RECURRING PAYROLL SCHEDULE

Recurring Payments: Contract Agency Payroll Schedule Fiscal Yrs 10\11\12.

<u>Critical Due Dates – Foster Care and Maintenance</u>

Be advised of the following critical due dates for your agency to keep the SSPS payment and reconciliation schedules on track.

Service Period	Care Day Submission Date ¹	System Cut Off Date ²	Expected FMS Recurring Payment Date
February 2010	03/05/10	03/23/10	04/07/10
March 2010	04/07/10	04/22/10	05/06/10
April 2010	05/07/10	05/20/10	06/08/10
May 2010	06/07/10	06/22/10	07/08/10
June 2010	07/08/10	07/22/10	08/06/10
July 2010	08/06/10	08/23/10	09/08/10
August 2010	09/08/10	09/22/10	10/07/10
September 2010	10/07/10	10/21/10	11/05/10
October 2010	11/08/10	11/17/10	12/07/10
November 2010	12/07/10	12/20/10	01/07/11
December 2010	01/07/11	01/21/11	02/07/11
January 2011	02/07/11	02/18/11	03/07/11
February 2011	03/07/11	03/23/11	04/07/11
March 2011	04/07/11	04/21/11	05/06/11
April 2011	05/06/11	05/20/11	06/07/11
May 2011	06/07/11	06/22/11	07/08/11
June 2011	07/08/11	07/21/11	08/05/11
July 2011	08/05/11	08/23/11	09/08/11
August 2011	09/08/11	09/22/11	10/07/11
September 2011	10/07/11	10/21/11	11/08/11
October 2011	11/08/11	11/17/11	12/7/11
November 2011	12/07/11	12/20/11	01/09/12
December 2011	01/09/12	01/23/12	02/07/12
January 2012	02/07/12	02/21/12	03/07/12
February 2012	03/07/12	03/22/12	04/06/12
March 2012	04/06/12	04/20/12	05/07/12

Note: 1. Care Day Submission Date is designated as the 5th business day of the month

2. **System Cut Off Date** is designated as the 7th business day prior to the end of the month.

SINGLE ISSUE PAYROLL SCHEDULE

<u>Single Issue Payments: Contract Agency Single Issue Payroll Schedule Fiscal Yrs 10\11\12.</u>
<u>Critical Due Dates – Foster Care and Maintenance</u>

Be advised of the following critical due dates for the SSPS payment and reconciliation schedules.

Service Period	Single Issue POS Lines Start Date ¹	Single Issue Cut Off Date ²	Expected FMS Single Issue Payment Date
February 2010	03/24/10	04/09/10	04/23/10
March 2010	04/23/10	05/10/10	05/24/10
April 2010	05/21/10	06/10/10	06/25/10
May 2010	06/23/10	07/09/10	07/23/10
June 2010	07/23/10	08/10/10	08/25/10
July 2010	08/24/10	09/10/10	09/24/10
August 2010	09/23/10	10/08/10	10/22/10
September 2010	10/22/10	11/10/10	11/24/10
October 2010	11/18/10	12/10/10	12/23/10
November 2010	12/21/10	01/10/11	01/25/11
December 2010	01/22/11	02/10/11	02/24/11
January 2011	02/19/11	03/10/11	03/24/11
February 2011	03/24/11	04/08/11	04/22/11
March 2011	04/22/11	05/10/11	05/24/11
April 2011	05/21/11	06/10/11	06/24/11
May 2011	06/23/11	07/8/11	07/22/11
June 2011	07/22/11	08/10/11	08/24/11
July 2011	08/24/11	09/09/11	09/23/11
August 2011	09/23/11	10/07/11	10/21/11
September 2011	10/22/11	11/10/11	11/23/11
October 2011	11/18/11	12/9/11	12/23/11
November 2011	12/21/11	01/10/12	01/24/12
December 2011	01/24/12	02/10/12	02/24/12
January 20121	02/22/12	03/10/12	03/24/12
February 2012	03/23/12	04/08/12	04/22/12
March 2012	04/21/12	05/10/12	05/24/12

Note: 1. **Single Issue Start Date** indicates that a single issue can be written for a current service month. Ex: Single Issue POS lines for June 2008 service period can be written on July 24 2008 or any day after.

2. **Single Issue Cut Off Date** is designated as the last day a single issue POS line should be written for the prior service periods if payment is to be made on the current single issue payroll.



Guide to FOSTER CARE AUDIT

Effective July 1, 2011



Michael R. Bloomberg, Mayor John B. Mattingly, Commissioner

Guide to FOSTER CARE AUDIT

Child Welfare Contract Audit Unit July 1, 2011

Sections:

- 1. Financial Statement Requirement
- 2. Foster Care CPA Audit
- 3. Foster Care Desk Audit
- 4. Administrative Items

Contractors are responsible for adhering to the rules and regulations in:

NYS Standard of Payment Manual Federal OMB Circular A-122

Contractors are required to maintain a Fiscal Manual that includes all aspects of financial management, including internal controls as it relates to ACS contracts, including, but not limited to:

Employee compensation, salary, and bonuses Vacation/Sick leave policy Foster Parent payroll Petty Cash disbursement Conflict of interest statement

Loans to employees
Employee Payroll
Maintenance of financial books and records
Bank reconciliations

Contractors are responsible for filing the State Standard of Payments, Report of Expenses and Care Days on a yearly basis, 180 days after the close of the fiscal year to the State and ACS.

Section 1: Financial Statements

An Annual Financial Statement must be filed with ACS. It must include an independent Certified Public Accountant's review in accordance with the "statement on standards for accounting and review services" issued by the American Institute of Certified Public Accountants.

The CPA selected is the contractor's own selection. Reports are due no later than 12 months after the close of the fiscal year.

Section 2: Foster Care CPA Audits

An annual audit must be done of the foster care program. The audit is the final reconciliation for the foster care program.

Auditor Selection:

Selection should comply with your agency's procurement rules.

The auditor must be selected from the Office of the Comptroller Pregualified CPA list.

ACS Fiscal Manual - Guide to Foster Care Audit 7-01-2011 p. 1 of 4

The following information must be sent to CWCA:

Name of the firm selected Cost proposal broken down by audit year

CWCA will review the proposal to ensure that costs are in line with revenue being audited. CWCA will communicate to the contractor its decision in a timely fashion. Payment confirmations will be sent to the contractor selected CPA upon request.

All CPA reports and financial statements must be sent to CWCA in PDF/scanned format.

Section 3: Desk Audits

CWCA will determine through the use of a risk assessment tool, whether or not a contractor can undergo a desk audit of its foster care revenue and expenses in place of a CPA audit. CWCA will assess outcomes of CPA audits, financial statements and/or A133 audits to make a determination.

Desk audits are conducted by CWCA staff. Contractors are required to submit the following items for the selected year/period:

Trial Balance
General Ledger
Supporting documents for selected sample transactions

Section 4: Administrative Items

The following provides guidance on allowable and unallowable costs.

ADMINISTRATIVE EXPENSES

Stipends

Refer to: NYS SOP, Chapter 4, Section C-23, #10

Religious stipends are not allowable. Provider Agencies are strongly encouraged to have internal controls to monitor the use of stipends.

Fund Raising Expenses

Refer to: Federal A-122, Interest, fund raising, and investment and management costs

NYS SOP, Chapter 4, Section C-19

Fund raising expenses are not allowable.

Gratuities to Non-employees

Refer to: NYS SOP, Chapter 4, Section C-27 #30

Provider Agencies are strongly encouraged to have internal controls to monitor gratuities to non-employees.

Request for Proposals (RFP) Preparation Fees

Refer to: NYS SOP, Chapter 4, Section C-19,

RFP preparation fees are not allowable.

Gifts to Staff

Refer to: NYS SOP, Chapter 4, Section C-27, #30

Provider Agencies are strongly encouraged to have internal controls to monitor gratuities to employees

Capital Expenditures

Refer to: Federal A-122, Equipment and other capital expenditures

NYS SOP, Chapter 4, Section C-29, #38

Agency fiscal manual must cover use charges.

Check Signatures

Provider Agencies must have written internal controls for paper checks and electronic transfers in their Fiscal Manual.

Interest Expenses

Refer to: Federal A-122, Interest, fund raising and investment management costs

NYS SOP, Chapter 4, Section C-28, #36

Fiscal Manual must cover accounting and provider agency policies on this item.

Organizational Membership

Refer to: Federal A-122, Organization costs

NYS SOP, Chapter 4, Section C-27, #26

Provider agency organizational membership dues are allowable.

Rental of Facilities

Refer to: Federal A-122, Rental costs

NYS SOP, Chapter 4, Section C-29, #38

Provider Agencies are strongly encouraged to develop policies and procedures that will ensure that leases are reviewed by legal. Provider Agencies must ensure that leases are within budgetary parameters. Provider agencies are required to fulfill ACS program requirements.

Legal Fees

Refer to: Federal A-122, Defense and prosecution of criminal and civil proceedings,

claims, appeals, and patent infringement

NYS SOP, Chapter 4, Section 34

Only program related costs are allowable.

Training

Refer to: Federal A-122, Training and education costs

NYS SOP, Chapter 4, Section C-28, #31

This is an allowable cost.



Appendix A – Foster Care

SSPS Demographic / Movement Template [DEMOC + MOVEC]



Michael R. Bloomberg, Mayor John B. Mattingly, Commissioner

nyc ACS

NYC Administration for Children's Services

Reports Distribution Site DEMOC / MOVEC Macro Template

SSPS DEMOGRAPHIC / MOVEMENT TEMPLATE MACRO

Product: Reports Distribution Site (SSPS Reconciliation Tool) Release: 1.0

Platform: Unix / Oracle 9i Application Server

Prepared By: David K. Chan
Approved by:
Date: 04/30/2004
Version: 1.0
Status:

Browser Type and Version: Adobe Acrobat Version:

DESIGN SPECIFICATIONS:

The SSPS Demographic / Movement Template Macro was created for the use of agencies that are unable to create the Democ and Movec text files to upload the files to the SSPS Reconciliation Tool.

Through the use of the Macro Spreadsheet, the user can format the data they have received into two separate files; a demographic and movement file. Both files created will be located in the C: drive with the names **DEMOC-Formatted.txt** and **MOVEC-Formatted.txt**, respectively.

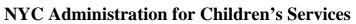
After both files are created, the user can log into the Reports Distribution Site to upload the files to the server where it will be processed for loading.

The EXCEL Macro Spreadsheet contains four worksheets:

- **DEMOC** The actual working area for demographic information for the user to add data for the macro to format.
- > MOVEC The actual working area for movement information for the user to add data for the macro to format.
- **DEMOC Reference** This worksheet is used for reference purposes only. It shows the following:
 - o The heading layout that will be used for the demographic information
 - o The maximum length the value of the column can be
 - The format of the data
 - o **NOTE:** This worksheet CANNOT be modified. It has been locked for viewing purposes only.
- ➤ MOVEC Reference This worksheet is used for reference purposes only. It shows the following:
 - o The heading layout that will be used for the movement information
 - o The maximum length the value of the column can be
 - The format of the data
 - o **NOTE:** This worksheet CANNOT be modified. It has been locked for viewing purposes only.

There are two sections in this document.

- > Section 1 describes the process of creating a Child Demographic File through using the Macro. It also provides a description of the DEMOC Reference Worksheet and descriptions of the type of data the column expects.
- > Section 2 describes the process of creating a Child Movement File through using the Macro. It also provides a description of the MOVEC Reference Worksheet and descriptions of the type of data the column expects.





Reports Distribution Site DEMOC / MOVEC Macro Template

Data Format

DEMOGRAPHIC FILE

COL.	DATA ELEMENT	EXAMPLE	FIELD SIZE	
1	CREATION DATE	CCYYMMDD	DATE	8
9	CWA CASE NUMBER	(S1234567)	CHARACTER	10
19	CWA CASE NAME	(Last First Mi)	CHARACTER	28
47	CWA LOCAL OFFICE	(OCM)	CHARACTER	3
50	CWA LOCAL UNIT	(A5A)	CHARACTER	5
55	CWA LOCAL WORKER	(001)	CHARACTER	5
60	CHILD LAST NAME	(MULLIGAN)	CHARACTER	17
77	CHILD FIRST NAME	(STEVE)	CHARACTER	10
87	CHILD MIDDLE INITIAL	(L)	CHARACTER	1
88	CHILD DATE OF BIRTH	CCYYMMDD	DATE	8
96	CIN	(DF12345A)	CHARACTER	8
104	GENDER	(M, F)	CHARACTER	1
105	CCRS CONTRACT AGENCY CODE	(B02)	CHARACTER	3
108	AGENCY PLACEMENT DATE	CCYYMMDD	DATE	8
116	INTERNAL AGENCY CHILD ID	(1234567890)	CHARACTER	10
126	DISTRICT	(66)	CHARACTER	2
128	MINOR CHILD INDICATOR	Y/N	CHARACTER	1
129	UNIT (AGENCY)	ALPHA OR NUMERIC	CHARACTER	3
132	WORKER (AGENCY)	ALPHA OR NUMERIC	CHARACTER	3
135	CASE INITIATION DATE	CCYYMMDD	DATE	8
	PLACEMENT (MOVEMENT FILE)			
COL.	DATA ELEMENT	EXAMPLE	FIELD SIZE	
1	CCRS CONTRACT AGENCY CODE	(B08)	CHARACTER	3
4	CREATION DATE	CCYYMMDD	DATE	8
12	ROSTER TYPE	(C, R, A, D, H, W, T, V, S, O)	CHARACTER	1
13	INTERNAL AGENCY CHILD ID	(1234567890)	CHARACTER	10
23	CCRS FACILITY ID	(OA345678)	CHARACTER	8
31	LEVEL OF DIFFICULTY	(1-, 2-, 3-)	CHARACTER	2
33	BILLABLE PERIOD OF SERVICE FROM	CCYYMMDD	DATE	8
41	BILLABLE PERIOD OF SERVICE TO	CCYYMMDD	DATE	8
49	FACILITY PLACEMENT DATE	(YYYYMMDD)	DATE	8
57	AGENCY PLACEMENT STATUS	(SP/TD/ACT/FD/RPL)	CHARACTER	3
60	EFBH PLACEMENT	(Y/N)	CHARACTER	1
61	DRC / GE PLACEMENT	(Y/N)	CHARACTER	1
62	DISTRICT	(66)	CHARACTER	2
64	OCFS JD/PINS	J, P OR BLANK	CHARACTER	1
65	PROGRAM TYPE	SEE TABLE	CHARACTER	30
95	ADMINISTRATIVE RATE	999.99	CHARACTER	6
101	PASS THROUGH RATE	999.99	CHARACTER	6
107	CLOTHING RATE	999.99	CHARACTER	6
113	Care Days	999	CHARACTER	3
116	Amount	99999.99	CHARACTER	8
124	Foster parent name	Last name, first name	CHARACTER	28
		ACS FISCAL MANUAL – CHILD WE	Page 2 of 9 LFARE – July 1, 2011	



Reports Distribution Site DEMOC / MOVEC Macro Template

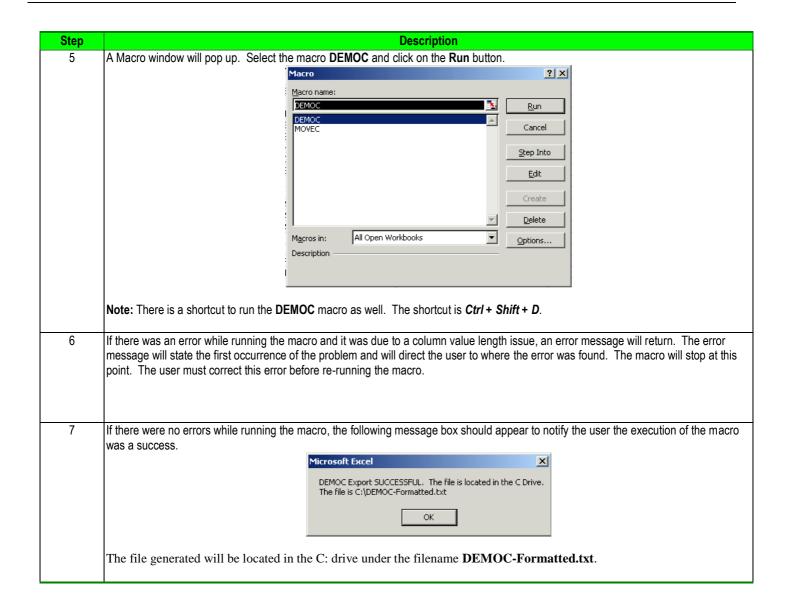
SECTION 1: CHILD DEMOGRAPHIC FILE (DEMOC)

In order to process the child demographic information, the file must be formatted in a specific way. Below are the steps the user must take in order to create a formatted demographic file that the server will be able to understand.

Step	Description
1	Select the DEMOC Worksheet be selecting the DEMOC tab on the bottom of the spreadsheet
	50 20040122 S536950 FENELUS MARGALI
	51 20040122 S4957093 ALLEN INONE OC
	52 20040122 S4855955 HAMPTON VANDERHORST LAURA 0:
	53 20040122 S4789855 HINES SARA
	DEMOC MOVEC / DEMOC Reference / MOVEC Reference /
	13 hard and a side of the control of the
2	Delete any previous data that is currently within the DEMOC worksheet. However, leave the heading at the top of the worksheet.
3	Begin to copy the children demographic information into the worksheet. Please make sure that the specific data corresponds to the correct column heading, or an error may occur when the server attempts to load the data. The data the user enters MUST follow the format (accepted values) described in the DEMOC Reference Worksheet. Note: If the user wants to know the maximum length a data value can be, they can check it through the DEMOC Reference worksheet (Description shown below). Within the DEMOC Reference worksheet, the user can check which columns are used in the demographic file and the maximum length the data value can be, the type of data and the format (accepted values) the data must be in.
4	After you have copied over all the data, you are ready to run the macro. To run the macro, go to the menu Tools and select Macro → Macros Tools Data Window Help Protection Protection



Reports Distribution Site DEMOC / MOVEC Macro Template



DEMOC Reference Worksheet:

Name	Max Length	Туре	Format	Example	Description
RUN DATE	8	Date	YYYYMMDD	20040325	Date rosters created
CASE NO	10	Char	S + Numbers	S1234567	Case number including the leading 'S', left justified.
CASE NAME	28	Char	Last First Mi	Doe John K	Case Name as stored on the contract agency database. Note: The WMS field typically uses last name, space. First
					name, space. Middle Initial
CASE RESP LOCAL OFFICE	3	Char	Alpha or Numeric	OCM	CWA office having case management responsibilities.
CASE RESP UNIT	3	Char	Alpha or Numeric	90B	The CWA unit having case management responsibilities.



Reports Distribution Site DEMOC / MOVEC Macro Template

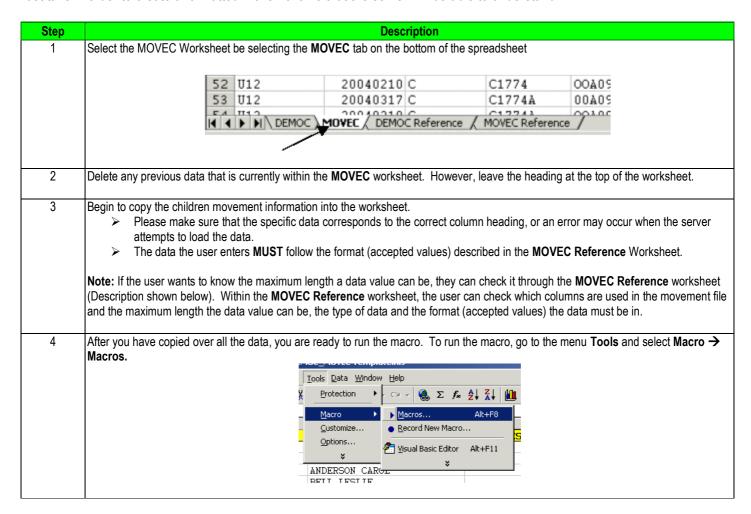
Name	Max	Туре	Format	Example	Description
	Length				
CASE RESP	3	Char	Alpha or	005	CWA worker having case management responsibilities.
WORKER			Numeric		
CHILD LAST NAME	17	Char	Last Name	MULLIGAN	Child's last name.
CHILD FIRST NAME	10	Char	First Name	STACY	Child's first name.
CHILD MIDINIT	1	Char	Middle Initial	K	Child's Middle Initial
CHILD DOB	8	Date	YYYYMMDD	20040325	Child's date of birth.
CHILD CIN	8	Char	Alpha or	CX12345W	Child's CIN (assigned on WMS Services currently). If unknown
			Numeric		this field should be left blank.
CHILD SEX	1	Char	M/F	F	Child's sex. Values are M (male) and F (female).
AUTH AGCY	3	Char	Alpha or	U12	3-digit CCRS agency code.
			Numeric		
AGCY PLACEMNT	8	Date	YYYYMMDD	20040325	Most recent child was placed at the agency.
DATE					
CHILD ID	10	Char	Alpha or	C1765A	An internal child ID used by agency. If such an ID is not used,
			Numeric		leave blank. This field will simplify the feedback of information
					when a CIN is missing or incorrect.
DISTRICT	2	Char	Two-digit	66	Two-digit code for the district the child who is in care is from. (66
			Code		for NYC)
MINOR CHILD IND	1	Char	Y / N	Y	Indicates that the child is a child of a foster child. These
					children are coded differently in WMS as service type 8D and
					have fewer requirements. Values allowable Y (yes) , N (no) or
					blank (no).
AGCY UNIT	3	Char	Alpha or	39F	The unit of the contract agency caseworker assigned to the
			Numeric		foster child.
AGCY WORKER	3	Char	Alpha or	006	The number or code of the contract agency caseworker
			Numeric		assigned to the foster child.
CID	8	Date	YYYYMMDD	20040325	The case initiation date according to the contract agency record.
					This field was requested by agencies to help identify
					mismatches to CCRS.



Reports Distribution Site DEMOC / MOVEC Macro Template

SECTION 2: CHILD MOVEMENT FILE (MOVEC)

In order to process the child movement information, the file must be formatted in a specific way. Below are the steps the user must take in order to create a formatted movement file that the server will be able to understand.





Reports Distribution Site DEMOC / MOVEC Macro Template

Name	Max Length	Type	Format	Example	Description
REC TYPE	1	Char	C/R/A/D/ W/H/V/S/ O	D	Specifies whether the roster line is the current period, a retroactive period, and an adjustment to a roster previously submitted or a suspended period. Current periods provided during the previous month. For example, a bill generated on July 5th would, should service periods during June 1995 as C current, R for Retro, A for adjustment, D to delete a previously submitted period, and H, W, V, S or O for June (current month) suspended payment periods. Values: C Current period R Retro period A Adjustment D Deletion W AWOL H Non-payable hospital days V Non-allowable vacation days S School, usually college O Other suspension reasons
CHILD ID	10	Char	Alpha or Numeric	C1765A	An internal child ID used by agency. If such an ID is not used, leave Field blank. This field will simplify the feedback of information when a CIN is missing or incorrect.
FACILITY ID	8	Char	Alpha or Numeric	OA345678	Specific CCRS Facility ID
LOD	2	Char	1/2/3	2	Child's level of difficulty (AKA. Rate) Values include: > 1 (normal or basic) > 2 (special) > 3 (exceptional) This field applies only to foster boarding homes.
FROM DT	8	Date	YYYYMMDD	20040325	The date the specific billable service period began.
TO DT	8	Date	YYYYMMDD	20040325	The date the specific billable service period ended.
PLACEMNT DATE	8	Date	YYYYMMDD	20040325	The date the child was last placed in the specific facility.
AGCY STATUS	3	Char	SP/TD/ACT /FD/RPL	ACT	The status of the child as of the completion of the Billable Period of service to date, For example, if a child was active (in care) from June 1st to June 17th and was final discharged on June 18th, the billable from and to dates would be 6/1/95 and 6/17/95 respectively and the status would be final discharged. Values are: FD (final discharge) RPL (replacement.
EFBH	1	Char	Y/N	N	Emergency Foster Boarding Home Placement. Allowable values: Y (yes) N (no). Maximum duration child can be placed in an EFBH is 90 days. This code will be matched to the WMS POS service type. POS type 62 should correspond to Y.
DRC GE	1	Char	Y/N	Y	Diagnostic Rehabilitation Center/Group Emergency. Allowable values: ➤ Y (yes) ➤ N (no).
DISTRICT	2	Char	Two-Digit Code	66	Two-digit code for the district the child who is in care is from. (66 for NYC)
OCFS JDPINS	1	Char	J / D or Blank	D	JD or PINS child placed in the care and custody of the NYS OCFS Commissioner. Values J, D or blank.

Page 8 of 9 ACS FISCAL MANUAL – CHILD WELFARE – July 1, 2011



Reports Distribution Site DEMOC / MOVEC Macro Template

Name	Max Length	Type	Format	Example	Description
PROGRAM TYPE	30	Char	Two-digit Code	R, S, T, or E	Specific program of the movement record.
ADMIN RATE	6	Char	Value between 0.00 and 999.99	999.99	The daily administrative rate at which the agency is requesting payment for the specific movement record. The rate should be left blank or contain zeros when a payment is not being requested (see care day definition below).
PASSTHRU	6	Char	Value between 0.00 and 999.99	999.99	The daily pass through rate at which the agency is requesting payment for the specific movement record. The rate should be left blank or contain zeros when a payment is not being requested (see care day definition below).
CLOTHING	6	Char	Value between 0.00 and 999.99	999.99	The daily clothing rate at which the agency is requesting payment for the specific movement record. The rate should be left blank or contain zeros when a payment is not being requested (see care day definition below).
CAREDAYS	3	Char	Integer Value between 0 and 999	999	The number of days for which the agency is requesting payment for the specific movement record. The care day count should be equal to the to the (to date – from date)+1, but should only be calculated for roster types affecting payments (C, R, D and sometimes A). A (adjustments) would only have a care day value in cases where the adjustment affected payment, such as a change in level of difficulty or a change in the facility id affecting the rate (i.e. foster boarding home to group home). The agency may choose to treat these as a deletion of the original prior period submittal and add a record coded as a retro if this is simpler.
AMOUNT	8	Char	Value between 0.00 and 99999.99	99999.99	The amount of payment the agency is requesting for the specific movement record. This should be equal to the rate times the care days. Please note that although both the care days and the amount can be calculated from other data elements provided, these values will be used to confirm the agency total care days and in some cases may isolate errors.
FOSTER PARENT NAME	28	Char	Last Name, First Name	Doe, Jane	Child's foster parent's name



FOSTER CARE - APPENDIX B

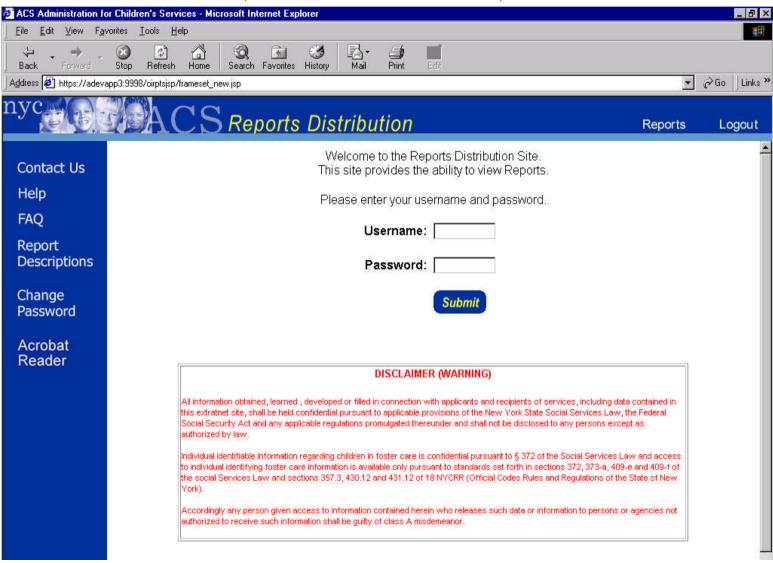
Reports Distribution Agency File Upload Job Aid



Michael R. Bloomberg, Mayor John B. Mattingly, Commissioner

Reports Distribution Agency File Upload Job Aid

(Version 1.2 05/24/2005)



Design Specifications

The SSPS Load Process is a complex system that consists of seven parts. Each part is essential to creating the correct Agency results. Please note that Step 2 is optional and should only be used for agencies that are unable to create the Demographic and Movement files to upload to the SSPS Reconciliation Tool.

The SSPS Load Process consists of 7 parts.

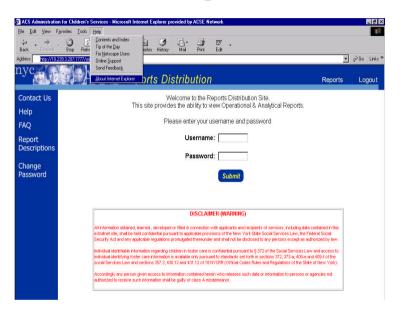
- 1. Agency File Preparation for Uploading
- 2. (Optional) Format Agency Data using the Excel Spreadsheet Macro
- 3. Agency Demographic and Movement File Submissions through Reports Distribution Site
- 4. Transfer of all Agency Files into Landing Pad
- 5. Retrieval of files from Landing Pad into Production Server
- 6. Loading Agency Files
- 7. Troubleshooting

System Requirements



- In order to upload the Agency Files on the Reports Distribution site, Internet Explorer must be installed on your computer.
- If Internet Explorer is installed, you must note which version you have, and follow the additional steps detailed later in this document.

Checking Internet Explorer Version

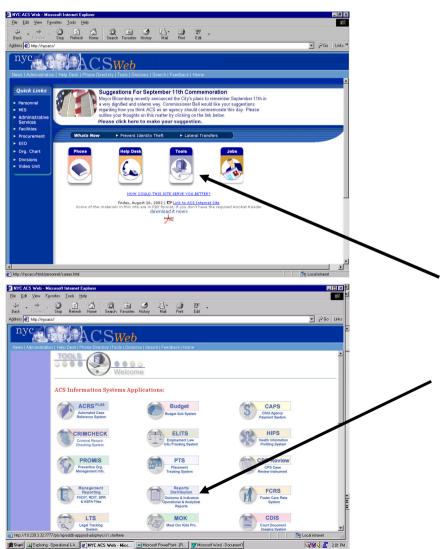


- To check which version of Internet Explorer you have, open Internet Explorer and click "Help >About Internet Explorer" from the top Menu bar.
- A pop up window should appear, showing the version of Internet Explorer.



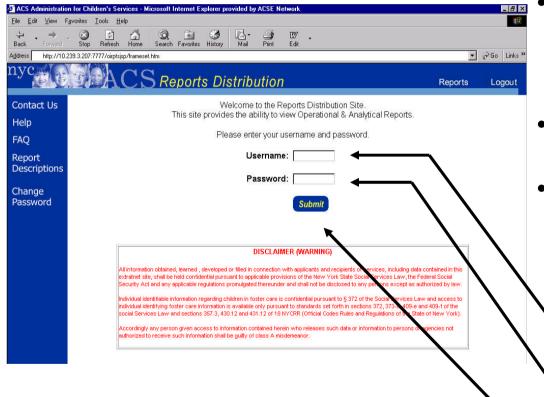
The version is shown here

Accessing Reports Distribution Site



- Please follow these steps to access the Reports Distribution site.
- 1) Open Internet Explorer from the Start Menu.
- 2) Enter the following internet address in the Address bar and click enter: http://nycacs
 - Once your browser's location has changed to NYC ACS Web, click the **Tools** link in the header at the top of the page
- 4) Once the Tools page is displayed, click the **Reports Distribution**. The Reports Distribution site will open in a new web browser window.

Logging In



- To begin using the SSPS Report site please enter your username, enter your password, and click the Submit button.
- Please be aware that your username and password are both case sensitive.
- Once you have submitted a valid username and password, you will be redirected to a page where you can select which site to enter.

Enter Your Username here

Enter Your Password here

Click this Submit button

Site Selection Page



 Based on the user security attributes, user will see options to view
 Analytical Reports, Operational Reports, Compliance Reports, SSPS Reports in the Site Selection Page.

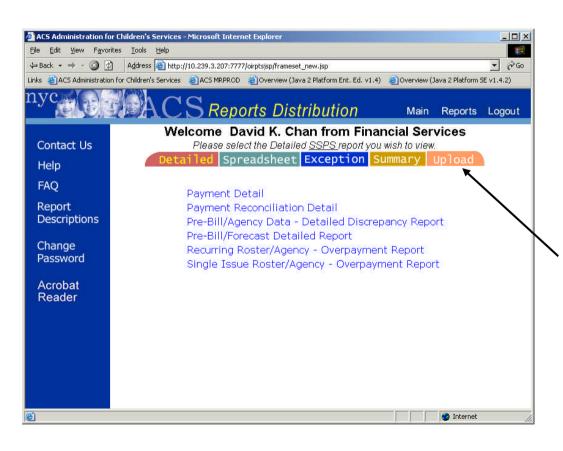
User is not an Administrator and can view all the reports.

User is not an Administrator and can view Compliance Reports and SSPS Reports.

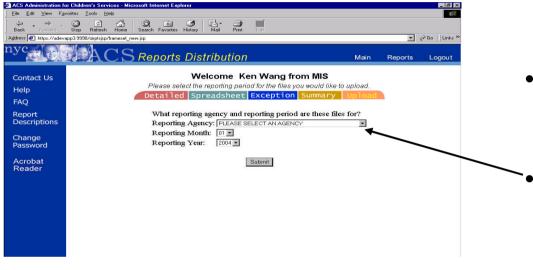
User is an Administrator and can view all Reports

Uploading Agency Demographic and Movement Files

Selecting to Upload Files

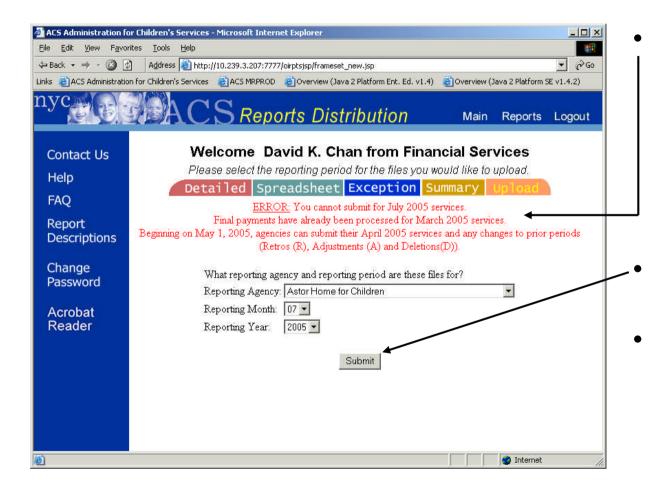


- After selecting to enter the SSPS
 Reports site, the Report List page is displayed with your User Groups and Reports.
- To upload the demographic and movement files, click the Upload tab.

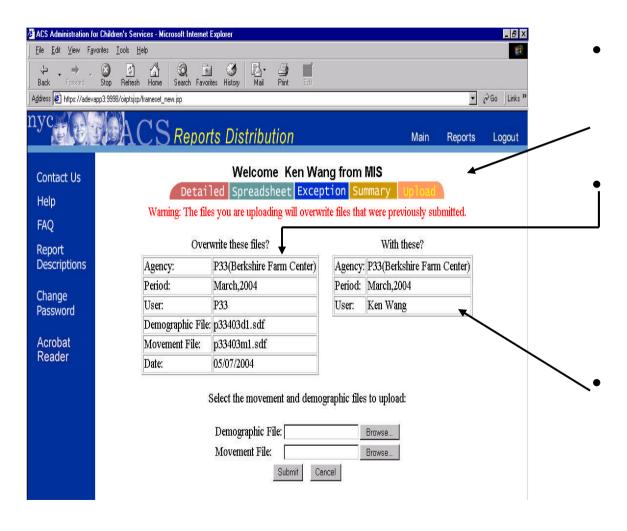


▼ ⊘Go Links Reports Logout Welcome test1 from Test Contact Us Please select the reporting period for the files you would like to upload. Help Below is the information of your last uploaded files FAO Detailed Spreadsheet Exception Summary Report These are the last uploaded files for N23 Descriptions Date: 2004-05-06 Agency: N23(Rosalie Hall) Change Period: February, 2004 Password David K. Chan(ACS) Acrobat Demographic File: n23402d1.sdf Reader Movement File: n23402m1.sdf Files were loaded successfuly. What reporting period are these files for? Reporting Month: Reporting Year: 2004 🕶 Submit

- After clicking on the Upload tab, the page displays the user's name and user group.
 - To upload files for a specific agency, internal users (ACS) would need to select an agency.
- Contract Agencies are only allowed to upload files for their own agency. Contract Agencies do not have a Reporting Agency drop down menu.
 - Contract Agencies also have information for the most recent period that they uploaded files.



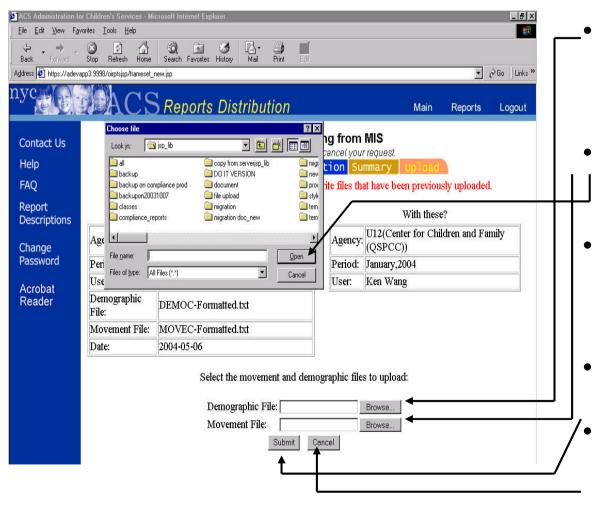
- If the user tries to submit files for a future or previously paid period, the user will not be able to proceed to next page. An error message will display telling the user what period is allowed for uploading.
- Click submit after all selections were made.
- For internal users, an error message would appear to ask user to select an agency from the Reporting Agency drop down menu if no agency was selected.



After making the correct selections in the Upload page, the Confirmation page is displayed with the user name and user group.

A warning message would appear if files were uploaded already for the agency and the period that the user selected. Information about the uploaded files would also be displayed.

Information about the agency and the period that the user intends to upload is also displayed.



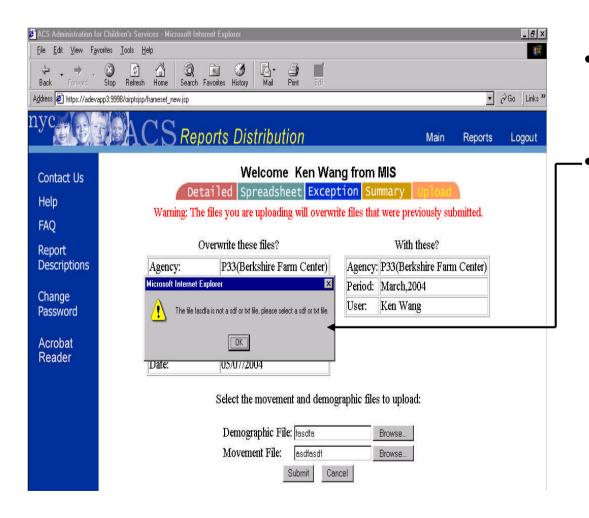
To overwrite or upload files click the first browse button to select a Demographic file (must be .txt or .sdf file).

Click the second browse button to select a Movement file (must be .txt or .sdf file).

After clicking the browse button, a file selection popup menu is displayed. Select the file from your local machine and click open.

Click Submit after selecting the files.

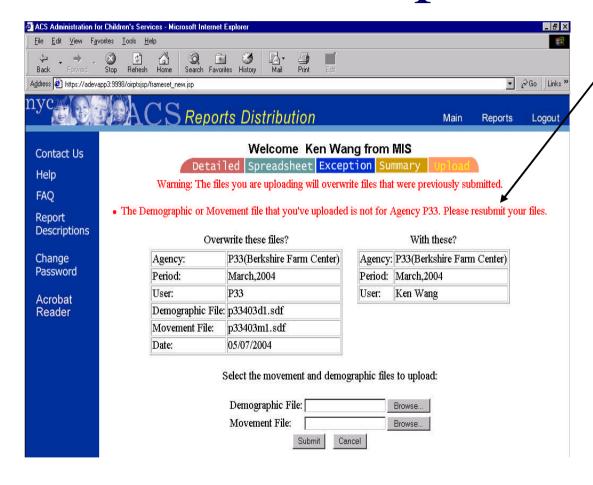
Click Cancel if user wants to select a different agency or period.



- After clicking the submit, the popup error message box would display if files are not .txt or .sdf.
- The popup error message box would also appear if one of the following error occurs.
 - -Demographic file is not selected.
 - -Movement file is not selected.
 - -Both Movement and

Demographic files point to the same file on the user's local machine. -Either

Demographic file or Movement file contains bad file name.



After entering the correct file names and clicking the Submit. An error message will appear in red if the file's content is not correct.

Here's a list of the errors users might encounter during the uploading process.

The format of Demographic or Movement file is incorrect.

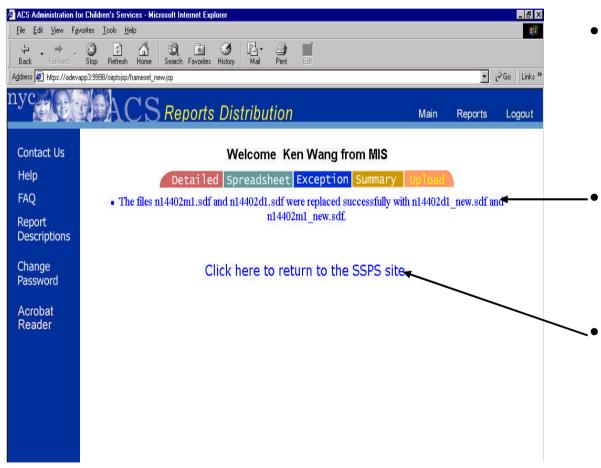
Either your Demographic or Movement file contains incorrect data format. Please make sure you select the correct file for the demographic and the correct file for the movement.

The Demographic or Movement file that you've uploaded is not for Agency XXX.

Either your demographic or movement file is not for the agency that you have selected to upload.

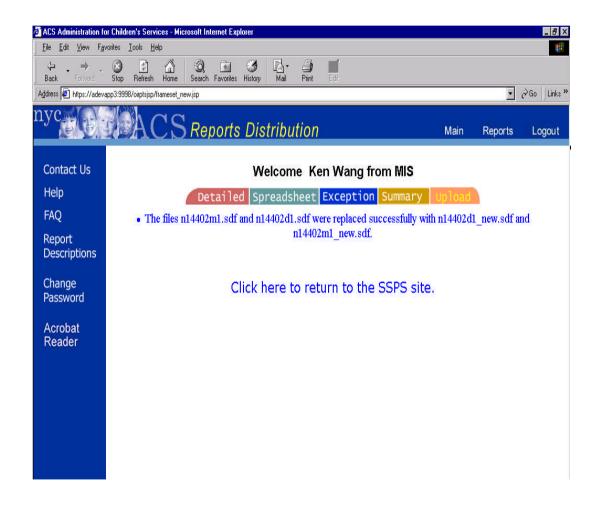
The Movement file has no record for the March, 2004 period.

The movement file that you have selected for the agency does not contain any records for period 03/2004. The movement file has to contain at least one record for the period that you have specified to upload.



- After selecting a correct demographic and movement files and clicking the submit. The Upload Confirmation Page is displayed.
 - A message informing the user the files were replaced successfully or files were uploaded successfully is displayed.
 - Click on the link to return to the SSPS site.

Logging Out



When you finish viewing all your reports, click the "Logout" button in the header.



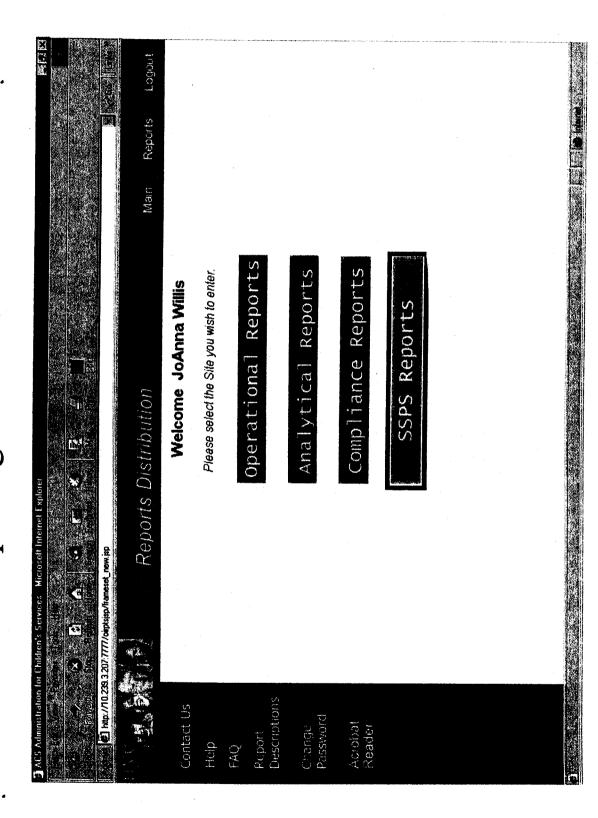
FOSTER CARE - APPENDIX C

SSPS Reconciliation and Post Payment Reporting Tool Overview



Michael R. Bloomberg, Mayor John B. Mattingly, Commissioner

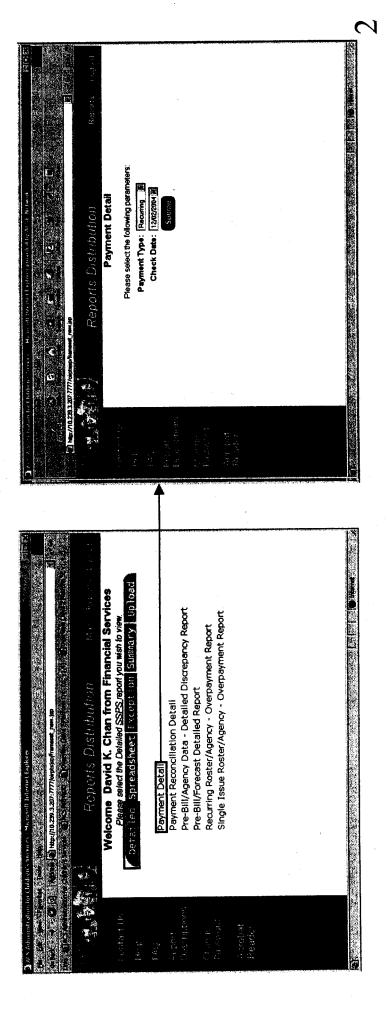
SSPS Reconciliation & Post Payment Reporting Tool Overview



Payment Detail

Report includes detailed BICS payment data for each check received by an Agency. Recurring and Single detailed demographic information, agency placement information, and payment information is displayed. grouped together at the end of the report. For the Recurring, Single Issue and Manual payment lines, Within the Retro Payment group, payment lines display detailed demographic information, previous Issue Payment lines are grouped by Program Type and Voucher Number. The Retro Payments are payment information, and the new payment information.

Users have the option to filter the report based on Payment Type (Recurring or Single Issue), and Check



Payment Reconciliation Detail

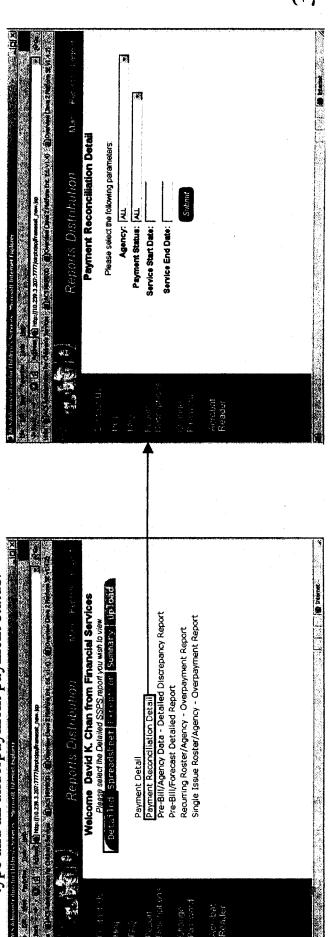
associated with the original agency submission. The report also includes payments that do not have an original displayed for the payment lines. Users have the option to filter the report based on Agency, Payment Status, Report includes detailed BICS payment data compared to original agency submissions for a service period. agency submission. Detailed demographic information, agency information, and payment information are The report tracks the payment status of each agency submission by displaying the individual payments Service Start Date, and Service End Date.

Users have the option to filter the report based on Agency, Payment Status, Service Start Date, and Service End Date.

- Match Returns all records that have an overall payment status of match for an agency
- Overpayment Returns all records that have an overall payment status of overpayment for an agency.
- Underpayment Returns all records that have an overall payment status of underpayment for an agency.
- Overpayment/Underpayment Returns all records that have an overall payment status of either overpayment or
- 8D Service Types with Underpayments Returns all record for an agency where the children have an 8D service underpayment for an agency.

 Defaulted Agency Rates — Returns all records for an agency where the rates have been defaulted to BICS rates.

 Defaulted Agency Rates — Returns all records for an agency where the children have an 8D servent for an agency where the children have an 8D servent for an agency where the children have an 8D servent for an agency where the children have an 8D servent for an agency where the children have an 8D servent for an agency where the children have an 8D servent for an agency where the children have an 8D servent for an agency where the children have an 8D servent for an agency where the children have an 8D servent for an agency where the children have an 8D servent for an agency where the children have an 8D servent for an agency where the children have an 8D servent for an agency where the children for a formal for a formal for a formal for a formal formal for a formal formal formal for a formal formal formal for a formal type and an underpayment payment status.

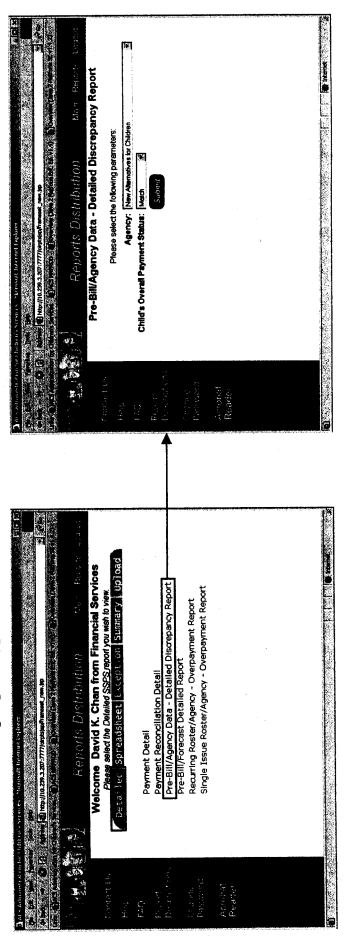


Pre-Bill/Agency Data - Detailed Discrepancy Report

Bill and Agency data. Discrepancy indicators are set to show when the two sources have different information service period. Detailed demographic information and payment components are displayed for the BICS Prefor a field. The report is ordered by the case number, child's CIN and service dates. Users have the option to Report includes detailed BICS Pre-Bill and Agency data for children associated with the Agency during the filter the report based on the Child's Overall Payment Status for their records during the month.

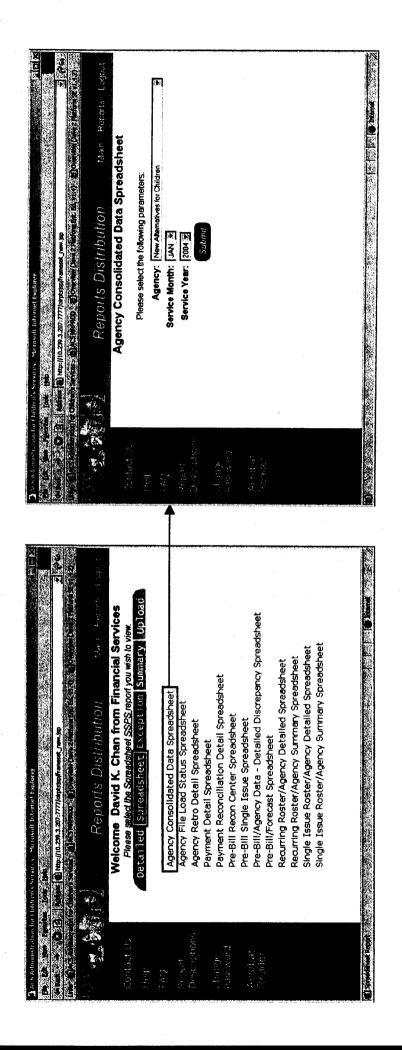
Users have the option to filter the report based on the Child's Overall Payment Status for their records during the month.

- Only includes children that have purely match records for the service month
- Underpayment Includes all records for children that have at least one underpayment record for the service month • Overpayment - Includes all records for children that have at least one overpayment record for the service month
- Recon Center Includes all overpayments, underpayments as well as all match records that have a different facility
 - id, program type, level of difficulty or date of birth



Agency Consolidated Data Spreadsheet

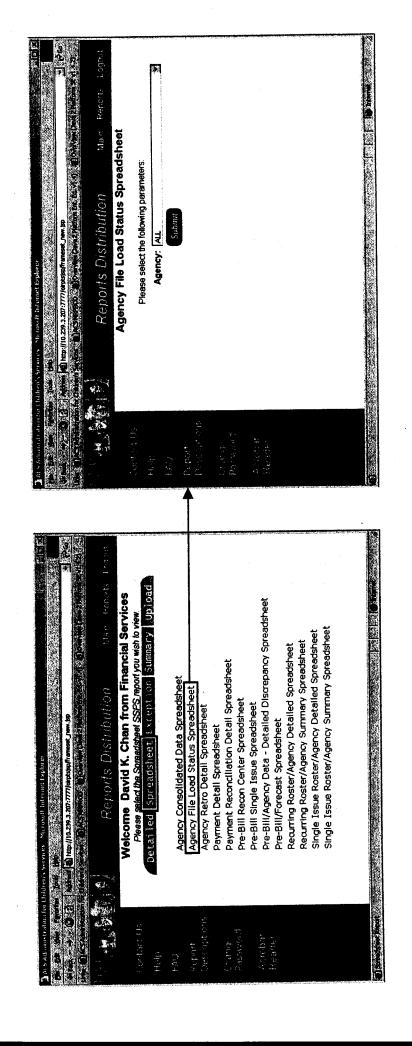
view their consolidated Agency data to meet their own specific reporting needs. Users can filter their Report includes detailed consolidated Agency data. This spreadsheet report offers users the ability to agency data based upon the service month and service year.



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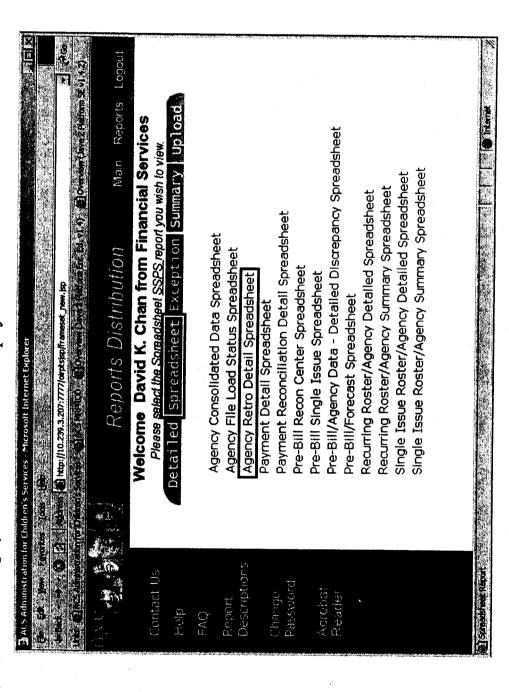
Agency File Load Status Spreadsheet

Report includes a detailed history of the files submitted by an Agency. The date sent field represents the date that the most recent file was submitted for that service period. Users have the option to filter the report based on Agency.



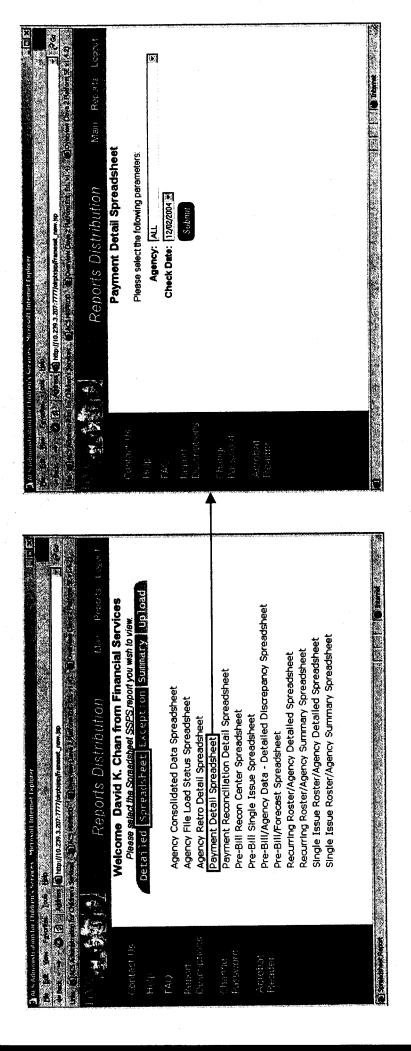
Agency Retro Detail Spreadsheet

Report includes detailed information for Agency data that has been updated with new rate, program type, level of difficulty or date of birth information. The agency's placement data is updated for service period that was changed due to a BICS Retro payment or a BICS Overpayment record.



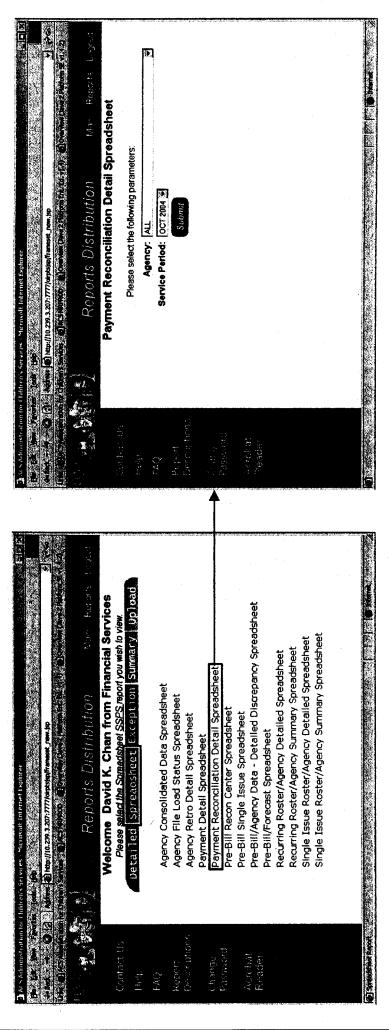
Payment Detail Spreadsheet

Report includes detailed BICS Payment and Agency data for children that were paid in a specific check. Detailed demographic information and payment components are displayed for the BICS Payment and Agency data. This spreadsheet report offers users the ability to manipulate the data to meet their own specific reporting needs.



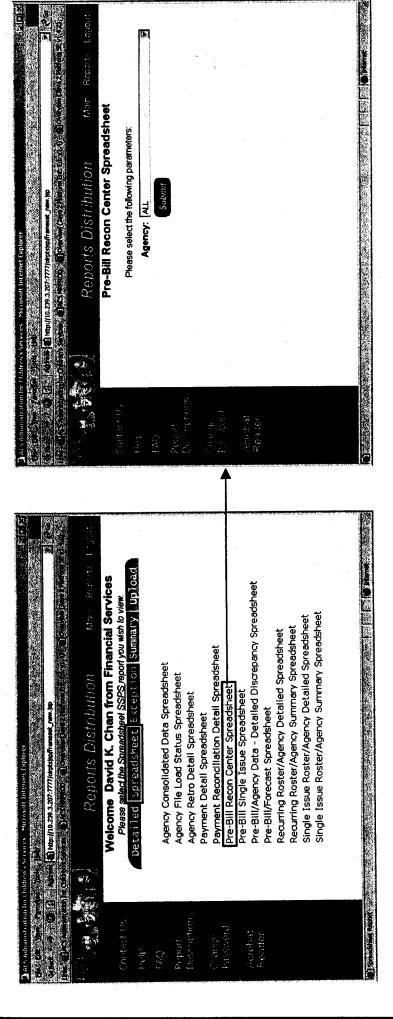
Payment Reconciliation Detail Spreadsheet

agency submission. Detailed demographic information, agency information, and payment information are Report includes detailed BICS payment data that shows all original agency submissions within a service agency's original submission for a child. The report also includes payments that do not have an original displayed for the payment lines. Users have the option to filter the report based on Agency and Service payments associated with the original submission. There can be multiple payments associated with the period. The report tracks the payment status of each agency submission by displaying the individual



Pre-Bill Recon Center Spreadsheet

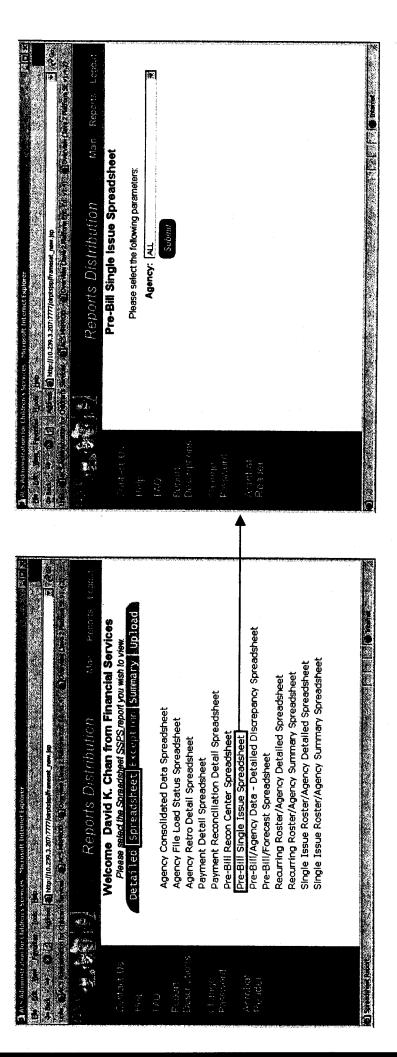
service period. The Recon center parameter is used so agencies and Recon center staff can focus on specific Report includes detailed BICS Pre-Bill and Agency data for children associated with the Agency during the spreadsheet report offers users the ability to manipulate the data to meet their own specific reporting needs. demographic information and payment components are displayed for the BICS Pre-Bill and Agency data. Discrepancy indicators are set to show when the two sources have different information for a field. This types of discrepancies. The spreadsheet includes all overpayments, underpayments as well as all match records that have a different facility id, program type, level of difficulty or date of birth. Detailed



4

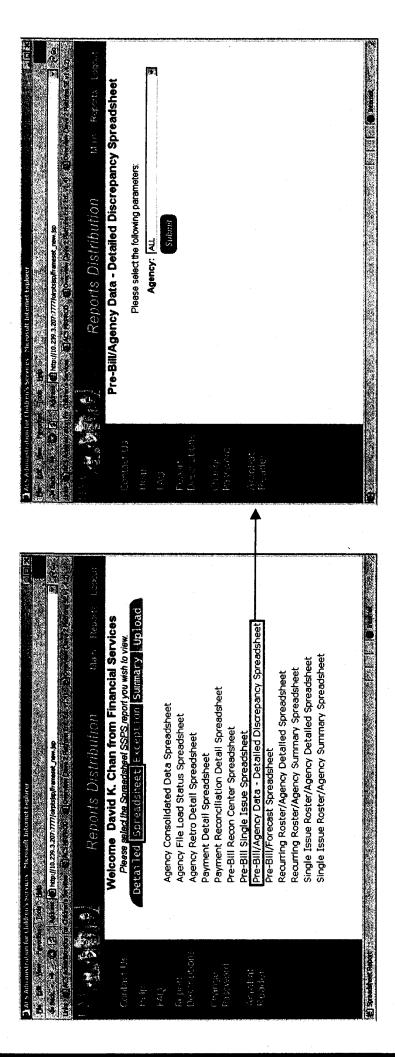
Pre-Bill Single Issue Spreadsheet

spreadsheet report offers users the ability to manipulate the data to meet their own specific reporting needs. Report includes raw BICS Single Issue Pre-Bill information from the most recent Pre-Bill file. This



Pre-Bill/Agency Data - Detailed Discrepancy Spreadsheet

different information for a field. This spreadsheet report offers users the ability to manipulate the data to Report includes detailed BICS Pre-Bill and Agency data for children associated with the Agency during the service period. Detailed demographic information and payment components are displayed for the BICS Pre-Bill and Agency data. Discrepancy indicators are set to show when the two sources have meet their own specific reporting needs.



Pre-Bill Discrepancy Type - Exception Report

period. Detailed demographic information and payment components are displayed for the BICS Pre-Bill and Agency lata. Discrepancy indicators are set to show when the two sources have different information for a field. Users have Report includes detailed BICS Pre-Bill and Agency data for children associated with the Agency during the service the option to filter the report based on Agency and the discrepancy type (high, medium, low or none) of the record. Users have the option to filter the report based on the discrepancy type of the record.

High impact discrepancies occur when:

•Active child is on the Agency Submission without a CIN or with an invalid CIN

Active child is on Agency Submission, but is not on the Pre-Bill for that agency or is not on the Pre-Bill at all

•Child is on the Pre-Bill for an agency that did not submit for that child

•Child is on the Pre-Bill for an agency that submitted the child as a suspended status

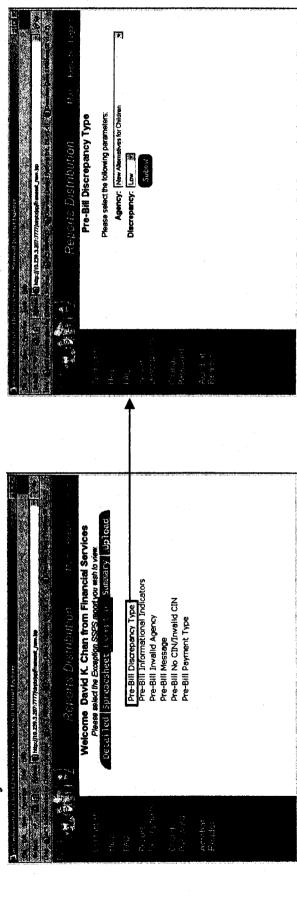
•Child is on the Pre-Bill and Agency Submission with a different facility id

Medium impact discrepancies occur when one or more of the payment components is different.

Low impact discrepancies occur when one or more of the demographic items is different.

No discrepancies occur when all of data elements match on the Pre-Bill and Agency submitted record.

discrepancies and the user filters for high discrepancies, only the child's highly discrepant records will be returned in the report. The The report only returns records that meet the criteria of the filter. For example, if the child has records with both high and medium report is ordered by the child's CIN and service dates.



Pre-Bill Informational Indicators - Exception Report

demographic information and payment components are displayed for the BICS Pre-Bill and Agency data. Users have the option to filter the report based on Agency and the informational indicators for specific records. The report is ordered by the child's CIN and service Report includes detailed BICS Pre-Bill and Agency data for children associated with the Agency during the service period. Detailed

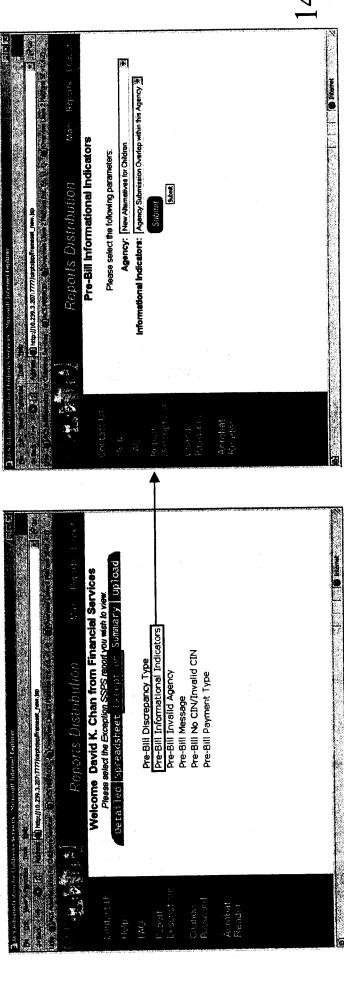
Agency Submission Overlap within this Agency- Child is on the file submitted by the contract agency more than once for the same service days

PB Overlap within this Agency- Child is on Pre-Bill file more than once for the same service days for the same contract agency

Overlapping PB Agencies- Child is on Pre-Bill file for the same service days for multiple contract agencies

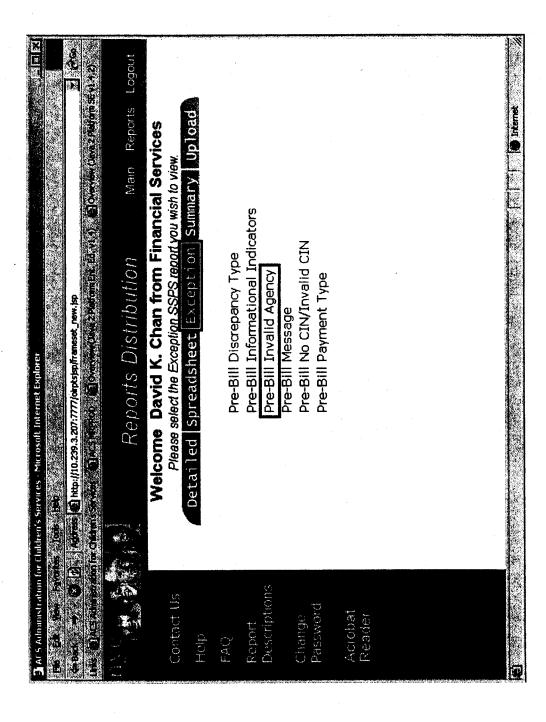
Agencies that did Submit- For Pre-Bill only records, contract agencies that submitted for the child for this service period Overlapping Submitting Agencies- Child was submitted by multiple contract agencies for the same service days

Agencies with PB records- For Agency only records, contract agencies that have Pre-Bill records for the child for this service period



Pre-Bill Invalid Agency - Exception Report

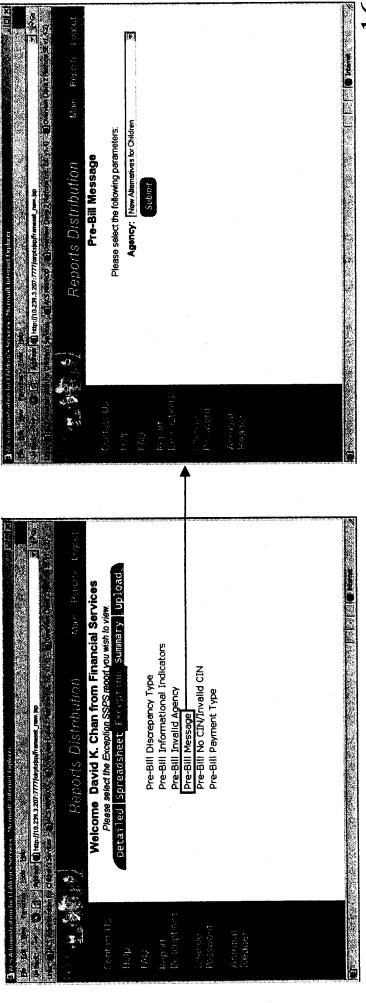
associated with an Agency that is not one of the 48 agencies specified by ACS Payment Services. The report Report includes detailed BICS Pre-Bill information for records that are not associated with an Agency or are is ordered by the child's CIN and service dates.



Pre-Bill Message - Exception Report

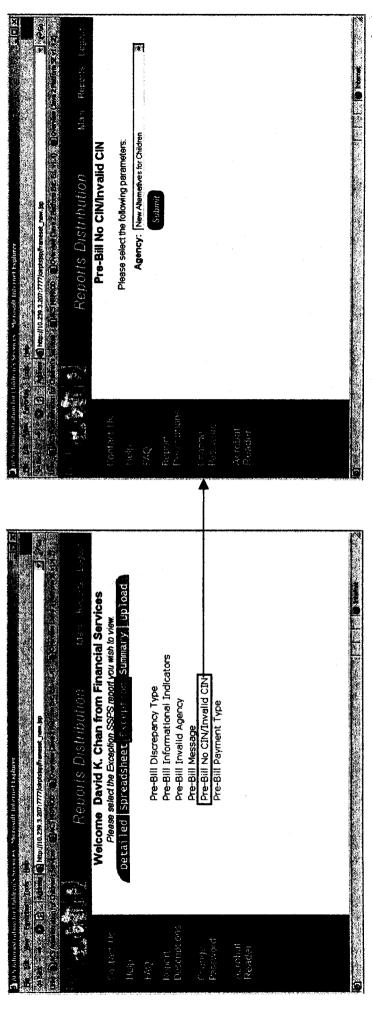
service period. Detailed demographic information and payment components are displayed for the BICS Pre-Report includes detailed BICS Pre-Bill and Agency data for children associated with the Agency during the Bill and Agency data. Additional information about the Pre-Bill message associated with record is included. Users have the option to filter the report based on Agency. Examples of Pre-Bill messages include: CLIENT ABSENT FROM CARE, PROGRAM TYPE MISMATCH, LOD VALUE DEFAULTED TO 1, RATE RECORD NOT FOUND and VEND DELETED/VCH ISSUED.

The report is ordered by the child's CIN and service dates.



Pre-Bill No CIN/Invalid CIN - Exception Report

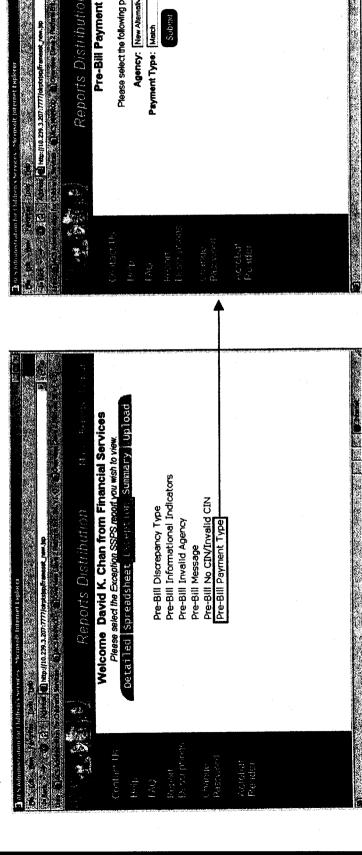
displayed for the record. Users have the option to filter the report based on Agency. The report Report includes detailed Agency data for children that have an invalid CIN or a blank CIN during the service period. Detailed demographic information and payment components are is ordered by the child's CIN and service dates.



Pre-Bill Payment Type - Exception Report

service period. Detailed demographic information and payment components are displayed for the BICS Pre-Report includes detailed BICS Pre-Bill and Agency data for children associated with the Agency during the Bill and Agency data. Users have the option to filter the report based on Agency and the payment type (overpayment, underpayment or match) of the record.

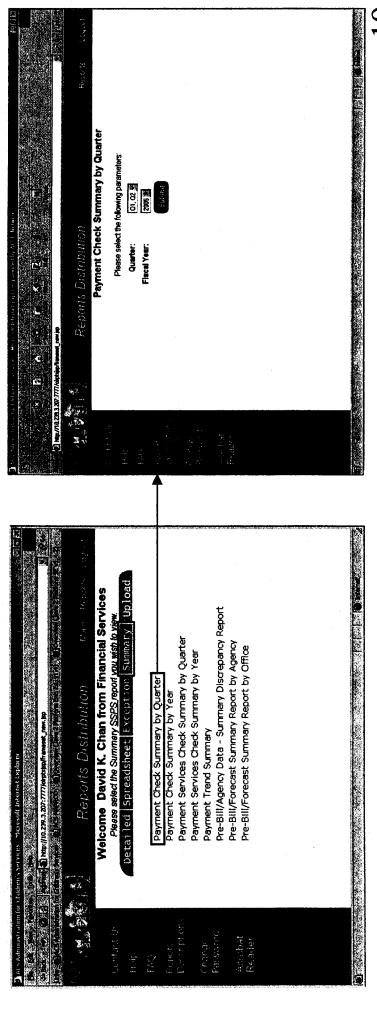
For example, if the child has records that are both overpayments and underpayments and the user filters for overpayments, only the child's overpayment records will be returned in the report. The report is ordered by the child's CIN and service dates



Payment Check Summary by Quarter

fiscal year is summarized three ways: Recurring Payments, Single Issue Payments, and Total Recurring care days and dollar amount totals broken down by program type/retro payments. The information for a The total care days and dollar amounts are shown for each month. The report also displays the monthly Report includes summary BICS payment data for payments received during 2 quarters of a fiscal year. and Single Issue Payments.

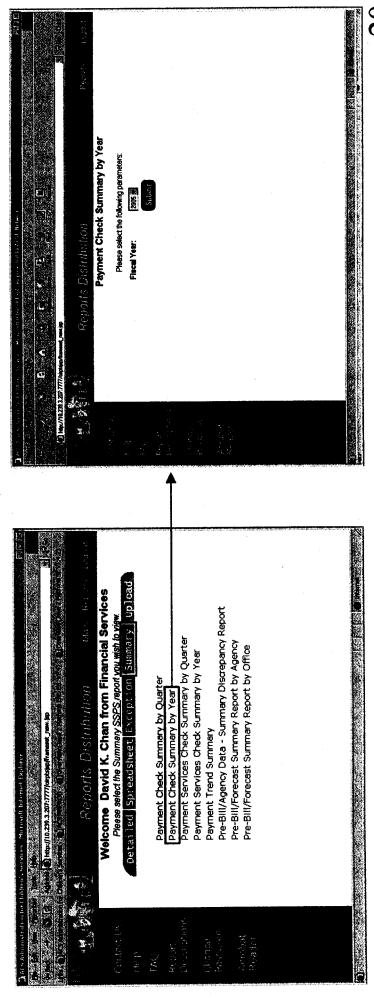
Users have the option to filter the report based on Quarters, and Fiscal Year.



Payment Check Summary by Year

summarized three ways: Recurring Payments, Single Issue Payments, and Total Recurring and Single Issue Report includes summary BICS payment data for checks received during a fiscal year. The total care days and dollar amounts are shown for each month. The report also displays the monthly care days and dollar amount totals broken down by program type/retro payments. The information for a fiscal year is Payments.

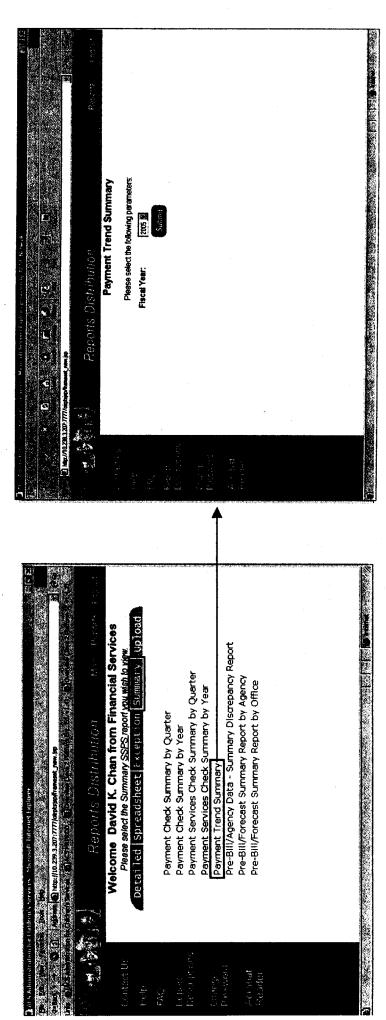
Users have the option to filter the report based on Fiscal Year.



Payment Trend Summary

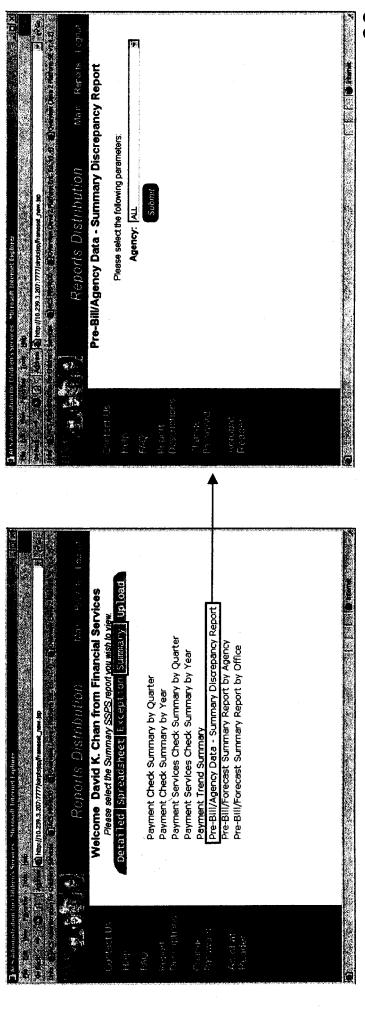
month. The report tracks all payments for a service month and each payment associated with that service Report includes summary BICS payment data that shows an Agency's total submission for each service month within a fiscal year.

Users have the option to filter the report based on Fiscal Year.



Pre-Bill/Agency Data - Summary Discrepancy Report

during the service period. The top section of the report displays Pre-Bill and Agency dollar amounts. The second section of the report displays counts related to distinct children. The third section of the Report includes summary BICS Pre-Bill and Agency data for children associated with the Agency report displays counts related to the specific records including the source of the record and discrepancies on each of the records.





FOSTER CARE - APPENDIX D

Special Payments Detail Sheets

Standard
Camp Fees
Child Care Outside of NYC
College Room and Board
Transportation



Michael R. Bloomberg, Mayor John B. Mattingly, Commissioner

A	ACS Payment Services - Special Payment								
S	STANDARD*								
P	Provider Agency	Fiscal Year	Date						
	Child's Name (Last name, First Name)	CIN#	Date of Birth	Type of Service	Date of Service		Amount (\$)		
H		Date of Birth		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	From	То	7 mile um (4)		
1									
2									
3									
4									
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6									
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8									
9									

*This form may be used for various service types. Like service types must be grouped and subtotaled.

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C	AMP FEES							
Pr	rovider Agency	Fiscal Year Date			ate			
	Child's Name (Last Name First Name)	CIN#	Date of Birth	Residential or Day Comp	Date of	Service	Amount (\$)	
	Child's Name (Last Name, First Name)	CIN#	Date of Birth	Residential or Day Camp	From	То	Amount (\$)	
1								
2								
3								
4								
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7								
8								

ACS Payment Services - Special Payments Detail Sheet

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ACS Payment Services - Special Paymer								
CHILD CARE OUTSIDE OF NYC**								
Provider Agency	Fiscal Year	Date						
Child's Name (Last Name, First Name)	CIN#	Date of Birth	Child Care Provider Name, Address City & State	License Number	Date of From	Service To	Rate	Amount (\$
1								
2								
3								
4								
5								

8

9

**See Special Payments Bulletin for Supporting Documentation requirements.

age of	TOTAL PAGE AMOUNT \$
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ACS Payment Services - Special Payments Detail Sneet		
COLLEGE ROOM and BOARD*		
Provider Agency	Fiscal Year	Date

	Child's Name (Last Name, First Name)	CIN#	Date of Birth	Days Billed	Semester / Year		Service	Amount (\$)
	Office 3 Name (Last Name, 1 list Name)	Ont#	Date of Birtin	Days Billed	ocinester / rear	From	То	Amount (ψ)
1								
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6								
7								
8								

*See Special Payments Bulletin for Supporting Documentation Requirements

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	TRANSPORTATION*												
Ī	Provider Agency	Provider Agency							Date				
ļ									<u> </u>				
	Child's Name (Last Name, First Name)	Name, First Name) CIN #	Date of Birth	Date o	f Travel To	Desti From	nation To	One way Distance-Miles	Relationship to Person Visited	Purpose of Visit	Amount (\$)		
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ACS Payment Services - Special Payments Detail Sheet

*Out of state travel requires pre-approval by Case Management. See 7/01/2011 Special Payments Bulletin for details